Walden Dissertations and Doctoral Studies

2021

Discharge Instructions to Decrease COPD Readmissions

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This is to certify that the doctoral study by

Randee S. Marinaro

has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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by

Randee S. Marinaro

MSN, Walden University, 2011

BSN, Purdue University, 2002

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February, 2021

Abstract

Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the

US. A 301-bed rural hospital in the Midwest had experienced excessive 30-day hospital

readmissions with their COPD patients. Two gaps in practice were identified: a lack of

uninterrupted time to plan and execute discharge instructions and inconsistent discharge

instructions provided to these patients as. The purpose of this project was to educate staff

nurses on the importance of implementing a protected time, evidence-based discharge

plan for patients diagnosed with COPD. The project explored whether a discharge

education program nurses would decrease the 30-day readmission rate for these patients.

The Knowles theory of adult learning framed the project components. A 10-question

pretest/posttest was administered to all participants (144 registered nurses). A paired

sample *t* test was conducted to compare the pre- and posttest results. Two questions

showed a significant difference: The use of protected time ($p = .045$) and an

interdisciplinary team approach ($p = .006$). Deidentified data for 30-day readmissions 3

months prior to the education program were 17, while 3-month data post program

revealed 1 readmission. Thus nursing administration was recommended to continue to

have protected time during discharge instructions and to continue to use the discharge

tool . Decreasing 30-day readmissions through comprehensive discharge planning has the

potential to promote positive social change for patients, families, and healthcare

providers.

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Dedication

For my dad, who loved and supported me throughout his life and was so proud of me when I became a registered nurse. Dad, I sure hope I continue to make you proud.

Acknowledgments

I would like to express my deepest gratitude to my mom, Cindy Marinaro for the encouragement, love and support throughout my education and life. To my husband, Jim Kroush for his continued encouragement, love, and support through my educational journey. To my preceptor, Debra Polster, DNP, APRN who has shared her nursing knowledge and leadership skills with me for the last year of this doctoral journey. Lastly but certainly not least, Dr. Diane Whitehead for the encouragement, support and for sharing your knowledge during my project development. I could not have done this without all of you!

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Section 1: Nature of the Project

Discharge planning is the process of anticipating and preparing a patient and care giver to be discharged from the hospital to home. To prevent avoidable complications and readmissions, the Centers for Medicare and Medicaid (CMS) requires a prioritization of patient needs and goals (CMS, 2019). A medical diagnosis can affect the physical, emotional, mental, and social aspects of patients' lives; overall affecting their quality of life with readmissions (Albuquerque, 2019). Effective discharge planning starts when the patient is admitted to the hospital (Albuquerque, 2019). Although all providers caring for the patient should participate in the plan, the nurse has the ultimate responsibility to ensure that the discharge plan is comprehensive, accurate, and that the patient understands the discharge instructions (Roberts et al., 2018).

With an increase of readmissions in the chronic obstructive pulmonary disease (COPD) population, CMS began penalizing hospitals by decreasing reimbursement rates by 3% on readmitted patients (Saunier, 2017). Hospital readmissions are tied to (a) Medicare key indicators or higher costs, (b) more Medicare penalties, and (c) increased risk for complications for patients (Prusuczyk et al., 2019). Decreasing 30-day readmissions through comprehensive discharge planning has the potential to promote positive social change for patients, families, and healthcare providers: (a) Patients will be at home quicker, with less family disruption and financial burden. (b) Health care providers will not be under pressure to meet CMS requirements. A multifaceted, comprehensive, team approach for discharge planning—physician, nurse, social worker, and pharmacist—has been shown to help reduce the rate of readmissions. (Goldman et

al., 2016). Ineffective and inadequate discharge instructions can lead to a deficit in self-care and thus increase the risk for readmission and complications (Oh et al., 2019).

Problem Statement

COPD is the fourth leading cause of death in the United States. Although smoking is the primary cause of COPD, one in four people with COPD have never smoked. Additional causes include second and third hand smoke, as well as genetics. The rate of diagnosis of COPD continues to increase. By 2030 it is predicted to be the third leading cause of death (Centers for Disease Control and Prevention [CDC], 2019; Change & Dai & Dai, 2019, p. 1239).

A 301-bed rural hospital in the Midwest had experienced excessive 30-day hospital readmissions with COPD patients. Especially in rural areas, preventable readmissions are a great concern due to the populations' decreased access to health care: 30-day readmissions in rural hospitals are estimated to be 15-25% (Roberts et al., 2018). Nurses at the facility had identified the lack of protected (uninterrupted) time to plan and execute discharge instructions as the source of excessive readmissions. In addition, there was a lack of consistency in the discharge planning instructions.

As early as 2013, a Cochrane systematic review reported that an individualized discharge plan may decrease readmission rates for older adults (Shepperd, 2013). The Agency for Healthcare Research and Quality (AHRQ) recommends that the teach-back method be included in discharge planning. This method has the patient and family repeat the instructions in their own words family and. The method improves the patient's and

family's understanding of discharge instructions and may thus reduce readmissions and improve patient outcomes (AHRQ, n.d.; Shermont et al., 2016; Oh et al., 2019).

Despite using the teach-back method, the facility had a high incidence of COPD readmissions. During the discharge process, the facility also used a discharge instruction tool— a discharge folder (including all discharge instructions) and an envelope. The first purpose was to help reinforce the instructions given to the patient at the time of discharge. The folder included a checkoff list to ensure that the patient had scheduled a follow-up appointment scheduled with their physician before leaving the hospital. The list also included information about new medications or other medication information that the patient needs in order to continue the medication regimen at home. The list also included a quick guide to diet information, mobility, and signs and symptoms of the disease process.

Purpose

The gap in practice was the lack of staff knowledge of components of an effective discharge plan and their understanding of the importance of making time to adequately implement the plan. Effective discharge teaching should begin at admission and continue throughout the hospital stay. However, nurses often do not start the discharge teaching until the time of discharge, when there is less time for discharge preparation (Luther, 2019; St. John et al., 2020). Best practices require that nurses ensure consistent and thorough discharge instructions (Luther, 2019). CMS (2020) recommends that the patient have, and understand, all discharge instructions prior to discharge, including the following: signs and symptoms of the disease process, all medication reconciliations

(including side effects, dosages, and risks), any follow-up appointments (including

providers' telephone numbers), any pending or planner diagnostic testing, and any

follow-up care needed by provider or supplier

Members of administration identified the lack of a COPD discharge plan. They

also identified the nurses'? lack of understanding of the importance of discharge planning

and the role of the nurse in this process, beginning upon admission. Following the

guidelines proposed by CMS, staff nurses should be educated on the importance of

making a discharge plan for COPD patients and making the discharge instruction time-

protected (2020).

The purpose of this project was to educate nurses on (a) the importance of

discharge planning, (b) the teach-back method, and (c) the important components of a

COPD discharge plan for this vulnerable population. The project question was: Will a

COPD discharge education, program provided to staff nurses, decrease the 30-day

readmission rate for the CMS diagnosis of COPD?

Nature of the Doctoral Project

This staff education project for registered nurses in a rural hospital in the Midwest

followed the guidelines set forth in the Walden University staff education manual.

Sources of evidence for what exactly? included peer-reviewed publications from the past

5 years written in English. Requirements for discharge planning from Joint Commission

and CMS were reviewed. Scope and standards of practice for registered nurses on

discharge planning were also reviewed. The following databases were used: CINAHL &

MEDLINE combined search; CINAHL plus with full text, EMBASE; ProQuest Nursing

& Allied Health, Google Scholar, and PubMed. The keywords included *discharge planning, teach-back model, protected-time discharge instructions, COPD 30-day readmissions,* and *discharge process.*

Significance

This project taught registered nurses on an effective discharge plan for COPD that complied with CMS requirements and included the teach-back method. This approach could be used to develop discharge plans for other patients with chronic diseases who are at risk of? frequent readmissions. Stakeholders included patients, families, nurses impacted by frequent readmissions of their COPD patients, and the hospital. Hospitals are assessed penalties on Medicare patients if they are readmitted within 30 days (Raley et al., 2016).

Summary

Section 1 introduced the problem statement and the purpose of this project. The purpose of this project is to educate nurses on the importance of discharge planning and to develop and implement a COPD discharge plan that nurses can use for this vulnerable population. The project question was: Will a COPD discharge education program provided to staff nurses decrease the 30-day readmission rate for the CMS diagnoses of COPD? The nature and significance of the project were explored. The stakeholders were identified.

Section 2 will identify the model supporting the project, the evidence relevant to the project, my role, and the role of the project team.

Section 2: Background and Context

Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the United States. By 2030 this diagnosis is predicted to be the third leading cause of death (CDC, 2019; Change & Dai; Dai, 2019, p. 1239). The purpose of this project was to teach nurses the importance of discharge planning and to develop and implement a COPD discharge plan that nurses can use for this vulnerable population. The project question was: Will a COPD discharge education program provided to staff nurses decrease the 30-day readmission rate for the CMS diagnoses of COPD?

Concepts, Models, and Theories

Knowles' theory of adult learning represents that adults learns by self-direction (Norman, 1999) and that the adult needs to identify his weaknesses and do a self-assessment on the type of learner he is (Norman, 1999). Table 1 aligned the project with the Knowles model.

Table 1

Alignment of Adult Learning Theory with the Project

Assumptions	Project
Adults have a need to know about learning	Explain the importance of discharge planning for improving patient outcomes for stakeholders.
Adults have a need to be self-directed	Once nurses understand the importance of discharge planning and have the tools and time to implement they will be self-directed to engage in this activity.
Adults attach life experience to learning	Nurses will see that the readmission rates due to non-compliance will improve with effective discharge planning.
Adults have a problem-centered orientation	The problems related to lack of discharge planning as a problem for the patients, providers, and families will be

discussed.

Definitions

Staff nurse - the registered nurse who oversees the patient getting discharged from the immediate care unit (IMCU) or the progressive care unit (PCU).

Discharge planning - the discharge process from admission into the hospital until the patient is discharged from the hospital. Discharge planning also includes the time the staff nurse is giving the discharge instructions to the patients and care givers to get them ready to go home and care for themselves.

Protected time - the uninterrupted time allocated for discharge planning and discharge instructions.

Relevance to Nursing Practice

COPD and 30-Day Readmissions

COPD is the third-leading cause of hospital readmissions in the United States (Press et al., 2019). Twenty percent of COPD patients are readmitted within 30 days of their last admission. These patients often present with complex comorbidities (Guerrero, 2016; Castillo et al., 2017). According to CMS estimates, one in every five Medicare patients experiences 30-day readmissions (Thomas & Siaki, 2017). Hospitals are penalized for unplanned readmissions of COPD patients with a 3% decrease in reimbursement (Saunier, 2017).

Discharge Planning and Patient Education

Discharge planning yields a customized plan for each patient who leaves the hospital; the goal of the plan is to contain cost and improve recovery while at home

(Lopes et al., 2019). Discharge education and discharge planning are critical to reduce the rate of readmissions (Reddick & Holland, 2015). Effective discharge planning is vital in reducing post-discharge issues that cause a patient to be readmitted to the hospital within 30 days (Chang et al., 2016). Patient education should include the following information: list of medications with their side effects, diet, self-care transition, signs, and symptoms of the disease process, and follow up care (Derrick & Mangold, 2020). Discharge planning can guide quality improvement and positive patient outcomes while reducing both complications and readmissions (Prusaczyk et al., 2019).

Discharge Plan Components

As early as 2013 a Cochrane systematic review reported that an individualized discharge plan may decrease readmission rates for older adults (Shepperd, 2013). More current evidence continues to support the premise that consistency with discharge instructions will help in reducing the 30-day readmissions. The AHRQ recommended that the teach bac- method be included in discharge planning. This method engages the patient and family and has them repeat the instructions back in their own words. Using the teach back- method improves patient's and family understanding of discharge instructions and may reduce readmissions and improve patient outcomes (AHRQ, n.d.; Shermont et al., 2016; Oh et al., 2019).

As noted in Section 1, CMS (2020) recommended that all discharge instructions have pertinent information including signs and symptoms of the disease process, all medication reconciliations including side effects, dosages, and risks of the prescribed

medications, any fallow up appointments with provider telephone numbers, any pending or planner diagnostic testing and any follow care needed from provider or supplier.

For the discharge instructions to be effective, Roberts et al. (2018) recommended 12 steps need to be followed in the discharge process:

1. Proper language needs to be used to on admission and carried on to for discharge teaching.

2. A follow-up appointment needs to be scheduled and made within seven to 14 days after discharge.

3. Results of labs and diagnostic tests as a follow-up.

4. Organization of post-discharge outpatient services.

5. Medication plan with identification of medicines and how they will be obtained.

6. Reconcile national guidelines for discharge plan.

7. Teach-back method of discharge instructions from patient to nurse.

8. Education of medications and diagnosis.

9. Help patient understand f any complications arise from signs and symptoms of the disease process or medications.

10. Assess the patient's understanding of discharge plan.

11. Detailed discharge summary has the same information that was presented in the discharge process and that is accompanies patient home with them.

12. Provide a telephone call to reinforce the discharge plan and teaching.

Fares and colleagues (2018) made the following recommendation for the discharge plan:

- Easy to understand explanation of the physiology and pathology of the disease, review of symptoms, complications.

- Discussion of medications that will be taken at home, duration of the treatment, side effects, method of administration, major interactions.

- Signs and symptoms of complications, precautions, follow up laboratory work and doctor visits

- Lifestyle modifications

Role of the Registered Nurse in Discharge Planning

Registered nurses are a pivotal component of discharge planning to help patient transition from hospital to home (Derrick & Mangold, 2020). The nurse taking care for the patient is responsible for coordinating the other members of the healthcare team and implementing the discharge plan (Gabriel et al., 2017; Luther et al., 2019). Nurses need to understand the discharge plan to ensure that their patients understand (Reddick & Holland, 2015). Nurses need to start the discharge planning on admission to the hospital and involve the patient and family members in planning an effective and manageable discharge (Chang et al., 2016). Nurses need to ensure inclusion and collaboration in discharge planning with the interprofessional team.

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Local Background and Context

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The setting for this project was a small rural Midwest community hospital. The hospital was approximately 25 miles from another smaller facility and 45 miles from the

closest metropolitan area. The hospital had 301 license beds for inpatients and employed 743 registered nurses as well as certified nursing assistants and unit assistants. Licensed practical nurses were employed. The hospital administration reported that, there was a need to enhance discharge instructions and help the patients take ownership of their own after care. There had been an increase of 30-day readmissions especially in the spring and summer months. With the change of the seasons and the hotter more humid weather, there had been an increase on 30-day readmissions with COPD. The COPD patients were returning with symptoms of exacerbation and complications of COPD. The facility had requested a project on educating staff on discharge planning and support for decreasing 30-day readmissions for their COPD patients.

Role of the DNP Student

My role was to develop and implement a staff education program for registered nurses to include effective discharge planning, the teach-back method, and an appropriate discharge plan for COPD patients.

Role of the Project Team

The project team consisted of an expert panel. The experts from the facility included the director of education, the director of quality improvement, and a team member who had expertise in managing patients with COPD. The expert panel reviewed the draft education program. Any changes recommended by the expert panel were completed prior to program implementation.

Summary

Section 2 described the Knowles theory of adult learning that will frame the project. The evidence supporting the project was described. The local background and context for this project, my role and the role of the project team were described. The purpose of this project is to educate nurses on the importance of discharge planning, the teach back- method, and the important components of a COPD discharge plan that nurses can use for this vulnerable population. The project question was: Will a COPD discharge education program provided to staff nurses decrease the 30-day readmission rate for the CMS diagnoses of COPD?

Section 3 will identify the gap in practice with discharge education, instructions, and planning.

Section 3: Collection and Analysis of Evidence

Introduction

COPD is the fourth leading cause of death in the US. Although smoking is the

primary cause of COPD, one in four people with COPD have never smoked. Additional

causes include second- and third-hand smoke, as well as genetics. The rate of? diagnosis

of COPD continues to increase. By 2030, this diagnosis is predicted to be the third

leading cause of death (CDC, 2019; Change & Dai & Dai, 2019, p. 1239).

A 301-bed rural hospital in the Midwest had experienced excessive 30-day

hospital readmissions from their patients diagnosed with COPD and therefore had

requested a project on educating staff on discharge planning and support for decreasing

these readmissions. Especially in rural areas, preventable readmissions are a great

concern due to a decreased access to health care. 30-day readmissions in rural hospitals

are estimated to be 15-25% (Roberts et al., 2018). The facility nurses had identified the

lack of protected or uninterrupted time to plan and execute discharge instructions. In

addition, there was a lack of consistency in the discharge planning instructions for the

COPD patients. The hospital administration reported that there was a need to enhance

discharge instructions and help patients take ownership of their own aftercare.

Practice-Focused Question

The purpose of this project was to educate nurses on the importance of discharge

planning, use of the teach-back method, and the important components of a COPD

discharge plan. The project question was: Will a COPD discharge education program

provided to staff nurses decrease the 30-day readmission rate for the CMS diagnoses of COPD?

Sources of Evidence

This project followed the steps in Walden University's staff education manual.

Planning

I met with organizational leadership to explore the needs and program goals for staff education. They verbalized their support for an education program on improving their discharge planning process. The experts included the director of education, the director of quality improvement, and a team member with expertise in managing patients with COPD.

Implementation

Upon Walden IRB approval (insert IRB approval no. here), the expert panel reviewed the draft education program (Appendix A). The project team made minimal suggestions to the pre- and posttests. However, they expressed concern with the CMS questions and the 3% penalty. Since the suggestion was made after the pre- and posttests were given, no changes were made in order to remain consistent for further pre- and posttests.

I met with the director of education to plan a program implementation that would best meet the needs of the staff. A series of presentations were scheduled to cover all staff schedules.

Evaluation

The pre- and post-tests (Appendix B) results were analyzed using a t test. The results and recommendations were presented to administration and program stakeholders.

Protections

A representative of the facility signed the site approval form for staff education doctoral project from the staff education manual. The site approval form was submitted to the Walden University IRB for IRB approval to implement the project.

Analysis and Synthesis

Thirty-day readmission de-identified patient data was compared for the 3 months prior to the education program and 3 months after the implementation. Descriptive statistics were used to compare the data which can be seen in Table 3.

Summary

In Section 3, the problem statement and purpose was reviewed. The steps of implementation of the staff education program was described. The analysis and synthesis was also described.

Section 4 will discuss the findings, implications, and recommendations after project implementation.

Section 4: Findings and Recommendations

A 301-bed rural hospital in the Midwest had experienced excessive 30-day hospital readmissions from their patients diagnosed with COPD. A lack of protected or uninterrupted time to plan and execute discharge instructions as well as inconsistent discharge instructions provided to COPD patients were identified as gaps in practice. The facility administration requested a project on educating staff on discharge planning and support for decreasing 30-day readmissions for their COPD patients. The purpose of this project was to educate staff nurses on the importance of discharge planning and the role they play in the discharge process. The project question was: Will the discharge education program given to staff nurses decrease the 30-day readmission rates for the CMS diagnoses of COPD?

Findings and Implications

The staff education program was offered during an annual competency fair. Two sessions were provided on different days. Participants included 144 registered nurses. The pre-test was given prior to the start of the patient education stations. The education program was given during the station. The posttests were given after the patient education and documentation stations. A paired sample t test was conducted using SPSS Statistics, v. 27. to compare pre- and posttest results. All participants responded with the correct response (T) to Questions 1 and 2 for both the pre- and posttest. Questions 3,5,6,7,8 and 9 did not show a significant difference between the pre- and posttests. Questions 4 ($p =$ .045) and 10 ($p =$ .006) had a significant increase from the pre to posttest. Table 1

describes the results of the pre- and posttests. Table 2 depicts the *t* test results at the 95%

confidence interval.

Table 2

Pre and Post Survey Results

Questions and Correct Response	Pretest	Posttest
1. Discharge planning should start on admission to the hospital. (T)	N=144 (100%) True N=0 (0%) False	N=144 (100%) True N=0 (0%) False
2. Teach-back method is an effective way to ensure patients understand their discharge instructions. (T)	N=144 (100%) True N=0 (0%) False	N=144 (100%) True N=0 (0%) False
3. Discharge instructions are most effective when you have multiple interruptions when discharging a patient. (F)	N=69 (47.9%) True N=75 (52.1%) False	N=68 (47.2%) True N=76 (52.8%) False
4. "Protected time" means that you have no interruptions when providing discharge instructions to ensure patients has a complete understanding. (T)	N= 80 (55.6%) True N= 64 (44.4%) False	N=76 (52.8%) True N=68 (47.2%) False
5. The discharge tool (folder) should be given only at the time of discharge. (F)	N=69 (47.9%) True N=75 (52.1%) False	N=71 (49.3%) True N=73 (50.7%) False
6. The discharge tool (folder) is a tool that should be used by the patient and reinforced by the staff nurse giving the patient the discharge instructions. (T)	N=82 (56.9%) True N=62 (43.1%) False	N=80 (55.6%) True N=64 (44.4%) False
7. The discharge tool has follow-up information for the patient with reminders of follow-up appointments. (T)	N=140 (97.2%) True N=4 (2.8%) False	N=143 (99.3%) True N=1 (0.7%) False
8. Nurses are the key to effective discharge instructions.	N=141 (97.9%) True	N=143 (99.3%) True

(T)	N=3 (2.1%) False	N=1 (0.7%) False
9. Reimbursement from CMS can be reduced by 3% with increased readmissions of patients with COPD. (T)	N=124 (86.1%) True N=20 (13.9%) False	N=132 (91.7%) True N=12 (8.3%) False
10. Interprofessional teams efforts with COPD patients can enhance patient outcome by decreasing the 30-day readmissions. (T)	N=124 (86.1%) True N=20 (13.9%) False	N=137 (95.1%) True N=7 (4.9%) False

Table 3

Paired Sample T-Test Results

	Mean	Std. Deviation	Std. Error Mean	t	df	Sig (2-tailed)
Pair 3 PRE3-POST3	-.00694	.14467	.01206	-.576	143	.566
Pair 4 PRE4-POST4	-.02778	.16491	.01374	-2.021	143	.045
Pair 5 PRE5-POST5	.01389	.26408	.02201	.631	143	.529
Pair 6 PRE6-POST6	-.01389	.28935	.02411	-.576	143	.566
Pair 7 PRE7-POST7	.02083	.18582	.01548	1.345	143	,181
Pair 8 PRE8-POST8	.01389	.16667	.01389	1.000	143	.319
Pair 9 PRE9-POST9	.05556	.42274	.03523	1.577	143	.117
Pair 10 PRE10-POST10	.09028	.39068	.03256	2.773	143	.006

De-identified data from the facility on 30-day readmissions for the diagnosis of COPD was provided by the facility for 30 days post the education program. There were 17 patients readmitted for COPD for the 3-month period prior to the education program and one readmissions for the 3-months post program. Table 3 depicts the 30-day readmission data.

Table 4

30-Day Readmissions Pre- and Post-Education Program

Dates:	January-March 2020	October-November 2020
Number of 30-day readmissions pre-educational program	17	
Number of 30-day readmissions post-educational program		1

Recommendations

This program should be repeated during a time specifically set aside for the discussion of discharge planning. Time to practice the teach back- method and ask questions should be included with multiple practice opportunities. There needs to be a policy change that the teach-back method is needed during discharge instructions.

The concept of protected times should be discussed and made part of the discharge planning and discharge instructions. Staff nurses should surrender their phones and put signs on the door (discharge instructions in progress – do not disturb) to decrease interruptions during discharge instructions.

Another recommendation is to include the discharge folder to ensure patient participation in their own discharge process. The discharge folder is given on admission to get the patient involved early on their own readiness to be discharged. By using this discharge tool will assess the patient's readiness to be discharged. Getting the patients involved in their own readiness to be discharge home with also aid in the decrease in readmissions (Galvin et al., 2017). Assessing the patient's readiness to be discharged by using the discharge folder as a tool to assess readiness with getting the patient involved in

their own discharge will also assist in decreasing the 30-day readmission rates (Galvin et al., 2017).

Strengths and Limitations of the Project

The strength of the project was the education offered to the participants in the patient education station where they were able to practice teach back. Another strengths was the discussion and explaining why the common practice needs to change to ensure that patients have understanding of their discharge instructions. Along with staff nurses becoming familiar with the discharge tool the facility uses. The discharge folder has been implemented but not reinforced until this educational program.

The potential implications for social change was the method of delivery discharge instructions. By using the teach-back method, protected time and the discharge tool patients will have a better opportunity to understand the importance of these instructions and opportunities to share in self-care management of a chronic disease. Better self-care management will support a higher quality of life and fewer hospitalizations, all positive social change.

Limitations included the fact that the environment where the pre- and posttests were administered was not a quiet environment. During the program, the participants seemed rushed and there was not ample time for discussion. There needed to be more education on teach-back method and protected-time during discharge instructions. Staff nurses did not have time to practice the teach-back method to ensure that their patient understand their discharge. The educational program should have been delivered in a longer time frame. The environment should have been conducive to pre- and posttests.

During some of the pre-tests there was education being delivered to other participants and that could have caused some of the results to be skewed in the pre-tests.

Section 5: Dissemination Plan

White et al. (2016) stated it best that dissemination is the communication of the translation of research into practice to enhance best practices for quality improvement in patient care. The three Ps would be the best strategies: posters, presentations, and papers (White et al., 2016). Posters would be eye catching with colors and pictures. Forsyth (2010) mentioned that posters are a storyboard to deliver information in a concise way. Presentations can be creative and informative. Presentations needs to be short and to the point. Ploeg (2010) mentioned spontaneous small group interaction in a presentation setting are most effective. The presentations could be the institution calls "huddles." Huddles are quick and to the point. The poster could be used outside the cafeteria. A formal presentation would be given to the executive leaderships team. Huddles would be given to all nursing units to reinforce to the staff nurses who are responsible giving patient's their discharge instructions at the time of discharge. The staff nurses need to be reminded the importance of discharge planning, protected time during discharge instructions, and ensuring that the discharge plan is a collaborative effort.

Dissemination in a broader view for the nursing profession. There needs to be a stronger emphasis in nursing education. New nursing graduates need to have a better understanding of discharge planning and their role in discharge instructions. Starting in nursing education about discharge planning and teaching them on protected time during the discharge instructions will help them plan for discharge instructions with their patients in their future in the nursing profession.

Analysis of Self

As a scholar, one needs to not only embrace the findings and communicate the change to improve practice and outcomes (Zaccagnini & White, 2014). My role as a scholar is to communicate the role as nurses in the discharge planning and discharge instructions to reduce the 30-day readmissions. Long-term goal would be to ensure that discharge planning and discharge instructions in taught in nursing education. In nursing education, all graduates need to know the role they play in discharge planning and by using protected time when discharging their patients in their roles as staff nurses.

Completing the educational program was a challenge during the COVID pandemic. Providing an educational program during a pandemic with social distancing, wearing a mask, and ensuring that the time spent together was less than 15 minutes to reduce the risk of spreading COVID.

An insight that was gained during this project was patience. During a pandemic, you are at the mercy of external factors that may not be under your control. The mask earing, social distancing and limited the contact of less than 15 minutes. Doing an education program, you and to make sure that your point has been communicated well. However, with the COVID guidelines in mind it did become a challenge.

Summary

In Section 5, the dissemination plan was discussed. The nature of the product was clarified along with clarifying the audience that would hear the results of the project. A dissemination plan was also mentioned for the future of the nursing profession and long-term professional goals. Later, in the section an analysis-of-self was discussed with

challenges and solution of the completion of the project. Lastly, insights were discussed

on this scholarly journey through this project.

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Appendix A: Staff Education Project

Learning Objectives	Education Content	Instructional Strategies
Educate the staff nurses on the importance of effective discharge planning.	To learn the "why" the importance of effective discharge planning	Visualizations with use of Power Point, interactive discussions.
Introduce the teach-back method for use in discharge instructions.	To ensure that the staff nurses understand the use of teach-back method during discharge instructions	Visualizations with the use of Power Point, interactive activities with practicing the teach-back method.
Discuss the appropriate discharge plan for a COPD patient.	To ensure the staff nurses understand the appropriate discharge plan for the COPD patient	Visualization with the use of Power Point with including common discharge instructions for COPD patients that are recommended by CMS, interactive discussion.
Analyze the facility discharge tool	To ensure the staff nurses verbalize understanding of the facility's discharge tool.	Teach-back method used, Visualization of the discharge tool in hand, interactive discussion.
Understand the importance of "protected time for discharge instructions"	To ensure the staff nurses verbalize understanding of what protected time during discharge instructions means and why it is important to the discharge process.	Visualization with the use of Power Point, interactive discussions.

Appendix B: Pre-/Posttest

1. Discharge planning should start on admission to the hospital. True or False

2. Teach-back method is an effective way to ensure patients understand their
    discharge instructions.   True or False

3. Discharge instructions are most effective when you have multiple interruptions
    when discharging a patient.   True or False

4. "Protected time" means that you have no interruptions when providing discharge
    instructions to ensure patients has a complete understanding. True or False

5. The discharge tool (folder) should be given only at the time of discharge.
                                                               True or False

6. The discharge tool (folder) is a tool that should be used by the patient and
    reinforced by the staff nurse giving the patient the discharge instructions.
                                                               True or False

7. The discharge tool has follow-up information for the patient with reminders of
    follow-up appointments.   True or False

8. Nurses are the key to effective discharge instructions.   True or False

9. Reimbursement from CMS can be reduced by 3% with increased readmissions of
    patients with COPD.   True or False

10. Interprofessional teams efforts with COPD patients can enhance patient outcome
    by decreasing the 30-day readmissions.   True or False

Appendix C: Program Evaluation

EDUCATION EVALUATION FORM

As a learner please assist in the evaluation of this presentation. Please circle the number beside each statement that best reflects the extent of your agreement. Thank you.

		Disagree			Agree	
Content						
1.	The content was interesting to me... 1	2	3	4	5	
2.	The content extended my knowledge of the topic...................... 1	2	3	4	5	
3.	The content was consistent with the objectives......................... 1	2	3	4	5	
4.	The content was related to my job.. 1	2	3	4	5	
5.	Objectives were consistent with purpose/goals of activity........ 1	2	3	4	5	
Setting						
1.	The room was conducive to learning.. 1	2	3	4	5	
2.	The learning environment stimulated idea exchange................. 1	2	3	4	5	
3.	Facility was appropriate for the activity.................................... 1	2	3	4	5	
Faculty/Presenter Effectiveness						
1.	The presentation was clear and to the point............................... 1	2	3	4	5	
2.	The presenter demonstrated mastery of the topic...................... 1	2	3	4	5	
3.	The method used to present the material held my attention...... 1	2	3	4	5	
4.	The presenter was responsive to participant concerns............... 1	2	3	4	5	
Instructional Methods						
1.	The instructional material was well organized........................... 1	2	3	4	5	
2.	The instructional methods illustrated the concepts well............ 1	2	3	4	5	
3.	The handout materials given are likely to be used as a future reference... 1	2	3	4	5	
4.	The teaching strategies were appropriate for the activity.......... 1	2	3	4	5	
Learner Achievement of Objectives						
1.	Educate the staff nurses on the importance of effective discharge planning.	1	2	3	4	5
2.	Introduce the teach-back method for use in discharge instructions	1	2	3	4	5
3.	Discuss an appropriate discharge plan for a COPD patient.	1	2	3	4	5
4.	Analyze the facility discharge tool.	1	2	3	4	5
5.	Understand the importance of protected time for discharge instructions.	1	2	3	4	5

Comments: