Interventions to Improve Communication at Hospital Discharge and Rates of Readmission

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Hospital discharge is a multidisciplinary process during which patients receive complex medical information and follow-up instructions. At discharge, health care practitioners need to explain critical information, such as patients' diagnoses and their treatment, while integrating patients' conditions, perceptions, and needs at the same time. However, patients may not understand or remember the information provided, resulting in confusion, misinterpretation and mismanagement of treatment regimen. Low health literacy, anxiety, cognitive impairment, or language barriers might further limit patients' ability to understand medical information shared at discharge, resulting in treatment failures. Previous studies found that a clinically relevant proportion of patients being discharged from hospitals are not able to recall their diagnoses and discharge instructions.Shortcomings in the education of patients before hospital discharge have been associated with higher risk for hospital readmission and mortality.

Unplanned hospital readmissions may indicate poor quality of care. According to the US national health insurance program, Medicare, 15% of patients discharged from the hospital are readmitted within 30 days, and 1 in 4 of those readmissions is potentially preventable. Unplanned readmissions costs are estimated at $20 billion in the United States annually. This has led medical authorities to look for interventions to improve the transition of care and penalize hospitals for readmission. While several factors influence the risk of hospital readmissions, shortcomings in the education of patients at hospital discharge may be one of the main modifiable factors. Still, there is insufficient evidence that improving discharge communication results in lower readmission rates and other patient-relevant outcomes.

In this study, we performed a systematic review and meta-analysis of randomized clinical trials (RCTs) that examined the effect of communication interventions in medical patients at hospital discharge on patient-relevant outcomes. We were especially interested in the association of communication interventions with readmission to hospital, adherence to treatment regimens, and patient knowledge 30 days after discharge.

Choose the correct option according to the text.

1. During hospital discharge, healthcare professionals must explain information while also considering patients':

LIVEWORKSHEETS

- conditions, perceptions, and needs / insurance coverage and employment status

2. According to the text, patients may fail to follow treatment correctly because they:

- may not understand or remember the information provided / receive too much follow-up care after discharge

3. Which factor is NOT mentioned as potentially limiting patients' understanding?

- language barriers / lack of transportation

4. Previous studies found that some discharged patients were unable to recall:

- their diagnoses and discharge instructions / the names of their physicians and nurses

5. Shortcomings in patient education before discharge have been associated with higher risk of:

- readmission and mortality / infection and surgery

6. According to Medicare data, approximately:

- 15% of discharged patients are readmitted within 30 days / 15% of discharged patients require surgery within 30 days

7. The authors describe shortcomings in discharge education as:

- one of the main modifiable factors affecting readmissions / an unavoidable consequence of hospital care

8. The primary purpose of the study was to evaluate:

- communication at discharge and their effects on patient outcomes / the cost of hospital discharge procedures

WHY PARAPHRASING IN THERAPEUTIC COMMUNICATION IS IMPORTANT FOR HEALTHCARE?

1. Enhances Understanding: Paraphrasing ensures healthcare providers accurately comprehend patients' concerns, fostering better understanding.

2. Builds Trust: It establishes trust between healthcare professionals and patients by demonstrating active listening and empathy.

3. Promotes Patient-Centered Care: By paraphrasing, healthcare providers prioritize patients' perspectives, contributing to more personalized and effective care.

LIVEWORKSHEETS

Which Response Builds Trust?

Patient: *"I've been exhausted for weeks."*

So you've been feeling unusually tired for quite some time. - Everyone feels tired sometimes.

Patient: *"I'm worried about going home."*

There's nothing to worry about. - It sounds like you're feeling anxious about being discharged.

Patient: *"The pain keeps waking me up at night."*

I'm sorry the pain is interfering with your sleep.- You should try to sleep more.

Patient: *"I don't think the treatment is helping."*

The treatment is working. - I understand your concern if you haven't noticed improvement yet.

Which statement is more patient-friendly?

It seems you've had some difficulty following the treatment plan consistently.

Your treatment regimen demonstrates suboptimal adherence.

Your prognosis is favorable. **Escalating symptoms require immediate medical evaluation.**

We expect a good recovery. **Please contact a healthcare professional if you feel worse.**

Listening Comprehension

A hospital physician is reviewing discharge instructions with a patient before discharge.

1. The patient was admitted with **community-acquired pneumonia / heart failure.**

2. The patient remained in hospital for **three days / four days**.

3. The patient's oxygen levels **gradually improved / improved immediately.**

4. After discharge, the patient should take oral antibiotics for **one more week / five more days.**

5. The inhaler should be used **twice daily / twice weekly.**

6. The follow-up appointment has been scheduled with **a pulmonologist / the primary care physician.**

7. Increasing fatigue is mentioned as **a warning sign requiring medical attention / a normal sign whithin recovery.**

8. Before discharge, the physician asks the patient to **sign a consent form / repeat the instructions back.**

LIVEWORKSHEETS