Standardizing Discharge Readiness for Non-English Language Proficient Families: An Acute Care Cardiac Unit QI Initiative

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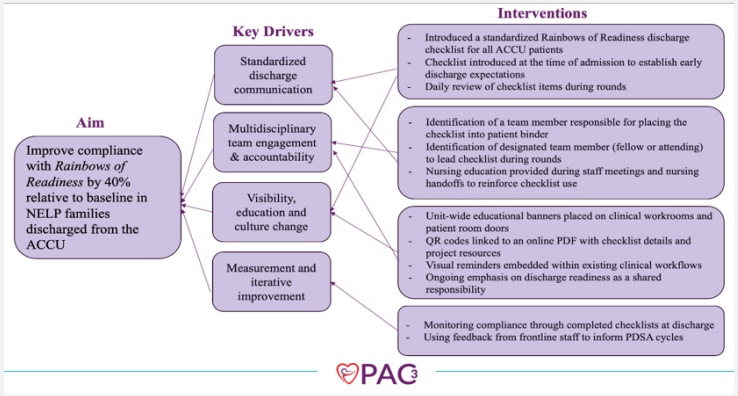
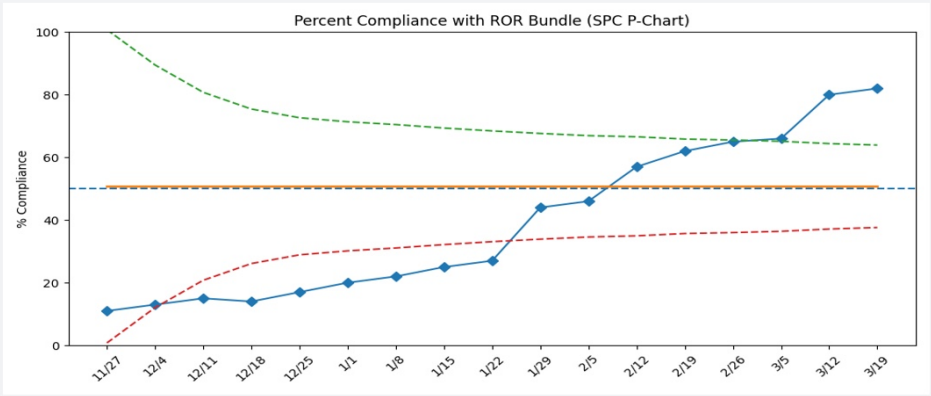
Introduction:

- Discharging patients from an acute care cardiac unit (ACCU) requires careful coordination of many clinical and technical aspects of care.
- Non–English language proficient (NELP) families face additional barriers in navigating complex instructions, placing them at risk for inadequate discharge preparedness.
- To address this gap, we implemented a quality improvement (QI) initiative to standardize discharge planning and improve preparedness for NELP families.





Methods:

- Our **SMART Aim** was to improve compliance with the *Rainbows of Readiness* (*RoR*) checklist (figure 1) by > 30% from baseline among NELP families discharged from the ACCU.
- A key driver diagram (figure 2) identified primary drivers.
- The *RoR* form was issued to all patients on admission to the ACCU and incorporated into daily multidisciplinary rounds.
- Plan–Do–Study–Act (PDSA) cycles resulted in iterations for enhanced incorporation into clinical workflow and improved adoption.
- Compliance was measured as the proportion of completed *RoR* forms at the time of discharge.

Results:

- Between November 20 and January 20, we had 71 discharges. Baseline compliance with checklist completion was 38 percent overall and 41 percent among non-English language proficient families.
- Four interventions were subsequently introduced: (1) cardiology fellow–led encouragement of *RoR* use during rounds; (2) modification of the rounding sheet to reduce redundancy of discharge elements; (3) placement of the *RoR* form into patient binders by administrative staff rather than bedside nursing; and (4) targeted education at nursing handoffs by the project lead.
- In the **post-intervention phase**, between January 21st and March 20th there were **59 discharges; o**verall checklist compliance increased substantially to **78%**, and compliance among **Non-english language proficient families improved even more significantly to 90%**.
- This was encouraging because it showed our interventions improved overall reliability and especially benefited the families we most wanted to support.

Conclusions:

- Implementation of a standardized discharge readiness tool on an ACCU is possible and success is dependent on identifying process challenges and barriers.
- The overall compliance rate of 38% at baseline saw an increase to 78% (a 105.2 % increase). Compliance appears to be even greater with NELP families.
- Following workflow interventions in late January, weekly compliance with the checklist showed a clear upward shift with special-cause variation from a ~50% baseline.
- This improvement was sustained over the next two months despite increasing discharge volume, suggesting successful integration into routine workflow.
- We are working on incorporating orientation teaching for incoming trainees, continuing to monitor compliance trends longitudinally and exploring future EMR integration to further standardize the process