



Discharge Teaching, Readiness for Discharge, and Post-discharge Outcomes in Parents of Hospitalized Children



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ABSTRACT

Purpose: This study explored the sequential relationships of parent perceptions of the quality of their discharge teaching and nurse and parent perceptions of discharge readiness to post-discharge outcomes (parental post-discharge coping difficulty, readmission and emergency department visits).

Design/methods: In this secondary analysis of data from a longitudinal pilot study of family self-management discharge preparation, the correlational design used regression modeling with data from a convenience sample of 194 parents from two clinical units at a Midwest pediatric hospital. Data were collected on the day of discharge (Quality of Discharge Teaching Scale; Readiness for Hospital Discharge Scale), at 3 weeks post-discharge (Post-Discharge Coping Difficulty Scale), and from electronic records (readmission, ED visits).

Results: Parent-reported quality of discharge teaching delivery (the way nurses teach), but not the amount of content, was positively associated with parent perception ($B = 0.54$) and nurse assessment ($B = 0.16$) of discharge readiness. Parent-reported discharge readiness was negatively associated with post-discharge coping difficulty ($B = -0.52$). Nurse assessment of discharge readiness was negatively associated with readmission; a one point increase in readiness (on a 10 point scale) decreased the likelihood of readmission by 52%.

Conclusion: There is a sequential effect of quality of discharge teaching delivery on parent discharge readiness, which is associated with parent coping difficulty and child readmission.

Practice Implications: Efforts to improve discharge outcomes should include strategies to build nurse teaching skills for high-quality delivery of discharge teaching. In addition, routine nurse assessment of discharge readiness can be used to identify children at risk for readmission and trigger anticipatory interventions.

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Quality of discharge care has emerged as a priority for improving patient outcomes and reducing costs of care. While major initiatives have advanced in adult care in conjunction with reforms in payment models for hospital readmissions, the prioritization of improvement in discharge care and readmission rates is a more recent emerging concern in pediatric care (Berry et al., 2014). Approximately 6.5% of children are readmitted to the hospital within 30 days of being discharged from acute care pediatric hospitals (Berry, Toomey, et al., 2013; Berry,

Ziniel, et al., 2013), with the majority of these readmissions comprised of children with complex chronic conditions, technology dependency, public insurance, and recurrent problems associated with the same organ system (Berry et al., 2011). Thirty percent of these pediatric readmissions are estimated to be preventable (Toomey et al., 2016). When parents of hospitalized children report feeling unprepared for discharge, they have difficulty transitioning from hospital to home and managing their child's complex care needs (Weiss et al., 2008; Lerret & Weiss, 2011; Lerret et al., 2015), leading to problems that may result in returning to the hospital for an emergency department (ED) visit or readmission. In a recent study, both parents and providers consider readmissions and ED visits preventable, with parent education that prepares families for discharge and the transition to family management at home viewed as one of the major opportunities for improvement (Amin et al., 2016).

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Although preparation for discharge is a multidisciplinary effort, nursing staff have primary responsibility for discharge teaching, the educational interventions to prepare the patient and family member or caregiver with the knowledge and skills needed to assume care as the patient transitions from hospital to home (Weiss et al., 2015). Discharge teaching typically consists of structured teaching about disease process and the skills needed for medical self-care. This content may not fully meet the comprehensive needs of parents for managing the demands of the child's care within their own context of home and family life (Smith & Daughtrey, 2000; Lerret et al., 2014). Education of patients and families/caregivers should encompass providing information, developing care skills, fostering informed decision-making, and building confidence in the management of care needs at home after discharge (McMurray, Johnson, Wallis, & Patterson, 2007; Coleman et al., 2013).

Recommendations for improving discharge teaching emphasize a patient and family-centered approach in which the content and the teaching method are individualized to the patient/family characteristics and situation, rather than the typical approach of standardized information for the patients' diagnosis (Agency for Healthcare Research and Quality, n.d.-a; McBride & Andrews, 2013). Teach-back has been widely advocated as a teaching method to improve patient/parent comprehension of discharge instructions (Agency for Healthcare Research and Quality, n.d.-b; Kornburger, Gibson, Sadowski, Maletta, & Klingbeil, 2013). In several studies, the 'delivery' of teaching, measured as the patient's (or parent's) report of the way nurses teach, was a more significant predictor of perception of discharge readiness and subsequent difficulties encountered in coping at home after discharge (Weiss et al., 2007, 2008; Weiss & Lokken, 2009; Weiss, Yakusheva, & Bobay, 2011) than the amount of content taught.

What nurses do to prepare parents for hospital discharge has an impact not only at the time of hospital discharge but also extends into the post-discharge period. Developing a better understanding of the impact of discharge teaching on discharge-related outcomes for the parent and child can provide evidence to support investment of effort and resources to prepare pediatric nurses to perform high quality discharge teaching.

The aim of this study was to explore the sequential relationships of parent perceptions of the quality of their discharge teaching as well as nurse and parent perceptions of discharge readiness to post-discharge outcomes (parental post-discharge coping difficulty, readmissions and ED visits).

Theoretical Framework

The research was guided by two theoretical frameworks: The *Individual and Family Self-Management Theory* (IFSMT) (Ryan & Sawin, 2009) and *Transitions Theory* (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). The use of these theories to conceptualize the relationships investigated in the study and the measures to study these relationships is presented in the conceptual-theoretical-empirical structure in Fig. 1.

The IFSMT focuses on the patient and family experience in self-management of health and illness through its key concepts of context, self-management processes, and outcomes. Following hospitalization, parents re-assume primary responsibility for managing their child's health. Transitions theory explains key elements of transitions, in this case the discharge transition from hospital to home. Considering these theories together, the self-management context and nature of the transition conceptually overlay, focusing on the characteristics of the parent, child, and clinical condition. Self-management process is patient centered; process in transitions theory is a nursing therapeutic process. For this study, the concept of nursing therapeutics was conceptualized as the discharge teaching process, which focused on the three key aspects of self-management in the IFSMT – knowledge and beliefs, self-regulation, and social facilitation – as applied to the specific preparation of parents to meet the demands of managing the child's care at home after hospital discharge. Nursing therapeutics were measured as the parent's perception of the quality of the process of discharge teaching. Transition conditions facilitate or inhibit the person's transitional journey. Discharge teaching sets the stage for a successful transition by readying the parent for managing the child health at home during the post-discharge period.

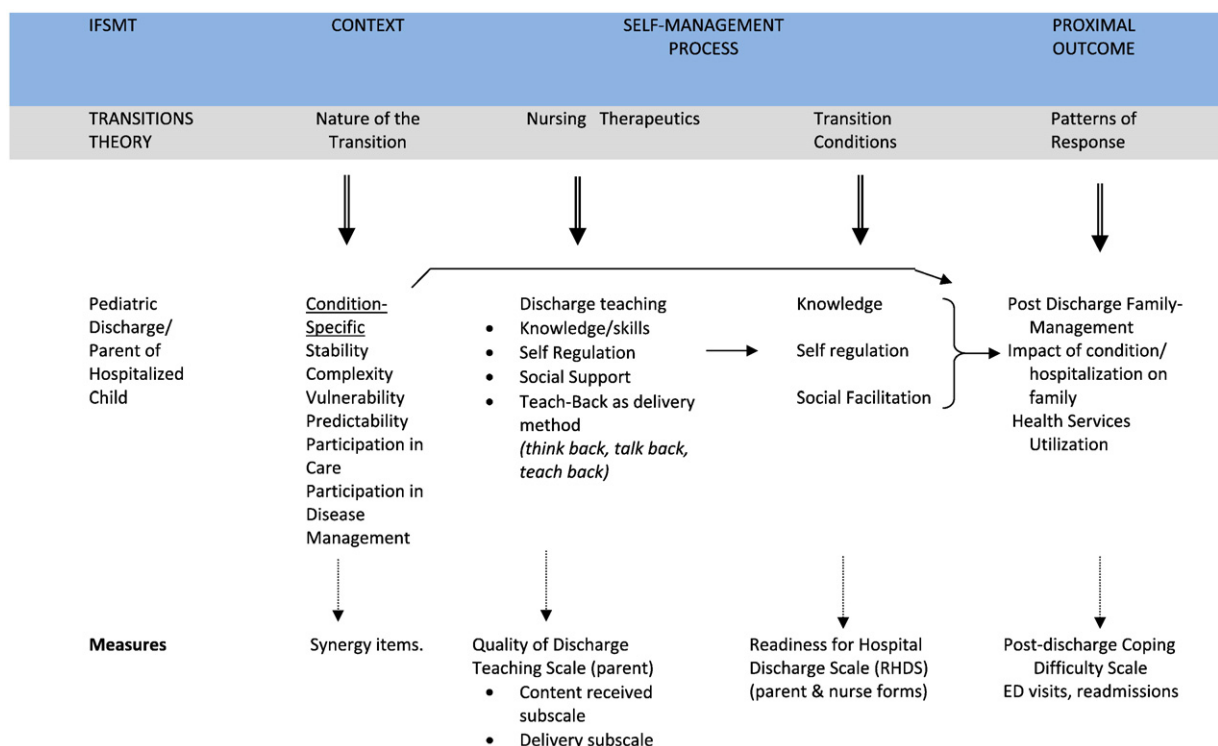


Fig. 1. Application of the individual and family self-management theory and transitions theory to the identification of study variables and measures.

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