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Patient perceptions of quality in discharge instruction

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Abstract

The present study investigates patient perceptions of the quality of discharge instruction by assessing inpatients' ratings of care and service in the United States over the past 5 years (1997–2001) ($n = 4{,}901{,}178$). As expected, patients' ratings of "instructions given about how to care for yourself at home" showed a strong, consistent positive relationship with overall patient satisfaction from 1997 through 2001. Nevertheless, patient satisfaction with discharge instructions decreased significantly each year ($p < 0.001$). Patients gave lower ratings to the quality of discharge instruction than to the overall quality of their hospital stay which indicates a failure to match the quality delivered among other services within the hospital. Patient assessments of discharge instruction quality varied systematically among conditions. Patients with musculoskeletal diseases and disorders (MDC-8) rated discharge instruction considerably lower than all other patient groups. Patients' age, sex, self-described health status and length of stay did not predict patients' evaluations of discharge instructions. U.S. hospitals may not be meeting existing AMA and JCAHO standards for patient education and discharge.

Keywords: Patient satisfaction; Patient discharge; Patients; Health services; Patient education

1. Introduction

1.1. What quality of service do patients want and receive?

"Patients want to be taken seriously both as patients and as real people whose family and social and economic lives have been threatened or disrupted by the medical problem and by the isolation and disorientation of hospitalization" [1].

Discharge from the hospital represents a serious and complex transition in patients' lives. Patients and their families begin to cope with the repercussions of illness in their daily life absent the comprehensive support of nurses and physicians. The stress and anxiety involved only serve to intensify patients' needs for information, education and reassurance. This information is critical to the patient's welfare; nineteen percent of patients have adverse events after discharge [2].

Recent studies have substantially increased the body of knowledge and understanding of patients' informational and educational needs in preparation for discharge [3–11]. Patients desire information on follow-up, home care, symptom management, pain management and coping with potential health problems [5–7]. Patients want specific written information and resources on follow-up and community services [6,10], pain treatment [6,11], and life activities [6] (e.g., "What could or could not be done" [10]). In fact, Gustafson et al. [8] found that information and support needs of patients outweighed care delivery needs and any service concerns.

Despite the value and demand for this information, between 27 and 80% of patients do not receive the desired amount of information [7,9,12]. In addition to general informational needs, clinically related educational needs are also slipping through the cracks. Rowe et al. [13] surveyed patients following a stay of 5 days or less revealing that over 50% of these patients failed to receive information on "side effects," "recovery at home" or "community health services". Jones et al. [14] found that 81% of patients

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needing assistance with basic functional needs failed to receive home care referrals and 64% of these patients reported that no one at the hospital had talked to them about "managing at home". A postdischarge follow-up study found that 50% of patients dependent upon others for basic functional needs failed to receive home care referrals [15]. In a recent study by Bowles et al. [16], more than 56% of patients discharged did not receive a home care referral despite being screened into the study on the basis of this need and being at risk for poor discharge outcomes—96% of these patients had unmet discharge needs. Such studies confirm observations that, as a side effect of U.S. health care consumerism, patients and families have assumed greater direct responsibility for their own care; care which is often complex and dangerous [17].

Patients' postdischarge care needs, usually undertaken by families, range from errands and household chores to basic, functional needs (e.g. bathing, getting dressed, etc.) to nontrivial medical needs (e.g. changing dressings, wound care, help with physical therapy regimens, etc.) [18]. The majority of caregivers care for patients' personal needs following hospitalization, and three-fourths assume responsibility for five or more tasks (e.g. preparing meals, administering medication, etc.) [19]. Caregivers frequently do not feel adequately prepared to assume these responsibilities [20].

Patients and families who do receive hospital discharge planning, counseling, home care referrals and other social interventions often do not find these interventions beneficial [21,22]. Posthospital needs for care, assistance and information (e.g. activity limitations) persist [23,24], discharge plans are not implemented as planned [25], and home care services deviate from discharge plans or unexpectedly terminate within a few weeks after discharge [26]. Nurses routinely underestimate patients' needs at discharge, overestimate the quality and amount of education and information provided and fail to discern the same needs that patients and caregivers find important [27–29].

In short, patients and caregivers want information on what to expect, how to manage, when and where to get help, education on their illness and recovery, counseling, continuity of care and involvement in discharge preparation and decision making.

1.2. Research questions

Previous research has explicated patients' needs for discharge instructions—we know what patients want. In addition to this knowledge, practitioners are guided by the American Medical Association and the Joint Commission on Accreditation of Healthcare Organizations which provide

Table 1
Summary of JCAHO Standards for patient education and AMA Standards for discharge

Joint Commission Standards

No.	Standard
PF.1	An assessment of the patients' learning needs, abilities, preferences, and readiness which considers culture, religion, emotional barriers, desire, motivation, physical and cognitive limitations, language barriers and financial implications (for the patient) and includes: • medication use education; medical equipment use education; information on drug-food interaction and counseling on nutrition; techniques to help patients adapt and function independently; information on community resources; • information on when and how to obtain any further treatment potentially needed; • elucidate to patients and families responsibilities for ongoing health care needs and the knowledge and skills to carry them out; • education and help maintaining good hygiene.
PF.2	Patient education is interactive.
PF.3	Provide discharge instructions to the responsible caregiver in addition to the patient or family.
PF.4	The hospital plans, supports, and coordinates activities and resources for patient and family education—including provision of all resources required and that this education process be collaborative and interdisciplinary.

American Medical Association Standards

No.	Standard
1	Discharge criteria should be based on data from assessments of physiological, psychological, social and functional needs.
2	An interdisciplinary team is necessary for comprehensive planning to meet the patient's needs.
3	Early assessment and planning should be organized so that necessary personnel, equipment or training can be arranged in time for discharge.
4	Postdischarge medical care requires arrangements (before discharge) for easy access to continuing physician care.
5	Patient and caregiver education in meeting postdischarge patient needs should occur prior to discharge. Patients and caregivers should be able to demonstrate their understanding and ability to meet the care needs before discharge.
6	Coordinated, timely and effective communication between all health professionals, caregivers and the patient is essential and should be well established before discharge.