

The Impact Of Nurse-Led Discharge Planning On Care Continuity

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Abstract

Ensuring continuity of care after hospitalization is crucial in modern healthcare to maximize patient outcomes. Post-discharge Follow-up Care (PFC) has become an essential part of this effort, particularly with the incorporation of virtual platforms. The objective of this research is to comprehensively examine the experiences of nurses in delivering Post-discharge Follow-up Care (PFC) in order to enhance its implementation. Four main themes were identified via the process of thematic analysis: 1) "Nurses providing compassionate virtual care," highlighting the dedication of nurses in delivering empathetic care through virtual means. 2) "Challenges in resource management and coordination in continuing care," emphasizing the constraints and limitations faced in effectively managing and coordinating care resources. 3) "The crucial role of continuous documentation and coordination in patient care," underscoring the vital importance of ongoing documentation and coordination in ensuring seamless care for patients. 4) "Nurses' desire for advanced technology features to enhance patient and family-centered care," expressing the expectations of nurses for advanced features in technology that can improve the delivery of care focused on patients and their families. This research offers profound insights into the experiences of nurses in providing patient and family-centered care (PFC) using virtual platforms. It emphasizes the need of preserving emotional bonds

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with patients, even while interacting in a virtual setting. The difficulties encountered in managing and coordinating resources provide opportunities for improvement. Furthermore, the research emphasizes the essential need of precise record-keeping and effective collaboration amongst teams to guarantee the uninterrupted provision of high-quality healthcare. The nurses prioritize continual innovation in healthcare delivery to meet their expectations for technology developments. These results together contribute to the continuous development of virtual follow-up care practices, eventually improving patient outcomes and experiences outside of the hospital.

Keywords: *Continuity of care, Follow-up care, Nurses, Post-discharge, Qualitative research, Virtual care.*

1. Introduction

The trend of releasing patients with chronic diseases from hospitals has resulted in a growing need for more intricate post-discharge care. Following their release from the hospital, patients may move to other healthcare facilities within the national healthcare system [1]. The venues include primary care clinics, rehabilitation institutions, home healthcare services, and specialty outpatient clinics. Within some healthcare systems, there are intermediate care facilities or step-down units that provide as a transitional option between hospital treatment and home-based or community-based care. The time of transition may be filled with worry and tension for both patients and their caregivers. Research shows that a considerable number of patients find it difficult to understand their care plans after being discharged [2]. An intervention that might be helpful in facilitating this transition and improving patient outcomes is the establishment of post-discharge follow-up care (PFC).

PFC is considered a beneficial procedure performed by different medical staff in hospitals to share information, give direction for post-treatment care, handle symptoms, quickly detect issues, and provide comfort during the transition from hospital to home [3]. Furthermore, PFC is suggested as a financially efficient approach to improve patient well-being, increase contentment, and reduce unexpected readmissions [4, 5]. Several goals and outcomes for conducting Patient-Focused Care (PFCs) have been identified, such as enhancing the quality and continuity of care, enhancing patient safety, minimizing adverse events, ensuring patient understanding of discharge instructions, collecting patient feedback on their care experience, and addressing any concerns regarding their recovery or experience [6-8].

2. Nurse caring actions

Nurses have recognized post-discharge follow-up care as a helpful method of providing care for patients and cultivating better nurse-patient connections [9, 10]. Nevertheless, nurses may find it difficult to provide this sort of care because of the possibility of experiencing strong emotional connections with patients and their families [9-13].

The study results on nurse caring actions in a virtual setting highlight the long-lasting nature of nursing care delivered by nurses in a virtual environment. Virtual nursing care is a developing field in nursing that has the capacity to extend the scope of nursing care beyond the limitations of the hospital [14,15]. Remote communication may be used as a means to extend the nurse's interaction with patients beyond the limitations of the hospital [16]. This aligns with the concept of human caring, which stems from nurses' efforts to actively and holistically care for their patients by combining scientific understanding, creative expression, and spiritual awareness [17]. The concept of human care involves subjective elements and requires transpersonal and ethical exchanges between a nurse and an individual. It recognizes both parties as separate entities with their own unique situations

[18]. The benefits of such treatment are incalculable, promoting self-discovery in both personal and professional aspects [19, 20].

3. Virtual nursing care facilitates

Virtual nursing care facilitates the development of remarkable human traits and lasting relationships between patients and nurses [21]. The essential elements of virtual communication are accessibility and comfort in distant interactions. This research examines how the nurse's virtual presence on platforms such as WhatsApp and telephone facilitates a pleasant environment for patients and their families to interact. This highlights the incorporation of technology as a means to enhance nursing care [22]. Nurses have shown that delivering post-treatment care results in a favorable encounter and a feeling of satisfaction. The research findings revealed that nurses actively made individual contributions throughout the implementation of Post-Discharge Follow-Up Care (PFC). These efforts not only presented emotional problems but also fostered an expanded awareness and motivation towards their own professional advancement [23]. The constant findings affirm the belief that providing follow-up care results in a favorable experience for nurses, eventually contributing to the overall improvement of healthcare quality.

The second subject of this research focuses on the limitations that nurses have while delivering Post-Discharge Follow-Up Care (PFC), which is closely related to the notion of continuity management in healthcare services. Prior studies have emphasized the difficulties associated with providing uninterrupted care, especially in relation to communication and coordination [24]. Efficiency and quality of healthcare services depend on the identification and resolution of impediments. The communication limitations highlighted in this research reflect the difficulties faced in building successful connections via distant contacts. The significance of good communication in healthcare is emphasized when considering the communication and interpersonal skills required for successful interactions between nurses, patients, and families [25].

The timing of PFC and the restricted facilities provide obstacles in resource management for ensuring uninterrupted care. The results of this research constantly show that nurses in PFC encounter real obstacles in the form of communication problems with patients and families, as well as constraints in continuity management. This is similar with the results of a research [26], which highlighted that difficulties at the institutional level, such as problems with scheduling care systems, were consistently the most often encountered. In addition, another research highlighted the need of tackling obstacles in ongoing healthcare, such as lack of coordination, poor hospital readiness, and underutilization of existing resources and capabilities. These observations emphasize the need for comprehensive measures to improve the quality and efficiency of healthcare delivery [27].

The study findings emphasize the significance of collaboration among nurses and other healthcare professionals in carrying out post-treatment care. Efficient coordination guarantees that patients get uninterrupted and well-organized care after their release from the hospital [3]. This is especially apparent in the discharge planning process, as nurses, pharmacists, and nutritionists work together to guarantee that patients have a suitable care plan. Furthermore, the study results highlight the essential need of documentation in the execution of post-treatment care. Nurses use both electronic and manual documentation techniques to guarantee the availability and ease of access to essential information for the provision of uninterrupted care. A research found a strong association between the lack of a designated healthcare provider or institution for follow-up care in the hospital discharge summary and negative outcomes for patients transferring out of the hospital [28].

The results of this research demonstrate the nurses' anticipations about the advancement of technical characteristics, such as video calls and integrated systems. This

approach aligns with the idea that technology advancements have the capacity to not only enhance efficiency but also improve the overall quality of healthcare delivery. Video technology allows nurses to deliver care from a distance, enhance healthcare accessibility, lower healthcare expenses, and increase access to specialized knowledge [29]. Meanwhile, data integration enables nurses to swiftly and effectively access patient information, minimizing mistakes and simplifying patient care [22, 30]. Nevertheless, it is crucial to take into account the possible advantages, constraints, and professional consequences that impact the acceptance and use of these technologies.

4. Summary

This research offers in-depth insights into the experiences of nurses in providing patient care in a virtual setting. The first theme suggests that nurses may uphold a feeling of care for patients via technology, highlighting the significance of maintaining emotional bonds with patients even in a virtual setting. The second topic emphasizes the difficulties encountered, namely in the areas of resource allocation and coordination, while delivering uninterrupted care. The third topic highlights the need of precise record-keeping and effective collaboration across different teams to guarantee that patients get smooth and well-coordinated healthcare. Furthermore, it illuminates the nurses' anticipation for improvements in technical capabilities and dependability while providing PFC. In order to improve the applicability of the study, future research might use a bigger and more heterogeneous sample of healthcare workers, including both male and female nurses, and extend the study to encompass different hospitals or healthcare settings. By including a wider range of experiences and perspectives of follow-up care, this approach would enhance the external validity of the research and facilitate its broader applicability.

5. Limitations

The constraints of this investigation need recognition. Initially, the study was limited to a single hospital environment and a specific group of nurses, which may limit the applicability of the results to a wider population. Furthermore, while the research offers useful insights into the experiences of nurses in providing Post-discharge Follow-up Care (PFC), it did not investigate the viewpoints of patients and their families on this service.

References

1. Mansukhani RP, Bridgeman MB, Candelario D, Eckert LJ. Exploring transitional care: Evidence-based strategies for improving provider communication and reducing readmissions. *P&T* 2015; 40(10): 690-4.
2. Horwitz LI, Moriarty JP, Chen C, et al. Quality of discharge practices and patient understanding at an academic medical center. *JAMA Intern Med* 2013; 173(18): 1715-22.
3. Bhandari N, Epane J, Reeves J, Cochran C, Shen J. Post-discharge transitional care program and patient compliance with follow-up activities. *J Patient Exp* 2022; 9: 23743735221086756.
4. Hamar GB, Coberley C, Pope JE, et al. Effect of post-hospital discharge telephonic intervention on hospital readmissions in a privately insured population in Australia. *Aust Health Rev* 2018; 42(3): 241-7.
5. Gonçalves-Bradley DC, Iliffe S, Doll HA, et al. Early discharge hospital at home. *Cochrane Database Syst Rev* 2017; 6(6): CD000356.
6. DeVore AD, Granger BB, Fonarow GC, et al. Effect of a hospital and postdischarge quality improvement intervention on clinical outcomes and quality of care for patients with heart failure with reduced ejection fraction. *JAMA* 2021; 326(4): 314-23.
7. Khera R, Wang Y, Bernheim SM, Lin Z, Krumholz HM. Post-discharge acute care and outcomes following readmission reduction initiatives: National retrospective cohort study of Medicare beneficiaries in the United States. *BMJ* 2020; 368: 16831.
8. Douin DJ, Siegel L, Grandits G, et al. Evaluating primary endpoints for COVID-19 therapeutic trials to assess recovery. *Am J Respir Crit Care Med* 2022; 206(6): 730-9.

9. Vernon D, Brown JE, Griffiths E, Nevill AM, Pinkney M. Reducing readmission rates through a discharge follow-up service. *Future Healthc J* 2019; 6(2): 114-7.
10. Blair KTA, Eccleston SD, Binder HM, McCarthy MS. Improving the patient experience by implementing an ICU diary for those at risk of post-intensive care syndrome. *J Patient Exp* 2017; 4(1): 4-9.
11. Afyanti Y, Rachmawati IN. Metodologi penelitian kualitatif dalam riset keperawatan 2014; 1-208.
12. Creswell JW. Penelitian kualitatif & desain riset: Memilih di antara lima pendekatan 3rd ed. 2014.
13. Saunders B, Sim J, Kingstone T, et al. Saturation in qualitative research: Exploring its conceptualization and operationalization. *Qual Quant* 2018; 52(4): 1893-907.
14. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in qualitative research. *PLoS One* 2020; 15(5): e0232076.
15. Hughes L, Petrella A, Phillips N, Taylor RM. Virtual care and the impact of COVID-19 on nursing: A single centre evaluation. *J Adv Nurs* 2022; 78(2): 498-509.
16. Schuelke S, Aurit S, Connot N, Denney S. Virtual nursing: The new reality in quality care. *Nurs Adm Q* 2019; 43(4): 322-8.
17. Watson J. Nursing the philosophy and science of caring 2008.
18. Ghanbari-Afra L, Adib-Hajbaghery M, Dianati M. Human caring: A concept analysis. *J Caring Sci* 2022; 11(4): 246-54.
19. Padagas RC, Locsin RC. Art and technology: Revealing human caring in nursing. *Int J Sci Technol Res* 2020; 9(2): 5695-9.
20. Watson J. Assessing and measuring caring in nursing and health sciences 2nd ed. 2009.
21. Locsin RC. The co-existence of technology and caring in the theory of technological competency as caring in nursing. *J Med Invest* 2017; 64(1.2): 160-4.
22. Davidson R, Barrett DI, Rixon L, Newman S. How the integration of telehealth and coordinated care approaches impact health care service organization structure and ethos: Mixed methods study. *JMIR Nursing* 2020; 3(1): e20282.
23. Flinterud SI, Moi AL, Gjengedal E, Narvestad Grenager L, Muri AK, Ellingsen S. The creation of meaning – Intensive care nurses' experiences of conducting nurse-led follow-up on intensive care units. *Intensive Crit Care Nurs* 2019; 53: 30-6.
24. Khatri R, Endalamaw A, Erku D, et al. Continuity and care coordination of primary health care: A scoping review. *BMC Health Serv Res* 2023; 23(1): 750.
25. Kwame A, Petrucka PM. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nurs* 2021; 20(1): 158.
26. Tejada S, Darnell JS, Cho YI, Stolley MR, Markossian TW, Calhoun EA. Patient barriers to follow-up care for breast and cervical cancer abnormalities. *J Womens Health* 2013; 22(6): 507-17.
27. Feizolahzadeh S, Vaezi A, Mirzaei M, et al. Barriers and facilitators to provide continuity of care to dischargeable patients in disasters: A qualitative study. *Injury* 2019; 50(4): 869-76.
28. Gilmore-Bykovskyi AL, Kennelty KA, DuGoff E, Kind AJH. Hospital discharge documentation of a designated clinician for follow-up care and 30-day outcomes in hip fracture and stroke patients discharged to sub-acute care. *BMC Health Serv Res* 2018; 18(1): 103.
29. Orlando JF, Beard M, Kumar S. Systematic review of patient and caregivers' satisfaction with telehealth videoconferencing as a mode of service delivery in managing patients' health. *PLoS One* 2019; 14(8): e0221848.
30. Bayramzadeh S, Aghaei P. Technology integration in complex healthcare environments: A systematic literature review. *Appl Ergon* 2021; 92: 103351.