

# Patient Satisfaction with Discharge Preparation in an Inpatient Cardiology Population

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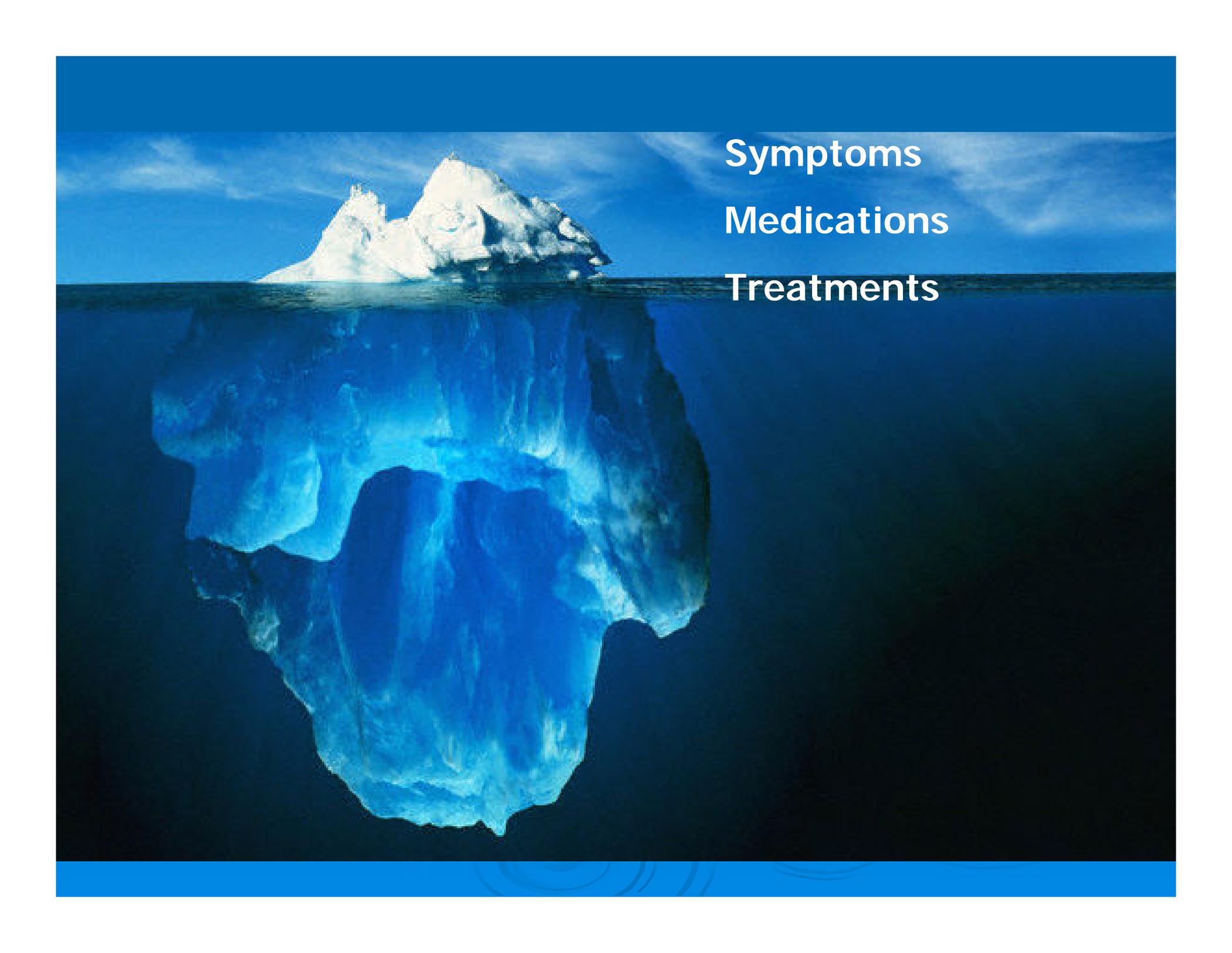
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# Smooth Sailing:

Optimizing the Transition from Hospital to Home for Cardiac Patients and Their Families



A photograph of an iceberg floating in the ocean. The tip of the iceberg is visible above the water surface, while the much larger, submerged part is visible below. The sky is blue with some clouds, and the water is a deep blue. The text is overlaid on the right side of the image.

**Symptoms**

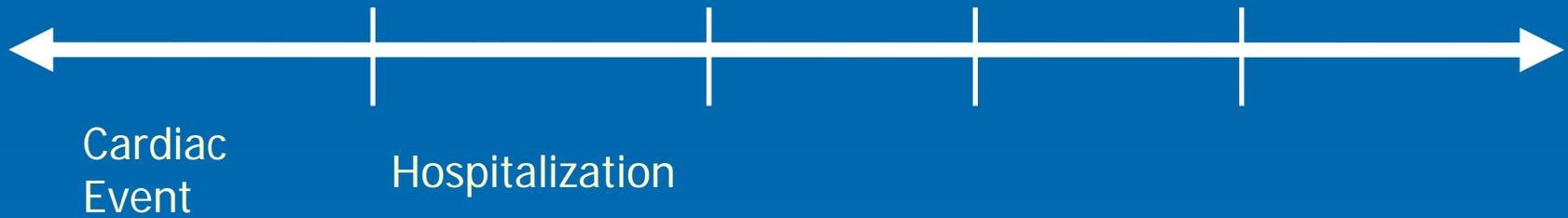
**Medications**

**Treatments**



**Anxiety and Depression**  
**Altered Relationships**  
**Role Changes**

# Hospital Phase



# Transition to Home



Discharge

Home  
Early Days

Home  
Ongoing Adjustment

# Background

- Impact of discharge interventions on reducing delays, patient knowledge, caregivers, family stress, and readmission rates (*Blank, J Emerg Nsg, 1998; Bull et al., Appl Nsg Res, 2000; Rich, N Eng J Med, 1995*)
- Few studies have assessed the impact of a discharge intervention on patients' satisfaction with care. (*Bull et al., Appl Nsg Res 2000; Naylor, JAMA 1999*)

# Purpose

- Are cardiology patients satisfied with their preparation for discharge?
- What do patients perceive as important when preparing for discharge?

# Methods

- Medical Quality Improvement team tailored a patient satisfaction survey to the cardiology population to determine the effectiveness of discharge planning and to identify areas for improvement
- Eligibility:
  - Male or Female patients
  - French or English speaking
  - Admitted or transferred to the cardiology step-down-unit and discharged from the unit
- Mailback questionnaires:
  - Sent to patients 1 week after discharge

# Measures

## ➤ SEQUS patient satisfaction survey

- Answered twice: (1) satisfaction and (2) level of importance

- **Satisfaction:**

- “ Before my discharge, the explanations I was given about ways to relieve my chest pain or shortness of breath were...”

*“Very useful” to “Explanation desired but not received”*

- **Importance:**

- “In my view this aspect is...”

*“Very important” to “Not important at all”*

# Sample

	Patients
N	♂ n = 103 ♀ n = 58
Age	
Less than 64 yrs	42%
65 – 74 yrs	24%
75 yrs and older	34%
Angina	50 (31%)
MI	29 (18%)
Arrhythmia	27 (17%)
Heart Failure	26 (16%)

# Analysis

- Two composite indexes were generated combining both scores for all 21 items
- One index placed more weight on the satisfaction rating the other on the importance rating

# Patient Satisfaction Survey

Questions	Satisfaction rate	Importance rate
I was informed about what modifications to make to my <i>lifestyle</i> to improve or maintain my health: Smoking	88%	88%
I was informed about what modifications to make to my <i>lifestyle</i> to improve or maintain my health: Activity level/exercise	57%	87%
The length of time between when I left the hospital and my first follow-up appointment with my <i>GP (family physician)</i> was . . .	85%	85%
The staff was reassuring about my fears with regard to leaving the hospital	78%	85%
I was informed about the different services/agencies that I could have access to after I left the hospital (e.g., home care, CLSC, etc.)	62%	84%
<b>While in the hospital, the information I received about the costs of the medications that I would have to take after my hospitalization was . . .</b>	<b>32%</b>	<b>72%</b>
The length of time between when I left the hospital and my first follow-up appointment with the <i>Diabetic Clinic</i> was . . .	89%	71%

# Patient Satisfaction Survey

Questions	Satisfaction rate	Importance rate
<b>Before I was discharged, I was given instructions on how to take my medications</b>	<b>79%</b>	<b>96%</b>
When I was about to leave the hospital, I was informed of the appointments to make with professionals (for example, physiotherapists, dietitians, physicians, etc.)	84%	94%
<b>The explanations I received about the way to carry out my care and treatments at home were . . .</b>	<b>74%</b>	<b>93%</b>
The information I received about the person to contact after my discharge if I had any questions or problems related to my condition was . . .	64%	93%
The length of time between when I left the hospital and my first follow-up appointment with my <i>cardiologist</i> was . . .	77%	93%
When I was told that I was to be discharged, I felt ready to leave the hospital	83%	92%
I was informed about what modifications to make to my <i>lifestyle</i> to improve or maintain my health: Eating habits/nutritional needs	73%	91%
The staff made sure that I could have the help and support necessary for my return home (family, social services, specialized equipment)	72%	89%

# The six prioritized questions

Questions	Satisfaction rate	Importance rate
I was informed about what modifications to make to my <i>lifestyle</i> to improve or maintain my health: Stress management	44%	91%
The explanations given to my family or loved ones about what they could do and who to contact in case of emergency were . . .	51%	93%
The information I received about how long it would be before I could resume my usual activities (for example, go back to work, do household tasks, exert myself, drive, engage in sexual activity, etc.) was . . .	52%	89%
I was informed of the signs and symptoms to watch for once I returned home	58%	96%
The explanations I received about what I should do if any symptoms appeared were . . .	63%	96%
<b>Before my discharge, the explanations I was given about ways to relieve my chest pain or shortness of breath were . . .</b>	<b>64%</b>	<b>95%</b>

# Results

- No differences in average satisfaction ratings:
  - for men and women (68%)
  - for those living alone and those living with partners (67%)
- Patients 65-74 yrs had the highest satisfaction rating at 73%
- Patients with arrhythmia, PTCA, angina or Heart Failure reported within the insufficient range (46 – 64%)
- MI patients reported the lowest level of satisfaction 45% (unacceptable)

# Conclusion

1. Signs and symptoms to monitor
2. What to do if symptoms reappear
3. Ways to relieve chest pain or shortness of breath
4. Explanations to family members in the event of an emergency
5. Stress management
6. Resumption of physical activities

# Clinical Implications

- **Timing of discharge education**
- **Providing information that addresses patients' concerns about self-management**
- **Includes the various diagnostic groups**



# Patient Satisfaction and Nurses' Perceptions of Quality in an Inpatient Cardiology Population

Cardiology patients have important learning needs. A 21-item patient satisfaction questionnaire was mailed to 384 cardiology patients 1 week after discharge. Satisfaction ratings indicated that the 161 respondents were satisfied with their care; however, they wanted more information regarding the management of their symptoms and activity level at home. Nurses' interviews revealed that they assessed the availability of follow-up care upon discharge. The results suggest that patients are not satisfied with the information they receive before discharge. Also, nurses and patients have different perceptions about the information patients need. These differences need to be taken into consideration when designing discharge teaching interventions. Key words: *cardiac patients, coronary care nursing, needs assessment*

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## **INTRODUCTION**

The trend to decrease the length of stay in hospitals has resulted in many patients being discharged shortly after admission. Although most patients are delighted to return home sooner, they also are apprehensive about leaving the security of a structured environment where health care professionals closely monitor them. Cardiology patients, in particular, are concerned about their ability to manage their illness at home. Indeed, in order to safely care for themselves they need to learn how to use their medications, manage their pain, pace their activities, and monitor their diet. Thus, in the

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