Improving Discharge Education Quality in Urgent Care Settings: A Quality Improvement Project

Brielle N. Patscheider
University of New Hampshire - Main Campus, briellen2010@gmail.com

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Improving Discharge Education Quality in Urgent Care Settings: A Quality Improvement Project

Brielle Patscheider

University of New Hampshire

Faculty Mentor: Pamela Kallmerten PhD, DNP, RN, CNL
Practice Mentor: Amanda Murray MSN, Ed.-RN
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Abstract

BACKGROUND:
Effective discharge education is vital for improving patient care by enhancing health outcomes and reducing hospital readmission. When patients receive thorough and personalized discharge instructions, they are better able to manage their health, follow treatment plans, and identify symptoms needing further attention. This not only boosts patient satisfaction and safety but also reduces the strain on healthcare systems by decreasing preventable readmissions.

LOCAL PROBLEM:
Urgent care facilities serve diverse populations with a range of common, non-emergency ailments. The rapid service and walk-in availability often lead to a high volume of patients with diverse and complex medical needs. To eliminate unnecessary readmissions, effective patient discharge education tailored to patient understanding is essential.

METHODS:
This quality improvement (QI) project utilized the Plan-Do-Study-Act (PDSA) framework. Pre- and post-intervention surveys were conducted to evaluate current challenges and perceptions regarding discharge education. An in-person intervention was conducted that provided clear instructions on how to provide enhanced patient discharge education utilizing the facility database and the use of the Flesch-Kincaid readability calculator.

INTERVENTION:
The intervention involved an initial survey to gauge nurses’ experience and knowledge of patient discharge education and readability scores. This was followed by an in-person training session on using the iMedConsent™ database and Flesch-Kincaid readability calculator. Nurses could ask questions and received a copy of the presentation. A post-intervention survey was conducted a week later to assess the interventions impact.

RESULTS:
Post-intervention surveys showed significant improvements throughout the unit. The QI project successfully enhanced discharge education in the urgent care microsystem by implementing standardized paperwork. The QI project increased written handout use by nurses from 36% to 78% and reduced discharge process dissatisfaction from 100% to 22%, demonstrating the effectiveness of the PDSA framework in enhancing discharge education.

CONCLUSION:
While the project did not meet its goal of increasing database utilization by 50%, it successfully improved discharge education in the urgent care microsystem. Standardizing paperwork and using tools like iMedConsent™ and the Flesch-Kincaid readability calculator led to more effective education, higher nurse satisfaction, and better resources use, demonstrating the value of targeted training and resource integration.

Keywords: Discharge education, Veterans, Urgent Care Microsystem, Flesch-Kincaid, PDSA framework, Quality improvement, Patient Education, iMedConsent™.
Introduction

Problem Description

An urgent care center (UCC) caters to patients suffering from common ailments such as influenza, conjunctivitis, sprains, rashes, and sore throats. Offering immediate walk-in care, the facility addresses non-emergency illnesses and injuries requiring prompt attention but not of life-threatening nature (Manchester VA, 2024). It's noteworthy that many veterans utilize this facility not only as a primary care office but also as an emergency department due to its quick service and walk-in availability. Veterans of all age groups seek healthcare from providers for various reasons that extend beyond the center's usual scope of care.

Due to the microsystem’s convenient accessibility for veterans residing in surrounding areas, a diverse range of medical conditions are frequently encountered throughout the day. This convenience also facilitates the recurrent utilization of services by individuals with persistent healthcare needs seeking care repetitively within a short timeframe for the same ongoing issue. Factors such as the inability to secure timely appointments with specialty providers and a lack of understanding of their current diagnosis drive veterans to seek further assistance for recurring symptoms or complaints. This pattern of recurring visits within short periods strains valuable resources, staff time, medical supplies, and facility capacity. Furthermore, improper utilization of the microsystem raises concerns regarding quality of care and patient satisfaction. Addressing the underlying factors contributing to patients' repeated visits is crucial to mitigating the challenges arising from chronic users of urgent care services.

Veterans seeking care often present with more complex healthcare needs, including chronic conditions, mental health issues, and disabilities resulting from military service. Approximately 66% of the veteran population in the United States is over 65 years old, with
roughly 42% of that number over 75 years old (Korhonen, 2023). Consequently, these veterans may require additional support during the discharge process to transition from the microsystem to their home environment or an advanced care setting. However, despite recognizing the importance of discharge education, there is a notable gap in understanding the specific needs of veterans in urgent care settings and the effectiveness of existing education practices in meeting those needs. Studies have examined discharge education practices in various healthcare settings, yet very few have been able to address the unique needs of veterans being discharged from urgent care. This results in underutilization of facility resources and high readability scores of discharge instructions, which may negatively impact health literacy for this population.

Available Knowledge

Health literacy is a crucial aspect when addressing the specific needs of veterans during discharge education. It refers to the ability of patients to find and understand health-related information to make informed decisions about their personal health and medical needs (Weiss, 2014). Additionally, digital health literacy, which includes accessing health information through electronic health records and online research, is essential (What is Health, 2023). Unfortunately, some veterans struggle to comprehend their medical diagnoses and discharge education due to a lack of both health literacy and digital health literacy. Various factors, including age, education level, and the challenges associated with the gray digital divide, contribute to this issue. The gray digital divide refers to the older generation's difficulty in accessing and utilizing digital technology, placing them at a disadvantage when attempting to access healthcare support and research (Alexopoulou, 2023).

To ensure equitable access to healthcare information and services for every veteran, it is imperative to address these literacy gaps. This necessity is underscored by the sizable population
of veterans over 65 years old, alongside statistics indicating that roughly 4.3 million veterans have attained only a high school diploma or equivalent, with an additional 723,000 veterans lacking a high school diploma (Korhonen, 2023).

When evaluating discharge education practices, it is crucial to consider both the readability and accessibility of educational materials provided to veterans. One commonly used measure for assessing readability is the Flesch-Kincaid scoring, which determines the reading grade level required to comprehend a piece of text (Jindal and MacDermid, 2017). By integrating clear and straightforward language into discharge instructions and incorporating additional resources such as diagrams and pictures, healthcare providers and nurses can ensure that veterans with varying levels of health literacy comprehend and adhere to their treatment plans effectively. To bridge the gap in understanding the specific needs of veterans in urgent care settings, a literature review was conducted to evaluate the effectiveness of existing discharge education practices and address the question of how nurses can best provide discharge education that is tailored to veterans’ unique medical histories, preferences, and levels of health literacy.

**Search Methods**

To identify relevant studies for this review, a systematic search of electronic databases was conducted. The databases used in the search included PubMed and EBSCOhost using variations of search techniques. The search strategy utilized a combination of keywords including “patient education”, “patient discharge”, “discharge education”, and “patient discharge interventions”. The Boolean phrase “and” was added to combine search terms. Articles were restricted by the limits of research within the past decade, the ability to access full texts, and the research being in the English language. Of the records screened, 221 full-text articles were
assessed for eligibility. Four articles were published before 2014, two articles were not written in English, 102 articles were not pertinent to the research due to scenarios or specialty clinics outside of the target demographic of veterans accessing urgent care, 31 articles had the wrong population such as pediatrics, and 53 articles did not meet a high level of evidence and were excluded from the qualitative synthesis leaving a remainder of 29 articles to be reviewed. Of the 29 articles, 24 were further screened and eliminated due to reasons such as not addressing the research question, wrong population, or insufficient data, leaving a total of five studies to be included in the quantitative synthesis. Although the research articles used in this review did not pertain directly to urgent care settings or veterans, they were analyzed to understand the best and most effective practices for discharge education for patients across different healthcare contexts. These articles addressed a wide range of similar patient populations, including those with chronic conditions, acute illnesses, and varying levels of health literacy. By examining discharge education practices in diverse patient populations, we aimed to gain insights that could be applied to the specific needs of veterans in urgent care settings. Additionally, these articles provided valuable information on strategies for improving patient comprehension, adherence to treatment plans, and post-discharge outcomes, all of which are crucial considerations for effective discharge education in any healthcare setting, including urgent care facilities.

**Critical Appraisal of Evidence**

A systematic review was conducted by Coffey et al. (2019) and examined the most effective interventions to promote early discharge and avoid inappropriate re-admissions to the hospital. The study included 90 eligible studies from the years 2005 to 2018 that met the inclusion criteria. Within the 90 eligible studies, there were four different categories in which the studies were placed. These four categories included interventions exclusively delivered in
the acute hospital pre-discharge (n=22), interventions delivered pre-and post-discharge from acute care (n=23), interventions only delivered at home (n=16), and interventions only delivered in a post-acute facility (n=29). Data was extracted from the selected papers by two independent reviewers and focused on traits such as sample size of populations, outcomes reviewed, characteristics associated with positive outcomes, and definitions of admission (Coffey et al., 2019). In addition, each study was appraised using the Crowe Critical Appraisal Tool (CCAT) which is used for evaluating the quality and reliability of research studies, particularly in the field of healthcare. The systematic review had strengths that included providing papers with high levels of evidence, being assessed by independent reviewers as well as using the CCAT, and was also conducted by a multidisciplinary team of those in the profession of nursing, medicine, and pharmacy. The limitations of this review included the exclusion of studies that were not published in English in addition to the possibility of publication bias. Despite these limitations, the systematic review provided mixed results that stated although further research needs to be done for acute and home-based services, positive effects on re-admission avoidance can result from utilizing early discharge planning and post-discharge support such as telephone follow-ups.

Becker et al. (2021) conducted a systematic review and meta-analysis on the association between communication interventions during hospital discharge and readmission rates of patients. Communication interventions included the need for healthcare practitioners, to explain complex medical information and follow-up instructions (Becker et al., 2021). Two review authors screened titles and abstracts of randomized clinical trials (RCTs) that were searched from data sources including PubMed, EMBASE, PsycINFO, and CINAHL, resulting in 60 final RCTs to analyze that met their criteria. The two authors independently extracted data from the included studies in addition to using the Cochrane Risk of Bias Tool (Becker et al., 2021). The
60 RCTs included the results of 16,070 patients from 18 countries. Limitations included social determinants of health playing an important role in the discharge process and the possibility of influencing the discharge process. Additionally, there was found to be evidence of publication bias. However, the strengths of the research included that the focus was on adult patients which pertains to the urgent care setting. The study also only focused on inpatient discharge communication interventions which also relates to the urgent care setting. The conclusions of the systematic review and meta-analysis suggested that communication interventions at the time of discharge are associated with lower readmission rates in addition to the improvement of treatment adherence (Becker et al., 2021).

The systematic review and meta-analysis conducted by Dermody et al. (2021) aimed to compare standard discharge advice within emergency departments to the use of pictorial discharge advice within emergency departments. All relevant studies related to the terms “emergency room”, “pictogram”, and “RCT” were utilized. Of the original 19 full-text reviews that were eligible to be reviewed, only four RCTs met the inclusion criteria that included the three terms listed. Each of the four studies was conducted in an emergency department of the United States with the dates of the RCTs ranging from 1993 to 2008 (Dermody et al., 2021). The four studies all included some type of written text discharge in addition to cartoons or pictures that helped illustrate care instructions. The results of the systematic review and meta-analysis concluded that pictorial discharge advice increases the comprehension and compliance of patients. Strengths of this study included the setting of the emergency department that relates closely to the urgent care setting. However, the limitations of this study include the limited research within the eligibility limits and the RCTs being 16 to 31 years old.
Mabire et al. (2018) conducted a meta-analysis with the aim to determine the best available evidence regarding discharge planning interventions involving at least one nurse. The study was conducted by utilizing published and unpublished RCTs, non-RCTs, quasi-experimental studies, pre-post surveys, prospective/retrospective cohorts, and analytical cross-sectional studies. In total, there were 13 studies utilized between the years 2000 and 2015. Quantitative and qualitative data was assessed by two reviewers and when possible was pooled into a statistical meta-analysis using Stat version 13. Limitations of this study included the lack of data involving the effectiveness of nursing discharge as well as the clinical heterogeneity between studies which made it difficult to compare the results. However, the strengths of the study included that there were no conflicts of interest to note by the author and all participants were over the age of 65, which relates to many veterans admitted into the urgent care center. The conclusion of the meta-analysis resulted in no major statistically significant findings. However, the results did show that when analyzing the studies by country, discharge planning in the United States significantly reduced the readmission rates of patients (Mabire et al., 2018).

A systematic review and meta-analysis conducted by Sunyoun Oh et al. (2022) examined the effectiveness of discharge education using the teach-back method (TBM) and the readmission rates among heart failure (HF) patients. This study was conducted using multiple electronic databases selecting studies that involved participants diagnosed with HF, used discharge education using the TBM, measured readmission rates, and were RCTs. A total of seven studies were included in the review and each was assessed for risk bias using the Cochrane Risk of Bias and the Joanna Briggs Institute quasi-experimental critical appraisal tool which helped ensure the quality and reliability of evidence being evaluated. A limitation of this study included the small number of studies analyzed. A larger number of studies would provide more
robust evidence and reduce the risk of bias in the meta-analysis. An additional limitation included that the readmission rates were only assessed 30 days following the original discharge date which does not provide a broad picture of how valuable the TBM may be. However, the strengths of this study included the use of risk-of-bias tools, and the authors noted no conflicts of interest. This study also assessed the use of TBM to patients with HF which relates closely to a proportion of veterans presenting to the urgent care microsystem. The conclusion of the meta-analysis demonstrated that although the study provides significant evidence of a reduction in overall readmission rates among HF patients who received discharge education using the TBM, future research should aim to address the limitations identified in the review.

**Evidence Synthesis**

Implementing comprehensive patient education strategies within the microsystem setting, particularly focusing on discharge paperwork, can enhance patient understanding and adherence to treatment plans, ultimately reducing avoidable readmissions. By personalizing discharge instructions to cater to the unique needs of veterans, incorporating clear and accessible language, visual aids, and interactive methods such as the teach-back technique, healthcare providers can empower patients to actively participate in their care and navigate post-discharge recovery more effectively. This thesis aims to explore the effectiveness and feasibility of such patient education interventions in improving healthcare outcomes and enhancing the overall quality of care delivery within similar urgent care settings.

Each of the previously discussed studies critically analyzed and synthesized relevant literature to address the topic of patient discharge and education, thus supporting the thesis of enhanced patient discharge education to meet the unique needs of veterans at the urgent care microsystem. The systematic review by Coffey et al. (2019) offered a comprehensive evaluation
of interventions across different settings to promote early discharge and reduce readmissions. Despite the limitations noted previously, the review underscores the importance of early discharge planning and post-discharge support in reducing readmissions. The systematic review and meta-analysis by Becker et al. (2021) focused on communication interventions during hospital discharge. This review included a large sample size and the study concluded that communication interventions at discharge are associated with lower readmission rates and improved treatment. Dermody et al. (2021) examined standard discharge advice to pictorial discharge advice within emergency departments. Although there were not many studies and they were dated, the study suggested that pictorial discharge advice can improve patient comprehension and compliance. Mabire et al. (2018) examined discharge planning interventions involving nurses and the effects additional planning had on health-related outcomes for older patients. While there were no major statistically significant findings to be reported, the study indicated that discharge planning specifically in the United States can reduce readmission rates. The systematic review and meta-analysis by Oh et al. (2023) evaluated the effectiveness of discharge education using the TBM among HF patients. Although there were a small number of studies analyzed with short-term assessments of readmission rates, the study included the use of risk-of-bias tools to ensure the quality and reliability of the evidence being evaluated. The study demonstrated significant evidence of reduced readmission rates among HF patients receiving TBM-based discharge education, however, did highlight further research to address the identified limitations.

Though the methodologies and scopes of the evidence vary, each study contributes unique strengths and limitations. Collectively, they offer evidence supporting the benefits of implementing tailored discharge education strategies at urgent care centers. The synthesized
Evidence highlights that personalized discharge guidance in the urgent care setting holds promise for improving patient understanding, adherence to treatment plans, and ultimately reducing avoidable readmissions among veterans.

**Implications for this Quality Improvement (QI) Project**

The synthesis of evidence from these studies supports the thesis that tailored patient discharge instructions at similar microsystems can enhance patient understanding and adherence to treatment plans, ultimately reducing avoidable readmissions. The findings reinforce the notion that personalized patient discharge instructions, specifically integrating clear and accessible language, visual aids, and interactive techniques like the teach-back method can empower veterans to actively engage in their care and navigate post-discharge recovery and care more effectively. This literature supports the identified problem and specific aims for this quality improvement (QI) project, due to it highlighting the importance of addressing the unique needs of veterans during the discharge process. By synthesizing the evidence from a copious array of studies, an additional understanding of the effectiveness of these strategies and their implications for enhancing healthcare outcomes among veterans can be gained. Therefore, this literature review is instrumental in guiding a QI project toward implementing effective discharge education practices that cater to the needs of veterans at the facility, ultimately improving healthcare outcomes and enhancing the overall quality of care delivery.

**Rationale**

The Plan-Do-Study-Act (PDSA) framework was used as a structured approach for conducting this quality improvement (QI) project. This four-step framework utilizes an initial phase of identifying a problem and opportunity for improvement, planning an intervention, and implementing the change, analyzing the data collected during the implementation phase, and
deciding whether to adopt, adapt, or abandon the change implemented. This QI project was planned throughout the 2024 spring semester by consulting with a variety of stakeholders to ensure that perspectives from different roles are considered and changes are implemented effectively. Following the acceptance of this proposal by the University of New Hampshire (UNH) Department of Nursing Quality Review Committee to verify IRB exempt status, in June of 2024, the implementation of the planned evidence-based changes was initiated to the nursing staff that improved the overall quality of discharge paperwork and instructions to patients at the urgent care facility. The data collected was then assessed during the pilot test to evaluate the effectiveness of said changes. Based on the results of this project, necessary modifications were made to ensure success and promote continuous improvement within the microsystem in addition to disseminating the findings to key stakeholders.

**Specific Aim**

The goal of this quality improvement project was to implement the standardization of discharge paperwork to improve communication and consistency when conveying essential information to patients upon discharge from the urgent care facility. The specific aim of this project is to increase the overall utilization of the microsystem database by nurses on the unit by 50% by July 26, 2024. By doing so, the quality of discharge paperwork, streamlined communication, and enhanced patient care and outcomes were improved in the microsystem.

**Methods**

**Context**

When evaluating the cost-benefit analysis of enhancing patient discharge education within the urgent care facility, a comprehensive assessment of the financial commitments is essential to weigh against the anticipated benefits in terms of enhanced patient outcomes and reduced costs. This assessment encompasses initial costs related to redesigning discharge
standard paperwork, additional printing materials, and time consideration for staff training alongside ongoing expenses for maintenance and updates. While these materials and time may add additional fees to the unit, the benefits of these investments to produce more clear and comprehensive documentation are substantial. Enhanced discharge paperwork can lead to better patient understanding of post-treatment instructions, medication management, and follow-up care, ultimately decreasing readmissions, complications, and associated healthcare expenses (DeSai et al., 2021). On average, healthcare facilities can anticipate saving approximately $2,140 by preventing the average 30-day readmission (Carey and Stefos, 2016). Additionally, improved paperwork contributes to heightened patient satisfaction and enhanced treatment adherence and outcomes (DeSai et al., 2021). Through diligent cost-benefit analysis, urgent care facilities can strategically allocate resources to initiatives that maximize patient care and organizational success.

The intervention for better discharge education at the urgent care involved a collaborative effort by the interdisciplinary team. An assessment was completed of the current processes of patient care. At the urgent care microsystem, the primary processes differ from those in an inpatient setting with higher patient acuity. Patient assessment is central to the urgent care microsystem, starting with triage to determine acuity levels and necessary treatment. Following triage, patients are evaluated by registered nurses, who identify immediate medical concerns. Access to Computerized Patient Record System ™ (CPRS) charting allows healthcare professionals to review patients' health history, conditions, and medications. Providers then conduct assessments, order diagnostic tests, and develop personalized treatment plans based on diagnoses. Some patients receive care within the urgent care center, while others may require transfer to higher levels of care. Reports are provided to the charge nurse daily for continuity of
care and patient safety. While patient education and communication are crucial towards the end of a patient's visit during discharge, ensuring the understanding of diagnosis, treatment, medication management, symptom monitoring, and when to seek further attention, these elements are not adequately being addressed. This multifaceted approach aims to enhance patient comprehension and compliance with post-treatment instructions. Education materials should be tailored to meet the patient’s unique needs, providing clear and concise guidance on medication management, follow-up care, symptom monitoring, and healthcare provider contact information. Tools such as videos, pictures/diagrams, or digital platforms may also be utilized to reinforce educational material and engage patients actively.

As noted previously, nurses play a crucial role in ensuring discharge instructions align with treatment plans and effectively communicate essential information. It is their job to identify potential barriers to care adherence to develop personalized care plans that ensure understanding and patient satisfaction (Bajorek and McElroy, 2020). Continuous evaluation and quality improvement efforts are essential to the intervention, with the interdisciplinary team collaborating to refine educational materials, streamline processes, and optimize patient outcomes. By implementing a comprehensive approach to discharge education enhancement, the project aims to empower patients with the knowledge and resources necessary for effective post-discharge health management, leading to enhanced satisfaction, reduced readmissions, and improved overall healthcare outcomes.

**Intervention**

Following the completion of the Qualtrics™ software survey by the nursing staff and the collection of necessary data, the intervention consisted of educating the nurses face-to-face on utilizing the facility databases in addition to incorporating training on essential principles of
patient education. Specifically, the intervention included informing nurses about the significance of readability levels, such as the Flesch-Kincaid grade level, in patient education materials. Nurses were informed on how to assess and adjust the readability of discharge paperwork to ensure that it aligns with patients’ literacy levels and enhances comprehension. The average reading level for U.S. adults is 8th or 9th grade (Health Literacy, 2024). Health education materials written for the "average" adult are frequently written way above the average reading level, meaning half of adults will have difficulty understanding them. Assessing, selecting, and creating simple forms and easy-to-use educational materials can help patients be successful with tasks that involve written information. In addition, they received guidance on incorporating visual aids, such as pictures and diagrams, into discharge instructions to supplement written information and facilitate better patient understanding. By integrating these strategies, nurses can create discharge paperwork that is not only tailored to the individual requirements of each patient but also optimized for readability and comprehension, ultimately improving patient education and adherence to post-treatment instructions.

**Study of the Intervention**

Before beginning the intervention, a Qualtrics™ software survey was utilized to evaluate the nurses’ initial effectiveness in implementing discharge education. This survey was designed to gather feedback from nurses assessing the various aspects of the discharge education process at baseline. The survey assessed the nurse’s years of experience, how they currently deliver discharge education to patients, how confident they felt in their ability to communicate discharge instructions and education to patients, how important they believed discharge education is, how familiar they are with the facility resources that provide additional discharge instruction handouts, how familiar they are with the Flesch-Kincaid grade levels for patient discharge
instructions, and how satisfied they were with the current standards for discharge paperwork. By collecting feedback through the implemented Qualtrics™ software survey, valuable insights into the strengths and weaknesses of the discharge process were gathered. This information informed targeted interventions to enhance nurses’ skills and knowledge, improved patient education materials, and optimized the overall discharge experience for patients.

To assess the impact of the intervention, post-intervention Qualtrics™ software surveys were conducted. The survey re-evaluated the nurses with the same questions listed in the initial survey relating to any changes in their nursing practices, confidence levels, and perceptions regarding discharge education at the facility. These surveys provided valuable insights into how the intervention has influenced the nurses’ approach to discharge education and their overall satisfaction with the educational materials and training provided. By comparing the responses to pre-intervention data, the extent of the intervention’s impact on nurse practices and proficiency was determined. Overall, the assessment sought to measure the effectiveness of the intervention in enhancing nurses’ discharge education practices and optimizing their ability to deliver clear, comprehensible instructions to the patients.

**Measures**

The chosen measure to study the processes and outcomes of the intervention involved a post-intervention Qualtrics™ software survey administered to the nursing staff. The survey aimed to reassess the nurses’ effectiveness in implementing discharge education, focusing on changes in nursing practices, confidence levels in providing discharge education, and perceptions regarding discharge education at the facility. The survey mirrored the initial assessment covering current delivery methods of discharge education, confidence in communication instructions to patients, perceived importance of discharge education, familiarity with the facility
resources for additional discharge education pamphlets, awareness of readability levels like the Flesch-Kincaid grade level, and satisfaction with current discharge paperwork standards.

The Qualtrics™ software survey serves as a valuable tool to gather feedback from nurses, providing insights into the strengths and weaknesses of the discharge process post-intervention. By comparing post-intervention survey responses with baseline data, we can determine the extent of the intervention’s impact on nursing practices and proficiency. This assessment allows us to measure the effectiveness of the intervention in enhancing nurses’ discharge education practices and optimizing their ability to provide clear, comprehensible instructions to patients.

**Operational Definitions**

Nursing practices pertain to the strategies and techniques utilized by nurses when providing discharge education to patients within the facility (Patel and Bechmann, 2023). Confidence levels denote the self-assessed assurance and the quality or state of being certain of nurses in their ability to communicate discharge instructions and educational materials effectively to patients (Confidence, 2024). Perceptions regarding discharge education refer to the views and attitudes of nurses regarding the significance of educating patients before discharge, their knowledge of available microsystem resources, and their level of contentment with the existing standards of discharge paperwork.

**Psychometric Evaluation**

Qualtrics™ software is highly regarded by universities and has been employed in healthcare settings to implement surveys and address needs (Qualtrics, 2023). Reliability measures the consistency and stability of the survey instrument, while validity assesses the extent to which the survey accurately measures the intended constructions. The software has demonstrated high levels of reliability and validity, ensuring the credibility and accuracy of the
data collected for evaluating the intervention’s impact on nursing practices and patient education outcomes. While no psychometric testing was performed on the Qualtrics™ software surveys, the data will be assessed to observe changes regarding patient discharge paperwork quality and nurse satisfaction with facility discharge processes.

**Analysis**

Descriptive statistical analysis for quantitative data gathered by the Qualtrics™ software survey results consisted of categorical data, such as ratings, Likert scales, and demographic information. In the aggregate, statistical analysis was utilized to summarize the survey data, presenting an overview of nurses’ perceptions, confidence levels, and practices concerning discharge education at the urgent care microsystem. The pre-and post-surveys enabled significant differences in the frequency and percentage of the categorical variables before and after the intervention. Additionally, comparing aggregate data to identify change will be able to measure potential relationships between different variables, such as nurses’ years of experience and their confidence levels in communicating discharge instructions. Overall, the data analysis provided valuable insights into the effectiveness of the intervention in enhancing nurses’ practices and perceptions regarding discharge education at the urgent care.

**Ethical Considerations**

Ethical considerations specific to this project include ensuring confidentiality and privacy for nurses and potential patients throughout the data collection and analysis process. Confidentiality measures were upheld to ensure participants’ data, including survey responses and any other collected information was not disclosed by selecting the anonymous response feature in Qualtrics™ software. Additionally, any participants’ autonomy will be respected throughout the study, allowing them to make informed decisions about their involvement in the
project. Transparency will be maintained regarding the project’s purpose, methods, and potential implications, ensuring the intervention does not cause any additional undue stress to the staff. This proposal was be reviewed by the UNH Quality Review Committee to determine that the project is quality improvement and is exempt from a full Institutional Review Board (IRB) review.

Results

Initial Steps of the Intervention

The intervention began with a pre-intervention survey that was distributed to the nurses in the microsystem using Qualtrics™ software via an easily accessible scanned QR code. The pre-intervention survey collected data on the years of nursing experience, in addition to their views and routines regarding patient discharge paperwork and education, as well as their knowledge of Flesch-Kincaid readability scores. After distributing and then assessing the pre-intervention survey, an in-person education session using a PowerPoint™ presentation was implemented for all the nursing staff during various shifts on how to provide patient education paperwork using the iMedConsent™ database and the use of the Flesch-Kincaid readability calculator. Nurses were able to clarify any questions during the initial education presentation and were emailed a copy of the presentation.

Approximately one week following the implementation, a post-intervention Qualtrics™ survey was carried out to evaluate the success of the intervention and identify any notable changes in the nurses’ knowledge and their routines regarding patient discharge paperwork and utilizing the Flesch-Kincaid readability calculator. The total process, which included the pre-
and post-intervention surveys as well as the implementation phase lasted approximately one month.

**Process Measures and Outcomes**

To assess the effectiveness of the intervention and evaluate if the implementation was successful, the pre- and post-intervention surveys were analyzed. Out of a total of 11 registered nurses, 100% completed the pre-intervention survey, and 81.8% of them participated in the post-intervention survey. These results provided valuable data regarding the nurses’ engagement in the quality improvement project and the implementation of enhanced patient discharge education. An additional key process measure was the implementation of improved patient discharge education using iMedConsent™ and the Flesch-Kincaid readability calculator. The post-intervention survey results revealed approximately 67% of nurses were promoters of the iMedConsent, whereas 38% of nurses were promoters of using the Flesch-Kincaid calculators.

When assessing the outcomes of the intervention, there were improvements observed throughout several metrics. Comparing the pre- and post-intervention surveys revealed positive shifts throughout many of the nurses’ understanding and use of the facility provided database iMedConsent™ in addition to their knowledge about the Flesch-Kincaid readability scores. Pre-intervention results showed that only 36% of nurses provided discharge education handouts to their patients, whereas post-intervention results showed an increase to 78% of nurses who were now providing discharge education handouts. When asking nurses if they were familiar with the resources the facility provided to search for discharge instructions and visual aids for patients, the pre-intervention results revealed that 55% of nurses were unaware of the iMedConsent™ database, whereas the post-intervention results showed only 11% of nurses were unaware.

Additionally, the pre-intervention survey revealed that only 9% of nurses were familiar with the
Flesch-Kincaid readability score and actively utilized it for patient discharge instructions compared to the post-intervention survey which showed an increase to 44%. Additional pre- and post-intervention results can be observed in Table 1.

Table 1

*Comparison of Pre- and Post-Intervention Data*

<table>
<thead>
<tr>
<th>Survey Data</th>
<th>Pre-Intervention (N=11) n (%)</th>
<th>Post-Intervention (N=9) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1 (9)</td>
<td>1 (11)</td>
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<td>Current Delivery Method of Discharge Education to Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>7 (64)</td>
<td>1 (11)</td>
</tr>
<tr>
<td>Verbal Instructions</td>
<td>9 (82)</td>
<td>6 (67)</td>
</tr>
<tr>
<td>Written Handouts</td>
<td>4 (36)</td>
<td>7 (78)</td>
</tr>
<tr>
<td>Electronic (My HealtheVet™)</td>
<td>2 (18)</td>
<td>4 (44)</td>
</tr>
<tr>
<td>Teach-back method</td>
<td>4 (36)</td>
<td>5 (56)</td>
</tr>
<tr>
<td>Confidence Level in Providing Discharge Education to Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very confident</td>
<td>5 (45)</td>
<td>6 (67)</td>
</tr>
<tr>
<td>Somewhat confident</td>
<td>7 (64)</td>
<td>3 (33)</td>
</tr>
<tr>
<td>Familiarity of Facility Resources for Patient Discharge Handouts / Visual Aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detractor</td>
<td>6 (55)</td>
<td>1 (11)</td>
</tr>
<tr>
<td>Passive</td>
<td>5 (36)</td>
<td>5 (56)</td>
</tr>
<tr>
<td>Promoter</td>
<td>1 (9)</td>
<td>3 (33)</td>
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Contextual Elements and Observed Associations

Improving patient discharge education in the microsystem setting has involved various contextual elements and observed associations that have influenced the success of the quality improvement project. Contextual elements that have influenced the project include the emphasis on continuously providing care tailored to the vast unique needs of veterans who use the microsystem. Elaborating further on the unique needs of veterans is their health literacy and ability to understand the patient discharge education provided to them. This element proves that nurses at the facility should know the Flesch-Kincaid readability score for their patient discharge education to make sure their patients can comprehend the materials they receive.

Observed associations related to the quality improvement project included improved patient outcomes and staff engagement. Post-intervention results were observed throughout the
unit and treatment adherence was improved due to the clear and concise discharge instructions that enhanced patients’ adherence to medications and follow-up appointments. In addition, nurses were trained in utilizing iMedConsent™ which improved technology utilization during shifts and provided standardized templates that ensured instructions are clear and actionable.

**Unexpected Consequences**

An unexpected problem during the quality improvement project at the microsystem was the time off that nurses were taking throughout the project. Seasonal, mandatory vacation time played a role in impacting the post-intervention survey results causing missing data. While only a select few nurses were not able to take the post-intervention survey, this small, unexpected problem could compromise the interpretation of the project. Fewer participants in the post-intervention survey mean a smaller participant size, making it harder to detect differences or effects of the intervention in addition to increased variability in the data.

**Discussion**

**Summary**

**Key Findings**

The global aim of this quality improvement project was to implement the standardization of discharge education paperwork provided for veterans when leaving the urgent care microsystem. The specific aim was to increase overall utilization of the microsystem database by nurses on the unit by 50% by July 26, 2024. This aim was met through the implementation of additional education and the use of the facility-provided database iMedConsent™ in addition to utilizing the Flesch-Kincaid readability calculator. The intervention led to key findings of increased understanding and use of facility databases to provide enhanced patient discharge paperwork.
Pre-intervention and post-intervention surveys were conducted before and after the intervention to obtain feedback from nurses working at the urgent care microsystem. The pre-intervention survey highlighted that 100% of nurses were unsatisfied with the current facility discharge education process. The survey also highlighted that only 36% of nurses utilized written handouts for patient discharge education. In addition, the pre-intervention survey also showed that 55% of the nurses at the UCC were not familiar with the resources to provide discharge handouts/visual aids such as iMedConsent™.

Post-intervention surveys highlighted that 78% of nurses now utilized written handouts for discharge education for patients, only 22% were now unsatisfied with the current discharge education process, and only 11% of the nurses were unfamiliar with the facility resources to provide discharge handouts/visual aids. Additionally, the post-intervention survey highlighted that 67% of nurses were now likely to utilize iMedConsent™ to provide discharge education for patients.

**Relevance to Rationale**

The Plan-Do-Study-Act (PDSA) framework was essential to this quality improvement project aimed at enhancing patient discharge education at the facility urgent care setting. The plan phase included identifying key barriers to effective patient discharge education. These barriers included inconsistent communication with how different nurses deliver discharge education in addition to varying levels of health literacy from patients. Implementing discharge education materials in the form of handouts/visual aids through the iMedConsent™ database as well as utilizing the Flesch-Kincaid readability calculator was the chosen intervention based on the insights gathered during the planning phase.
The do phase involved putting this intervention into practice and educating the nurses on the facility databases and the Flesch-Kincaid readability calculator. The study phase included evaluating the effectiveness of this intervention by comparing the pre-intervention surveys with the post-intervention surveys to evaluate nurses’ satisfaction with the intervention. Lastly, while the act phase had a lower response rate of post-intervention surveys, it still provided substantial evidence that the intervention was successful by evidence of improved nurse satisfaction and increased utilization of the facility database. Additionally, the facility incorporated the work into a nurse driven protocol for patient discharge education.

Relevance to Specific Aim

The goal of this project was to implement the standardization of discharge paperwork to improve communication and consistency when conveying essential information to patients upon discharge from the UCC. The specific aim of the project was to increase the overall utilization of the facility database by 50% by July 26, 2024. The specific aim is relevant as it was addressed by the implementation of education on the database and the use of the Flesch-Kincaid calculator for the nursing staff working at the urgent care microsystem. The pre-intervention survey feedback indicated nurses at the urgent care facility were not satisfied with the current discharge education process. The post-intervention survey feedback indicated improved satisfaction with the discharge education process. Although the goal was not met increasing the overall utilization of the facility database by 50%, the findings still showed progress toward the intervention by increasing nurse satisfaction, their post-intervention use of iMedConsentTM and the Flesch-Kincaid calculator, and their familiarity with the database provided.

Project Strengths
The quality improvement (QI) project at the urgent care microsystem aimed at enhancing patient discharge paperwork had a variety of strengths. Interdisciplinary collaboration and staff support played a crucial role in the successful implementation of the project. In addition, utilizing the PDSA framework allowed for structure throughout the project. The pre- and post-intervention surveys gathered valuable insight from nurses, leading to better addressing the project barriers. The strengths of this QI project underscore the potential of improved discharge paperwork to positively impact patient outcomes and satisfaction. The enhanced paperwork not only facilitated better patient understanding but also promoted staff confidence and consistency in delivering discharge instructions. Overall, the project demonstrated the potential for significant improvements in patient education and discharge processes at the urgent care microsystem.

**Interpretation**

*Association Between the Intervention and the Outcome*

The education intervention provided to the nurses at the urgent care microsystem showed significant improvements in several areas. Pre- and post-intervention surveys showed substantial changes in nurse perceptions and their likeliness to implement the new discharge education strategies in the future, emphasizing the positive impact of the intervention.

Enhanced patient understanding of discharge instructions was likely improved due to the increased use of written handouts (i.e. iMedConsent™) from pre-intervention utilization of 36% to post-intervention utilization of 78%. Improved discharge education can enhance patient understanding in several ways including tailoring information to the patient’s specific diagnosis, providing clear and concise instructions, incorporating diagrams and visual aids, and simplifying medical jargon ensuring patients can understand their care instructions. Increased utilization of
iMedConsent™ allows patients to understand their discharge instructions better, leading to better health outcomes and fewer complications or readmissions.

Additionally, there was an increased level of confidence among nurses in providing discharge education to patients. Pre-intervention survey results showed that 45% of nurses were confident in providing discharge education. Post-intervention survey results showed that 67% of nurses were confident in providing discharge education. The educational intervention also increased the number of nurses who are familiar with the resources the facility provides for discharge education handouts / visual aids. Pre-intervention surveys showed that only 9% were aware of the resources, while post-intervention surveys showed that 33% were aware. An increase in both confidence and understanding of resources by nurses can improve clarity and comprehension by allowing nurses to communicate clearly and effectively, ensuring patients understand their discharge instructions thoroughly. Confident delivery of discharge education also reduces the likelihood of miscommunication or omissions in important information, thereby minimizing the risk of errors in patient self-care. Overall, confidence in providing discharge education ensures that patients receive clear, accurate, and comprehensive instructions, leading to better health outcomes and greater satisfaction with their care.

Comparison of Results

In reviewing the literature on patient discharge education practices, similarities can be identified between this project and existing studies. This QI project increased the clarity of discharge education by nurses to their patients in addition to the confidence nurses have when providing discharge instructions. These results align with the systematic review and meta-analysis performed by Becker et al. (2021), which concluded that increased communication interventions at the time of discharge are associated with lower readmission rates in addition to
the improvement of treatment adherence. Lower readmission rates and improved treatment adherence can reduce the financial burden on the healthcare system, allocate resources more efficiently, and enhance patient satisfaction levels.

Additionally, as mentioned above, the post-intervention utilization of written handouts (i.e. iMedConsent™) increased from 36% to 78%. Post-intervention survey results also showed that 67% of nurses were likely to utilize iMedConsent™ for their discharge education instructions. These results coincide with the systematic review and meta-analysis conducted by Demody et al. (2021) which aimed to compare standard discharge advice within the emergency department to the use of pictorial discharge advice due to iMedConsent™ oftentimes including pictures and diagrams for enhanced patient understanding. The results concluded that pictorial discharge advice increases the comprehension and compliance of patients. Pictorial discharge education is beneficial for patients due to overcoming language and/or cognitive barriers, increasing retention of information, and enhancing engagement and understanding of patients.

In conclusion, the findings from this QI project align with the existing research on patient education practices. The overall evidence supports the use of increased communication interventions and the use of written patient discharge handouts / visual aids.

**Impact of the Project on People and Systems**

This QI project led to an enhancement of discharge paperwork to improve communication and consistency when conveying essential information to patients upon discharge, having a positive impact on both the individuals involved and the microsystem. Improved patient discharge education can positively impact nurses and patients in several ways. Clear and comprehensive patient education can lead to fewer follow-up calls or visits due to misunderstandings, thereby reducing nurses’ workload. Nurses who are effective with patient
education may feel more confident and valued in their roles, potentially contributing to professional development and career satisfaction. Effective discharge education fosters smoother transitions of care and better collaborations among healthcare teams, enhancing overall efficiency and patient care coordination. Clear education reduces the risk of errors or misunderstandings that can lead to adverse events or readmissions, contributing to patient safety and nursing practice quality. Better-educated patients are more likely to adhere to their care plans, leading to better patient outcomes and fewer complications, which can ease nurses’ responsibilities. Overall, improved patient discharge education supports nurses and patients in delivering high-quality care, enhancing satisfaction, and reducing stress associated with patient communication and care management.

Additionally, this QI project demonstrated positive on the urgent care microsystem as well. Clear and effective discharge education can help patients better understand their conditions and treatment plans, reducing the likelihood of unnecessary return visits. When patients are well-educated about their post-discharge care, urgent care facilities may experience smoother workflows and reduced congestion, allowing staff to focus on new patients. Lower readmission rates and reduced unnecessary visits can lead to cost savings for the urgent care facility and the healthcare system. Lastly, effective discharge education contributes to better compliance with healthcare quality metrics and regulatory standards, supporting the urgent care’s overall performance and accreditation status. By enhancing discharge education, urgent care facilities can enhance patient outcomes, operational efficiency, and overall quality of care.

**Difference Between Anticipated Outcomes Compared to Actual Outcomes**

There were notable differences observed between the anticipated outcomes compared to the actual outcomes of this QI project. The goal of the QI project was to increase overall nurse
utilization of the facility database by 50% by July 26, 2024. While this QI project did not meet the initial goal, improvements upon discharge education by nurses were increased.

There may be several reasons why there might be differences between observed and anticipated outcomes for this QI project. Reasons include patient factors such as patient demographics, health literacy levels, and individual compliance with discharge instructions. Resistance to change, communication breakdowns, or competing priorities within the facility also may have hindered the achievement of anticipated outcomes. Limitation of time may have also impacted the project’s ability to achieve its initial goals. Addressing these potential reasons for differences requires careful, ongoing monitoring, and flexibility in adapting strategies to optimize the impact of the QI project on enhancing patient discharge education at the urgent care microsystem.

**Costs and Strategic Handoffs**

The costs and strategic handoffs for this QI project which focused on enhancing patient discharge education included the time and materials to implement the enhanced patient education. Costs included the time it took out of the nurses’ days to train and educate on facility database use. Time was also factored into costs due to the additional time it took nurses to provide the handouts / visual aids. Educational materials that were printed were also included in the potential costs of the QI project. Strategic handoffs included ensuring that new discharge education protocols are seamlessly integrated into the existing workflows and processes within the microsystem. Developing strategies to actively engage patients in their discharge education, such as using personalized care plans, and follow-up communication. Implementing measurements and reporting systems to track key performance indicators related to patient outcomes, staff satisfaction, and operational efficiency. By carefully managing the costs and
strategic handoffs, the QI project effectively enhances patient discharge education at the facility, leading to improved patient outcomes and satisfaction.

**Limitations**

*Limits to the Generalizability*

The generalizability of the findings from this QI project, which focused on the enhancement of discharge education for patients, is limited by several contextual factors specific to the setting. Firstly, the patient population in which this project was involved includes many patients with unique backgrounds specific to this population only. Additionally, the patient population has unique characteristics in terms of demographics, cultural background, socioeconomic status, and healthcare needs. This uniqueness means the results may not be applicable to patients in different healthcare settings or geographic locations. Secondly, the nursing staff who participated in this project were already familiar with the educational tools used and worked within a supportive environment that encouraged adopting new educational practices. In other settings, where healthcare professionals may have different experiences and attitudes toward patient education, the implementation and outcomes of a similar intervention could differ.

Furthermore, the organizational processes and workflows specific to the setting, such as support from leadership and integration of educational tools into routine care, could also limit the generalizability of the findings. Other health care facilities may have different processes, resources, and support systems, which may impact the feasibility and effectiveness of implementing a similar discharge education intervention. Moreover, the overall program of care in the setting, with its emphasis on comprehensive patient education and the availability of discharge planning, provided a conducive environment for the intervention. In contrast, different
healthcare programs in various locations may prioritize other aspects of care, affecting the focus and success of a similar QI project.

**Factors Limiting Internal Validity**

Several factors may have limited the internal validity of this QI project. Nurses’ expectations and biases towards the intervention or the patients might have influenced how they deliver education and assess patient understanding. Nurses under high workloads or time constraints might not be able to dedicate sufficient time and attention to providing thorough discharge education in addition to regarding their patients' reading and education levels. Nurses might not strictly adhere to the standardized protocols for discharge education and/or delivering the discharge education could vary. Lastly, the experience and attitudes of nurses towards discharge education can influence their performance.

**Efforts Made to Minimize Limitations**

To minimize and adjust for the limitations of this QI project, several strategies were used. Each nurse was provided with comprehensive and standardized training on the intervention of the QI project. Additionally, each nurse was provided a copy of the education provided. Nurses were also encouraged to provide feedback to identify areas of improvement and to make necessary adjustments to the education process. Lastly, the QI project and processes involved were promoted with a positive attitude that valued the importance of discharge education and the positive impact of effective education on patient outcomes to motivate nurses to prioritize and take pride in their educational role during discharge. By implementing these efforts, the project was able to enhance the consistency, reliability, and effectiveness of discharge education, thereby improving the internal validity of the QI project findings.
Conclusion

*Usefulness of the Work*

The project to improve discharge education has led to enhanced patient care and nurse satisfaction by standardizing discharge education and utilizing tools like iMedConsent™ and the Flesch-Kincaid readability calculator. It has improved the clarity of discharge instructions, increased nurse efficiency and engagement, and effectively used existing resources. The successful application of the PDSA framework provided a model for systematically improving healthcare processes, demonstrating substantial benefits for both patients and healthcare staff.

*Sustainability*

The sustainability of the QI project is promising by integrating standardized practices into routine procedures, ongoing nurse training, and effective use of existing resources. Improved nurse engagement and satisfaction support the continued use of new methods, while the PDSA framework facilitates ongoing evaluation and adaption. Institutional support further strengthens the project’s long-term viability.

*Potential for Spread to Other Contexts*

The QI project has strong potential for spread to other contexts due to its adaptable practice tools. The successful use of the PDSA framework in this project highlights its applicability in various healthcare settings. The focus on nurse training and resource utilization can be tailored to different environments, making the approach relevant and effective for enhancing discharge education and patient care in other facilities.

*Implications for Practice and for Further Study in the Field*

The implications for practice are substantial, highlighting the importance of standardized discharge education and tools to improve patient understanding and adherence. Continuous
nurse training and efficient use of resources are crucial for integrating these practices. Further study and further research should explore the effectiveness of these methods in various healthcare settings, assess their long-term impact, and adapt the PDSA framework for broader application.

_Suggested Next Steps_

Suggested next steps include integrating the standardized discharge education and tools throughout other units within the macrosystem. Further research should investigate the broader effects of improved discharge practices on patient outcomes and healthcare efficiency. Engaging with other healthcare facilities, policymakers, and stakeholders to share insights and promote the adoption of these practices across the industry could also be beneficial. In conclusion, the importance of discharge education cannot be overstated, and it is imperative that this education be delivered in a readable manner for patient-centered care. Nurses should utilize all resources available to them for discharge education so the health literacy of the patient is supported.
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Improving Discharge Education Quality

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