

# Follow the Yellow Brick Road... HOME!

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## Introduction

For Brain Injured patients and their families, the transition home is a challenging time, full of new tasks and practices. The interdisciplinary rehab team possesses knowledge and skills that are best imparted to caregivers on the inpatient unit. This project aims to develop a best delivery system for this new information and training

### The Issue for Family Members:

Post-discharge surveys of family and patients show low satisfaction with discharge preparation.

Anecdotally, family members complain that they meet problems at home and "wish" someone had mentioned them before hand.

Family has insufficient time to practice care-giving tasks before leaving the inpatient unit.

### The Issue for Staff:

Frequent complaints of poor discharge coordination/communication amongst interdisciplinary team.

Frequent complaints of lack of time for proper family training.

Frequent complaints of lack of family participation in care.

### The Need:

A place for everyone on the multi-disciplinary team to document discharge education given to family caregivers.

### Current Literature:

44.4 million Americans provide informal care to a person age 18 or older (NAC & AARP, 2004).

Persons who incur severe neurotrauma necessitate life-long commitments from a family member to assume a caregiver role. Improved emergency care has increased accident survival rates and improved ongoing health care has enabled longer life expectancies so these care burdens have increased. (Talley and Crews, 2007)

## Goals

- Increase patient/family preparedness to go home
- Increase staff satisfaction with family preparedness for discharge.
- Introduce a tool to promote family participation in therapy and nursing tasks, while also creating a system for tracking learning needs/accomplishments.
- Reduce staff frustrations at lack of discharge planning/communication.
- Build family member confidence by encouraging practice of care tasks in a supportive environment.

## Super Users



• Super Users were used to teach staff, champion the cause and monitor the usage of the new interdisciplinary tool.

• Super Users were members of the nursing and Allied Health teams

## Yellow Brick Road Tool

## Methods

Create and introduce an interdisciplinary tool (The Yellow Brick Road Checklist) to improve family participation and discharge education during inpatient stay.

Train an interdisciplinary group of Super Users to introduce checklist to families within three days of admission.

Prepare all staff on proper checklist use with face-to-face in-services, prior to implementation.

Communicate huddle information via daily email re: family participation and discharge plan.

Record completion of specific topics/goals as initiated, returned demo'd, and independent. Staff initials illustrate how much training family members have had, or still require. Staff ONLY initial for a safe and satisfactory return demo. Family member/care giver initial ONLY when they feel confident performing care unsupervised...independent level.

Monthly auditing tracks usage of checklist by staff and concomitant documentation of education done in Cerner.

## Measures for Success

Patient satisfaction with discharge preparation measured by follow up RIC discharge surveys..

Staff satisfaction and improved communication measured by pre and post-implementation surveys using a 0-5 (Likert-type) scale.

## Conclusion

With implementation of the tool:

91% of staff identified they were satisfied with Family Preparedness for Discharge above a 3 on the scale. Compared to 85% before implementation.

11% increase in "Prepared to go Home" indicator as measured on Patient satisfaction survey post implementation

For continued use and success:

Need to continue to audit Yellow Brick Road Tool and it's use by all user groups.

Need to promote Wednesday Family Caregiver Basics sessions.

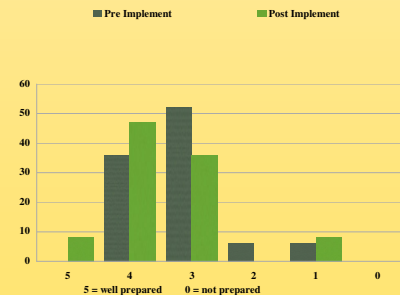
Need to continue to research best practice for family discharge education.

The results of this project are encouraging. With continued support by the interdisciplinary team, in an environment that promotes learning and practicing, and with an attitude that staff members can educate families and foster their training for home, the great outcomes of this implementation will continue and improve.

## References

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## Staff Satisfaction with Family Preparedness for Discharge



## Prepared to Go Home: Post-discharge patient survey

