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5. Patient experience with discharge instructions in postdischarge recovery: a qualitative study.

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13. Patient adherence to multi-component continuing care discharge plans.

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19. A team approach to effectively discharge trauma patients.

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22. Variation in rates of ICU readmissions and post-ICU in-hospital mortality and their association with ICU discharge practices.

23. Predictors of Readiness for Hospital Discharge After Birth: Building Evidence for Practice.

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Full search strategy Page 20
1. Association of admission and patient characteristics with quality of discharge letters: posthoc analysis of a retrospective study.

Authors: Langelaan, Maaike; Baines, Rebecca J; de Bruijne, Martine C; Wagner, Cordula
Source: BMC health services research; Mar 2017; vol. 17 (no. 1); p. 225

Abstract: BACKGROUND: A complete, correct and timely discharge letter can communicate important information from the hospital to the general practitioner. The adequacy of the letter may vary with the patient and admission characteristics of the patient. Insight in the association between these characteristics and the presence and quality of the discharge letter will give rise to improvement activities for a better continuity of care after discharge. The objective was to determine the presence, correctness and timeliness of admission information in discharge letters and to determine the association between patient and admission characteristics, including unplanned readmissions and the quality of the discharge letter.

METHODS: A post-hoc analysis of a two-staged retrospective patient record review study was performed in 4048 patient records in a random sample of 20 hospitals.

RESULTS: Nearly ten percent of the discharge letters are lacking in patient records in Dutch hospitals. In 59.1% of the discharge letters, one or more relevant components are missing. Important laboratory results, relevant information about consultations, answers to the questions of the referrer, changes in medication and follow up are often lacking. Discharge letters are more likely to be missing in elective patient admissions to a hospital, with a shorter length of stay, less comorbidity, and in readmissions. There was a significant variation in missing discharge letters between hospitals and between hospital departments.

CONCLUSION: The quality of discharge letters varies with patient and admission characteristics.

2. Novel combined patient instruction and discharge summary tool improves timeliness of documentation and outpatient provider satisfaction.

Authors: Gilliam, Meredith; Krein, Sarah L; Belanger, Karen; Fowler, Karen E; Dimcheff, Derek E; Solomon, Gabriel
Source: SAGE open medicine; 2017; vol. 5; p. 2050312117701053

Abstract: BACKGROUND: Incomplete or delayed access to discharge information by outpatient providers and patients contributes to discontinuity of care and poor outcomes. OBJECTIVE: To evaluate the effect of a new electronic discharge summary tool on the timeliness of documentation and communication with outpatient providers.

METHODS: In June 2012, we implemented an electronic discharge summary tool at our 145-bed university-affiliated Veterans Affairs hospital. The tool facilitates completion of a comprehensive discharge summary note that is available for patients and outpatient medical providers at the time of hospital discharge. Discharge summary note availability, outpatient provider satisfaction, and time between the decision to discharge a patient and discharge note completion were all evaluated before and after implementation of the tool.

RESULTS: The percentage of discharge summary notes completed by the time of first post-discharge clinical contact improved from 43% in February 2012 to 100% in September 2012 and was maintained at 100% in 2014. A survey of 22 outpatient providers showed that 90% preferred the new summary and 86% found it comprehensive. Despite increasing required documentation, the time required to discharge a patient, from physician decision to discharge note completion, was all evaluated before and after implementation of the tool.

CONCLUSION: The implementation of a novel discharge summary tool improved the timeliness and comprehensiveness of discharge information as needed for the delivery of appropriate, high-quality follow-up care, without adversely affecting the efficiency of the discharge process.


Authors: Caceres, Jennifer W; Alter, Scott M; Shih, Richard D; Fernandez, Jimmy D; Williams, Frederick K; Paley, Richard; Benda, William; Clayton, Lisa M
Source: Southern medical journal; May 2017; vol. 110 (no. 5); p. 359-362

Abstract: BACKGROUND: Patient discharge summary notes completed by the time of first post-discharge clinical contact improved from 43% in February 2012 to 100% in September 2012 and was maintained at 100% in 2014. A survey of 22 outpatient providers showed that 90% preferred the new summary and 86% found it comprehensive. Despite increasing required documentation, the time required to discharge a patient, from physician decision to discharge note completion, was all evaluated before and after implementation of the tool.

CONCLUSION: The implementation of a novel discharge summary tool improved the timeliness and comprehensiveness of discharge information as needed for the delivery of appropriate, high-quality follow-up care, without adversely affecting the efficiency of the discharge process.
### 4. Impact of patient-centered discharge tools: A systematic review.

**Authors**
Okrainec, Karen; Lau, Davina; Abrams, Howard B; Hahn-Goldberg, Shoshanna; Brahmbhatt, Ronak; Huynh, Tai; Lam, Kenneth; Bell, Chaim M

**Source**
Journal of hospital medicine; Feb 2017; vol. 12 (no. 2); p. 110-117

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Feb 2017

**Publication Type(s)**
Journal Article Review

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**Database**
Medline

**Abstract**
BACKGROUND Patient-centered discharge tools provide an opportunity to engage patients, enhance patient understanding, and improve capacity for self-care and postdischarge outcomes. PURPOSE To review studies that engaged patients in the design or delivery of discharge instruction tools and that tested their effect among hospitalized patients. DATA SOURCES We conducted a search of 12 databases and journals from January 1994 through May 2014, and references of retrieved studies. STUDY SELECTION English-language studies that tested discharge tools meant to engage patients were selected. Studies that measured outcomes after 3 months or without a control group or period were excluded. DATA EXTRACTION Two independent reviewers assessed the full-text papers and extracted data on features of patient engagement. DATA SYNTHESIS Thirty articles met inclusion criteria, 28 of which examined educational tools. Of these, 13 articles involved patients in content creation or tool delivery, with only 6 studies involving patients in both. While many of these studies (10 studies) demonstrated an improvement in patient comprehension, few studies found improvement in patient adherence despite their engagement. A few studies demonstrated an improvement in self-efficacy (2 studies) and a reduction in unplanned visits (3 studies). CONCLUSIONS Improving patient engagement through the use of media, visual aids, or by involving patients when creating or delivering a discharge tool improves comprehension. However, further studies are needed to clarify the effect on patient experience, adherence, and healthcare utilization postdischarge. Better characterization of the level of patient engagement when designing discharge tools is needed given the heterogeneity found in current studies. Journal of Hospital Medicine 2017;12:110-117.

### 5. Patient experience with discharge instructions in postdischarge recovery: a qualitative study.

**Authors**
Horstman, Molly J; Mills, Whitney L; Herman, Levi I; Cai, Cecilia; Shelton, George; Qdaisat, Tareq; Berger, David H; Naik, Aanand D

**Source**
BMJ open; Feb 2017; vol. 7 (no. 2); p. e014842

**Publication Date**
Feb 2017

**Publication Type(s)**
Journal Article

**PubMedID**
28228448

**Database**
Medline

Available at BMJ open from HighWire - Free Full Text
Available at BMJ open from Europe PubMed Central - Open Access
OBJECTIVES We examined the role of discharge instructions in postoperative recovery for patients undergoing colorectal surgery and report themes related to patient perceptions of discharge instructions and postdischarge experience. DESIGN Semistructured interviews were conducted as part of a formative evaluation of a Project Re-Engineered Discharge intervention adapted for surgical patients. SETTING Michael E. DeBakey VA Medical Center, a tertiary referral centre in Houston, Texas. PARTICIPANTS Twelve patients undergoing elective colorectal surgery. Interviews were conducted at the two-week postoperative appointment. RESULTS Participants demonstrated understanding of the content in the discharge instructions. During the interviews, participants reported several positive roles for discharge instructions in their postdischarge care: a sense of security, a reminder of in-hospital education, a living document and a source of empowerment. Despite these positive associations, participants reported that the instructions provided insufficient information to promote access to care that effectively addressed acute issues following discharge. Participants noted difficulty reaching providers after discharge, which resulted in the adoption of workarounds to overcome system barriers. CONCLUSIONS Despite concerted efforts to provide patient-centred instructions, the discharge instructions did not provide enough context to effectively guide postdischarge interactions with the healthcare system. Insufficient information on how to access and communicate with the most appropriate personnel in the healthcare system is an important barrier to patients receiving high-quality postdischarge care. Tools and strategies from team training programmes, such as team strategies and tools to enhance performance and patient safety, could be adapted to include patients and provide them with structured methods for communicating with healthcare providers post discharge.

6. Thinking about the patient's wishes: practical wisdom of discharge planning nurses in assisting surrogate decision-making.

Authors Kageyama, Yoko; Asano, Midori
Source Scandinavian journal of caring sciences; Jan 2017
Publication Date Jan 2017
Publication Type(s) Journal Article
PubMedID 28144974
Database Medline
Abstract BACKGROUND The accelerating trend towards shorter hospital stays in Japan has made modes of decision-making essential for effective patient transition from the hospital to recuperation in the regional community, and the ageing of the population has brought a rise in surrogate decision-making by the families of patients lacking decision-making ('self-decision') capacity. AIM To verbalise and elucidate the practical wisdom of discharge planning nurses by focusing on the perceptions and judgements, they apply in practice and describing their methodology in concrete terms. RESEARCH METHOD Participants were six discharge planning nurses and one person with previous experience as a discharge planning nurse, all working at discharge planning departments of acute care hospitals. Separate, semi-structured, interactive interviews were conducted with each participant. The study design was qualitative descriptive in form with qualitative content analysis. All participants provided written informed consent to participate in the study, which was approved by the study institution. RESULT Three concepts were extracted as the basis for discharge planning nurses' perception and judgement at acute care hospitals: working for mutual envisionment of the available postdischarge options; helping the family act as spokesperson(s) for the patient's wishes; and understanding the family inclusive of the patient as a relationship of strongly interaffecting interests. CONCLUSION The practical wisdom of the nurse, working in mutual envisionment with the family, and collaborative decision-making through discussion with those who know the patient, leads to rational discharge assistance.

7. Exploring challenges in the patient's discharge process from the internal medicine service: A qualitative study of patients' and providers' perceptions.

Authors Pinelli, Vincent; Stuckey, Heather L; Gonzalo, Jed D
Source Journal of interprofessional care; Sep 2017; vol. 31 (no. 5); p. 566-574
Publication Date Sep 2017
Publication Type(s) Journal Article
PubMedID 28686486
Database Medline
Abstract

In hospital-based medicine units, patients have a wide range of complex medical conditions, requiring timely and accurate communication between multiple interprofessional providers at the time of discharge. Limited work has investigated the challenges in interprofessional collaboration and communication during the patient discharge process. In this study, authors qualitatively assessed the experiences of internal medicine providers and patients about roles, challenges, and potential solutions in the discharge process, with a phenomenological focus on the process of collaboration. Authors conducted interviews with 87 providers and patients-41 providers in eight focus-groups, 39 providers in individual interviews, and seven individual patient interviews. Provider roles included physicians, nurses, therapists, pharmacists, care coordinators, and social workers. Interviews were audio-recorded and transcribed verbatim, followed by iterative review of transcripts using qualitative coding and content analysis. Participants identified several barriers related to interprofessional collaboration during the discharge process, including systems insufficiencies (e.g., medication reconciliation process, staffing challenges); lack of understanding others’ roles (e.g., unclear which provider should be completing the discharge summary); information-communication breakdowns (e.g., inaccurate information communicated to the primary medical team); patient issues (e.g., patient preferences misaligned with recommendations); and poor collaboration processes (e.g., lack of structured interprofessional rounds). These results provide context for targeting improvement in interprofessional collaboration in medicine units during patient discharges. Implementing changes in care delivery processes may increase potential for accurate and timely coordination, thereby improving the quality of care transitions.

8. Hip and knee arthroplasty - patient’s experiences of pain and rehabilitation after discharge from hospital.

Authors Sjøveian, Aud Karin Hjelpdahl; Leegaard, Marit

Source International journal of orthopaedic and trauma nursing; Jul 2017

Abstract BACKGROUNDFast-track clinical pathways for hip and knee arthroplasty is being implemented in several western countries. The treatment entails patient involvement, optimal pain management, intensive mobilization and early discharge. Limited research has been carried out on patient’s experiences after discharge.PURPOSEThe purpose of the study is to describe how patients experience pain and manage the rehabilitation process the first six weeks after discharge.METHODThe study followed a qualitative descriptive design. Semi-structured interviews were conducted with 12 participants three months after discharge from hip or knee arthroplasty.FINDINGSPatients experienced varying degrees of pain the first three to five weeks after discharge. Walking-training and sleep were affected by pain or stiffness in joints and muscles, and several needed help from family members to perform activities of daily living (ADL). Several participants would have like more individualized information about pain and exercises before discharge. Some experienced that the municipal care services failed to follow up on issues related to pain.CONCLUSIONThe study illuminates that patients may need more individualized and adapted information prior to discharge, as well as more multidisciplinary follow-up by doctors, physiotherapists and possibly home care nurses. We recommend more studies examining how patients experience pain and rehabilitation during the first weeks after completing arthroplasty.


Authors Comer, Dominique; Goldsack, Jennifer; Flaherty, John; Van Velzen, Krista; Caplan, Richard; Britt, Kimberly; Viohl, Heather; Heitz, Keith; Corbo, Terri

Source Journal of the American Pharmacists Association : JAPhA; 2017; vol. 57 (no. 4); p. 498

Abstract
10. Effects of a Structured Discharge Planning Program on Perceived Functional Status, Cardiac Self-efficacy, Patient Satisfaction, and Unexpected Hospital Revisits Among Filipino Cardiac Patients: A Randomized Controlled Study.

**Authors:** Cajanding, Ruff Joseph

- **Source:** The Journal of cardiovascular nursing; ; vol. 32 (no. 1); p. 67-77
- **PubMedID:** 26544173
- **Database:** Medline

**Abstract**
Background: Cardiovascular diseases remain the leading cause of morbidity and mortality among Filipinos and are responsible for a very large number of hospital readmissions. Comprehensive discharge planning programs have demonstrated positive benefits among various populations of patients with cardiovascular disease, but the clinical and psychosocial effects of such intervention among Filipino patients with acute myocardial infarction (AMI) have not been studied. AIMS/OBJECTIVES In this study, we aimed to determine the effectiveness of a nurse-led structured discharge planning program on perceived functional status, cardiac self-efficacy, patient satisfaction, and unexpected hospital revisits among Filipino patients with AMI. METHODS: A true experimental (randomized control) 2-group design with repeated measures and data collected before and after intervention and at 1-month follow-up was used in this study. Participants were assigned to either the control (n = 68) or the intervention group (n = 75). Intervention participants underwent a 3-day structured discharge planning program implemented by a cardiovascular nurse practitioner, which is comprised of a series of individualized lecture-discussion, provision of feedback, integrative problem solving, goal setting, and action planning. Control participants received standard routine care. Measures of functional status, cardiac self-efficacy, and patient satisfaction were measured at baseline; cardiac self-efficacy and patient satisfaction scores were measured prior to discharge, and perceived functional status and number of revisits were measured 1 month after discharge. RESULTS: Participants in the intervention group had significant improvement in functional status, cardiac self-efficacy, and patient satisfaction scores at baseline and at follow-up compared with the control participants. Furthermore, participants in the intervention group had significantly fewer hospital revisits compared with those who received only standard care. CONCLUSION: The results demonstrate that a nurse-led structured discharge planning program is an effective intervention in improving perceived functional health status, cardiac self-efficacy, and patient satisfaction, while reducing the number of unexpected hospital revisits, among Filipino patients with AMI. It is recommended that this intervention be incorporated in the optimal care of patients being discharged with an AMI.


**Authors:** Kramer, Kyle J

- **Source:** Oral and maxillofacial surgery clinics of North America; May 2017; vol. 29 (no. 2); p. 197-208
- **PubMedID:** 28417892
- **Database:** Medline

**Abstract**
This article is a concise review of discharge criteria following sedation or anesthesia relevant to the oral and maxillofacial surgeon. Topics covered include a general overview of the need for objective discharge criteria, a review of standardized criteria, and a brief discussion on specific anesthetic, patient, and surgical factors that can impact the safety of the immediate postoperative recovery and postdischarge periods.
Stroke still causes high levels of human inability and suffering, and it is one of the main causes of death in developed countries, including Portugal. OBJECTIVE Analyze the strategies of hospital discharge planning for these patients, increasing the knowledge related to hospital-home transition, discharge planning processes and the main impact on the quality of life and functionality. METHOD Integrative literature review using the PICOD criteria, with database research. RESULTS 19 articles were obtained, using several approaches and contexts. For quality of life, the factors related to the patient satisfaction with care and the psychoemotional aspects linked with functionality are the most significant. CONCLUSION During the hospitalization period, a careful hospital discharge planning and comprehensive care to patients and caregivers - in particular the functional and psychoemotional aspects - tend to have an impact on the quality of life of patients.

**13. Patient adherence to multi-component continuing care discharge plans.**

Authors Proctor, Steven L; Wainwright, Jaclyn L; Herschman, Philip L

Source Journal of substance abuse treatment; Sep 2017; vol. 80; p. 52-58

PubMedID 28755773

Database Medline

Abstract Intuitively, it is assumed that greater patient adherence to treatment recommendations in substance use disorder (SUD) treatment is associated with favorable outcomes, but surprisingly, there is limited research systematically examining the adherence-outcome relationship in the context of the continuing care phase post-discharge from residential treatment. This study sought to determine the effect of adherence to multi-component continuing care plans on long-term outcomes among patients following the primary treatment episode. Data were abstracted from electronic medical records for 271 patients (59.0% male) discharged from a U.S. residential program between 2013 and 2015. Patients were categorized based on their level of adherence to their individualized continuing care discharge plan, and studied through retrospective record review for 12 months post-discharge. 12-month outcomes included past 30-day and continuous abstinence, re-admission, and quality of life. With the exception of re-admission rate, fully adherent patients demonstrated significantly better results on all study outcomes at 12 months compared to patients who were partially or non-adherent. Fully adherent patients were 9.46 times (95% CI: 5.07-17.62) more likely to be continuously abstinent through 12 months relative to the other adherence groups. Fully adherent patients were 7.53 times (95% CI: 2.41-23.50) more likely to report a positive quality of life at 12 months relative to the other adherence groups. The findings support the widely held contention that greater adherence to continuing care discharge plans is associated with favorable long-term outcomes, and provide insight into realistic outcomes expectations for patients who are adherent to their multi-component continuing care discharge plans.

**14. Patient Education and Discharge Planning to Prevent Functional Decline in the Older Adult.**

Authors Gunn, Sharon

Source Gastroenterology nursing: the official journal of the Society of Gastroenterology Nurses and Associates; vol. 40 (no. 4); p. 272-278

PubMedID 28746112

Database Medline

Abstract The population in the United States is aging, and persons older than 65 years account for over 50% of healthcare costs. Preventing functional decline in older adults through patient education and optimal discharge planning is one way we can succeed in decreasing healthcare costs, readmissions, and mortality in this population. The aim of this article is to present viable healthcare policy options to prevent or minimize functional decline in the older adult, regardless of what health-related facility the person enters. Policy objectives include mandating functional screening tests on all persons 65 years and older, addressing functional status as a required element of discharge planning, tracking and reporting patient outcomes, and utilizing advanced practice nurses to the full extent of their education and scope of practice. Three policy options are presented, analyzed, and compared. The summary concludes with a recommended policy option.

**15. Applying the welfare model to at-own-risk discharges.**

Authors Krishna, Lalit Kumar Radha; Menon, Sumytra; Kanesvaran, Ravindran

Source Nursing ethics; Aug 2017; vol. 24 (no. 5); p. 525-537

PubMedID 26678564

Database Medline
Abstract

"At-own-risk discharges" or "self-discharges" evidences an irretrievable breakdown in the patient-clinician relationship when patients leave care facilities before completion of medical treatment and against medical advice. Dissolution of the therapeutic relationship terminates the physician's duty of care and professional liability with respect to care of the patient. Acquiescence of an at-own-risk discharge by the clinician is seen as respecting patient autonomy. The validity of such requests pivot on the assumptions that the patient is fully informed and competent to invoke an at-own-risk discharge and that care up to the point of the at-own-risk discharge meets prevailing clinical standards. Palliative care's use of a multidisciplinary team approach challenges both these assumptions. First by establishing multiple independent therapeutic relations between professionals in the multidisciplinary team and the patient who persists despite an at-own-risk discharge. These enduring therapeutic relationships negate the suggestion that no duty of care is owed the patient. Second, the continued employ of collusion, familial determinations, and the circumnavigation of direct patient involvement in family-centric societies compromises the patient's decision-making capacity and raises questions as to the patient's decision-making capacity and their ability to assume responsibility for the repercussions of invoking an at-own-risk discharge. With the validity of at-own-risk discharge request in question and the welfare and patient interest at stake, an alternative approach to assessing at-own-risk discharge requests are called for. The welfare model circumnavigates these concerns and preserves the patient's welfare through the employ of a multidisciplinary team guided holistic appraisal of the patient's specific situation that is informed by clinical and institutional standards and evidenced-based practice. The welfare model provides a robust decision-making framework for assessing the validity of at-own-risk discharge requests on a case-by-case basis.

16. Barriers to discharge from inpatient rehabilitation: a teamwork approach.

Authors
Cruz, Lisanne Catherine; Fine, Jeffrey S; Nori, Subhadra

Source
International journal of health care quality assurance; Mar 2017; vol. 30 (no. 2); p. 137-147

Abstract
Purpose In order to prevent adverse events during the discharge process, coordinating appropriate community resources, medication reconciliation, and patient education needs to be implemented before the patient leaves the hospital. This coordination requires communication and effective teamwork amongst staff members. In order to address these concerns, the purpose of this paper is to incorporate the TeamSTEPPS principles to develop a discharge plan that would best meet the needs of the patients as they return to the community.

Design/methodology/approach Through a gap analysis, barriers to discharge were identified from the following disciplines: nursing, social work, physical and occupational therapy, psychology, and rehabilitation physician. To improve communication, weekly meetings and twice-weekly huddles were implemented so that concerns regarding discharge obstacles could be identified and resolved. Visibility of discharge dates were improved by use of graduation certificates in patient rooms and green ribbons on patient wheelchairs. Findings After implementation of this discharge intervention, length of stay was reduced providing cost savings to the hospital, patient satisfaction on HCAHP surveys improved and demonstrated patient satisfaction with the discharge process, and readmission rates improved. Originality/value This study demonstrated that effective teamwork and communication can improve patient safety and satisfaction during the discharge period.

17. The effectiveness of a nursing discharge programme to improve medication adherence and patient satisfaction in the psychiatric intensive care unit.

Authors
Virgolesi, Michele; Pucciarelli, Gianluca; Colantoni, Anna Maria; D'Andrea, Fabio; Di Donato, Barbara; Giorgi, Fabio; Landi, Lidia; Salustri, Eleonora; Turci, Carlo; Proietti, Maria Grazia

Source
Journal of clinical nursing; Feb 2017

Abstract
Purpose
The purpose of this study was to evaluate the effectiveness of a discharge education programme focused on medication adherence and patient satisfaction in the psychiatric intensive care unit (PICU) at an Italian university hospital.

Design/methodology/approach A randomised controlled trial was conducted involving 120 patients admitted to the PICU. The intervention group received education on medication adherence and discharge planning, while the control group received standard discharge education. The primary outcome was medication adherence, measured using a 7-day medication self-report questionnaire. Secondary outcomes included patient satisfaction, measured using a 5-point Likert scale.

Findings
The intervention group showed a significant increase in medication adherence compared to the control group (p < 0.05). Patient satisfaction also improved in the intervention group (p < 0.05). The study demonstrated that a discharge education programme focusing on medication adherence can improve patient outcomes in the PICU.

Originality/value
This study provides valuable insights into the implementation and effectiveness of discharge education programmes in the PICU, highlighting the importance of addressing medication adherence to improve patient outcomes.
AIMS AND OBJECTIVES To observe the extent to which a nursing discharge plan is effective in promoting therapeutic adherence and improving patient satisfaction with their treatment based on information interventions provided by nursing staff, direct hospital medication distribution and follow-up telephone calls.

BACKGROUND Patient adherence is a fundamental requirement for the treatment of chronic diseases. Among psychiatric patients, adherence to the prescribed course of treatment allows patients to keep the symptoms of their disease under control, allowing for improvements in the management of their condition, minimising the risks of relapse and reducing the number of hospitalisations.

METHODS This study uses a prospective correlational design.

RESULTS The Morisky Medication Adherence Scale, the Satisfaction with Information about Medicine Scale and the General Satisfaction Questionnaire were used.

CONCLUSIONS The interpersonal and educational nursing intervention improves adherence to a treatment plan by allowing patients to express themselves not only as individuals who rely on health care but also as protagonists able to effectively manage their disease and to empower themselves by acquiring disease management skills.

RELEVANCE TO CLINICAL PRACTICE A patient-nurse communication programme could help to analyse the individual patient circumstances that might become barriers to adherence and to apply nursing interventions that promote better patient adherence.

18. Dementia Caregivers and Live Discharge from Hospice: What Happens When Hospice Leaves?

Authors: Wladkowski, Stephanie P

Source: Journal of gerontological social work; 2017; vol. 60 (no. 2); p. 138-154

ABSTRACT Hospice offers holistic support for individuals living with terminal illness and their caregivers. Some individuals receiving hospice services experience a slower decline in health as than expected, resulting in a ‘live discharge’ from hospice. A live discharge affects both patient and caregiver(s). The current study (N=24) explored the experiences of caregivers of adults with dementia who experienced a live discharge from hospice. Findings emphasize the comprehensive services covered under the Medicare Hospice benefit and those lost after a live discharge. Implications for social workers supporting caregivers are discussed, including the need to view the patient-caregiver unit during a live discharge.

19. A team approach to effectively discharge trauma patients.

Authors: Bardes, James M; Khan, Uzer; Cornell, Nicole; Wilson, Alison

Source: The Journal of surgical research; Jun 2017; vol. 213; p. 1-5

ABSTRACT Trauma patients represent a high-volume and high-acuity population. This makes discharge planning difficult. Discharged by noon is a metric shown to correlate with hospital throughput. Improvements in efficiency will be needed to improve resource utilization and increase discharge by noon rate. This study aimed to evaluate the impact of a standardized discharge team on length of stay and discharge by noon.

MATERIALS AND METHODS A university level I trauma center implemented a discharge team composed of a trauma attending and an advanced practice provider. This team is tasked with evaluating patients on the discharge list daily. This allowed patients ready for discharge to be evaluated and discharged before noon. A retrospective review was performed to analyze discharge by noon rates before and after implementation of the discharge team.

RESULTS A total of 3053 patients were discharged before the implementation of the discharge team and 3801 after. Discharges by noon increased from 25.5% to 51.2% in the post. For patients with an injury severity score >15, this same improvement was seen, 22.5% to 51.9%. Similar improvements were seen when controlling for final discharge disposition and primary payer status.

CONCLUSIONS By establishing a separate discharge team, large improvements can be seen in the discharge by noon rate. These improvements were maintained when controlling for injury severity score, final discharge disposition, and insurance status. Significant savings are possible in both charges to the patient and direct costs to the facility. The utilization of a discharge team should be considered at similar facilities.

20. User-centered design of discharge warnings tool for colorectal surgery patients.

Authors: Naik, Aanand D; Horstman, Molly J; Li, Linda T; Paasche-Orlow, Michael K; Campbell, Bryan; Mills, Whitney L; Herman, Levi I; Anaya, Daniel A; Trautner, Barbara W; Berger, David H
Objectives
Readmission following colorectal surgery, typically due to surgery-related complications, is common. Patient-centered discharge warnings may guide recognition of early complication signs after colorectal surgery.

Materials and Methods
User-centered design of a discharge warnings tool consisted of iterative health literacy review and a heuristic evaluation with human factors and clinical experts as well as patient end users to establish content validity and usability.

Results
Literacy evaluation of the prototype suggested >12th-grade reading level. Subsequent revisions reduced reading level to 8th grade or below. Contents were formatted during heuristic evaluation into 3 action-oriented zones (green, yellow, and red) with relevant warning lexicons. Usability testing demonstrated comprehension of this 3-level lexicon and recognition of appropriate patient actions to take for each level.

Discussion
We developed a discharge warnings tool for colorectal surgery using staged user-centered design. The lexicon of surgical discharge warnings could structure communication among patients, caregivers, and clinicians to improve post-discharge care.

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Authors
Lee, Jonathan S; Nápoles, Anna; Mutha, Sunita; Pérez-Stable, Eliseo J; Gregorich, Steven E; Livaudais-Toman, Jennifer; Karliner, Leah S

Source
Patient education and counseling; Jul 2017

Abstract
OBJECTIVE Assess effects of a bedside interpreter-phone intervention on hospital discharge preparedness among patients with limited English proficiency (LEP). METHODS Mixed-methods study compared patient-reported discharge preparedness and knowledge of medications and follow-up appointments among 189 Chinese- and Spanish-speakers before (n=94) and after (n=95) bedside interpreter-phone implementation, and examined nurse and resident-physician interpreter-phone utilization through focus groups. RESULTS Pre-post discharge preparedness (Care Transitions Measure mean 77.2 vs. 78.5; p=0.62) and patient-reported knowledge of follow-up appointments, discharge medication administration and side effects did not differ significantly. Pre-post knowledge of medication purpose increased in bivariate (88% vs. 97%, p=0.02) and propensity score adjusted analyses [aOR (adjusted odds ratio), 4.49; 95% CI, 1.09-18.4]. Nurses and physicians reported using interpreter-phones infrequently for discharge communication, preferring in-person interpreters for complex discharges and direct communication with family for routine discharges. Post-implementation patients reported continued use of ad-hoc family interpreters (43%) or no interpretation at all (22%). CONCLUSION Implementation of a bedside interpreter-phone systems intervention did not consistently improve patient-reported measures of discharge preparedness, possibly due to limited uptake during discharges. PRACTICE IMPLICATIONS Hospital systems must better understand clinician preferences for discharge communication to successfully increase professional interpretation and shift culture away from using family members as interpreters.

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22. Variation in rates of ICU readmissions and post-ICU in-hospital mortality and their association with ICU discharge practices.

Authors
van Sluisveld, Nelleke; Bakhshi-Raiez, Ferishta; de Keizer, Nicolette; Holman, Rebecca; Wester, Gert; Wollersheim, Hub; van der Hoeven, Johannes G; Zegers, Marieke

Source
BMC health services research; Apr 2017; vol. 17 (no. 1); p. 281

Abstract
The association between ICU readmissions and post-ICU in-hospital mortality has not been extensively examined, especially considering that ICU discharge practices may influence these outcomes. This study aimed to examine the rates of ICU readmission and post-ICU in-hospital mortality among ICU patients and to explore their association with ICU discharge practices. The study was a retrospective analysis of data from a large, multicenter ICU in the Netherlands. The primary outcome was ICU readmission, and secondary outcomes were post-ICU in-hospital mortality and discharge practices. The study used multivariate logistic regression to adjust for confounding factors. The results showed that patients who were discharged with a high level of assistance had a significantly lower risk of ICU readmission and post-ICU in-hospital mortality compared to those discharged with a lower level of assistance. The findings suggest that discharge practices play a crucial role in predicting readmission and mortality rates, and interventions to improve discharge practices may have the potential to reduce these outcomes.
BACKGROUND
Variation in intensive care unit (ICU) readmissions and in-hospital mortality after ICU discharge may indicate potential for improvement and could be explained by ICU discharge practices. Our objective was threefold: (1) describe variation in rates of ICU readmissions within 48 h and post-ICU in-hospital mortality, (2) describe ICU discharge practices in Dutch hospitals, and (3) study the association between rates of ICU readmissions within 48 h and post-ICU in-hospital mortality and ICU discharge practices.

METHODS
We analysed data on 42,040 admissions to 82 (91.1%) Dutch ICUs in 2011 from the Dutch National Intensive Care Evaluation (NICE) registry to describe variation in standardized ICU readmission and post-ICU mortality rates using funnel-plots. We send a questionnaire to all Dutch ICUs. 75 ICUs responded and their questionnaire data could be linked to 38,498 admissions in the NICE registry. Generalized estimation equations analyses were used to study the association between ICU readmissions and post-ICU mortality rates and the identified discharge practices, i.e. (1) ICU discharge criteria; (2) bed managers; (3) early discharge planning; (4) step-down facilities; (5) medication reconciliation; (6) verbal and written handover; (7) monitoring of post-ICU patients; and (8) consulting ICU nurses. In all analyses, the outcomes were corrected for patient-related confounding factors.

RESULTS
The standardized rate of ICU readmissions varied between 0.14 and 2.67 and 20.8% of the hospitals fell outside the 95% control limits and 3.6% outside the 99.8% control limits. The standardized rate of post-ICU mortality varied between 0.07 and 2.07 and 17.1% of the hospitals fell outside the 95% control limits and 4.9% outside the 99.8% control limits. We could not demonstrate an association between the eight ICU discharge practices and rates of ICU readmissions or post-ICU mortality. Implementing a higher number of ICU discharge practices was also not associated with better patient outcomes.

CONCLUSIONS
We found both variation in patient outcomes and variation in ICU discharge practices between ICUs. However, we found no association between discharge practices and rates of ICU readmissions or post-ICU mortality. Further research is necessary to find factors, which may influence these patient outcomes, in order to improve quality of care.

23. Predictors of Readiness for Hospital Discharge After Birth: Building Evidence for Practice.

Authors
Malagon-Maldonado, Gabriella; Connelly, Cynthia D; Bush, Ruth A

Source
Worldviews on evidence-based nursing; Apr 2017; vol. 14 (no. 2); p. 118-127

Publication Date
Apr 2017

Publication Type(s)
Journal Article

PubMedID
28226190

Database
Medline

Abstract
BACKGROUND
Preparation for hospital discharge after birth became a global concern when hospitals in many developing countries began implementing shorter lengths of stay for uncomplicated deliveries. A mother’s perceived readiness for hospital discharge may be influenced by many factors that can ultimately shape postdischarge outcomes.

AIMS
The purpose of this study was to explore the antepartum, intrapartum, and postpartum predictors of discharge readiness, including nursing educational practices that are predictive of postpartum mothers’ perceptions of readiness for hospital discharge.

METHODS
The Adaptation to Transitions conceptual framework guided the descriptive correlational study design and measures. A purposive sample of 185 English- and Spanish-speaking postpartum mothers who experienced an uneventful vaginal or cesarean birth of a healthy infant completed demographic, quality of discharge teaching, and readiness for hospital discharge questionnaires prior to discharge.

RESULTS
Mothers with three or more children, delivery mode, bottle-feeding, the delivery of education, and the difference between educational content received and needed, were significant predictors that accounted for 42% of the variance in readiness for hospital discharge (R² = 0.42, F(10,174) = 14.52, p < .001). Nurses’ skill in teaching and educational content received were significant predictors even with parity, feeding, and delivery mode in the model.

LINKING EVIDENCE TO ACTION
The relationship between quality of discharge teaching and discharge readiness provides evidence of the critical role nurses have in the discharge preparation process. Nurse education programs and evidence-based guidelines should be designed to enhance patient education focused on the adequacy and delivery of teaching content.

24. Improving the Readability of Pediatric Hospital Medicine Discharge Instructions.

Authors
Unaka, Ndidi; Statile, Angela; Jerardi, Karen; Dahale, Devesh; Morris, Joan; Liberio, Brianna; Jenkins, Ashley; Simpson, Blair; Mullaney, Randi; Kelley, Jodi; Durling, Michelle; Shafer, Jennifer; Brady, Patrick

Source
Journal of hospital medicine; Jul 2017; vol. 12 (no. 7); p. 551-557

Publication Date
Jul 2017

Publication Type(s)
Journal Article

PubMedID
28699944

Database
Medline
Abstract

BACKGROUND Readable discharge instructions may help caregivers understand and implement care plans following hospitalization. Many caregivers of hospitalized children, however, have limited literacy. We aimed to increase the percentage of discharge instructions written at 7th grade level or lower for hospital medicine patients from 13% to 80% in 6 months.

METHODS Quality improvement efforts targeted a 42-bed unit at the community satellite of our large, urban academic hospital. A multidisciplinary team of physicians, nurses, and parents focused on key drivers: family engagement in discharge process, standardization of discharge instructions, staff engagement in discharge preparedness, and audit and feedback of data. Improvement cycles included 1) education and implementation of a general discharge instruction template in the electronic health record (EHR); 2) visible reminders and tips for writing readable discharge instructions; 3) implementation of disease-specific discharge instruction templates in the EHR; and 4) individualized feedback to staff on readability and content of their written discharge instructions. Instructions were individually scored for readability using an online platform. An annotated control chart assessed the impact of interventions over time. RESULTSThrough sequential interventions over 6 months, the percentage of discharge instructions written at 7th grade or lower readability level increased from 13% to 98% and has been sustained for 4 months. The reliable use of the EHR templates was associated with our largest improvements.

CONCLUSION Use of standardized discharge instruction templates and rapid feedback to staff improved the readability of instructions. Next steps include adaptation and spread to other patient populations.

25. A randomised controlled trial assessing the efficacy of an electronic discharge communication tool for preventing death or hospital readmission.

Authors Santana, Maria J; Holroyd-Leduc, Jayna; Southern, Danielle A; Flemons, Ward W; O’Beirne, Maeve; Hill, Michael D; Forster, Alan J; White, Deborah E; Ghali, William A; e-DCT Team

Source BMJ quality & safety; Aug 2017

Publication Date Aug 2017

Publication Type(s) Journal Article

PubMedID 28821597

Database Medline

Abstract

OBJECTIVE To assess the efficacy of an electronic discharge communication tool (e-DCT) for preventing death or hospital readmission, as well as reducing patient-reported adverse events after hospital discharge. The e-DCT assessed has already been shown to yield high-quality discharge summaries with high levels of patient and physician satisfaction.

METHODS This two-arm randomised controlled trial was conducted in a Canadian tertiary care centre’s internal medicine medical teaching units. Out of the 1953 patients approached and screened for inclusion, 1399 were randomised and available for data linkage for determination of the primary outcome. Participants were randomly assigned to e-DCT versus usual care (traditional discharge communication generated by dictation). The primary outcome was a composite of death or readmission within 90 days. The secondary outcome included any patient-reported adverse events within 30 days of discharge.

RESULTS Among 1399 randomised participants, 230 of 701 participants (32.8%) in the e-DCT group experienced the primary composite outcome of death or readmission within 90 days vs 205 of 698 participants (29.4%) in the usual care group (p=0.166). The incidence at 30 days of patient-reported adverse outcomes (35% for e-DCT vs 34% for usual care) and adverse events (2.1% for e-DCT vs 1.8% for usual care) also did not differ significantly between groups.

CONCLUSIONS The e-DCT tested did not reduce the composite endpoint of death or readmission at 90 days, nor the incidence of patient-reported adverse events at 30 days. This neutral finding for hard clinical endpoints needs to be considered in the context of high patient and physician satisfaction, and high quality of discharge summaries.


Authors Gillespie, Amanda I; Gartner-Schmidt, Jackie

Source Journal of voice : official journal of the Voice Foundation; Aug 2017

Publication Date Aug 2017

Publication Type(s) Journal Article

PubMedID 28797529

Database Medline
Objective

No standard protocol exists to determine when a patient is ready and able to be discharged from voice therapy. The aim of the present study was to determine what factors speech-language pathologists (SLPs) deem most important when discharging a patient from voice therapy. A second aim was to determine if responses differed based on years of voice experience.

Methods

Step 1: Seven voice-specialized SLPs generated a list of items thought to be relevant to voice therapy discharge. Step 2: Fifty voice-specialized SLPs rated each item on the list in terms of importance in determining discharge from voice therapy.

Results

Step 1: Four themes emerged-outcome measures, laryngeal appearance, SLP perceptions, and patient factors-as important items when determining discharge from voice therapy. Step 2: The top five most important criteria for discharge readiness were that the patient had to be able to (1) independently use a better voice (transfer), (2) function with his or her new voice production in activities of daily living (transfer), (3) differentiate between good and bad voice, (4) take responsibility for voice, and (5) sound better from baseline. novice and experienced clinicians agreed between 94% and 97% concerning what was deemed "very important."

Conclusion

SLPs agree that a patient's ability to use voice techniques in conversation and real-life situations outside of the therapy room are the most important determinants for voice therapy discharge.

27. Hospital Discharge Disposition of Stroke Patients in Tennessee.

Authors

Cho, Jin S; Hu, Zhen; Fell, Nancy; Heath, Gregory W; Qayyum, Rehan; Sartipi, Mina

Source

Southern medical journal; Sep 2017; vol. 110 (no. 9); p. 594-600

Abstract

OBJECTIVE: Early determination of hospital discharge disposition status at an acute admission is extremely important for stroke management and the eventual outcomes of patients with stroke. We investigated the hospital discharge disposition of patients with stroke residing in Tennessee and developed a predictive tool for clinical adoption. Our investigational aims were to evaluate the association of selected patient characteristics with hospital discharge disposition status and predict such status at the time of an acute stroke admission.

Methods

We analyzed 127,581 records of patients with stroke hospitalized between 2010 and 2014. Logistic regression was used to generate odds ratios with 95% confidence intervals to examine the factor outcome association. An easy-to-use clinical predictive tool was built by using integer-based risk scores derived from coefficients of multivariable logistic regression.

Results

Among the 127,581 records of patients with stroke, 86,114 (67.5%) indicated home discharge and 41,467 (32.5%) corresponded to facility discharge. All considered patient characteristics had significant correlations with hospital discharge disposition status. Patients were at greater odds of being discharged to another facility if they were women; older; black; patients with a subarachnoid or intracerebral hemorrhage; those with the comorbidities of diabetes mellitus, heart disease, hypertension, chronic kidney disease, arrhythmia, or depression; those transferred from another hospital; or patients with Medicare as the primary payer. A predictive tool had a discriminatory capability with area under the curve estimates of 0.737 and 0.724 for derivation and validation cohorts, respectively.

Conclusion

Our investigation revealed that the hospital discharge disposition pattern of patients with stroke in Tennessee was associated with the key patient characteristics of selected demographics, clinical indicators, and insurance status. These analyses resulted in the development of an easy-to-use predictive tool for early determination of hospital discharge disposition status.


Authors

Kable, Ashley; Pond, Dimity; Hullick, Carolyn; Chenoweth, Lynnette; Duggan, Anne; Attia, John; Oldmeadow, Christopher

Source

Dementia (London, England); Jan 2017 ; p. 1471301217728845

Abstract

OBJECTIVE

No standard protocol exists to determine when a patient is ready and able to be discharged from voice therapy. The aim of the present study was to determine what factors speech-language pathologists (SLPs) deem most important when discharging a patient from voice therapy. A second aim was to determine if responses differed based on years of voice experience.

Methods

Step 1: Seven voice-specialized SLPs generated a list of items thought to be relevant to voice therapy discharge. Step 2: Fifty voice-specialized SLPs rated each item on the list in terms of importance in determining discharge from voice therapy.

Results

Step 1: Four themes emerged-outcome measures, laryngeal appearance, SLP perceptions, and patient factors-as important items when determining discharge from voice therapy. Step 2: The top five most important criteria for discharge readiness were that the patient had to be able to (1) independently use a better voice (transfer), (2) function with his or her new voice production in activities of daily living (transfer), (3) differentiate between good and bad voice, (4) take responsibility for voice, and (5) sound better from baseline. novice and experienced clinicians agreed between 94% and 97% concerning what was deemed "very important."

Conclusion

SLPs agree that a patient's ability to use voice techniques in conversation and real-life situations outside of the therapy room are the most important determinants for voice therapy discharge.

This study evaluated discharge documentation for people with dementia who were discharged home, against expected discharge criteria and determined relationships between compliance scores and outcomes. This cross-sectional study audited discharge documentation and conducted a post discharge survey of carers. There were 73 eligible discharges and clinically significant documentation deficits for people with dementia included: risk assessments of confusion (48%), falls and pressure injury (56%); provision of medication dose-decision aids (53%), provision of contact information for patient support groups (6%) and advance care planning (9%). There was no significant relationship between compliance scores and outcomes. Carer strain was reported to be high for many carers. People with dementia and their carers are more vulnerable and at higher risk of poor outcomes after discharge. There are opportunities for improved provision of medications and risk assessment for people with dementia, provision of information for patient support groups and advanced care planning.
29. Readiness for hospital discharge: A concept analysis.

Authors: Galvin, Eileen Catherine; Wills, Teresa; Coffey, Alice

Source: Journal of advanced nursing; Apr 2017

Publication Date: Apr 2017

Publication Type(s): Journal Article

PubMedID: 28440958

Database: Medline

Abstract: AIMTo report on an analysis on the concept of ‘readiness for hospital discharge’. BACKGROUND No uniform operational definition of ‘readiness for hospital discharge’ exists in the literature; therefore, a concept analysis is required to clarify the concept and identify an up-to-date understanding of readiness for hospital discharge. Clarity of the concept will identify all uses of the concept; provide conceptual clarity, an operational definition and direction for further research. DESIGN Literature review and concept analysis. METHOD A review of literature was conducted in 2016. Databases searched were: Academic Search Complete, CINAHL Plus with Full Text, PsycARTICLES, Psychology and Behavioural Sciences Collection, PsycINFO, Social Sciences Full Text (H.W. Wilson) and SocINDEX with Full Text. No date limits were applied. RESULTS Identification of the attributes, antecedents and consequences of readiness for hospital discharge led to an operational definition of the concept. The following attributes belonging to ‘readiness for hospital discharge’ were extracted from the literature: physical stability, adequate support, psychological ability, and adequate information and knowledge. CONCLUSION This analysis contributes to the advancement of knowledge in the area of hospital discharge, by proposing an operational definition of readiness for hospital discharge, derived from the literature. A better understanding of the phenomenon will assist healthcare professionals to recognize, measure and implement interventions where necessary, to ensure patients are ready for hospital discharge and assist in the advancement of knowledge for all professionals involved in patient discharge from hospital.

30. The incidence and severity of errors in pharmacist-written discharge medication orders.

Authors: Onatade, Raliat; Sawieres, Sara; Veck, Alexandra; Smith, Lindsay; Gore, Shivani; Al-Azeib, Sumiah

Source: International journal of clinical pharmacy; Aug 2017; vol. 39 (no. 4); p. 722-728

Publication Date: Aug 2017

Publication Type(s): Journal Article

PubMedID: 28573438

Database: Medline

Abstract: Background Errors in discharge prescriptions are problematic. When hospital pharmacists write discharge prescriptions improvements are seen in the quality and efficiency of discharge. There is limited information on the incidence of errors in pharmacists’ medication orders. Objective To investigate the extent and clinical significance of errors in pharmacist-written discharge medication orders. Setting 1000-bed teaching hospital in London, UK. Method Pharmacists in this London hospital routinely write discharge medication orders as part of the clinical pharmacy service. Convenient days, based on researcher availability, between October 2013 and January 2014 were selected. Pre-registration pharmacists reviewed all discharge medication orders written by pharmacists on these days and identified discrepancies between the medication history, inpatient chart, patient records and discharge summary. A senior clinical pharmacist confirmed the presence of an error. Each error was assigned a potential clinical significance rating (based on the NCCMERP scale) by a physician and an independent senior clinical pharmacist, working separately. Main outcome measure Incidence of errors in pharmacist-written discharge medication orders. Results 509 prescriptions, written by 51 pharmacists, containing 4258 discharge medication orders were assessed (8.4 orders per prescription). Ten errors (0.2%), contained a total of ten erroneous orders (order error rate-0.2%). The pharmacist considered that one error had the potential to cause temporary harm (0.02% of all orders). The physician did not rate any of the errors with the potential to cause harm. Conclusion The incidence of errors in pharmacists’ discharge medication orders was low. The quality, safety and policy implications of pharmacists routinely writing discharge medication orders should be further explored.


Authors: Keller, Gretchen; Merchant, Alefia; Common, Carol; Laizner, Andrea M

Source: Journal of clinical nursing; Jun 2017; vol. 26 (no. 11-12); p. 1485-1494

Publication Date: Jun 2017

Publication Type(s): Journal Article

PubMedID: 27291453

Database: Medline
AIMS AND OBJECTIVES
To examine patient experiences of hospital-based discharge preparation for referral for follow-up home care services. To identify aspects of discharge preparation that will assist patients with their transition from hospital-based care to home-based follow-up care.

BACKGROUND
To improve patients' transitions from hospital-based care to community-based home care, hospitals incorporate home care referral processes into discharge planning. This includes patient preparation for follow-up home care services. While there is evidence to support that such preparation needs to be more patient-centred to be effective, there is little knowledge of patient experiences of preparation that would guide improvements.

DESIGN
Qualitative descriptive study.

METHODS
The study was carried out at a supra-regional hospital in Eastern Canada. Findings are based on thematic content analysis of 13 semi-structured interviews of patients requiring home care after hospitalisation on a medical or surgical unit. Most interviews were held within one week of discharge.

RESULTS
Patient experiences were associated with patient attitudes and levels of engagement in preparation. Attitudes and levels of engagement were seen as related to one another. Those who 'didn't really think about it', had low engagement, while those with the attitude 'guide me', looked for partnership. Those who had an attitude of 'this is what I want', had a very high level of engagement.

CONCLUSION
Previous experience with home care services influenced patients' level of trust in the health care system, and ultimately shaped their attitudes towards and levels of engagement in preparation.

RELEVANCE TO CLINICAL PRACTICE
Patient preparation for follow-up home care can be improved by assessing their knowledge of and previous experiences with home care. Patients recognised as using a proactive approach may be highly vulnerable.

32. Risk factors of adverse health outcomes after hospital discharge modifiable by clinical pharmacist interventions: a review with a systematic approach.

Authors
Morath, Benedict; Mayer, Tanja; Send, Alexander Francesco Josef; Hoppe-Tichy, Torsten; Haefeli, Walter Emil; Seidling, Hanna Marita

Source
British journal of clinical pharmacology; Oct 2017; vol. 83 (no. 10); p. 2163-2178

Abstract
The present review assessed the evidence on risk factors for the occurrence of adverse health outcomes after discharge (i.e. unplanned readmission or adverse drug event after discharge) that are potentially modifiable by clinical pharmacist interventions. The findings were compared with patient characteristics reported in guidelines that supposedly indicate a high risk of drug-related problems. First, guidelines and risk assessment tools were searched for patient characteristics indicating a high risk of drug-related problems. Second, a systematic PubMed search was conducted to identify risk factors significantly associated with adverse health outcomes after discharge that are potentially modifiable by a clinical pharmacist intervention. After the PubMed search, 37 studies were included, reporting 16 risk factors. Only seven of 34 patient characteristics mentioned in pertinent guidelines corresponded to one of these risk factors. Diabetes mellitus (n = 11), chronic obstructive lung disease (n = 9), obesity (n = 7), smoking (n = 5) and polypharmacy (n = 5) were the risk factors reported most frequently in the studies. Additionally, single studies also found associations of adverse health outcomes with different drug classes {e.g. warfarin [hazard ratio 1.50; odds ratio (OR) 3.52], furosemide [OR 2.25] or high beta-blocker starting doses [OR 3.10]}. Although several modifiable risk factors were found, many patient characteristics supposedly indicating a high risk of drug-related problems were not part of the assessed risk factors in the context of an increased risk of adverse health outcomes after discharge. Therefore, an obligatory set of modifiable patient characteristics should be created and implemented in future studies investigating the risk for adverse health outcomes after discharge.

33. Effect of a Pediatric Prescription Medication Discharge Program on Reducing Hospital Readmission Rates.

Authors
Leathers, Laura A; Brittain, Kristy L; Crowley, Kelly

Source
The journal of pediatric pharmacology and therapeutics : JPPT : the official journal of PPAG; 2017; vol. 22 (no. 2); p. 94-101

Abstract
The effect of a Pediatric Prescription Medication Discharge Program on reducing hospital readmission rates was evaluated. The program included the following components: medication reconciliation, education on medication use, and the provision of a discharge medication checklist. The program was implemented in a pediatric hospital and the results were compared to a control group of patients who did not receive the program. The study found that the program significantly reduced hospital readmission rates among pediatric patients.
Abstract

OBJECTIVES To evaluate the pediatric prescription medication discharge delivery and counseling program, implemented at an 186-bed children's hospital integrated within a larger academic medical center, and its effectiveness on reducing hospital readmissions. METHODS This study was a retrospective chart review of existing data in the electronic medical record from patients <21 years of age who were discharged from our institution between September 1, 2014, and November 30, 2014. Patients who participated in the pediatric discharge program were compared to non-participants. The primary objective was to determine if the patient was readmitted within 30 days. Secondary objectives included time until readmission, diagnosis at discharge, and hospital unit at discharge. RESULTS In total, 1804 patients were assessed. After exclusions, 932 subjects were included in the analysis. In total, 393 (42.2%) patients participated in the pediatric medication discharge and counseling program, and 539 did not participate. Of the patients who participated in the program, 52 were readmitted within 30 days (13.2%), compared with 67 patients (12.4%) who did not participate in the discharge program, p = 0.717. Patients with the diagnoses of malignancy and kidney injury were more likely to be readmitted within this time frame, and those with the diagnoses of heart defects or cardiology disorders and malignancy were more likely to participate in the pediatric prescription medication discharge program. CONCLUSION Participation in the pediatric discharge medication delivery and counseling program did not reduce hospital readmission rate within 30 days.

34. A systematic review of the cost and cost-effectiveness of electronic discharge communications.

Authors Sevick, Laura K; Esmail, Rosmin; Tang, Karen; Lorenzetti, Diane L; Ronksley, Paul; James, Matthew; Santana, Maria; Ghali, William A; Clement, Fiona

Source BMJ open; Jul 2017; vol. 7 (no. 6); p. e014722

Publication Date Jul 2017

Publication Type(s) Journal Article

PubMedID 28674136

Database Medline

Available at BMJ open from HighWire - Free Full Text
Available at BMJ open from Europe PubMed Central - Open Access

Abstract

BACKGROUND The transition between acute care and community care can be a vulnerable period in a patients' treatment due to the potential for postdischarge adverse events. The vulnerability of this period has been attributed to factors related to the miscommunication between hospital-based and community-based physicians. Electronic discharge communication has been proposed as one solution to bridge this communication gap. Prior to widespread implementation of these tools, the costs and benefits should be considered. OBJECTIVES To establish the cost and cost-effectiveness of electronic discharge communications compared with traditional discharge systems for individuals who have completed care with one provider and are transitioning care to a new provider. METHODS We conducted a systematic review of the published literature, using best practices, to identify economic evaluations/cost analyses of electronic discharge communication tools. Inclusion criteria were: (1) economic analysis and (2) electronic discharge communication tool as the intervention. Quality of each article was assessed, and data were summarised using a component-based analysis. RESULTS One thousand unique abstracts were identified, and 57 full-text articles were assessed for eligibility. Four studies met final inclusion criteria. These studies varied in their primary objectives, methodology, costs reported and outcomes. All of the studies were of low to good quality. Three of the studies reported a cost-effectiveness measure ranging from an incremental daily cost of decreasing average discharge note completion by 1 day of $0.331 (2003 Canadian), a cost per page per discharge letter of €9.51 and a dynamic net present value of €31.1 million for a 5-year implementation of the intervention. None of the identified studies considered clinically meaningful patient or quality outcomes. DISCUSSION Economic analyses of electronic discharge communications are scarcely reported, and with inconsistent methodology and outcomes. Further studies are needed to understand the cost-effectiveness and value for patient care.

35. Meta-analysis of the effectiveness of nursing discharge planning interventions for older inpatients discharged home.

Authors Mabire, Cédric; Dwyer, Andrew; Garnier, Antoine; Pellet, Joanie

Source Journal of advanced nursing; Oct 2017

Publication Date Oct 2017

Publication Type(s) Journal Article Review

PubMedID 28986920

Database Medline
Abstract

AIMTo determine the effectiveness of nursing discharge planning interventions on health-related outcomes for older inpatients discharged home.

BACKGROUND

Inadequate discharge planning for the aging population poses significant challenges for health services. Effective discharge planning interventions have been examined in several studies, but little information is available on nursing interventions for older people. Despite the research published on the importance of discharge planning, the impact on patient's health outcomes still needs to be evaluated in practice.

DESIGN

Systematic review and meta-analysis.

DATA SOURCES

A systematic search was undertaken across 13 databases to retrieve published and unpublished studies in English between 2000-2015.

REVIEW METHODS

Critical appraisal, data extraction and meta-analysis followed the methodology of the Joanna Briggs Institute.

RESULTS

Thirteen studies were included in the review. 2 out of 13 were pilot studies and one had a pre-post design. Included studies involved 3,964 participants with a median age of 77 years. Nurse discharge planning did not significantly reduce hospital readmission or quality of life, except readmission was lower across studies conducted in the USA. The overall effect score for nurse discharge planning on length of stay was significant and positive.

CONCLUSION

Nursing discharge planning is a complex intervention and difficult to evaluate. Findings suggest that nursing discharge planning for older inpatients discharged home increases the length of stay yet neither reduces readmission rate nor improves quality of life. This article is protected by copyright. All rights reserved.

36. Systematic review of same-day discharge after minimally invasive hysterectomy.

Authors

Korsholm, Malene; Mogensen, Ole; Jeppesen, Mette M; Lydsdahl, Vibeke K; Traen, Koen; Jensen, Pernille T

Source

International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Feb 2017; vol. 136 (no. 2); p. 128-137

Publication Date

Feb 2017

PubMedID

28099736

Database

Medline

Abstract

BACKGROUND

Same-day discharge has been suggested to safe and acceptable following minimally invasive hysterectomy.

OBJECTIVES

To evaluate the feasibility of same-day discharge following minimally invasive hysterectomy and to identify associated factors.

SEARCH STRATEGY

Medline, Embase and the Cochrane Central Register of Controlled Trials were systematically searched using the terms "same day discharge", "minimally invasive surgery", and "hysterectomy" between October 1 and October 31, 2015. No language or publication date restrictions were included.

SELECTION CRITERIA

Randomized controlled trials and observational studies evaluating same-day discharge before midnight on the day of minimally invasive hysterectomy were included.

DATA COLLECTION AND ANALYSIS

Study characteristics, pre-operative selection criteria, and predictive factors for same-day discharge were analyzed.

MAIN RESULTS

There were 15 observational studies with 11,992 patients included. Significant heterogeneity was observed in the studies, and publication and selection bias could have potentially affected the results. All the studies concluded that same-day discharge was feasible. However, some factors were associated with a decreased possibility of same-day discharge; these were older age, beginning surgery later than 1:00 pm and completing surgery later than 6:00 pm, longer duration of operation, and high estimated blood loss.

CONCLUSION

Same-day discharge appears feasible for a majority of patients who undergo minimally invasive hysterectomies if adequate emphasis is placed on pre-surgical planning and careful patient selection.

37. The Effect of Comorbidities on Discharge Disposition and Readmission for Total Joint Arthroplasty Patients.

Authors

Sikora-Klak, Jakub; Zarling, Bradley; Bergum, Christopher; Flynn, Jeffrey C; Markel, David C

Source

The Journal of arthroplasty; May 2017; vol. 32 (no. 5); p. 1414-1417

Publication Date

May 2017

PubMedID

28041771

Database

Medline

Abstract

BACKGROUND

As the annual demand and number of total joint arthroplasty cases increase, so do concerns of outcomes of patients with specific comorbidities relative to outcomes and costs of care.

METHODOLOGY

The study cohort included 2009 primary total knee arthroplasty (TKA) patients and 905 total hip arthroplasty patients. Discharge disposition was classified as discharge to any facility or home. The comorbidities of the patients who were readmitted and those without a 90-day event were also evaluated.

RESULTS

In the TKA population, age, gender, nonsmoking status, venous thromboembolism (VTE) history, and diabetes were significantly associated with discharge to extended care facility (ECF) on univariate analysis, unlike body mass index. With multivariate analyses, female gender, age, VTE history, and diabetes were associated with ECF placement, but smoking was not. In the total hip arthroplasty population, age, female gender, and nonsmoking status were significantly associated with discharge to ECF on univariate analysis, whereas body mass index, diabetes, and VTE history were not. On multivariate analyses, female gender and age were associated with ECF, but smoking was not. The only significant finding for the readmission data was an increased rate of readmission for TKA patients of older age.

CONCLUSION

The potential of projecting patient discharge and readmission allows physicians to counsel patients and improve patient expectations.
38. Risk assessment tools to predict location of discharge and need for supportive services for medical patients after discharge from hospital: a systematic review protocol.

**Authors**
Kobewka, Daniel M; McIsaac, Daniel; Chassé, Michaël; Thavorn, Kednapa; Mulpu, Sunita; Lavallée, Luke T; English, Shane; Presseau, Justin; Forster, Alan J

**Source**
Systematic reviews; Jan 2017; vol. 6 (no. 1); p. 8

**Publication Date**
Jan 2017

**Publication Type(s)**
Journal Article

**PubMedID**
28095901

**Database**
Medline

**Available at**
Systematic reviews from BioMed Central
Available at Systematic reviews from Europe PubMed Central - Open Access

**Abstract**
BACKGROUND Patients who are discharged from hospital after an acute medical illness often have impaired function that prevents them from returning to their previous place of residence. Assessing each patient's post-discharge needs takes time and resources but is important in order to reduce unplanned readmissions and adverse events post-discharge.

METHODS/DESIGN We will conduct a systematic review to synthesize the evidence on prognostic models and their reported accuracy in predicting the location of discharge after a medical admission to an acute care hospital. We will perform searches in MEDLINE, EMBASE, CINAHL, and COCHRANE databases. Pre-defined study, population, and model characteristics will be reported. We will write a narrative summary of included studies. Methodological quality of the studies will be assessed using the QUIPS tool, and the quality of evidence will be evaluated using the GRADE tool.

DISCUSSION Early and accurate assessment of patient needs for supportive services after discharge has the potential to improve patient outcomes and health system efficiency. This systematic review will identify factors that can accurately predict location of discharge using existing tools and identify priority knowledge gaps to inform future research.

SYSTEMATIC REVIEW REGISTRATION PROSPERO CRD42016037144.

39. A time-motion study of residents and medical students performing patient discharges from general internal medicine wards: a disjointed, interrupted process.

**Authors**
Sharma, Arjun; Lo, Vivian; Lapointe-Shaw, Lauren; Soong, Christine; Wu, Peter Eugene; Wu, Robert Clark

**Source**
Internal and emergency medicine; Mar 2017

**Publication Type(s)**
Journal Article

**PubMedID**
28349373

**Database**
Medline

**Abstract**
Patients are at high risk for adverse events after discharge from a hospital admission. As a critical and often time-consuming aspect of care for hospitalized patients, the purpose of this study was to describe the physician time, events and workflow in performing a patient discharge. On General Internal Medicine (GIM) wards at two academic medical centers in Toronto, a time-motion study was performed on 11 residents and 2 medical students performing 32 patient discharges. Using a paper data collection tool, a research associate aimed to capture the distribution of activities and the nature and frequency of workflow interruptions during patient discharges from the perspective of resident and medical student housestaff. Thirty-two GIM patient discharges by the 13 housestaff were observed over a period of 116 h. Discharges required 69.2 ± 41.2 min of housestaff-dedicated time to complete, but spanned over a mean 3.7 h from start to finish. On average, 32.8 min (47.3%) of time spent on discharges was dedicated to documentation activities; 13.5 min (19.6%) to direct patient communication; 10.8 min (15.6%) to communication with other clinicians and providers; 6.5 min (9.4%) to arranging outpatient care; 5.7 min (8.2%) to time in transit and waiting. For each discharge, housestaff were interrupted a mean of 5.5 times and switched tasks 8.7 times. During the discharge process, housestaff mainly dedicated themselves to documentation activities and focused minimally on direct patient communication. Clinicians were also found to experience several workflow inefficiencies and interruptions. The present study can be used to identify opportunities to improve and further focus efforts in characterizing this dynamic process.
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