Discharge Education Curriculum

To improve provider skills in effectively discharging pediatric patients from hospital to home
Educational Objectives

- After completion of this curriculum, you should be able to
  - Identify the necessary elements of comprehensive discharge counseling
  - Explain the impact thorough discharge counseling can have on patient care
  - Demonstrate effective and family centered discharge instructions to caregivers of pediatric patients
  - Incorporate discharge counseling into daily patient care activities
  - Recognize personal strengths and areas for improvement when providing discharge counseling
Background

- Medically ready for discharge does not equal ready for discharge

- Little data exists on what information should be included when discharging a pediatric patient from hospital to home

- Most internal medicine residents undergo a formal curriculum in this area

- Pediatric residents get very little to no training in this area
Background

- Care Transitions Measure (CT-3)
  - Developed in adult population to measure the quality of care delivered across settings
    - The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital
    - When I left the hospital, I had a good understanding of the things I was responsible for in managing my health
    - When I left the hospital, I clearly understood the purpose for taking each of my medications
  - Used to identify care deficiencies
    - To then devise and implement a quality improvement to remedy deficiency
  - Tool was found to predict post hospital return to ED within first 30 days after discharge

Background

- Discharge Readiness: An Integrative Review Focusing on Discharge Following Pediatric Hospitalization
  - Review study that identified the following as the biggest factors influencing parents’ readiness to be discharged from the hospital
    - Support
    - Identification of individual needs
    - Education
    - Communication/coordination

Background

- Continuity-Structured Clinical Observations: Assessing the Multiple-Observer Evaluation in a Pediatric Resident Continuity Clinic
  - Preceptor, parent and self evaluated resident in areas of patient care, interpersonal skills & communication and professionalism
  - Residents ranked lowest in ‘negotiation or management’
  - Study illustrated the need for additional teaching to develop skills in this area

Identify problems with this example of providing discharge education

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What are important aspects to include when providing discharge counseling to patients?
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DISCHARGE Mnemonic

**Diagnosis** – Explain the diagnosis, patient’s current status and anticipated disease course.

**Instructions for home** – Explain outpatient treatment plan (medications, therapies, etc.).

**Sit** – Sit when speaking with families.

**Communication** – Use the native language of the family/primary care giver. Avoid medical jargon. Use medical interpreter if needed.

**How to take medications** – Explain administration route, frequency and duration of any new medications. Communicate any changes with the patient’s pre-hospital medications. Explain side effects. Are there any barriers to obtaining medications?

**Ability to follow-up** – Do they have a PCP? When would you want them seen? Did you make them an appointment?

**Return precautions** – When to call PCP and when to return to the ED.

**Go over questions** – Close by asking if the family has any questions.

**Ensure understanding** – Have the family repeat back or summarize important parts of the discharge plan.
Questions/Comments?