



Marie Borgella, RN, DNP

nursing director,
Massachusetts General Hospital

Background

Patient throughput is a major issue in many hospitals, including Massachusetts General Hospital (MGH). Having patients in rooms for longer than they need to be is costly for the hospital, the patients and patients' insurance companies. Additionally, MGH faces what is a common challenge in urban hospitals — they have very limited space for the wide range and high number of patients they see on any given day. For example, patients visiting the emergency room and then admitted to the hospital sometimes have to wait for other patients to be discharged to be settled into a room, which is stressful, inefficient and confusing for everyone involved.

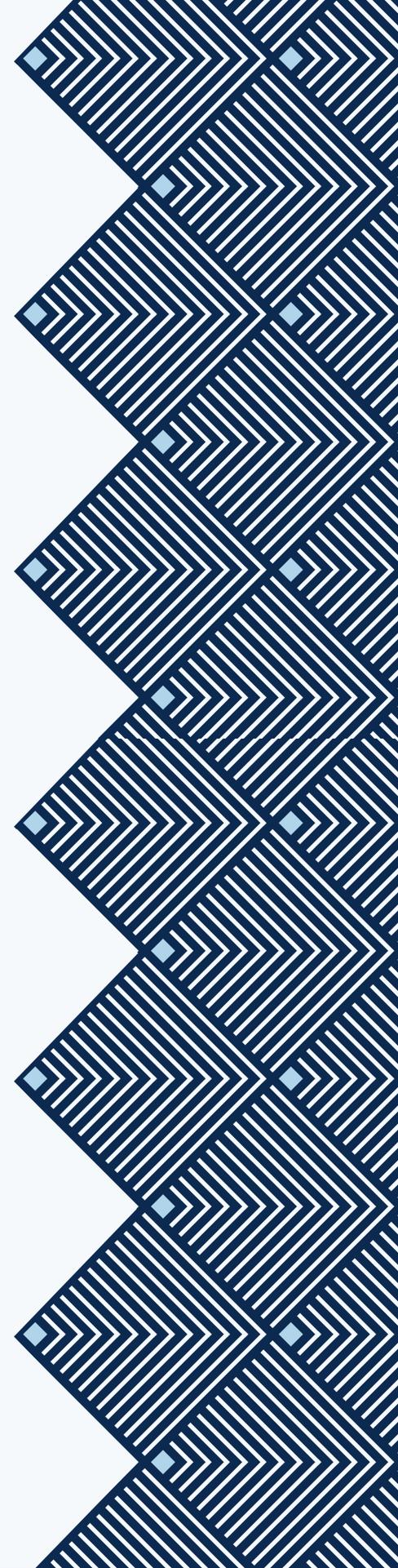
The goal of this project is to explore whether a social intervention, known as a nudge, can improve patient perception of hospital discharges. Nudges are small, inexpensive, low-risk prompts to encourage certain behaviors or decisions without limiting any options. Richard Thaler and Cass Sunstein popularized the concept of “nudge” in their 2008 book “Nudges.” They argue for the use of these behavioral frameworks to improve the efficiency and quality of a variety of public services. Nudges allow researchers to become “choice architects.”

Additional Background

- In 2020, the John A. Hartford Foundation and the Institute for Healthcare Improvement developed and launched a comprehensive initiative to improve the care of older adults in hospital and ambulatory care settings.
- It defines an “Age-Friendly Health System” as one that follows evidence-based practices, causes no harm and focuses on “what matters” to each older adult, their family and caregivers.
- The framework for an Age-Friendly Health System is defined by four core concepts, known as the “4Ms,” which include Mentation, Medication, Mobility, What Matters most.
- Currently, this framework constitutes the newest standard of care for older adults but has not yet been systematically implemented at Massachusetts General Hospital.

Setting

The Bigelow 7 General Medicine Unit (Bigelow 7) is an 18-bed unit that admits general medical patients directly from the emergency department. Common diagnoses include alterations in gas exchange, airway clearance, cardiac function, renal function, nutrition, hepatic function, skin integrity and mental status.



Approach

The purpose and approach for this ongoing study is to evaluate whether a new “The Way Home” poster can improve the patient discharge process. This subsequent study will gauge the effect of the poster on the adult patient’s own perception of readiness for discharge and any effects on 7- and 30-day readmission rates. The poster is considered a “nudge” because it will be added to the environment, and individuals can choose to look at it, scrutinize it or ignore it altogether. The Way Home posters are hung in half of the rooms (each representing a block with similar patient admission types) at MGH; all rooms with a poster will additionally receive usual discharge standard of care. The other half of the rooms on each unit will serve as a control group utilizing the usual standard of care only (no posters). Posters are designed to broadly represent the typical path to discharge for inpatients and were developed with input from clinicians on participating units. Over a 10-week implementation period, a research assistant, independent of the care teams, will hang the poster (nudge) in patient rooms as they empty and become available to new patients, so that no poster will be hung in a room while a patient occupies it.

Outcomes

Data will be generated through a self-reported patient survey at the time of discharge and medical record abstraction at 31-days postdate of discharge. We will compare the test “nudge” to the

usual standard of care using t-tests for each of the Likert response items. We will examine the effect of covariates and will report effect sizes for all comparisons. Only aggregate results will be reported. Hospital care and discharge planning that is centered around What Matters most to the patient and their family but framed by the limitations of their Mobility, Mentation, and Medication complexity should result in higher scores on the “Readiness for Discharge” scale.

Lessons Learned

The instrument needs to be available in multiple languages and it needs to capture several of the anticipated patient-centered outcomes of the 4M framework. We will be working on this step.

We needed to identify:

- Adult patients receiving end-of-life care.
- Adult patients who do not speak or read English.
- Adult patients who have an uncorrected visual impairment.
- Adult patients admitted to their room prior to the implementation period.
- Adults being discharged to anywhere other than a private home (e.g., skilled nursing and rehabilitation facilities, group homes, hospice settings, etc.).
- Adults with impaired decision-making or who are unable to complete a survey for any reason.

Next Steps

First, I want to take this opportunity to thank the MGH Nurses’ Alumni Association for allowing me to expand on this project. I was named the inaugural recipient of the Massachusetts General Hospital Nurses’ Alumni Association Grant for my project entitled “Improving the age-friendliness of a general medical inpatient unit and impact on patient readiness for discharge; a quality improvement project.” The term for this award is June 1, 2021, to May 31, 2023, with a \$3,000 grant. I plan to use a six-stage Plan-Do-Study-Act approach for this quality-improvement project.

The six stages are:

- 1 Evaluate the older adult population on a medical inpatient unit and assess the aggregate “Readiness for Discharge” scale scores in this population.
- 2 Describe current assessments that are consistent with the 4Ms and identify deficiencies.
- 3 Design or adapt evidence-based nursing assessments to address deficiencies, especially to capture “What Matters most.”
- 4 Implement new assessments and explore integration with the other “Ms”.
- 5 Address issues in implementation and study the effects these assessments have on patient readiness for discharge.
- 6 Improve and sustain care for older adults as evidenced by higher scores on the discharge readiness scale.