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Implementation of Written Discharge Instructions for Common Diagnoses in the Urgent Care Setting

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Executive Summary

Implementation of Written Discharge Instructions for Common Diagnoses in an Urgent Care Setting

Introduction of the Problem

At the project site, a rural walk-in clinic, there were no written discharge instructions available to give to patients when they were discharged. Stage I meaningful use requirements put forth by the Centers for Medicare and Medicaid Services (2010) encourage facilities to provide patients with clinical summaries of their office visits. Lack of time spent educating and low health literacy are two major issues patients face when trying to understand and retain discharge information (Wilkin, 2020). One of the most important roles nurses have is the role of educators (St. John & Englund, 2020). Improving evidenced-based education for patients has proved difficult due to medical misconceptions and lack of knowledge (St. John & Englund, 2020). The development of written summaries improves communication between providers and patients and was the main purpose for the quality improvement project. The summaries are intended to involve patients in their health once they return to their home environment.

Literature Review

The literature review aimed to first identify the purpose and importance of discharge instructions for patients. Second, we needed to determine the reading level and comprehension level at which to write the summaries. Next, we researched what elements needed to be included in the discharge summaries. Lastly, we wanted to know what barriers patients may have in following discharge instructions.

Taylor & Cameron (2000) mention that maintaining effective communication is an integral part of a patient's medical care. Effective discharge summaries help to provide education

to patients about their current illness and may be a useful reference in the future for exacerbation of chronic illness. Discharge instructions can also serve as a summary of care to the patient's general practitioner at follow-up (Taylor & Cameron, 2000). These summaries help to reinforce verbal instructions given to the patient.

A study performed by Choudhry et al. (2019), found that enhancing the readability of discharge instructions from a 19th grade level to a 6th grade level reduced post discharge telephone calls from 21.9% to 9.0% and readmissions by 50%. Improving health literacy will improve patients' ability to understand their discharge summaries and thereby reduce the burden on providers.

A study performed by Buckley et al. (2013) addressed patient input on the development of discharge instructions and recognized eight themes. The eight themes identified include: providing definitions of complex concepts and words, including motivational information, providing examples and practical information, including visual aids and graphs, manage expectations, address common inappropriate practices, logical flow of information, and highlight key points (Buckley et al., 2013). Input from patients will provide significant guidance in the development of discharge instructions (Buckley et al., 2013).

Schenhals et al. (2018) used a phone interview method to conduct a qualitative study to recognize barriers to discharge instruction compliance. Four system-based themes were recognized: failure to confirm understanding about the diagnosis at discharge, failure to recognize feelings of hopelessness regarding follow-up, problems with scheduling follow-up appointments, and how the importance of clarity in the discharge process affects patient's compliance to discharge instructions (Schenhals et al., 2018). Providing a clear written diagnosis,

understanding the patients' feelings towards follow-up care, helping the patient make follow-up appointments, and clarifying the discharge process will help improve outcomes in practice.

Project Methods

The purpose of this quality improvement project was to develop and distribute discharge instructions that were (a) at or below a sixth-grade reading level, (b) on common diagnoses appropriate for a rural community, (c) decrease the need for subsequent office visits, and (d) decrease call backs at a rural walk-in clinic. The long-term effect of this quality improvement project was to improve patient outcomes. The project was two-fold in that providers and staff were trained on how to access and utilize the new discharge education and we aimed to improve the discharge process for patients.

This quality improvement project was implemented at a rural walk-in clinic in Southern Illinois. The walk-in clinic staff consists of four full-time nurse practitioners, three medical assistants, one office manager, and various per diem and fill-in staff. The walk-in clinic sees patients from the community needing acute care who typically cannot get in to see their primary care provider or out of convenience come to the clinic. The walk-in clinic serves roughly 1,500 patients a month. The stakeholders in this project included the organization, the vice president of physician services, and the clinic manager.

Handouts on discharge instructions for common diagnoses were developed, assessed to meet at or below a sixth-grade reading level utilizing the Flesh-Kincaid tool, and approved by content faculty and stakeholders before distribution. Providers and staff were trained on the new process via verbal instruction and a reference guide on how to access the new written summaries. The handouts were distributed to patients at the end of their office visits with the usual verbal instructions. A post-intervention survey was conducted via phone with random patients who had

received handouts to (a) evaluate the readability of the handouts, (b) evaluate the convenience of the handouts, (c) assess opinions on what is included and what is not included, and (d) assess the overall value of handouts. A post-intervention email survey was sent to the providers utilizing the newly written instruction handouts to (a) assess opinions about the ease of use, (b) gather comments regarding suggestions for improvement where needed, and (c) collect professional opinions regarding benefit to patients.

Participation in this quality improvement project was voluntary and included all patients and all providers during the intervention period.

The stakeholder and site where this project was implemented were very supportive. A color printer was provided at the clinic and remains there for future use for the color pictures in the handouts. The materials for the handouts are available at the clinic as well as the program used to create them. This project will be sustainable for the foreseeable future and the authors will update the handouts as evidence-based clinical guidelines change.

Evaluation

Over 700 patients received the new printed discharge summaries along with verbal instructions. Practitioners were given surveys prior to starting the project and post implementation for pre and post project comparison. A select number of patients who had previously been to the clinic prior to the start of the project were given a post survey after a visit receiving the new instructions. A five point Likert scale was used to identify providers' and patients' satisfaction with the new summaries.

Results

Nine of the practitioners at the clinic, including regular staff and fill-in, completed the pre-evaluation survey. Only one (11.1%) strongly agreed that they had the necessary resources to

appropriately provide discharge education to patients. Three (33.3%) of providers agreed that they knew how/where to find discharge education materials. Only one (11%) strongly agreed that they were confident that their patient leaves the clinic well-informed about discharge. Only one (11%) strongly agreed that they were confident that their patient leaves the clinic well informed of the treatment plan. Only one (11%) stated that they currently give printed discharge instructions to patients vs 8 (89%) who stated they do not give printed discharge instructions.

Five post-evaluations were filled out by providers that had covered the walk-in clinic during implementation. Four (80%) of providers strongly agreed that they felt comfortable using the new written instructions when talking with patients and one (20%) agreed. Four (80%) of providers strongly agreed that the new discharge instructions were helpful when discharging patients and one (20%) agreed. Four (80%) of providers strongly agreed that they felt comfortable using the teach-back method when applicable when discharging patients and one (20%) agreed. Four (80%) of providers strongly agreed that they felt the discharge instructions were easy to find on the J-drive and one (20%) was neutral. Five (100%) felt that the discharge sheets were beneficial to patients. Five (100%) also agreed that the discharge instructions are at a level patients can easily read and understand.

Twenty post patient evaluations were collected via phone calls. Twenty (100%) strongly agreed that the discharge instructions were easy to read and understand. Twenty (100%) strongly agreed that they found the new instructions helpful. Nineteen (95%) strongly agreed that they liked the new instructions and one (5%) agreed. Sixteen (80%) strongly agreed that they referred back to their instructions and four (20%) agreed.

Impact on Practice

This project had a positive impact on the walk-in clinic. Patients were satisfied with the summaries and felt the written instructions were helpful when they returned to their home environments. Patients also found the summaries easy to read and understand. Many of the patients referred to the summaries for questions after returning home rather than calling back to the clinic or searching the internet for answers. Providers were able to easily find the discharge summaries on the medical group's network drive. They felt the discharge summaries provided patients with additional information they may need after returning home and had a better understanding of what their diagnosis was. Providers also felt the patients were better informed about their treatment plan with the addition of the written instructions.

Future plans include adding additional discharge summaries for diagnosis not included during initial implementation and making them available in Spanish. Additionally, we would like to be able to link the summaries to discharge diagnoses in the EMR. We anticipate the written summaries to further reduce call backs and improve patient outcomes in the future. This quality improvement project could be replicated in an urgent care or family practice setting.

Conclusion

The implementation of written discharge instructions for common diagnosis in the walk-in has greatly improved patient care and education. Patients and providers feel more confident with the care obtained and provided. Having comprehensive written discharge instructions along with verbal instructions has increased the use of the teach-back method and has helped providers feel more at ease with the discharge process.

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