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Moderator

Kathleen R. Stevens, RN, EdD, FAAN
Professor and Director
Improvement Science Research Network
University of Texas Health Science Center San Antonio

ISRN Research Priorities

A. Coordination and Transitions of Care
B. High-Performing Clinical Systems and Microsystems Approaches to Improvement
C. Evidence-Based Quality Improvement and Best Practice
D. Learning Organizations and Culture of Quality and Safety

Wrestling Readmissions to the Mat: Evidence and Efforts

Part 2: Assessing Discharge Readiness as a Nurse Sensitive Indicator
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Wrestling Readmissions to the Mat: Evidence and Efforts

Part 2: Assessing Discharge Readiness as a Nurse Sensitive Indicator

Presenter

Kathleen Bobay, PhD, RN, NEA-BC
Associate Professor
Marquette University College of Nursing

Assessing Discharge Readiness as a Nurse Sensitive Indicator

KATHLEEN BOBAY, PhD, RN, NEA-BC
Associate Professor
Marquette University College Of Nursing
Why should we study Discharge Readiness?... 
**The ‘So What’ question**

- Research to build evidence about Discharge Readiness
- Is discharge readiness a predictor of hospital outcome or an outcome?
- How should we measure discharge readiness?
- Who knows best about Discharge Readiness?
- What difference does it make if patients are ‘not ready’ for discharge?

Why study readiness for discharge? – in the beginning

Patients are discharged from the hospital in an intermediate rather than later stage of recovery.

(Keelna, 1991)

Why study readiness for discharge - now?

- More than 35 million discharges annually from acute care hospitals.
- 65% are discharged to home
- Inadequacies of discharge preparation are well documented.
- Readmission rates range from 8 to 15% in the 1st 30 days after discharge; 20% for age 65+
- Readmissions are costly and many are no longer reimbursed.
- Opportunities for process and outcome improvements

Why should nurses study discharge readiness?

- An everyday nursing practice question:
  - Is my patient ready to go home?

- Discharge preparation is a **primary function** of hospital-based nursing (Nosbusch et al., 2010).

- Discharge readiness is an important **nurse-sensitive** outcome of hospitalization.

Measuring discharge readiness: 
**Who determines readiness?**

- Physician
  - Clinical criteria
  - Medical necessity for continuation of hospitalization
- Nurse
  - Discharge preparation – knowledge and skills
- Patient
  - Readiness for self management
- Family
  - Family readiness to assume care responsibility

Research to Build Evidence about Discharge Readiness

- The year... 1996

- The healthcare landscape:
  - HMOs driving shorter lengths of stay
A Journey of Discovery about Readiness for Discharge

- Socio-demographics
- Maternal-Neonatal Problems
- Readiness for discharge
- LOS
- Maternal-Neonatal Utilization

And one conversation led to another......

Postpartum Mothers
Adult Med-Surg
Parents of Hospitalized Children

Study Model:
Predictors and Outcomes of Readiness for Discharge

- Hospitalization
- Discharge
- Post-Discharge

- Patient Characteristics
- Readiness for Hospital Discharge
- Coping (difficulty)
- Use of post-discharge support and services
- Nursing Practices:
  - Discharge Teaching
  - Care Coordination

Developing tools to study the discharge transition

- Readiness for Hospital Discharge Scale
- Quality of Discharge Teaching Scale
- Care Coordination
- Post-Discharge Coping Difficulty Scale
Readiness for Hospital Discharge Scale: PT-RHDS  21 items

### Personal Status
- Physically ready
- Pain
- Energy
- Strength
- Emotionally ready
- Physically able

### Knowledge:
- Caring for yourself
- Personal needs
- Medical needs
- Restrictions
- Problems to watch for
- Who and when to call
- What happens next
- Community resources

### Perceived Coping Ability
- Handle demands at home
- Perform personal care
- Perform medical care

### Expected Support
- Emotional support
- Help with personal care
- Help with household activities
- Help with medical care

---

**A Journey of Discovery about Readiness for Discharge**

- Patient and Hospitalization Characteristics
- Quality of Discharge Teaching: Content, Delivery
- PT Readiness for Hospital Discharge
- Post-Discharge Coping Difficulty
- Readmission
- ED Visits

---

**Important Conclusions**

1. Linked unit level nurse staffing to patient outcomes beyond discharge
2. Proposed significant return on investment from increased nurse staffing in emerging payment models
3. Established the trajectory of influence from staffing through quality of discharge teaching and readiness for discharge to post-discharge utilization
4. **Recommendation:** Implement discharge teaching evaluation and discharge readiness as standard nursing practices.
The Journey of Discovery about Readiness for Discharge

One conversation led to another...

We can't use this if you don't shorten the scale!!

Association and Agreement

- Correlations between RHDS & RN-RHDS
  - 0.32 (p<.01)

- Agreement using cutoff score of <7 item mean
  - Agree ready: 76.0%
  - Agree not ready: 3.5%
  - Disagree - patient ready, nurse not ready: 9.1%
  - Disagree - patient not ready, nurse ready: 11.4%

RHDS Scale Statistics

<table>
<thead>
<tr>
<th>Scale</th>
<th>Max score</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT-RHDS/SF</td>
<td>80</td>
<td>67.6</td>
<td>10.9</td>
<td>.80</td>
</tr>
<tr>
<td>(item mean=8.5/10)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>RN-RHDS/SF</td>
<td>80</td>
<td>67.7</td>
<td>9.6</td>
<td>.81</td>
</tr>
<tr>
<td>(item mean=8.5/10)</td>
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</tbody>
</table>

RN-Assessment of ‘Low Readiness’
Ready for Practice Change?

- **From observational studies, we know that:**
  - Discharge readiness assessed by the nurse is associated with risk of adverse post-discharge outcomes including readmission.

- **For translation to practice, we don't yet know:**
  - If implementing discharge readiness assessment as a standard nursing practice on the day of discharge can result in improved discharge transition care leading to improved outcomes, specifically fewer readmission and ED visits.

---

**READI**

**Readiness Evaluation And Discharge Interventions**

**Implementing Discharge Readiness Assessment As A Standard Nursing Practice For Hospital Discharge**

**READI STUDY TEAM**

- **Marquette University**
  - Marianne Weiss, DNSc, RN, READI PI

- **University of Michigan**
  - Olga Yakusheva, PhD

- **University of Maryland**
  - Linda Costa, PhD, RN, NEA-BC

- **University of Pennsylvania**
  - Kathleen Dobbs, PhD, RN, NEA-BC

- **University of New Mexico**
  - Ronda Hughes, PhD, RN, FAAN

**34 Participating Hospitals**

**ANCC: Study Sponsor**

ANCC invited Magnet Hospitals to participate in this study.

**ANCC goals:**
1. Leverage the power of Magnet Hospitals to engage in large scale research on topics of importance to nursing practice.
2. Engage clinical nurses in research about their practice.
3. Create learning opportunities about nursing research in clinical practice settings.
The READI Study

- Implementation of discharge readiness assessment as a standard nursing practice for discharge.
- Outcome variables: Readmissions / ED visits

Study Design

- Unit level implementation of discharge readiness assessment protocols
- Randomization of implementation and control units within each hospital
- Test modifications of a discharge readiness assessment protocol in sequence to identify the optimal and most efficient protocol for achieving outcomes

Study Design

- Stepped sequential implementation:
  - Study Units
    - Baseline
    - Step 1: 4 months
    - Step 2: 4 months
    - Step 3: 4 months
  - Implementation: Baseline
  - Control: Baseline control
  - Discharge Readiness Assessment protocol using RN-RHDS
  - Modifications to the Discharge Readiness Assessment protocol

Multi-level Design Framework

- Donabedian’s Quality Model
- Study Variables
  - Unit level: Structure, Context variation
  - Patient level: Nursing Process, Discharge Readiness Assessment
  - Patients: Readmissions, ED visits post-discharge

Multi-level Sample

<table>
<thead>
<tr>
<th>Level</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>34 hospitals</td>
</tr>
<tr>
<td>Units</td>
<td>2 per hospital/implementation and control</td>
</tr>
<tr>
<td>Nurses</td>
<td>RNs on the implementation unit (no RN-specific data or evaluation)</td>
</tr>
<tr>
<td>Patients</td>
<td>All patients 18+ years who are discharged to home</td>
</tr>
</tbody>
</table>

Tool

- RN-Readiness for Hospital Discharge Scale – Short Form
- 8 questions
- 0-10 point scale
- Higher scores = greater readiness
- Completed by the discharging nurse on the day of discharge (within 4 hours before discharge)
- Assessment should be used by the nurse in conjunction with all other nursing assessments to determine individualized nursing interventions as needed.
Timeline

- 3 year study period began July 1, 2014
- 13 months of on-unit data collection
- Starts between February and May 2015 for most hospitals
- Training about the study protocol will occur in the 2 weeks before on-unit implementation. Short trainings will happen as modifications are introduced.
- After 1 year of data collection
  - Electronic data retrieval
  - Focus groups
  - Hospital specific and total study results.

Other Research Data

- Electronically abstracted data on
  - Outcome measures
  - Readmission and ED use within 30 days post-discharge
  - Patient and Hospitalisation characteristics
  - Demographic data
  - Diagnoses
  - Length of stay
  - ICU admissions
  - Nurse staffing data
  - All data will be de-identified

Role of the Clinical Nurse on the Implementation Unit

- Complete training on study protocol prior to implementation of Discharge Readiness Assessments
- Complete a Discharge Readiness Assessment on every patient going home from the implementation unit. (There is no on-unit activity on the control unit)
- Focus groups – on discharge process and participation in research

Compelling clinical questions for Nursing Research

- What nurses do (independently or in inter-professional teams) to make a difference in:
  - Patient experience of care
  - Health Outcomes
  - Cost of care

Implementation as a Standard of Nursing Practice

Health Team Communication about Discharge
- Patient
- Nurse
- Physician
- Predictors
- Outcomes
- Staffing
- Cost Benefit
- Quality of teaching
- Scales
- Post-discharge
- New mothers
- Adult med surg
- Parents/children

Discharge Readiness

Researching Nursing Practice

‘where the organization meets the patient’
References


Contact Information

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