

Dumke College of Health Professions

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ABSTRACT

Patients with substance use disorders (SUD) are often not compliant with their discharge care plan. They are discharged from the hospital with minimal understanding of their outpatient care plan. Therefore, patients cannot become self-sufficient and recover from substance abuse, resulting in hospital readmissions and multiple visits to the emergency room for relapse treatments. This project promotes communication between nursing staff and patients by standardizing a discharge paper summary listing the community resources for SUD.

PICO QUESTION

Will implementing a patient-oriented discharge summary intervention program for patients with SUD compared to no discharge summary be more effective in reducing their risk of relapse and readmissions?

LITERATURE REVIEW

The discharge summary for patients with SUD lacks a standardized process to prepare for the patient's discharge and social integration into the community.³ Some nurses use the internet and print out support groups for the patients when discharged but that is not the standard process. The discharge process should start at admission because it is a continuous process that provides different patient services at various organizational levels in the public welfare system.³ Unfortunately, patients with SUD tend to show nonadherence to the discharge plan, overuse of the emergency department resources, and have a high chance of readmission to the hospital.⁴ This project consists of interdisciplinary teamwork. Some major themes included in this project are

- Discharge Instructions and Follow-ups
- Patient-Oriented Discharge Summary
- Effective Follow-up Supports Recovery
- Effective Communication
- Community Resources
- Support Groups

Discharge Planning

For Patients with Substance Use Disorder

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PROJECT METHODOLOGY

The purpose of the project is to continuously improve the discharge process for patients with SUD using the Plan-Do-Check-Act approach. This method emphasizes continuous improvement and applies to all healthcare processes.

The methodology promotes the following improvements:

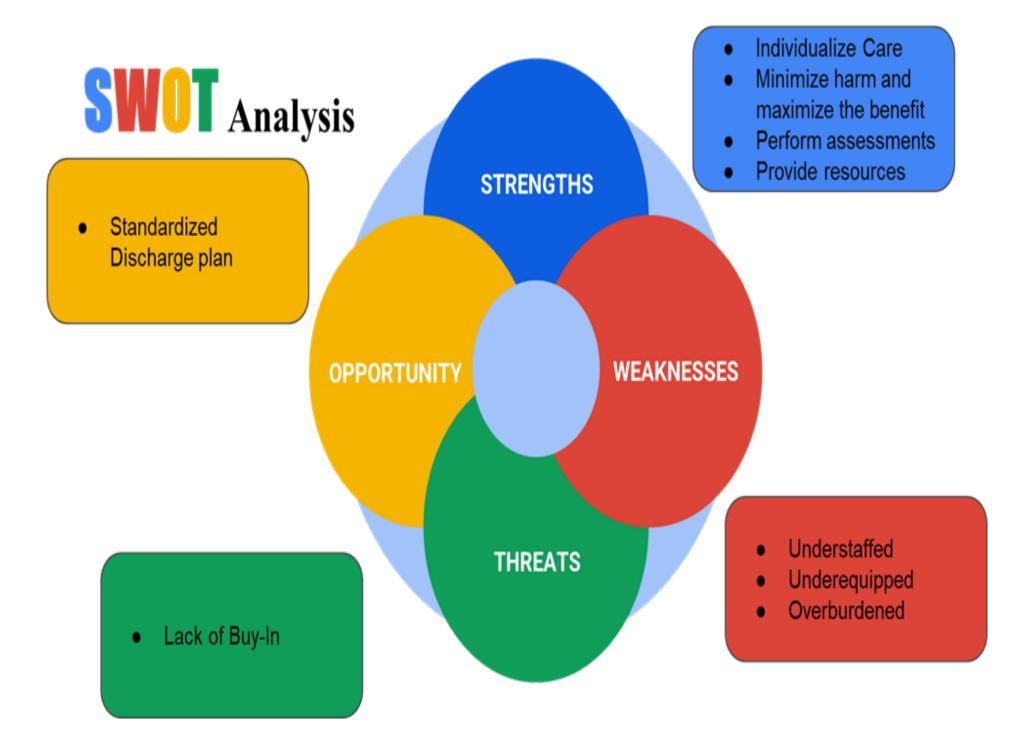
- ❖ Comprehension of standardized discharge instructions for patients with SUD
- Knowledge of risks for patients with SUD
- ❖ Education for community resources for patients with SUD and their families
- Patient with SUD outcomes include
 - Greater ability to become self-sufficient toward recovery
 - ❖ Better communication with healthcare staff in the hospital and community
 - Lower multiple emergency department visits and hospital readmissions

PLAN, DEVELOPMENT, AND EVALUATION

This project aims to create a standardized summary when discharging patients with SUD, potentially reducing readmissions and improving clinical outcomes. The following include the deliverables implemented for this project:

- Standardized discharge summary for patients with SUD
- Education for nurses on the unit about the benefits of the standardized discharge summary during a staff meeting with a PowerPoint presentation
- Pre- and post-surveys to measure if they learned the knowledge and skills for discharging patients with SUD
 - What is Substance Use Disorder
 - Causes
 - 12-Step Program
 - Signs and Symptoms

- Medications
- Follow-up Appointments
- Community Resources
- Support



Evaluation

After the patient is discharged, the medical team can have a designated team member to do follow-ups with the patients to ensure they made it to their outpatient appointments.



THEORETICAL FRAMEWORK

Iowa Model

- The first step is to identify and prioritize the problem of patients with SUD not having standardized discharge papers.
- The second stage is to put together a team to help with the transition. Case management, nursing staff, nursing supervisors, and outpatient resources are all part of the team.
- The third phase in this literature review gathers relevant research and related material.
- Critique and synthesizing research for use in practice is the fourth phase. The fifth stage is to test out the new regimen.
- The sixth step is to implement the practice change.
- The last step is to monitor and analyze the progress and outcome of the patients' discharged with standardized paperwork.⁹

CONCLUSIONS

This project shows the importance of communication with patients by understanding their discharge instructions, preparing them for a successful discharge process, promoting recovery, and preventing readmissions.

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Figure 1: Freelancing made simple (2022). We are Indy, Location. https://weareindy.com