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NURSES' AWARENESS AND PRACTICE OF HOSPITAL DISCHARGE PLANNING PROCESS: A FEASIBILITY STUDY

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Abstract

Introduction: Poor discharge planning can lead to poor patient outcomes, and delayed discharge planning can cause patients to remain in hospitals longer than necessary, taking up valuable inpatient beds when they could be more easily and comfortably cared for at home. This study assessed nurses' awareness and practice of discharge planning among nurses in Ibadan, Nigeria.

Design: This descriptive study was conducted among the participants of the Mandatory Continuous Professional Development Program, Oyo State. They were selected purposefully because they work at various levels of healthcare. Out of the 118 enrollees in the training, 95 volunteered to participate in the survey. Permission to conduct the study was sought from the program organizers, and individual consent was obtained following a detailed explanation of the purpose of the study. A 16-item self-administered questionnaire was used to collect data from respondents. The collected data were analysed using SPSS version 21.

Results: The mean age of the respondents was 40.2–14.1 years. More than half (51.6%) of the participants claimed to have discharge planning policies, but many (70.5%) could not really describe what they practice in their various institutions regarding discharge planning. It is also evident that there are no discharge planning tools in use in their settings (68%), though some (31.6%) exhibited fair knowledge of the pre-discharge interventions. Meanwhile, many of them indicated that there would be a need to train nurses on the discharge planning process for quality care.

Conclusion: It is imperative that an appropriate policy on discharge planning practice be instituted, this will go a long way toward achieving quality healthcare outcomes, smooth patients' transitions, and patient-centred care. Training programs for stakeholders in patient care should also be sponsored and supported to ensure adequate practice of discharge planning at all levels of healthcare delivery.

Keywords: Discharge planning, opinion, readmission, quality, policy.

Background of the study

The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital, and to improve the co-ordination of services[1]. The process is expected to commence as at the time of admission and continue till the care processes elapse. This enables the healthcare provider to assess and provide the necessary information needed for the patients to sail through the care process successfully. It requires a comprehensive and patient-centered approach that results into reduction in hospital length of stay, reduction in the rate of re-hospitalization and improved quality of life during the post discharge or transition period.

Planning for a patient's discharge from hospital is a key aspect of effective care. Many patients who are discharged from hospitals will have ongoing care needs that must be met wherever the patients are discharged to be it home or other healthcare facility. It is evident that poor discharge planning can lead to poor patientoutcomes and delayed discharge planning can cause patients to remain in hospital longer than necessary, taking up valuable inpatient beds when they could be more easily and comfortably cared for at home[2]. However, healthcare policies suggest that timely, integrated transition of care from hospital to a care setting is integral to patient recovery, quality of life, independence and longer-term care. A poorly planned hospital discharge can lead to the risks of safety and additional resource costs, inhibit recovery and also to readmission. This is why discharging patients from the hospital was described as a complex process that is fraught with challenges[3]. Therefore, all hands must be on deck to ensure that the patients have smooth and uneventful transition with the collaborative efforts of the healthcare providers and the patients.

Hospital discharge and subsequent continuity of care are complex interrelated processes involved in a patient's transition from hospital to home. One can hypothesize that some components of discharge organization affect, at least partially, patients' subsequent healthcare, for example, the rate of re-hospitalization[4]. Recently, a group of researchers[5] reported that discharging patients from the hospital involves over 35 million hospitaldischarges annually in the United Statesand the cost of unplanned readmissions is
15 to 20 billion dollars annually. Preventing avoidable readmissions has the potential to profoundly improve both the quality of life for patients and the financial wellbeing of health care systems. Hospital readmission is a key focus of health reform in many countries because it is a major challenge for health systems managers including nurses[6]. Therefore, they need to coordinate the process of discharge or transfer by creating a chain of responsibility. It also requires an integrated and multidisciplinary approach which must be initiated soon after the admission, ensuring that both the patients and the caregiver understand and actively contribute to the planned decisions, as equal partners. In the discharge planning system, leadership/governance is one of the most important functions and components of health system[7].

A better discharge planning will provide advantages to the patients, their families, the social workers, healthcare personnel

and the healthcare organization as a whole[3]. These advantages include, patients feeling actively involved in the planning process, careers will have the right information and advice to help them in their caring role, healthcare personnel receive key information at a timely manner, and the healthcare system will meet its targets and focus on delivery. Previous studies are in agreement that there is no structured and effective discharge planning system in countries like Iran[8]. Inappropriate or poorly planned hospital discharge can introduce new risks to safety and additional resource costs, inhibit recovery and lead to unplanned readmission[9]. Within the hospital system, documentation of discharge planning process condenses information for ease of readmission to hospital and further consultation; allows house staff to view the hospital admission in its entirety, and eases data extraction for research, audit, planning, and quality control[10].

Inadequate communication of information between hospitals and other healthcare providers is one of the challenges facing effective discharge planning. It was suggested that if the patients were provided with information about how to evaluate symptoms, manage medication and restrict activities, they felt more prepared after discharge[11]. Moreover, a study emphasized that healthcare providers' evaluation of the patient's needs after discharge is essential to the patient, and different professional disciplines should be involved depending on the patient's conditions and needs[12].

Recent study has reported that Nigeria health care has no concrete discharge planning (DP) policy and processes for patients admitted into her hospitals[3]. Despite the importance accorded to the dischargesummary in modern hospital practices, there is a paucity of data in Nigeria and Africa about this aspect of professional interaction and communication. A lot of systematic and qualitative studies are found in the literature but there is dearth of information on nurses' perspectives of standardized practice of discharge planning process in Nigerian hospitals. In a bid to enhance patient safety and the quality of care available within our resource-constrained health-care system and engage stakeholders in activities that will promote positive post discharge experiences of patients, the researcher intends to assess the awareness and practice of discharge planning among nurses in Oyo State Ibadan, Nigeria.

Objectives of the study

This study was set to:

1. Assess nurses' awareness of the existing policy and its contents on hospital discharge planning in healthcare institutions
2. To identify the healthcare professionals who are to be involved in discharge planning
3. To assess the willingness of nurses to participate in discharge planning training
4. To assess the pre-discharge interventions adopted for patients by nurses

Research methods

This is a descriptive pilot study conducted among the participants of the Mandatory Continuous Professional Development Program, Oyo State in December, 2019. Oyo State is one of the six states in the South west zone in Nigeria. The participants cut across nurses from the state. They were selected purposively because they work at various levels of healthcare including federal, state, local government and private hospitals. Out of the 118 enrollees of the training, 95(80.5%) participants volunteered to participate in the survey. Permission to conduct the study was sought from the program organizers and individual consent was taken before the questionnaires were distributed. The study

survey contains 16 items including six sociodemographic characteristics and ten items on existing policies and practices in the various institutions where the participants are working). The data collected were analysed using descriptive statistics (frequency and percentage tables).

Results

Table 1: Respondents' sociodemographic characteristics **n = 95**

Variables	Frequency (N)	Percentage (%)
Age at last birthday (in years) Mean±SD 40.2±14.1 years		
25-34	26	27.4
35-44	26	27.4
45-54	22	23.2
55-64	13	13.6
No response	8	8.4
Gender		
Male	3	3.2
Female	89	93.7
No response	3	3.2
Work experiences in clinical practice Mean+SD 13.6+4.9 years		
5 years and below	18	18.9
6-10 years	20	21.1
11-15 years	16	16.8
16-20 years	20	21.1
Above 20 years	18	18.9
No response	3	3.2
Highest Education Level		
Diploma	25	26.3
First Degree	49	51.6
Second degree	17	17.9
Third degree	3	3.2
No response	1	1.1
What are your professional qualifications?		
RN only	13	13.7
RN, RM only	60	63.2
RN with other post basic nursing certificates	19	20
No response	3	3.2
Type of Healthcare Institution		
Federally owned	46	48.4
State owned	21	22.1
Local Government owned	7	7.4
Private owned	19	20.0
No response	2	2.1

From table 1 above, the mean age of respondents was (40.2±14.1) year. Most are 89(93.7%) are female. 20(21.1%) of them have worked for 6-10 years and 16-20 years in the clinical settings respectively.

Table 2: Responses on availability of policies regarding discharge planning

Variables	Frequency (N)	Percentage (%)
Are there policies on ground regarding discharge planning?		
Yes	49	51.6
No	43	45.3
No response	3	3.2
If yes, what does the policy stipulates about discharge planning process?		
Evaluation of patient care, compliance with discharge planning process of the hospital, ensuring bill offset	13	26.5
Giving drugs to patients	7	14.3
Adequate preparation of patient and relatives for discharge with health education and home visit (where necessary)	5	10.2
I don't know	24	49

Table 2 above shows that more than half 49(51.6%) of the participants claimed that there are existing policies on discharge planning in their institutions. Almost half 24(49%) did not know what the policy stipulates about discharge planning despite their claim.

Table 3: Assessment of discharge planning practices among nurses

Variables	Frequency (N)	Percentage (%)
What is the existing discharge planning practice in your institution?		
No clear-cut planning but patients are informed, nurses give discharge teaching, collect take home drugs from pharmacy, fill discharge summary in the nursing process booklet	21	22.1
Counselling of patients and initiating rehabilitation program	3	3.2
Ensuring that the patient is fit before discharge	3	3.2
Follow the Ethics of Nursing for all procedure	1	1.1
Doctors discharge base on nurses' recommendations	1	1.1
I don't know	67	70.5
Who and who do you think should discharge patients?		
Nurses alone	24	25.3
Doctors alone	10	10.5
Hospital Administrators alone	16	16.8
Nurses and Doctors	30	31.6
Others professionals	13	13.7
I don't know	2	2.1
In the last 6 months to 1 years, how many patients have you been involved in their discharge planning?		
<10	16	16.8
11-20	14	14.7
21-30	12	12.6
31-40	10	10.5
41-50	8	8.4
>50	16	16.8
No response	19	20.0
Did you use any tool in the discharge planning?		
Yes	27	28.4
No	68	71.6
If yes, which tool are you using presently as a guide for patients discharge process in your institution?		
Nursing process booklet with discharge summary	7	25.9
Weighing scale, Sphygmomanometer, Communication tool	3	11.1
Pen and paper for documentation	1	3.7
Admission book and pharmacy booklet	1	3.7
No response	15	55.5
What are the pre-discharge interventions adopted for patients in your institutions?		
Health information, counselling on appointment as necessary	15	15.8
Interview, Observation	7	7.4
Educate them on the cause, course and the treatment of their ailment	6	6.3
Assessment, Diagnosis, Rehabilitation	2	2.1
No response	65	68.4

Concerning the existing discharge planning practices, it is amazing to find that majority 67(70.5%) of the studyparticipants do not know about the discharge planning practice in their institutions. About one-quarter of the participants 24(25.3%) thought nurses alone are involved in discharge planning, while about one-third of them 30(31.6%) believed that both nurses and doctors are to be involved in discharging patients. Also, from the table 3 above, 16(16.8%) claimed they had involved in the dischargeplanning process of less than 10 patients inthe last 6 months to 1 year. About half of the respondents 68(71.6%) claimed theydid not use any discharge planning tool. Out of the respondents who indicated that they used tools in discharging their patients, a few 7(25.9%) had faint idea by claiming that they use nursing process booklet with discharge summary, while more than half 15(55.5%) of them could not categorically state what a particular tool they were using. Furthermore, only 15(15.5%) of the respondents mentionedhealth information, counselling on appointment as necessary as the pre-discharge interventions adopted for patients in their institutions (see table 3 above).

Table 4: Gaps identified by respondents in the survey

Variables	Frequency (N)	Percentage (N)
Is there any area that this questionnaire does not cover concerning hospital dischargeplanning process that you will like to mention?		
Mandatory policy by the government of all levels on discharge planning should be instituted	2	2.1
Nil	5	5.3
Inclusion of physiotherapy and occupational health therapy	1	1.1
No response	87	91.6

From the table 4 above, only 2(2.1%) suggested that government policy on discharge planning at all levels of healthcare should be instituted.

Table 5: Respondents' willingness to participate in training on discharge planning

Variable	**Frequency (N)**	**Percentage (%)**
If there is any training in this novel area of nursing, will you like to participate?		
Yes	72	75.8
No	8	8.4
No response	15	15.8

Table 5 above shows that about three-quarter 72(75.8%) of the study participants show interest in participating in training on effective hospital discharge planning.

Discussion

This study assessed nurses' awareness on hospital discharge planning in healthcare institutions in Ibadan, Nigeria. Thefindings of this

study reveal that respondents' claim of existence of discharge planning policies in their institutions does not reflect in their knowledge and practice of discharge planning process. This is because those who claimed the existence of discharge planning policies mentioned evaluation of patient care, ensuring compliance with discharge planning processes and offsetting the hospital bills, appropriate drug administration, adequate preparation of patient and relatives for discharge with health education and home visit (where necessary) as some of the activities they engaged in when discharging their patients. This implies that there are no standardized discharge planning practices in the healthcare facilities. This finding contradicts what was described about discharge planning[5]. This could have made those who indicated that there are no discharge planning policies in place in their institutions to do so which is also supported by previous studies in Iran and Nigeria[5,8].

Concerning the existing discharge planning practices, the findings above also revealed a gross inadequacy when compared to the expected practices such as those documented in the literature which include: engaging the patient and family members as full partners in the discharge planning process, discussing with the patient and family key areas to prevent problems at home educate the patient and family in plain language about the patient's condition[13].The participants have little orientation about the key stakeholders in discharge planning. This corroborateswhat AHRQ highlighted[13].

This study also shows that the discharge planning practices among participants are not structured or standardized to achieve the expected outcome. The participants demonstrate poor knowledge of the discharge planning tools as they could not describe their contents and the process involved. This has been found to influence their unstructured practice of discharge planning. The use of discharge planning tools supports a documentation who identified five discharge planning tools that can be used to improve care management such as IDEAL Discharge Planning, Hospital-Discharge Planning Worksheet, Private-Sector Hospital Discharge Tools, Discharge PlanningChecklist for Patients, and Caregivers and Guides for Families and Caregivers[14]. The findings above also contradict the observation in a study that the use of progress notes and nursing care plans for assessment and screening does not reflect adherence to a comprehensive model of discharge planning, and notes the importance of evaluation in a comprehensive model[15].

There are some activities that should precede the actual patients' discharge from the hospital which nurses are expected to take part in. Concerning these pre-discharge interventions, this study found that there were gaps in actual practices among nurses. The general response to this shows that nurses engage in someactivities that are related to discharge planning though such were not structured as the participants claimed they engaged inhealth information, counselling patients on appointment as necessary, patients' observation, educating patients on the cause, course and the treatment of their ailment, assessing the patients and plan for their rehabilitation. This corroborates the submission of a group of researchers[11]who suggested that if the patients wereprovided with information about how to evaluate symptoms, manage medication and restrict activities, they felt more prepared after discharge.

The participants of this study suggestedthat government policy on health should lay more emphasis on effective discharge planning at all levels of care, also that healthcare professionals such as the occupational therapists and physiotherapists should be involved in the discharge planning of patients where necessary. Though these were not captured in this survey.

Vast majority of the participants indicated the need for training on effective hospital discharge planning. This implies that they are willing to learn more about the concept of discharge planning, its components and how it can be practiced effectively to ensure quality, patient-centered, safe care and to achieve appreciable positive postdischarge patient experiences.

Conclusion

In conclusion, this study confirmed the fact that there are no existing standardized policies and standard of practice on

hospital discharge planning in national health system as at present. It is therefore, important that government take a more active role in standardizing hospital discharge planning process, by instituting appropriate policies, training clinical healthcare providers, continuously monitoring and evaluate the practice, this will go a long way to achieve quality healthcare outcomes, smooth patients' transition, inter-professional collaboration and patient-centered care. Training programs for stakeholders in patients care should also be sponsored and supported to ensure adequate practice of discharge planning at all levels of healthcare delivery. Further research should also assess how discharge planning protocol can be integrated into the conventional nursing activities, its impact on patient outcomes and skills development in nurses.

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