Abstract Title:

Implementation of a Structured Nurse-guided Discharge Program

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BACKGROUND:

Orderly discharge from the hospital is imperative for maintaining the continuity of medical care. This process requires a structured plan, which includes discharge instructions explaining the indications for admission, treatments provided during the hospital stay, instructions for further treatment, and coordination of follow-up with family members and health-care providers (HCP) in the community. In many cases, and in particular with complex patients, discharge requires planning and early coordination. Studies in the nursing literature indicate that one of every five hospital discharge is followed by complications and end up in readmission. These studies also suggested that the quality of instructions given at discharge may affect the outcomes of patient satisfaction, quality of care and readmission rates.

HYPOTHESIS:

This pilot study was aimed to test the nurses' performance in assimilating a new, revised, structured discharge plan, provided by a specially assigned Discharge Nurses (DN's). We hypothesized that In the long run, the new discharge process will improve the level of communication between the hospital and community HCP's, raise patient's and family's satisfaction from the treatment provided in the hospital and reduce hospital re-admissions and costs of emergency medicine services.

METHODS:

A prospective, interventional pilot study was performed in 7 internal medicine wards, from a large tertiary-care academic medical center in Israel. The intervention included an instructive session given by a DN to a randomly selected group of patients (SG, Study group), compared to matched Controls (C) discharged by the regular nursing team. The DN's (N=14) were supervised by the study team, and the outcomes were analyzed according to a pre-determined check-list. Data was collected from hospital files and telephone interviews made to 25 study patients and 25 controls or their families, one week after discharge.

RESULTS:

SG and C comprised 116 patients each, matched for age, gender, range of diagnoses and severity. All discharged patients were in disease complexity grade >2, mostly with cardiovascular diseases and 16% cancer. Mean age in the SG and C was 72.0 and 69.1 years, respectively.

Of the SG 96.2% confirmed their understanding of the instructions before discharge, compared to 10.7% C (p<0.001). High satisfaction from the treatment in the hospital was reported by 68% SG compared to 28.2% C (p<0.001). Post-discharge telephone calls demonstrated that 95.8% of SG were given clear instructions, compared to 75.0% regularly discharged. 70.3% instructed by DN's were trained on pain management (C 3.6%). 80.4% of SG received training in drug management (C 28.9%). Significant differences were also found in the nurses' recordings between SG and C, in references n in the discharge letters related to falls, skin integrity, allergies, decubitus wounds and vital signs.

<u>CONCLUSIONS</u>

Trained DN's demonstrated better skills in attending to all the required parameters of the discharge letter, as compared to regular ward nurses. Patients and families who received instructions from a trained DN at discharge, reported significantly better satisfaction from the process, compared to routinely discharged patients. The study group has been better informed and demonstrated higher satisfaction from the hospital experience.

[Body of abstract 496 words]

10 January 2016