Improving Discharge Education

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Eliminate Distractions

What is on our minds at the end of the day of Day 3?

Our patients are thinking about their babies! Not themselves.

- Set them up for success—let them know you’re coming to teach and you want them to listen
- We all feel great when we are out of the shower
- Set a time and hold true to it
- Include the family
- Offer them coffee, tea, a snack, etc.
- Make sure their phone is away, baby is calm
- We have been teaching them the whole time they’ve been there, but discharge is an opportunity to assess what they know and what they need to know
Objectives:

• Recognize the Importance of quality discharge education for postpartum mothers and newborns in Oklahoma
• Implement techniques to improve patient engagement and increased retention of discharge instructions
• Understand that quality education comes from evidenced based resources
• Utilize The 5 Love Languages when teaching our patients
• Implement change in personal practice and in the workplace
In 2019, “The March of Dimes reports 41 of Oklahoma’s 77 counties are what it calls “maternity deserts,” meaning they lack a hospital performing deliveries or an obstetrics provider.” (Vazquez, 2019).
The Landscape of Maternal and Infant Health in Oklahoma

44 birthing hospitals

~48,000 annual births

48% rural location
52% urban location

73% in urban hospitals
27% in rural hospitals
From ~158 – 4300 annual births
~56% covered by Medicaid
3 tribal birthing hospitals
1 IHS birthing hospital
7 Level III or IV NICUs

OPQIC, 2022
“Experts in maternal health blame the high U.S. rate on poverty, untreated chronic conditions and a lack of access to health care, especially in rural areas where hospitals and maternity units have closed in the past few years.” (Ollove, 2018).
Emotionally Engage

• THIS IS IMPORTANT! LISTEN TO ME!
• Do you feel comfortable being discharged home?
• As your nurse I CARE ABOUT YOU and I want what’s best for you.

“Pregnancy-related deaths can happen during pregnancy and up to a year after pregnancy. According to CDC data, 31% of pregnancy-related deaths happen during pregnancy, 36% during labor and delivery, and 33% in the year after pregnancy.” (CDC, 2022)
Do Not Scare the Patients

• Instead- give them the tools to succeed!
• Motivate them to listen to their bodies
• Encourage the family to look for warning signs
• Provide written instructions and resources for follow up care
• Coach them on what to say if they feel the need to return or offer a dialogue or script to boost confidence
Give Patients a **Script**

**Use This Guide to Help Start the Conversation:**

- Thank you for seeing me. I am/was recently pregnant. The date of my last period/delivery was _______ and I’m having serious concerns about my health that I’d like to talk to you about.
- I have been having _______ (symptoms) that feel like _______ (describe in detail) and have been lasting _______ (number of hours/days).
- I know my body and this doesn’t feel normal.

**Sample questions to ask:**
- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?
Do Not Fear the ER

- Give your patient a dialogue to express what they need
- Tell them to bring their POST BIRTH Warning Signs or Discharge Instructions with them
- Don’t freak out- BE PROUD if your patient goes to the ER
  - Better safe than sorry
  - Good Assessment skills
  - Good Education
  - Good Engagement
  - Or you scared the living daylights out of them- not the goal
Resources

So, what should we be teaching our patients?

- OPQIC
- AWHONN
- AAP
- ACOG
- Up to Date
- CDC
- Hospital Resources- EMR Education
• Spend time with your primips but don’t let the multips fool you!
• Don’t forget the babies too
• Standardize the Education Process

By utilizing the AIM initiative state-wide, “Oklahoma saw about a 20% decrease in severe maternal morbidity in its participating hospitals.” (HRSA, 2019).
Social Factors

Resources and Limitations
- Access
- Finances
- Education Level
- Support System
- Mental Health
- Transportation
- Lifestyle
- Case Management, Social Work, DHS, Home Health
TEAMWORK MAKES THE DREAM WORK

- Bedside Reporting
- Discharge Assessments
- Repetition is Good
- Teach 24/7
- Help Each Other Out
- Utilize Checklists
Teaching

- Be energetic and show your passion!
- Standardized Education- Booklets
- Offer Group Teaching
- Give Handouts and Graphics
- Use Video Resources
- Create a Discharge Checklist
- Sit With Your Patient and Spend Time With Them
- Teach 24/7 -Not Just When it’s Time to Go
- Shower Teaching
- Telephone Follow Up
- Online Support Group
- Hotlines- Breastfeeding, Mental Health
- Involve the Family
- Simulation Excercises
- Special Attention After a Significant event: Patient Postpartum Hemorrhage Post-Event

CMQCC, 2022
Follow Up

- Develop Protocols
- **ACOG** recommends:
  - Postpartum follow up within 3 weeks
  - BP Check 3-10 days
  - High Risk F/U 1-3 weeks
- Schedule Appointments prior to Discharge
- Home Visits
- Phone Calls

“Anticipatory guidance improves maternal well-being: In a randomized controlled trial, 15 minutes of anticipatory guidance before hospital discharge, followed by a phone call at 2 weeks, reduced symptoms of depression and increased breastfeeding duration through 6 months postpartum among African American and Hispanic women.” (ACOG, 2022)
• You want that patient to remember you and what you had to say.

• Love Languages
  - Compliment them (Words of Affirmation)
    You’re going to be a great mom
    I’ve loved taking care of you
  - Give them a gift (Gifts)
    Business Card
    Hospital Magnet
    Thank You card
  - Spend time with them (Quality Time)
    Sit at the bedside
    Take your time!
  - Touch them (Physical Touch)
    Hand on the shoulder
    Hold the baby
  - Do something for them (Acts of Service)
    Let me help pack your bag
Create Change in the Workplace

- Spirit of Inquiry
- Consider Your Department’s Culture
- Change is a process that requires adjustment
- Shared Governance
- Leadership/Advocates
- Stakeholders

Improved education is not necessarily an expensive intervention, but it does require adaptation, training and motivation. Limitations include acceptance on behalf of the healthcare providers and community-wide implementation.
Conclusion

- Empower Patients to advocate for themselves
- Empower Families to oversee and check in
- The day you stop learning is the day you should retire
- Complacency Kills
- Your practice can and will inspire others
- The side of right is not the easy side- Dr. Smith, OPQIC Summit 2022
NIGHT SHIFT NURSES BE LIKE...