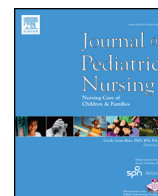




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## Nurse-led Discharge in Pediatric Care: A Scoping Review

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## ABSTRACT

**Problem:** Patients and caregivers frequently report feeling ill-prepared during the transition from hospital to home. Given the privileged position nurses occupy within the health care setting, they are often an appropriate health care professional to lead the discharge process. We aimed to map what is currently known about nurse-led/facilitated discharge programs, interventions, models, or frameworks for the pediatric population.

**Eligibility Criteria:** We conducted a scoping review following the Joanna Briggs Institute Methodology. Published literature targeting children 0–18 years old being discharged from acute care to home and describing a nurse leading the discharge planning/process was included.

**Sample:** A search strategy was developed and implemented in four electronic databases; CINAHL, MEDLINE, Embase, and Web of Science. We also hand searched three high impact journals and reviewed reference lists of relevant articles. This search resulted in 1485 records. Based on our eligibility criteria, 9 articles were included in this review. Two independent reviewers screened each eligible article and extracted relevant information.

**Results:** Terminology and program structure varied greatly across included studies. Critical appraisal revealed a lack of high quality research designs.

**Conclusions:** We identified a paucity of nurse-led/facilitated discharge programs evaluated within the pediatric population. The majority of studies were inadequately reported, leaving it difficult to identify development, implementation, and evaluation strategies.

**Implications:** Given the positive outcomes reported across all articles included in our review, future empirical research is warranted to explore this role within nursing practice.

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## Background

Discharge from hospital to home is one of the most common transitions in pediatric care. Each day, there are approximately 10,000 pediatric discharges from hospital in the United States alone (Berry et al., 2014). Although returning home after hospitalization often signifies a positive event for children and their families, patient safety is at risk if the discharge process does not adequately coordinate future care (Balaban, Weissman, Samuel, & Woolhandler, 2008; Greenwald, Denham, & Jack, 2007; Wu et al., 2016). Over 20% of patients experience an adverse clinical event within 20 days of discharge from hospital in Canada, with approximately one third of these events being preventable (Forster et al., 2004; Forster, Murff, Peterson, Gandhi, & Bates, 2003). Inadequate discharge communication and planning has also been shown to contribute to unanticipated hospital readmissions and return visits

to emergency departments (Weiss et al., 2017; Weiss, Costa, Yakusheva, & Bobay, 2014). Developing and implementing an effective discharge plan is paramount to improving patient outcomes and reducing burdens to the healthcare system (Weiss et al., 2008). However, patients and caregivers frequently report feeling ill-prepared during the transition into a new care setting (Balaban et al., 2008; Coleman & Berenson, 2004), indicating that improvement at this care transition is needed.

Nurses are key players in facilitating the transition from hospital to home for children and families (Aburn and Gott, 2011; Department of Health, 2000). Nurses spend more time in contact with children and families in comparison to all other healthcare professionals (Bowles, Jnah, Newberry, Hubbard, & Roberston, 2016; Bramhall, 2014), allowing them to develop a thorough knowledge of their patients' individual discharge needs (Gibbens, 2010). Additionally, their privileged role in patient care often places them in an ideal position to identify and amend any errors in the discharge plan before discharge occurs (Weiss et al., 2014). Consequently, nurses are often an appropriate health care professional to lead the discharge process (Lees, 2004).

There have been various terms used in the literature to describe the management, facilitation, and/or leading of the discharge planning

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process by nurses. Terms conventionally used to describe this concept include nurse-led and nurse-facilitated discharge. Despite often referring to similar concepts or initiatives, Lees (2007) argues the term “nurse-led discharge” may inaccurately imply a “uni-disciplinary activity” and that “nurse-facilitated discharge” more appropriately emphasizes the necessity of multidisciplinary collaboration during the transition from hospital to home. Recent studies in the adult population have demonstrated that nurse-led discharge can improve the efficiency and effectiveness of the transition from hospital to home without compromising patient safety (Bowen, Kumar, Howard, & Camilleri, 2014; Graham et al., 2012; Knight, 2003). However, despite advocacy for nurse-led/facilitated discharge, it is unclear how these initiatives have been described or evaluated within the literature. To our knowledge, the literature regarding nurse-led/facilitated discharge in the pediatric population has not been systematically reviewed or synthesized. Therefore, the objective of this scoping review was to examine and map what is currently known about nurse-led/facilitated discharge programs, interventions, models, or frameworks for the pediatric population.

## Aims

The aim of our scoping review was to describe: (1) What types of nurse-facilitated or-led discharge programs, interventions, frameworks or models have been reported for the pediatric population, and (2) how the nurse role in discharge is defined within this body of literature.

## Design

Scoping reviews systematically map the range of literature regarding a topic of interest and are particularly helpful when seeking to identify key concepts and evidence gaps (Arksey & O'Malley, 2005; Joanna Briggs Institute, 2015). Scoping reviews differ from systematic reviews as their research questions are often broadly defined to explore the extent and range of a current area of research interest (Arksey & O'Malley, 2005). As such, scoping review methodology was used in this study to comprehensively explore all published literature regarding nurse-led/facilitated discharge in the pediatric population. To ensure a replicable and robust review, we followed the methods outlined in the Joanna Briggs Institute Methodology for Scoping Review Guide (2015).

## Search Methods

### Data Sources and Search Strategy

We developed and refined our search strategy through iterative consultations with an experienced systematic review library scientist (See Appendix A). The final search strategy was translated and implemented in four electronic databases; (1) CINAHL, (2) MEDLINE, (3) Embase, and (4) Web of Science. Databases were searched from origin to present. A hand search of three relevant and high impact journals (Pediatrics, Journal of Pediatric Nursing, and International Journal of Nursing Studies) was also conducted as part of the search strategy. Title and abstracts published within the last five years in the three journals (January 2012–January 2017) were screened for relevancy. Reference lists from included articles were reviewed to identify any additional studies to include in our scoping review. Finally, attempts were made to contact authors of published abstracts in conference proceedings found in our database search to locate potential full-text articles.

### Eligibility Criteria

Articles were limited to English language only for this review. Articles were included if they described a nurse leading the discharge planning/process for children 0–18 years old being discharged from acute care to home. All published literature, regardless of their study design

or publication date, were included. Articles were excluded if they focused solely on nurse-led follow-up, inter or intra facility handover, the obstetrics population, and the emergency department setting. In addition, articles that had a mix of adult and pediatric population with data that was not separately analyzed by age were excluded. Finally, programs that facilitated post-discharge care in the community were also excluded.

### Screening, Data Extraction and Quality Appraisal

A two-stage screening process was utilized to identify eligible articles. All potential articles resulting from our search strategy were uploaded to Covidence, an online systematic review software program (Covidence Systematic Review Software, 2017). To begin, two independent reviewers scanned the title and abstracts against the pre-determined eligibility criteria. Full-text screening of eligible articles was then independently completed by each reviewer. Conflicts were resolved through discussion and consensus. If consensus could not be made, a third reviewer was consulted to determine inclusion.

Data was extracted using the Covidence extraction tool by two independent reviewers along the following categories: year of publication, country, study design, population of interest, intervention, outcome measures, and results. Interventions components were further extracted along the following parameters: presence of a follow-up portion, team composition, program components, nurse's role specific to the discharge process, and term used to describe nurse role. Following the completion of independent extraction, both reviewers met to discuss results, compare conflicts, and achieve consensus. The Joanna Briggs Quality Appraisal Tools were used to evaluate the quality of evidence included in our review (Tufanaru, Munn, Aromataris, Campbell & Hopp, 2017).

## Results

The initial search of the databases resulted in 1485 records, with 903 remaining after the removal of duplicates. No additional articles were included based on our review of relevant articles' reference lists or hand searching. After the first phase of screening, 66 records remained and progressed to full-text screening. Based on our eligibility criteria, 9 articles were included in this review (see Fig. 1).

### Characteristics of Included Studies

All included studies employed quantitative methodology, with seven articles using a quasi-experimental design (Anonymous, 1996; Chandler, 2007; Ekim & Ocakci, 2016; Giangiulio et al., 2008; Gibbens, 2010; Latham, 2000; MacKenzie & Jordan, 1997) and two completing a randomized controlled-trial (Mayor, 1995; Wesseldine, McCarthy, & Silverman, 1999). The majority of included studies were from England ( $n = 5$ ) (Chandler, 2007; Gibbens, 2010; Latham, 2000; MacKenzie & Jordan, 1997; Wesseldine et al., 1999) with other articles reporting from Scotland ( $n = 2$ ) (Anonymous, 1996; Mayor, 1995), the United States ( $n = 1$ ) (Giangiulio et al., 2008), and Turkey ( $n = 1$ ) (Ekim & Ocakci, 2016). Half of the included articles were published between 1996 and 2000 ( $n = 5$ ) (Anonymous, 1996; Latham, 2000; MacKenzie & Jordan, 1997; Mayor, 1995; Wesseldine et al., 1999), with the other half being published between 2007 and 2016 ( $n = 4$ ) (Chandler, 2007; Ekim & Ocakci, 2016; Giangiulio et al., 2008; Gibbens, 2010).

Studies used a variety of terminologies to describe their program. Six of the included studies used the term “nurse-led” when describing their discharge program (Anonymous, 1996; Chandler, 2007; Ekim & Ocakci, 2016; Latham, 2000; Mayor, 1995; Wesseldine et al., 1999). Other terms used included “nurse-facilitated” (Gibbens, 2010), “liaison nurse” (MacKenzie & Jordan, 1997), and “admission, discharge, transfer (ADT) nurse” (Giangiulio et al., 2008). None of the studies provided an accompanying definition for their chosen terminology. Table 1 shows

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