

Facilitating
Discharge Readiness
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Objectives

1. Define key terms Discharge readiness(DR), Quality Discharge Teaching(QDT), Culturally Competent Care(CCC).
2. Provide important global change information that impact Discharge readiness.
3. Highlight the effect of unreadiness on systems(family, institution, outcomes)
4. Examine hypothetical factors that impact Discharge readiness(CCC. QDT)
5. Situate the healthcare provider in relation to Discharge readiness.
6. Discuss proposed quantitative study to examine if a relationship exist - CCC, QDT, DR.

Definition of Discharge readiness

- Culturally competent care is an essential part of health care and is noted as a basic human right, not a privilege, entitled to all (Jeffreys, 2015).
- Recent 2019 study highlight importance of discharge teaching with readiness for discharge (Mabirea, Bachnickb, Ausserhoferb, Simon, 2019)

Definitions of Quality of discharge teaching

- Quality of discharge teaching (QDT) is defined as all facets of the discharge preparation teaching that parents receive during the infant hospitalization (Chen, Zhang & Bai, 2015).
- Discharge teaching is a means of transitioning patients from hospital to home by providing education and support (Staveski, Parveen, Madathil, Kools & Franck, 2015).

Cultural competence

- The cultural competence of healthcare providers is central to the healthcare system's ability to provide access to
And
delivery of high-quality, high-value healthcare and is instrumental in reducing health disparities (Doorenbos, Schim, Benkert & Borse, 2005).

Definitions of Cultural Competence

- Madeline Leininger as part of the **Culture Care Theory** with its focus on care and culture
- Campinha -Bacote (1999) - *Process of Cultural Competence in the Delivery of Health Care* model. process of becoming culturally competent, and not a onetime event. provider is continually striving at becoming culturally competent and not simply being culturally competent (Campinha-Bacote, 1999)
- Schim, Doorenbos and Borse, 2005 defined cultural competence as an attitude that is demonstrated through knowledge, attitude and behavior that occurs through cultural experiences
- Culturally competent care is an essential part of health care and is noted as a basic human right, not a privilege, entitled to all (Jeffreys, 2015).

Cultural competence



Culturally competent care is an essential part of health care and is noted as a basic human right, not a privilege, entitled to all (Jeffreys, 2015).

- Purnell (2005) defines culture's relationship to health and illness as an unconscious, influential factor.
- Cultural competence is a process that ends with the health care provider becoming unconsciously competent in providing care to patients/families (Purnell, 2005).

Cultural Competemility

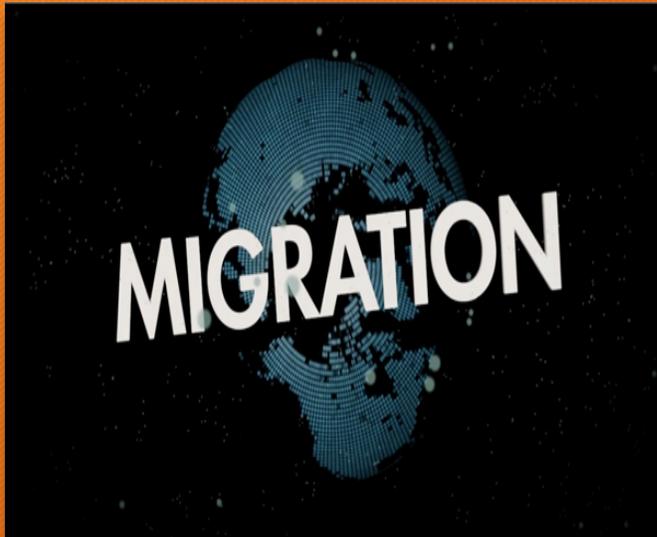
- **Cultural humility**- new concept introduced by Campinha- Bacote -created the phrase cultural competemility.
- **Cultural competemility**- process of becoming culturally competent and being engaged in cultural humility (Campinha- Bacote, 2019).

Problem

- **Parents of infants who are from culturally diverse backgrounds and are provided quality discharge teaching should be ready for discharge of their infant from the NICU.**
- **As infants in the NICU progress from the sick to the healthy stage and reach discharge readiness, parents have demonstrated a lack of readiness in caring for their infants (Burnham, Feeley, & Sherrard, 2013; Joseph, Goodfellow & Simko et al., 2014).**

Problem

- This unreadiness is noted by frustrating negative behavior, depression, attitudes of concern and ambivalence (Hawes et al., 2015, & Raines, 2013).
- Enhancing culturally competent care provision and quality discharge teaching by the APRN can be beneficial to provider/ patient relationship, thus allowing for patient/family readiness at discharge of infants from the NICU.
- The American Nurses Association(ANA) recommends culturally competent care should be incorporated from basic through the highest level of nursing education, this ensures that APRNs maintain consistent unconscious competence in providing patient care (ANA, 2018).



Background to the Problem

Paradigmatic shifts; Global migration, immigration and border dissolutions

statistics

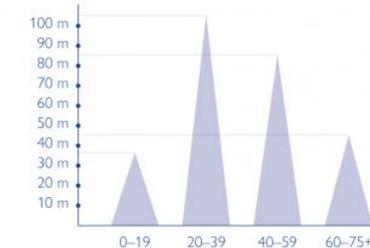
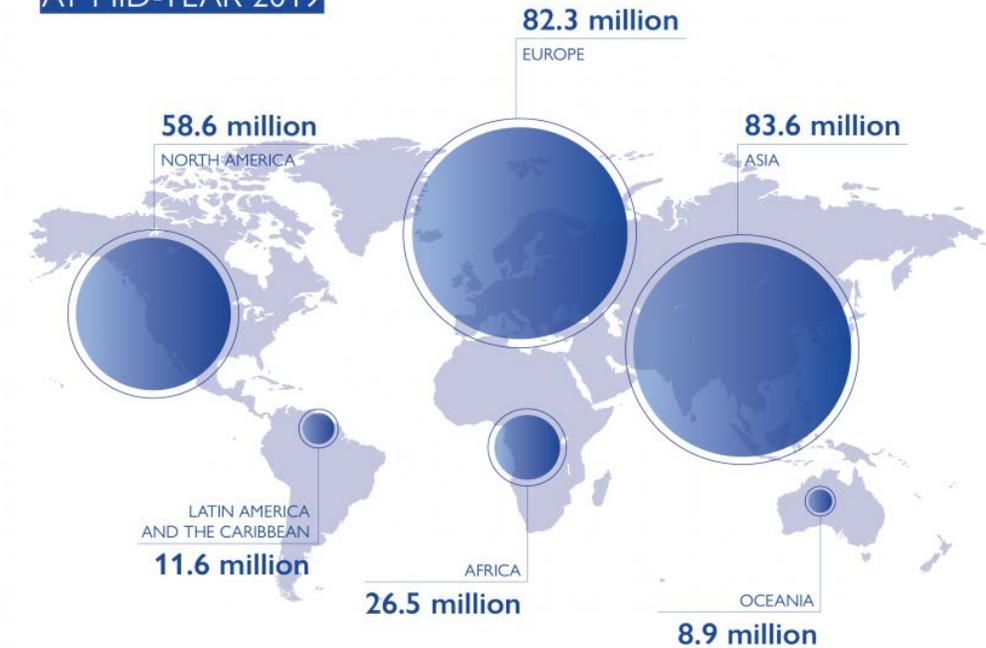
- 272 million international migrants worldwide

124 of migrants are WOMEN

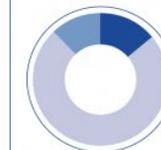
- One fifth (1/5) of migrant live in United States of America: 2017(IOM factsheet, 2019)

<https://www.un.org/sites/www.un.org/files/uploads/images/Migrant%20Stock%20UNDESA%202019-Web-03.png>

INTERNATIONAL MIGRANTS AT MID-YEAR 2019



39 YEARS OLD
MEDIAN AGE



14%
WERE BELOW 20 YEARS OLD

74%
WERE OF WORKING AGE
(BETWEEN 20 AND 64 YEARS)

12%
WERE 65 YEARS AND OLDER

Background



- **Linking the cultural shift to the NICU world**

- In 2015, 4.1 million immigrants (foreign-born individuals) comprised 20.2 percent of the population.
- Florida: 2 million women, 1.8 million men, and 219,060 children who were immigrants.
- The top countries of origin for immigrants were Cuba (22.8 percent of immigrants), Haiti (8.3 percent), Mexico (6.8 percent), Colombia (6 percent), and Jamaica (5 percent).
- In 2016, 2.5 million people in Florida (12.5 percent of the state's population) were native-born Americans who had at least one immigrant parent.

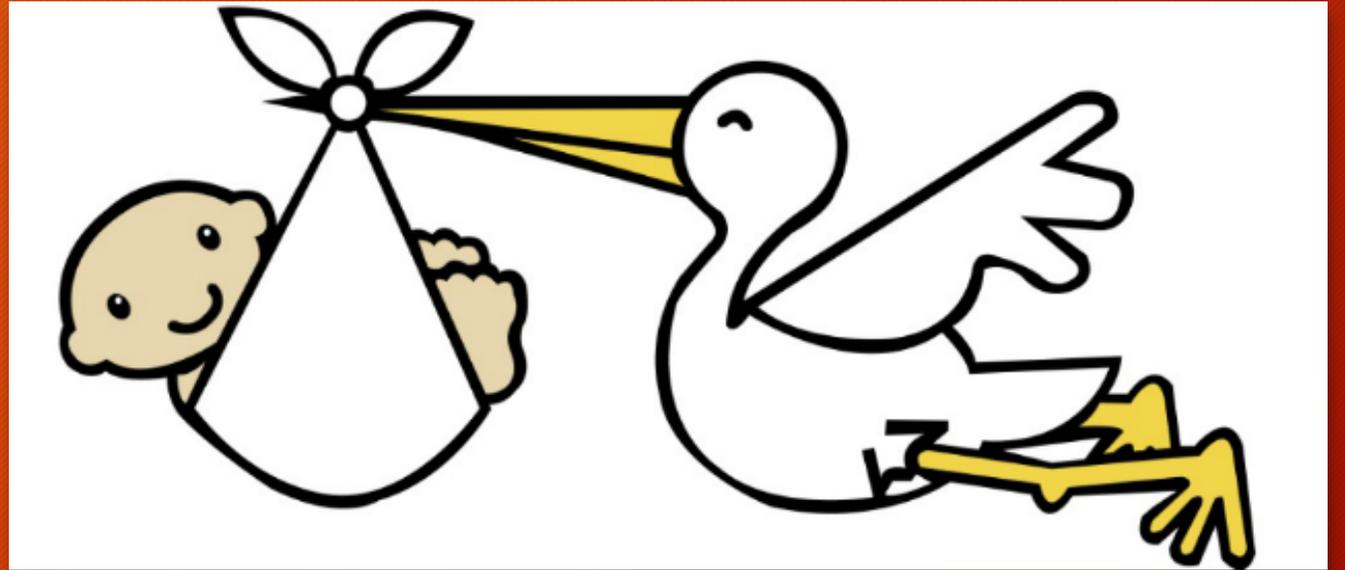
https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_florida.pdf

Diversity by Country

- The top countries of origin for immigrants were
- Cuba (22.8 percent of immigrants)
- Haiti (8.3 percent),
- Mexico (6.8 percent)
- Colombia (6 percent)
- Jamaica (5 percent).

Patient population shifts

- United States nearly 4 million babies are born, with about 11 % of them being delivered preterm (Bockli, Andrews, Pellerite & Meadow, 2014).
- 10-15% of babies are born in the US about half a million being admitted to the NICU



- The World Health Organization (WHO) defines preterm birth as any baby born before 37 weeks gestation.
 - late preterm (34-36 weeks),
 - moderately preterm (32-36 weeks)
 - very preterm (<32 weeks).

Impact on NICU

Florida

- 2017, 1 in 10 babies (10.2% of live births) born preterm in Florida.
 - The rate of preterm birth in Florida is highest for black infants (13.4%), followed by Asian/Pacific Islanders (9.1%), whites (9.0%), Hispanics (9.0%) and American Indian/Alaska Natives (8.1%). (March of Dimes, 2017).

<https://www.marchofdimes.org/peristats/ViewTopic.aspx?reg=12&top=3&lev=0&slev=4>

Policies on important concepts

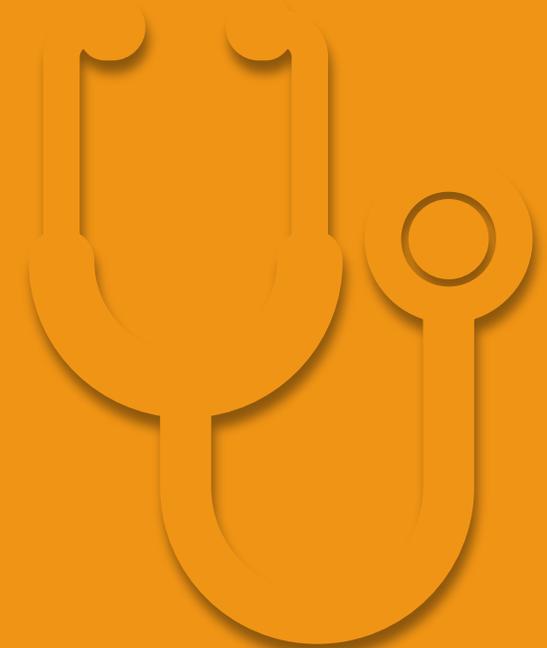
- The Joint Commission (2015) developed a set of standards for communication, cultural competence, and patient family centered care to be adopted into daily patient care in the acute setting. This document, known as the **Roadmap for Hospitals-** healthcare facilities be cognizant of the unique needs of patients and provide individualized care.
- IDEAL discharge planning. This program was implemented by the U.S Department of Health and Human Services within the Agency for Healthcare Research and Quality to engage patient/family in the discharge process to ensure a smoother transition from hospital to home. The importance of discharge readiness is highlighted in strategy 4: Care transitions from hospital to home: IDEAL discharge planning.. A strategy called IDEAL is used to increase safe and satisfied discharge outcomes.

Building a case

- Increase global discussions (Bernhard, 2015; Henderson, Reis & Nicholas, 2015).
- Discharge teaching has been studied as an important factor in ensuring quality patient outcome and parental readiness (Weiss, et al. 2008, Bobbie & Cecil, 2015; Goldman et al, 2015)
- **Bedside nurses have served as key healthcare professionals in providing culturally competent care and discharge teaching** as documented within the literature. (Haut, & Madden, 2015; Jeffries, & Dogan 2013)

APRN-Midpoint Advocate

- 248,000 nurse practitioners licensed in the United States Nurse(Practitioners 2018 factsheet).
- recognition of the changing landscape of healthcare and variations in the profile of population of the United States that must address shifts in the delivery of care(IOM, 2011).
- A shortage in health care professionals have been acknowledged.
- This report also suggests that the APRN can be used to fill essential areas, as they are recognized as full partners with physicians and other members of the care giving team.
- **House Bill 607- APRN scope of practice signed into law allowing APRN operate independently primary care practice without an attending doctor supervision(Gancarski, 2020)**



Examining the Problem

Infant and family readiness for discharge has been investigated within the literature from the parent, nurse and allied health care team viewpoint (Enlow et al., 2014; Staveski et al., 2015). However there exist a gap in the literature as to the NNP role in the provisions of Culturally competent care and quality of discharge teaching and how they impact discharge readiness of infant/family from the NICU.

The proposed Quantitative correlation study seeks to answer the research questions

CCC+ QDT NNP = DR
→

Research Questions hypothesis

RQ1- Is there a relationship between the provision of culturally competent Care and Quality discharge teaching by the NNP, on infant/family discharge readiness from the NICU in South Florida?

H1: There is a positive relationship between the provision of culturally competent care and quality discharge teaching by the NNP on discharge readiness of infant/family from the NICU.

RQ2 -To what degree does provision of culturally competent care and quality discharge teaching by the NNP, affect discharge readiness of infant/family from the NICU

H2: the provision of culturally competent care and quality discharge teaching by the NNP has a high positive prediction on discharge readiness of infant/family from the NICU in south Florida.

RQ3-To what degree does the demographics (age of NNP, level of education, previous cultural competence training, years as an NNP, level of NICU experience) predict discharge readiness of infant/family from the NICU?

H2 the demographics (age of NNP, level of education, previous cultural competence training, years as an NNP and level of NICU experience) has a positive prediction on discharge readiness of infant/family from the NICU in South Florida.

The Process of Cultural
Competence in the
Delivery of Healthcare
Service Model
(PCCDHS)
Campinha-Bacote, 2002

Cultural Awareness

Cultural Skill

Cultural Encounters

Cultural Knowledge

Cultural Desire

Discharge Teaching

- Discharge teaching
- -all facets of the discharge preparation teaching that parent receives during the infant hospitalization (Chen, Zhang & Bai, 2015).
- transitioning patients from hospital to home by providing education and support (Staveski, Parveen, Madathil, Kools & Franck, 2015)



Enhancing Discharge teaching

- Use of a daily discharge goals checklist, overall patient satisfaction was high(Gabriel et al, 2017)
- Professional interpreter(Gutman et al, 2018) study found use aided in superior discharge communication
- Discharge videos: improved patient satisfaction scores(Villamin and Berg, 2019)
 - Use of technology(automated f/u phone calls, email, secure messaging or texting) reinforces discharge teaching and improve compliance Schneider & Howard, 2018).
- Pictographs to improve understanding discharge instructions(Winpkur et al, 2019)
 - **Simulations**

Enhancing discharge teaching.

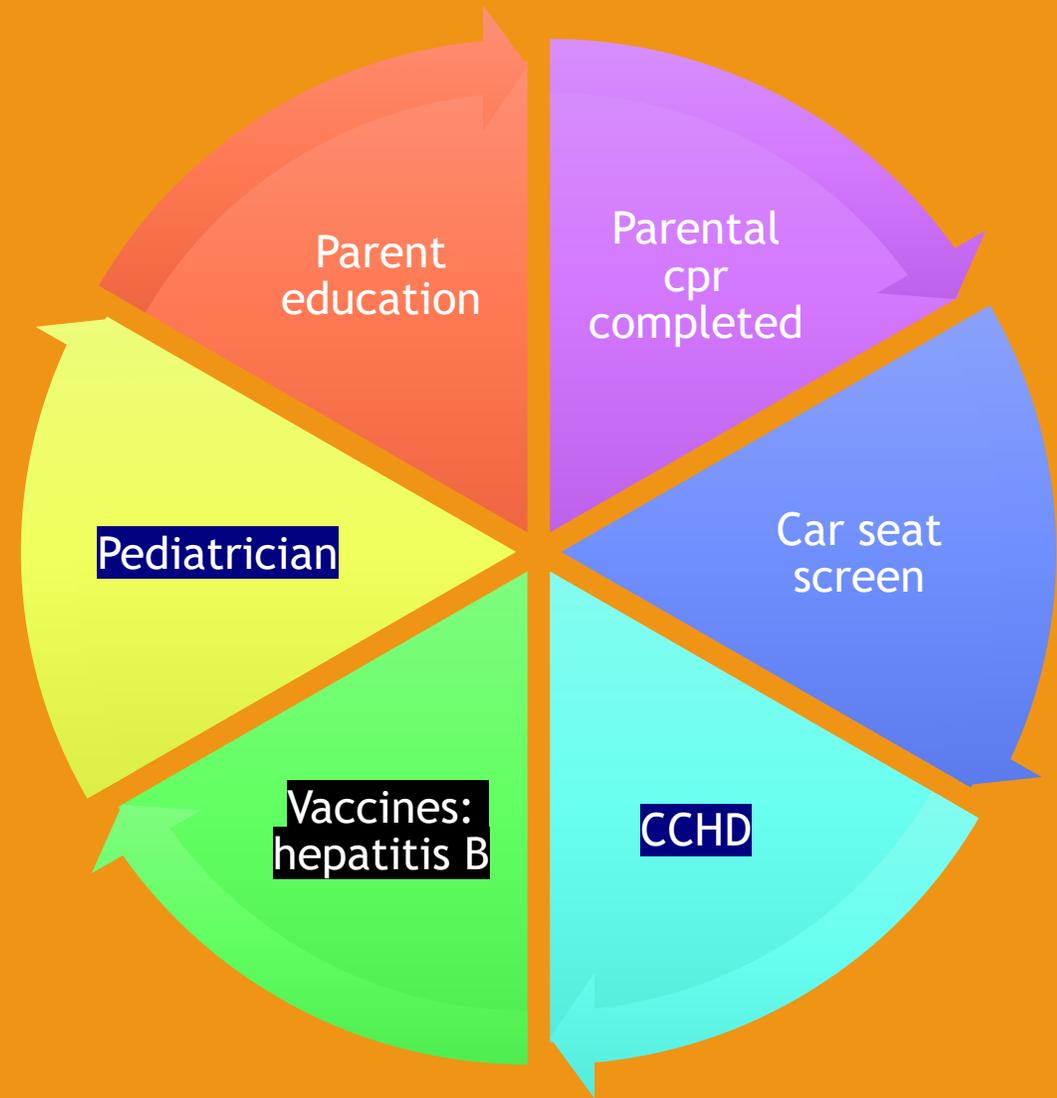
- Simulation
- Studies have shown the positive transition from hospital to home impact of simulation as a part of discharge teaching, helps parents
- (Raines, 2017).

Discharge readiness

Discharge Parental readiness is defined as parent perception, and ability to handle the infants care requirements at home.

(Chang, Zhang & Bai, 2015)

Discharge ready?



Studies related to discharge readiness

- Cultural competent care provision has gained increased awareness within the hospital arena, outpatient and within the wider community (Dawson & lighthouse, 2010; Tavalli, Jirwe, & kabir, 2016).
- Vance, A.J., McGrath, J.M., & Brandon, D. (2018). Where you are born really does matter: Why birth hospitals and quality care contribute to racial/ethnic disparities. *Advances in Neonatal Care*, 18(2), 81-82.
- Modifiable biases can improve the provision of culturally competent care and positively impact disparity in health care.

Change

- Family centered care; link to discharge process

<file:///D:/discharge%20planning%20rounds%20to%20bedside.pdf>

file:///D:/Where_You_Are_Born_Really_Does_Matter_Why_Birth.1.pdf

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- Appropriate discharge teaching respect when addressing the patient by using the patient's title and family name (e.g., Señor Gonzalez) and not the first name

Change

- Cultural teaching and learning:
programs <https://thinkculturalhealth.hhs.gov/education/nurses>
- Taking a personal, TEAM and friendly approach
- appreciating how cultural perspectives can influence patient perceptions on the diagnosis and treatment conditions. (BE AWARE OF BIASES)
- Consider patient perceptions and traditions as helpful guides to clinical decisions

“Diversity awareness will be most comprehensive if one RECOGNIZES the diversity of **DIVERSITY** and **HOW** various characteristics of diversity may influence the plan of care and professional collaboration.”

Dr Marianne Jeffries





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