

BRIEF: Before Relieving the Inpatient Educate them and the Family

(Bridging Hospital to Home with Effective Discharge Education)

Capt Dr Usha Banerjee¹ and D. Maryline Flinsi²

Group Director Nursing, Apollo Hospitals Group, New Delhi, India¹

Principal, Apollo School of Nursing, New Delhi, India²

Abstract: Discharge education is an integral aspect of comprehensive patient care. Patients leaving a healthcare facility often face the challenge of managing their recovery without direct medical supervision. Without adequate preparation, they and their families may feel overwhelmed and unprepared, leading to potential complications or readmissions. This document highlights the critical role of educating patients and their families before discharge. It explores the importance of discharge planning, outlines effective components of education, and presents strategies for improving the patient-family education process. By empowering patients through knowledge and preparation, healthcare professionals can enhance patient outcomes, reduce readmission rates, and support a smooth transition from hospital to home.

Keywords: Hospital discharge, Discharge education, Patient, Family members

I. INTRODUCTION

Discharging patients without proper education can leave them and their families feeling overwhelmed and unprepared. Educating patients and their families before discharge is not just a procedural formality; it's a critical component of patient care that ensures safety, promotes recovery, and reduces the likelihood of readmissions. Patient and family education serves as a bridge between hospital care and home care, facilitating a smooth transition and empowering patients to take control of their health.

Discharge planning is not a one-time event but a process that takes place throughout the hospital stay. Every patient will have some or the other learning need. Every nurse must identify the need as a mandatory process from Day 1 of hospitalization even if the patient is independent for care. If the patient is dependent for care, a family member should be identified and documented from Day 1 who will be part of the learning process for care at home.

Importance of Discharge education to patient and family

Enhancing Patient Outcomes: When patients understand their health conditions and the care required, they're more likely to adhere to treatment plans, manage medications correctly, and recognize symptoms that need medical attention. This understanding leads to improved health outcomes and enhances the quality of life.

Reducing Readmission Rates: Educated patients are less likely to be readmitted to the hospital. A study highlighted that effective discharge planning and patient education can significantly reduce readmission rates, underscoring the importance of this practice.

II. COMPONENTS OF EFFECTIVE DISCHARGE EDUCATION

METHOD process: The METHOD framework offers a structured approach to patient and family education:

M- Explain Medication

E - Safe Environment training

T - Teach the treatment

H- Educate good Health techniques

O - Inform Outpatient follow ups

D - Instruct about Diet

Medication

- Teach the dose, route, and the time of the medicines to be taken.
- Involve the patient or attendant while administering the medicine for Final Check.
- Teach the action and side effects of the medications.
- Teach the abbreviations clearly. BD should be read as Twice a day, SOS- “as and when required” with specific symptoms like pain, fever, nausea etc.

Environmental Training

- Educate the patient and family members about the safety precautions, like side rails, grab bar at washrooms.
- Teach the use of Walkers/ crutches, proper footwears while moving.
- Teach the proper discard of lancets and needles, in case of Diabetic patients.
- Teach to take proper measures from infections like less visitors, use of mask etc.

Treatment

- Teach the patient and family members about the equipment to be used in recovery phase, e.g. Glucometer, Nebulizer, etc.
- Demonstrate the techniques of procedures which help them to take care of themselves at home with ease e.g. breastfeeding, emptying of stoma bag etc.
- Let them understand and use the Insulin pen during the hospital stay under supervision of staff

Health Education

- Teach the patient and family members about hand hygiene.
- Teach cleanliness, bathing techniques, care of wound etc during the recovery phase.
- Inform the physiotherapist about the exercises to be taught to the patient.
- Teach to take safety precautions, for any catheter/ PICC/ Chemo-port etc.

OPD Follow up

- Inform the patient and their attendant about the next visit to the hospital with date and the OPD location.
- If any referral is advised, guide them accordingly.
- Mention whom to connect, the contact numbers, in case of any complication or emergency.
- Inform about the pending investigation reports and where those to be collected

Diet

- Teach the importance of diet in the recovery of illness.
- With the help of dietician, get the Diet Chart for the patient with therapeutic diet plans and explain the food items to be included or excluded in the diet.
- Teach good dietary habits to follow for healthy living.

III. STRATEGIES FOR EFFECTIVE DISCHARGE EDUCATION

Identifying Learning Needs: Nurses should document patients' learning needs and provide ongoing education throughout the hospital stay. These details should be recorded in nursing notes, ensuring continuity and clarity in discharge planning.

<p><u>1st March</u></p> <p>Identified the need to learn how to prevent falls - Taught what all precautionary measures to be taken to prevent fall (always put side rails up, call for help, use call bell, etc) . Also, in case of fall what interventions need to be taken.</p>
<p><u>2nd March</u></p> <p>Identified the need to learn how to self administer Insulin - Taught how to use the Insulin pen (Using the hand you write with, wrap fingers around the insulin pen, keeping thumb free to push down on the knob. Insert the needle with a quick motion into the skin at a 90-degree angle, the needle should go all the way into skin, slowly push the knob of the pen all the way in to deliver full dose etc).</p> <p>- How to avoid hypoglycemic events - Taught how to avoid hypoglycemic events (signs of hypoglycemia - Fast heartbeat, Sweating, Nervousness or anxiety, Irritability or confusion, Dizziness, Hunger. etc)</p> <p>- Proper discard of lancet - Taught how to properly discard the lancet.</p>
<p><u>4th March</u></p> <p>Identified the need to learn the use of Nebulizer - Taught how to use Nebulizer (Wash hands, connect the hose to an air compressor, fill the medicine cup with medicine, close the medicine cup tightly and always hold the mouthpiece straight up and down, attach the other end of the hose to the mouthpiece and medicine cup, turn on the nebulizer machine, place the mouthpiece in mouth, keep lips firmly around the mouthpiece so that all of the medicine goes into lungs, breathe through mouth until all the medicine is used, turn off the machine when done, wash the medicine cup and mouthpiece with water and air dry until your next treatment, etc)</p>
<p><u>7th March</u></p> <p>Identified the need to learn the how to use Walker - Taught how to lock, how to move , how to stand , how to walk with the walker, how to ensure handles are set, etc</p> <p style="color: red; text-align: center;">Whatever appropriate can be taught and documented as appropriate</p>

Fig 1: Sample of daily nurses notes with the learning needs of the patient

2. Reinforcement on Discharge Day: On the day of discharge, nurses should reiterate key information using a template of pointers for education. Reviewing the discharge summary with patients and their families ensures understanding and preparedness.

Pointers for Briefing	
Discharge summary (Explained the whole discharge summary and ensured the patient / attend	
Medication (Verification of medications ordered and received , Explained the dose, ro be taken, Explained the abbreviations clearly. BCI/ TDS/QID/ HS/SOS , SOS symptoms like pain, fever, nausea etc., Explained possible side effects)	
Self-care (Education given on the ADL, mobility, wound care, catheter care, lines , d line, chemo port, breast feeding, positioning, fall prevention etc.) Any other _____	
Use of gadgets and equipment (Education given on Nebulization, Steam inhalation, Glucometer, Insulin a Any other _____	
Diet (Explained the importance of diet in the recovery of illness. Diet chart – handed over (if advised) Therapeutic diet plan- explained the food items to be included or excluded - Explained the good dietary habits to follow for healthy living).	
OPD follow up (Informed about the next visit to the hospital with date and the OPD locat (If any referral is advised, guide them accordingly) . - Explained whom to connect, the contact numbers in case of any complic situations that can emerge for that specific condition). Informed about the pending investigation reports and from where to be c	
Nursing PFE material handed over _____ (deta	

Fig 2: Sample template for pointers of briefing for discharge education

IV. CONCLUSION

Educating patients and their families before discharge is more than a procedural task—it is a cornerstone of quality healthcare. By fostering knowledge and confidence, healthcare professionals empower patients to manage their recovery effectively, reducing complications and enhancing overall outcomes. Implementing structured education frameworks like METHOD can streamline this process, ensuring a holistic and patient-centred approach to discharge planning.

REFERENCES

- [1]. Agency for Healthcare Research and Quality (AHRQ). (2021). "Reducing Readmissions through Discharge Planning and Education." Retrieved from <https://www.ahrq.gov>.
- [2]. World Health Organization (WHO). (2020). "Patient Safety and Quality of Care." Retrieved from <https://www.who.int>.
- [3]. Institute for Healthcare Improvement (IHI). (2019). "Best Practices in Patient Education." Retrieved from <https://www.ihi.org>.

BIOGRAPHY



Capt. (Dr) Usha Banerjee is a seasoned nursing professional with Bachelor's Degree from the prestigious Armed Forces Medical College, MBA in HR & Industrial Relations, Diploma in Hospital Administration, Diploma in Training and Development and PhD in management from esteemed institutions. She was fortunate enough to hold executive positions in some of the greatest companies. She is currently employed at the Apollo Hospitals Group in India as a Group Director of Nursing. She has over 30 years of noteworthy professional experience in Corporate Hospitals (Manipal, Max Healthcare, and currently Apollo), Academic Nursing, and Military Nursing Services. She has a broad and varied background in healthcare. As a recipient of numerous national and international honors, including the President's Award, she feels that it is her duty to significantly improve the nation's health system and owes this to her profession. She had published more than 100 papers in various national and international journals.



D. Maryline Flinsi is an experienced Nursing Professional with graduation from Dr. MGR medical university and post-graduation from Delhi University. She has a remarkable career spanning over 20 years, affiliated with the prestigious Apollo Hospitals. Spearheading the Apollo School of Nursing as Principal since January 2015, she has been instrumental in shaping the educational and professional development landscape for nursing professionals. Trained in JCI policies and protocols, she ensures adherence to international standards in patient care and safety. Her contributions extend to academia, with publications in esteemed National and International journals, showcasing her research prowess and commitment to advancing nursing knowledge