

Nursing Continuity of Care and its Effect on Patient Discharge Education

Kelly Grady, RN, MSN, MPA

Coach: Ardell Childress, RN, MSN

John Muir Medical Center, Walnut Creek

kellygrady3@gmail.com

Purpose

This project aims to look at whether a consistent patient care assignment positively affects retention of discharge education in patients being discharged home after a total knee replacement.

Background

The length of stay in the hospital is decreasing with a push to discharge patients early in the day. A review of the literature reveals patients prefer the same nurse which allows time to develop a trusting relationship. It also reveals that patients do not see the gap in discharge teaching until they arrive home and complications arise when patients are not adequately prepared for discharge.

Method

Patients being discharged home from an orthopedic unit status-post total knee replacement were called 3-5 days post-discharge to complete a brief telephone survey rating the level of education received in areas of pain management, incision care and complications. Patients were allowed to question and comment at the end of the survey. A chart review was conducted to determine the continuity of daytime nursing care.

Results

A total of 10 patients were surveyed after discharge. Surveys were split into two groups based upon whether or not the discharging RN had previously cared for the patient. Average scores for each group were inconclusive and did not demonstrate an increased level of knowledge for those patients with continuity of care through hospital discharge.

Discussion

Patient education depends on both the nurse providing the education and the patient and family receiving education. Patients expressed that nurses had inconsistent levels of concern and inconsistent abilities in patient care and teaching. All of the patients had a planned admission to the hospital and had either attended a pre-operative class, gathered information from the doctor or done research prior to their surgery. The prior knowledge had an impact on questions that were asked and overall knowledge received for patients in both groups. All patients indicated a preference for consistent care and preferred the 12-hour nurse to the 8-hour nurse as there were fewer transitions each day. Patients whose families or caregivers were involved in the education process rated their knowledge higher than those patients who did not have anyone involved in the education process with them.

Conclusion

Efforts should be made to have a repeat nurse caring for a patient on the day of discharge. Nurses should also schedule teaching time with patients and make efforts to teach while families are present. This study should be conducted again as a qualitative study on patients having unplanned surgeries.