

Discharge process from hospital to community; planning care for surgical patients

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Discharge planning is based on a patient-centered model of the care provided and remains an essential process in the care continuum of both hospital and Community care [1], actually bridging the gap between the care provided within the hospital setting and community [2]. Carroii and Dowiing (2007) in their literature review described the key elements for discharge planning as followed: communication, coordination, education, patient participation and collaboration among the care providers [3].

Preparing patients and their families effectively for discharge from hospital has an impact on [4,5]:

- the care provided: improves the co-ordination of the services after hospitalization, so that continuity and quality of the care is ensured,
- the patient: encourages self care activities and increases patients' satisfaction,
- the health care organizations: reduces the length of hospital stay and the risk of unplanned readmissions, while there is little evidence that discharge planning reduces the cost of the health care service and
- the healthcare professionals: leads to increased satisfaction.

The main components of the discharge process include [6,7]:

- the formal caregivers: a multi-professional team collaborates and communicates among a wide range of health care settings to meet discharge needs. These needs require integrated and coordinated care.
- the patient: the role of the patient is strengthened. The patient has a central role in goal-setting and the evaluation of needs in relation to discharge planning.
- the family caregivers: more involvement of family members in the process of discharge is encouraged, providing them with sufficient information and preparing for care giving.

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All these components interact systematically from the time of admission or before in order to develop patient's discharge plan, facilitate transition from acute care settings, promote self-management and ensure appropriate community support utilizing all the available care resources (Figure 1). The discharge planning process is an area of clinical practice in which nurses may contribute significantly. Nurses should prepare patients and their families providing all the necessary information to manage their care effectively after discharge from hospital [8,9].

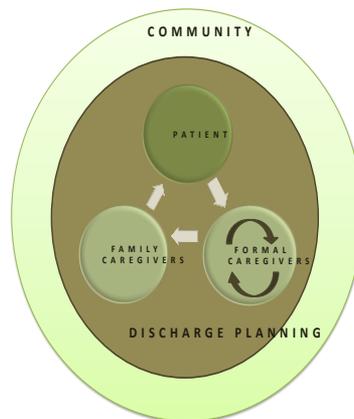


Figure 1: The components of discharge planning

Surgery is an indispensable part of the healthcare. It is estimated that surgical conditions account for approximately 30% of the global burden of disease, and the need for surgical intervention covers a wide range of diseases categories. Almost one third of the global burden of disease can be attributed to conditions that are treated surgically. As a result, surgical care has a pivotal role to health and welfare improvement (10). Moreover, as the population is aging worldwide, an increasing demand for surgical services is expected for elderly [11]. Elderly patients often face multifaceted care needs that have to be addressed after hospitalization and the role the family members and significant others play is essential for their management [12].

As the length of hospital stay is shortened (day surgery, treatment in outpatient settings) and the time available for patient education as well, part of the care postoperatively is shifted to patients and their families. As a result, the need for the discharge planning has emerged as an increasingly important goal in perioperative nursing care management [13,14]. Surgical patients face difficulties in implementing self-care activities the postoperative period due to the presence of a surgical wound, the pain and fatigue [13]. Discharge preparation through appropriate education ensures for the postoperative patients the successful management of self care and the promotion of independence, facilitating recovery

and re-entry into daily living [15]. In contrast, in a study conducted by Weiss et al (2010), patients and family reported knowledge deficits and unsuccessful self-management at home due to poor discharge preparation [16]. In addition, evidence from the literature point out that appropriate educational interventions have a positive impact on the re-admission rates post discharge [17].

Patient education is an essential component of the provided care [18] and discharge education aims to transfer to the patients all the knowledge they need to effectively participate in the management of their care after hospitalization [19]. An effective teaching discharge has to be based on patient's own characteristics and in a combination of the available teaching methods and materials used [20]. Kang et al. (2018) demonstrated that the structure and the quality of the discharge education is beneficial to patients, highlighting that individualization remain a key concept in the successful implementation of such an intervention [15], which is more effective than standardized education [21]. Fredericks and Yau (2013) illustrated that the tailored or individualized education is based on the learning needs that each unique person has and aims to address these needs [22], pointing out the necessity patients and their families to actively engaged in the process of discharge planning.

The need for receiving adequate information both in quality and quantity is differ among the patients, depending on the reason of admission and the type of surgery, as well as the personal characteristics, patient's learning style and cultural background [14,23]. To achieve an optimum learning outcome of the discharge process it is crucial that educational interventions should be tailored according to patients' needs [14]. According to the literature, the following postoperative information content is critical to improve the post-discharge-Community experience of patients undergoing surgery [14,24,25,26,27,28]

- wound care and complications
- pain and symptom management
- mobilization and activity
- post-operative self care and daily life activities
- medication management and side effects
- co-ordination of the follow up and community resources
- psychological response
- impact on quality of life

In an era that the health care environment is changing - emphasis on primary care, care of chronic conditions, shorter length of hospital stay, increased use of technology, pharmaceutical advances, emphasis on patients' rights and the economic rationalization of health care funding - patients should be discharged from hospital with adequate information and prepared to manage their care at home. In the current climate is a priority and responsibility for the hospitals to implement strategies in order to ensure a safe transition for the patient among the care settings [29].

While several studies have been conducted in relation to the discharge planning

[4,5], there is a need for further research into the Community experiences of surgical patients and the effectiveness of discharge interventions in surgical settings. These findings should be provide evidence in order to formulate guidance in the delivery of high quality Community care and stimulate changes that facilitate a patient-centered model of the care provision in the postoperative period, based on patients' own needs. Nurses' contribution to the process of hospital discharge planning is pivotal and a greater incorporation of discharge activities into nursing practice may include interventions at the nursing educational and policy making level.

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