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Staff Education on Self-Care Management for Bipolar Patients to Prevent Readmission

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Abstract

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MS, Walden University, 2016

BS, Chamberlain College of Nursing, 2014

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Bipolar disorder is a chronic mental disorder that can negatively affect an individual's readmission of bipolar patients. The purpose of the doctor of nursing practice project was to develop a staff education program to empower the staff to educate the patients by increasing the staff's knowledge about evidence-based, self-care management strategies. The focus of the educational content was on the approaches to improve patients' adherence to their medications, promote follow-up care, and prevent suicide. The theory that informed this project was Knowles's theory of adult learning. One source of evidence generated during the project was the evaluation conducted by four content experts (i.e., two physicians, one nurse practitioner, and one nurse manager) to determine the relevance of the training content, which resulted in a 100% of the experts rating the content as highly relevant on a Likert scale from 1 = *not relevant* to 4 = *highly relevant*. Another source of evidence was the findings of the pre- and posttests completed by the participants of the training to determine if learning occurred and if knowledge was gained. Five staff (i.e., one nurse, one nurse practitioner, two psychiatric technicians, and one social worker) participated in the educational program and completed the pretest and three completed the posttest. The results show a great difference between percent total score on the pretest (M = 60%; range = 33.3% to 83.3%) and posttest (M = 94.4%; range = 83.3% to 100%). This project offers the training needed for staff to prepare patients with bipolar disorder to manage their condition after discharge and has the potential to prevent patient readmission and improve their quality of life, thus, effecting a positive social change.

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I would like to dedicate this dissertation to my children, Fortune, Brandy, My Cherie, and Chelsey, who encouraged me to continue when I wanted to give up. My prayers are that my love of learning will be something that will encourage you guys. And always remember, no matter the circumstances, never give up. I thank my partner, Patrick, for his support and believing in me too. I would also like to dedicate this to my mother, Janet, who has always supported and encouraged my pursuit of a higher education. I miss you and wish you were in America to share life with me.

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Section 1: Nature of the Project

Bipolar disease, depression, and other mood disorders are the most common mental health disorders among Medicare beneficiaries (Heslin & Weiss, 2015). Long□ term outcomes are persistently suboptimal for these mental health disorders (Geddes & Miklowitz, 2013). The economic burden of bipolar disorder to society is enormous, totaling almost $120 billion in the United States in 2009; these costs include the direct costs of treatment and indirect costs from reduced employment, productivity, and functioning (Dilsaver, 2011). Given the burden of illness to the individual and society, there is an urgent need to improve the care of patients with bipolar disorder. Previously known as manic-depressive illness, bipolar disease is a brain "disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks" (National Institute of Mental Health, 2018, para. 1). It has symptoms of mania, the "highs" of bipolar disorder (e.g., very aggressive, hyperactive), and symptoms of depression, the "lows" of bipolar disorder (e.g., feelings of hopelessness, feeling down, having poor appetite); changes in mood or "mood swings" are intense and can last for hours, days, weeks, or even months (National Institute of Mental Health, 2018).

Bipolar disorder is a chronic mental disorder that typically begins in adolescence or early adulthood and can have life□long adverse effects on the patient's mental and physical health, educational and occupational functioning, and interpersonal relationships (Valente & Kennedy, 2010). Therefore, having bipolar disorder can negatively affect an individual's quality of life (Hidalgo-Mazzei et al., 2017). Although not as common as

major depressive disorder, the lifetime prevalence of bipolar disorder is approximately 4% in the United States, with similar rates regardless of race, ethnicity, and gender (Ketter, 2010; Merikangas et al., 2007). Hospital readmissions that occur within a 28-day timeframe after a patient has been discharged tend to have adverse outcomes for the patient (Heslin & Weiss, 2015). There are multiple causes of readmissions for patients with bipolar disorder. Some of the most common include little to no access to care in the community and medication noncompliance (Heslin & Weiss, 2015). Readmission of patients with bipolar disorder to inpatient units must be reduced to improve patient care outcomes and reduce the overall financial burden to society.

The purpose of this doctor of nursing practice (DNP) project was to develop a staff education program for nurses and other staff working with patients who have a diagnosis of bipolar disease in an outpatient clinic. The educational program focused on evidence-based strategies to increase a patient's ability to engage in self-care management prior to being discharged from the outpatient clinic. Included are strategies related to adherence to prescribed medication, the importance of follow up with the health care provider, and suicide prevention. This project has potential to ensure that nurses are equipped with the necessary tools, resources, and skills to act or function as educators for patients with bipolar disease, and thus, the potential to reduce readmissions, promote improved quality of life, reduce costs (see Barekatain et al. 2013), and promote social change.

Problem Statement

Bipolar disorder is a chronic mental disorder that can negatively affect an individual's quality of life (Hidalgo-Mazzei et al., 2017). Behavioral health readmission of adult patients who are diagnosed with bipolar disorder is on the rise (Hidalgo-Mazzei et al., 2017). Lack of discharge planning and inpatient behavioral health teaching leads to increases in the readmission of bipolar patients (Smith et al., 2011). Readmission often occurs when patients discontinue their prescribed medications, fail to follow up with their outpatient care provider, and lack psychoeducation about their illness (Smith et al., 2011). Psychoeducation programs are evidence-based education recommended by the National Institute for Health and Care Excellence (NICE; 2014) for the treatment of bipolar disorder. However, most individuals with bipolar disorder are not given access to psychoeducational programs prior to being discharged from the outpatient clinic (Rahmaniet al., 2016).

According to the clinic staff, patients with bipolar disorder who receive care at the project site psychiatric clinic in a health department in a southeastern U.S. state have an increased readmission rate to the local hospital. Nurses working in the clinic shared with me that they do not have the time to provide discharge teaching, and they are not familiar with the most recent discharge information to provide to patients with bipolar disorder. In addition, there are no guidelines in the clinic for them to use as a resource. Educating the nurses in the project site clinic with the most recent, evidenced-based information to teach patients prior to their discharge has the potential to address this gap in practice.

The purpose of this DNP project was to develop a staff education program for nurses and other staff working with patients who have a diagnosis of bipolar disease in an outpatient clinic focused on evidence-based strategies that will increase a patient's ability to engage in self-care management prior to being discharged from the outpatient clinic. Providing the nurses with knowledge about self-care management for this population, which includes medication adherence, the importance of follow-up care, and suicide prevention, aims to empower nurses to teach patients and meet the current lack of psychoeducation (see Janney et al, 2014). Preparing the patients with bipolar disorder to manage their condition after discharge has the potential to improve their mental health outcomes and prevent readmissions.

Purpose Statement

Patients receiving care at a local outpatient clinic were not being provided with the most current, evidence-based information needed for them to engage in self-care management after they were discharged from the clinic. Communication with the staff revealed that they were not knowledgeable about current, evidence-based information to teach the patients with bipolar disorder about strategies for self-care management. In addition, there are no guidelines in the clinic for them to use as a resource. The purpose of the DNP project was to develop a staff education program to increase their knowledge about the evidence-based information needed to increase self-care management of patients with bipolar disorder prior to their being discharged. Increasing the nurses'

knowledge has the potential to decrease the gap in nursing practice by empowering the nurses to educate the patients about self-care management strategies.

The guiding practice-focused question for this project was: Will a staff education program for staff working in an outpatient clinic increase their knowledge about the evidence-based information needed to increase self-care management of patients with bipolar disorder? The focus was to increase staff awareness of the factors that may hinder medication adherence and the approaches to improve patients' adherence, the importance of follow-up care, and suicide prevention. Educating nurses with information to prepare patients with bipolar disorder to manage their condition has the potential to empower the patients to implement self-care management practices after discharge.

Nature of the Doctoral Project

I reviewed the purpose of the proposed project with the nurse researcher for the project site facility, and she agreed with the proposal. After communicating with the researcher, I analyzed the need and established the criteria for the staff education due to high rate of readmission. The most common reason for the high readmission rate is the patient's failure to follow discharge orders and lack of discharge planning. To address this gap in practice, I developed a staff education program. The program's content and delivery strategy was based on the evidence-based information from current research studies, the first source of evidence. I gained additional evidence to support the content used in the education session from a review of the program by a panel of content experts.

Clinic staff were informed about the upcoming staff education meeting via email and a flyer that was posted in the break room and at the reception desk. The information provided included time, date, and topics to be covered. Information about the staff education was also shared during meetings. Staff were notified that the educational program would take approximately 30 minutes and were given one opportunity to attend the meeting at noon during their lunchtime break.

To measure the improvement of staff knowledge from this education project, I developed a pre- and posttest. The staff were invited to complete a pretest which took less than 10 minutes, before participating in the education program. Pretest questions were related to knowledge of self-care management practices to prevent the hospital readmission of bipolar patients. The same test was given as a posttest after the completion of the program. The posttest was used to determine the mean percentage difference between the pre- and posttest scores and used as an indicator of the success of the project. I specifically designed the pre- and posttests for this project to measure the staff's knowledge about bipolar disorder self-management and strategies to prevent readmission, including increasing adherence to medication, the importance of follow-up care, and addressing suicide risk. I developed a PowerPoint presentation with the educational material for teaching purposes.

Significance

The diagnostic rates of bipolar disorder have rapidly increased in recent years, resulting in a substantial rise in the use of mood-stabilizing medications among

adolescents and adults diagnosed with the disorder (Hamerin & Lennaco, 2010) as well as increased hospitalization (Elixhauser et al., 2011). The social implications for the current study are significant. As Bhugra et al. (2012) pointed out, there is a need to better understand the discharge planning used in mental health, especially due to the potential for bias and error. If discharge planning is better understood, the development of more useful diagnostic frameworks for training and practice may improve the readmission problems. The stakeholders, or people who may be affected by this project, include patients, caregivers, and health care professionals (see Jann, 2014).

Furthermore, providing a staff education at the project site may go a long way to provide better care to patients and enhance staff knowledge to meet the needs of individuals but also to meet the needs of local and global communities that are served (see Walden University, 2018). The results of this education program have the potential for positive social change for patients, clinic staff, and the facility. This staff education may be beneficial to other clinics or other community facilities who serve patients with bipolar disorder. Through the increased knowledge that the staff receives from the education program that is then passed on to the patients, patients may improve their ability to make their needs known, improve self-care management skills, reduce readmission, and improve their outcomes.

Summary

In this section, I described the current project that addresses the discharge processes employed by the project site clinic during the assessment and diagnosis of

patients with bipolar disorder. My discussions with the staff and clinicians' perceptions and lived experiences related to bipolar disorder assessment and diagnosis provided a better understanding of the gap in practice. The purpose of this DNP project was to educate nursing and clinic staff whose lack of discharge planning and inpatient behavioral health teaching may have been the cause of increases in the readmission of bipolar patients. Readmission often occurs when patients discontinue their prescribed medications and fail to follow up with their outpatient care provider, which has the potential to increase the risk of suicide. In the next section, I will provide further background and context.

Section 2: Background and Context

Patients with bipolar disorder receiving care at a local outpatient clinic did not receive the most current, evidence-based information needed to provide self-care management. The clinic manager revealed that the staff working in the outpatient clinic were not knowledgeable about current, evidence-based information to teach the patients with bipolar disorder about strategies for self-care management. In addition, there were no guidelines at the clinic being used as a resource for teaching patients. The purpose of this DNP project was to develop a staff education program to increase clinic staff's knowledge about evidence-based interventions on patient with bipolar disorder self-care management following discharge. Increasing the staff's knowledge of the information to teach patients with bipolar disorder has the potential to decrease the gap in practice by empowering the staff to educate patients about self-care management and bipolar disorder following their discharge from the hospital.

The focus of this project was on closing the gap in knowledge about self-care management for patients with bipolar disorder. The practice-focused question addressed was: Will a staff education program for staff working in an outpatient clinic increase their knowledge about the evidence-based information needed to increase self-care management of patients with bipolar disorder? In Section 2, I discuss the theory that informed my project, relevance to nursing practice, local background, context, and the DNP student's role.

Concepts, Models, and Theories

Knowles's Theory of Adult Learning

The theory that informed this project was Knowles's theory of adult learning. Malcolm Shepherd Knowles (1913–1997) is recognized for the development of an adult learning theory. The theory was developed in response to identifying adults learn differently than children (Knowles, 1984). The goal of this project was to educate staff (i.e., adult learners) who fit the characteristics identified by Knowles's theory. Knowles (1984) asserted that adults learn based on their: (a) need to know, (b) self-concept, (c) experiences, (d) readiness to learn, (e) orientation to learning, and (f) motivation (Franco, 2019).

Staff at the project site repeatedly face readmission barriers and have identified a need to know and understand additional methods to prevent readmission with patients. Staff desire direct involvement in their education and training and have expressed an interest in learning new techniques that will solve the immediate problem of readmission with patients. Today's staff bring a multitude of experiences and a variety of educational degrees to enhance their learning experience. Improved discharge information has the potential to increase patient satisfaction and improve patient outcomes (Carr, 2017). Knowles's theory has been previously used in staff education programs for nurses in psychiatric settings (Dickson, 2021).

Analysis, Design, Development, Implementation, and Evaluation Model

There are various design models that can be used for developing education programs. In this capstone project, I employed the analysis, design, development, implementation, and evaluation (ADDIE) model. The ADDIE model was created in 1975 and is commonly referred to as an instructional system design, a system approach to training, or a process model that consists of a five-phase outline for curriculum design, development, and improvement as well as for the creation of educational, instructive, and training materials (Hund, 2016). Within the analysis phase of this capstone project, I identified a gap in the staff's knowledge regarding discharge teaching. Closing this gap is vital when working towards a resolution (see Jeffery et al., 2016).

Relevance to Nursing Practice

Nurses are on the frontline of providing health care and have the potential to influence other team members by initiating education and implementing new strategies based on evidence-based practice. With this project, I aimed to close the gap in staff knowledge about self-management for patients with bipolar disorder. Closing the gap and educating staff about medication adherence, the importance of follow-up care, and suicide prevention has the potential to improve patients' understanding and satisfaction as well as meet the requirement for psychoeducation. Existing literature provided a context for the content that this education project addressed.

Literature on Medication Adherence With Bipolar Patients

One of the major issues in the self-management of bipolar disorder for patients is

medication adherence. As a common problem, nonadherence to prescribed medications by bipolar patients has been the subject of numerous studies in recent years. According to World Health Organization, improving medication adherence is a major challenge for bipolar patients (Selvakumar et al., 2018).

Existing literature showed that between 20% and 60% of bipolar patients do not adhere to their medication regimens (Selvakumar et al., 2018). Chakrabarti (2016) contended that an average of 40%–50% of bipolar patients do not take their medication regimens regularly. According to Bauer et al. (2019), less than half of all bipolar patients are fully medically adherent, with the standard definition of adherence being taking 80% of the prescribed doses.

Adherence is a three-phase process of initiating the treatment; implementing and following the prescribed regime; and showing persistence over time to the treatment, even in the face of obstacles like side effects (Bauer et al., 2019). Bipolar patients often manifest ambiguity regarding their illness, particularly the manic stages (Goldberg et al., 2016). The symptoms of the illness themselves may also be factors in impeding adherence; as well as lack of transportation to the clinic, insurance issues, financial constraints and other factors that health care providers may be unaware of may complicated and act as barriers to treatment. Patients may also, particularly when considering adverse events, feel tempted to discontinue medication once they feel better (Bauer et al., 2019).

Researchers have suggested that medication nonadherence for patients with bipolar disorder is a complex phenomenon shaped by various factors such as clinical, demographic, and medication-related factors (Chakrabarti, 2016). Medication adherence in psychiatric patients is often compromised by a variety of factors, including complications because of the patient's physical and mental state, socioeconomic challenges that are more common in mental health patients, unpleasant side effects, and low health literacy (Chakrabarti, 2016). Simply put, if a patient is not taking the prescribed dose of a medication at the prescribed interval, the medication will not be effective.

Patient-Centered Approach

Chakrabarti (2016) has suggested that more emphasis should be placed on a patient-centered view of medication nonadherence. Such an approach would help understand medication nonadherence in treating bipolar disorder based on patients' personal beliefs, perceptions regarding the pros and cons of treatment, life circumstances, and decision-making processes. In support of a patient-centered view, Selvakumar et al. (2018) contended that medication nonadherence in bipolar disorder is brought about by the interaction between several variables, particularly patient attributes, including personal beliefs regarding illness, access to treatment, social context, and service delivery. For instance, I have observed patients such as Mr. Jones (a pseudonym) who was diagnosed with bipolar disorder about 10 years ago. Mr. Jones is currently unemployed and depends on his family members for support and care. Over the years, he

is spending more days in the hospital each year. His condition has worsened over time to an extent that he does not consider treatment to be beneficial. As a result, he does not take his medication regimens regularly and has a poor attitude toward treatment.

Nursing is fundamentally a patient-centric health care practice, which means that taking into consideration the patient's individual thoughts, beliefs, and needs is paramount. With medication adherence for bipolar disorder, the patient-centric perspective is particularly useful. It is not useful for the health care provider to simply diagnose a patient, then walk away, confident in the assumption the patient will follow orders to the letter. First, the patient's level of competence and willingness to comply must be assessed, as well as the supportive network around them to facilitate compliance. Poor insight into the condition and a lack of self-awareness in the patient is correlated with higher levels of nonadherence (Chakrabarti, 2016). The nurse must work with the patient to create a treatment plan. If possible, assessing the patient's caregivers and friends and their belief and confidence in the prescribed treatment may be useful. Certain factors can make securing medication difficult, such as an unstable environment, like homelessness or housing instability; an erratic work or life schedule; a lack of insurance coverage; lower levels of health literacy; and the difficulties of the illness (Hamilton et al., 2016). Homelessness is a factor in readmissions (Hamilton et al., 2016); therefore, it is important to review resources in the community for the patient to get assistance for therapy, medication, and places to live.

Psychoeducation Approaches to Improving Medication Adherence

Rahmani et al. (2016) found that a psychoeducation approach was beneficial to patients. Key areas of focus in the education program developed by Rahmani et al. included:

Session 1: The introduction of the researcher and participants to each other, explanation of rules of group therapy, roles of participants, and the topics of group therapy.

Session 2: An overview of bipolar disorder, its effects on patients' life, and problems associated with being diagnosed as mentally ill.

Session 3: Causes of hospitalizations and readmissions.

Session 4: Treatment modalities, role of medication, types of medication, and side effects of medication.

Session 5: Negative consequences of nonadherence to medication.

Session 6: Role of the patient in enhancement of treatment efficacy.

Session 7: Importance of continuing to take medication in maintaining phase.

Session 8: Education of problem-solving strategies.

Session 9: Protective role of medication adherence in prevention of relapse.

Session 10: Review and evaluation. (p. 290)

Evidence has shown that the management of bipolar disorder happens to be a challenge to individual patients, caregivers, and health care professionals (Jann, 2014). This is more so the case given that the said disorder tends to be fluctuating in nature.

Psychoeducation among patients (e.g., reminders to call for medication changes) will seek to improve the quality of life of patients by reducing recurrences (Sajatovic et al., 2007). There is also a need for health care providers to be sensitized on not only the relevance of psychoeducation but also the most effective methodologies in relation to the deployment of this intervention.

Compared to pharmacotherapy alone, adding psychoeducation to pharmacotherapy among patients with bipolar disorder who experience recurrences leads to a reduction in hospital readmissions (Miklowitz et al. 2003). In addition, the quality of life of the patients improves because of better management of the condition. Hospital costs due to readmissions are also reduced. According to Wheeler (2010), psychoeducation comes in handy in educating patients, amongst other things, to address the risks of stopping medications and how to maintain healthy habits, manage stress, and manage symptoms. This intervention is also key in ensuring persons diagnosed with bipolar disorder understand their illness and how to cope with it (Wheeler, 2010).

Joas et al. (2020) conducted a study on the effectiveness of psychoeducation to determine the effectiveness of the said intervention in reducing recurrences. A mental nurse practitioner, registered nurse, licensed therapist, and a psychiatrist who reviewed the study according to their area of expertise. The study aimed at acquiring data from participant and their families on any knowledge on bipolar disorder. The participants were 402 patients without psychoeducation exposure who had registered with the Swedish Quality Assurance Register for at least three times for bipolar disorder.

Afterwards, participants were followed up annually and were expected to share their experiences after intervention. Evidence indicated a decrease in inpatient care, depressive episodes, mixed episodes, manic episodes, and mood episodes after psychoeducation. Joas et al. concluded that the risk of inpatient care and new episodes of mood largely decrease because of routine psychoeducation for patients with bipolar disorder.

Importance of Nursing Education on Medication Adherence and Suicide

Poor medication adherence is associated with relapse and a higher rate of suicide attempts, so a failure to treat the whole patient can have very serious consequences (Bauer et al., 2019). The usual approach to assess medication adherence is simply to ask the patient; however, patients may have a poor memory and be unwilling to admit failure to adhere to a physician out of fear of hospitalization or a desire to please an authority figure, which calls for a collaborative approach (see Chakrabarti (2016). Still, simply impressing upon the patient the importance of adhering to the regime, even if symptoms have lessened, is a critical first step (Bauer et al., 2019). Contact with providers can also be used to facilitate adherence. Offering patients access to a nursing hotline to contact to discuss worrisome side effects or to use telemedicine for patients that struggle with transportation issues or social phobia may also be useful.

Nurses must check up on patients, and not simply the patient's health status and symptoms, but also patients' attitudes and beliefs regarding their treatment. As Chakrabarti (2016) stated, "Patients' decision-making processes are influenced by the nature of their relationship with clinicians and the health-care system and by people in

their immediate environment" (para. 1). Ideally, a forward-thinking nurse who asks the right questions will be able to prevent a lapse and not simply spot one after it has occurred. The purpose of this project was to increase staff's knowledge to enable them to engage patients in self-care management practices and medication adherence to avoid rehospitalization.

Local Background and Context

Bipolar disorder is a chronic mental condition that is marked by depressive and/or manic symptoms/episodes (Jann, 2014). According to the author, the condition can occur in early childhood but mainly affects adults with a prevalence rate of 4%. Further, the author suggests that bipolar disorder is characterized by a series of irregular recurrences. These recurrent episodes of bipolar disorder negatively impact functioning, quality of life and overall health status of patients (Jann, 2014). According to Miklowitz and Gitlin (2014), a patient with bipolar disorder may experience hypomania or mania. In essence, a bipolar patient could in some instances feel unusually irritable, and in other scenarios be full of energy. This could have a significant impact on such a patient's relationships as well as their general wellbeing. Previous studies conducted on bipolar disorder indicate that the recurrence of depression in bipolar patients could be as high as 21% (Jann, 2014). Therefore, it would be prudent to note that recurrence is a major problem among patients with bipolar – essentially meaning that those discharged from hospital are in most cases readmitted for the very same mental health issue. For this reason, it is important to come-up with ways of dealing with recurrent nature of the said disorder.

The project site clinic located in the Southern United States, like many other mental health institutions, reported a high bipolar patient readmission rate. According to medical director at this clinic, available institutional records indicated that among the three most common mental health issues that the institution mainly concerns itself with, bipolar disorder happened to have the highest admission rate of 19%. This clinic is a multicultural health center with health care providers drawn from diverse backgrounds. It also serves a cosmopolitan society with a population of approximately 90,000 persons. Most of those presenting at the clinic with bipolar symptoms are women aged between 14 and 35 years old. This clinic's mission is the provision of a holistic environment that is ideal for mental health patients in their journey towards recovery. On the other hand, the clinic's stated vision is to be a premier mental health center and resource. In seeking to accomplish its mandate, the clinic is guided by four core values. These are clinical expertise, care, dedication, and integrity.

The DNP project was designed to benefit the entire community and more specifically, patients who presented with bipolar disorder symptoms. It is hoped that it will essentially advance better outcomes for all those treated and discharged from the facility. This is more so the case given that the goal in this case happens to be reduction in readmission rates.

The fluctuating, chronic and dynamic nature of bipolar disorder has led to challenges related to the management of this disorder throughout the life of patients – especially following discharge from health care institutions (Jann, 2014). Therefore, the

DNP project was designed to be beneficial in efforts to deal with the recurrent nature of bipolar disorder. Through the implementation of the various strategies to reign in high readmission rates, the quality of life of individual patients may be significantly improved. Available literature suggested that in addition to the various pharmacological and behavioral interventions, improving quality of life for patients diagnosed with bipolar disorder and enhancing their coping abilities leads to reduction in health care costs and a decrease in other adverse individual-specific outcomes.

Role of the DNP Student

Understanding the patient's needs and knowing where they are in managing their disease process guides the health care professional in asking additional questions in a nonjudgmental manner. The DNP Essentials VI is a roadmap for the DNP project. The DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population is most appropriate for this proposed project. The DNP student's role is to have a working knowledge of the guidelines associated with performing adequate research and providing interprofessional collaboration with nursing and other staff.

My motivation for this project derived from the desire to prevent readmission of patients with a bipolar disorder in a health care facility. The topic of this capstone project stemmed from a collaboration between my program preceptor and myself as a DNP student. Research and project topics often evolve from discovering a problem, and through discharge techniques and cooperation from preceptors or team members, these topics are further researched and evaluated. During informal conversations with staff

members at the facility, discharge needs surfaced. Staff reported being unfamiliar with discharge instruction and needed additional information to help them with discharge.

An additional motivation was based on my current practice role as a family nurse practitioner in a primary care clinic and the patients discharged from the hospital who receive care at the primary care facility where I practice. I remember in my practice how my patients appreciated my face-to-face communication with them about how to cope and manage themselves with their disease.

Reports from mutual patients can lead to potential biases. During my current practice role as a nurse practitioner, biases are common. Biases exist due to being a primary care provider that receives patients from an acute care facility; discharge issues are brought to my attention from the patients entrusted to my care. Patients tend to share details of their critical care hospital experiences involving discharge issues. As I conducted this project, I engaged in self-reflection to ensure that my bias would not interfere with my discussions with the staff. I developed the presentation using the evidence obtained from the literature. In addition, I disseminated the acquired knowledge to clinic staff in a nonjudgmental manner. Educating the nurses using enhanced discharge techniques has the potential to increase staffs' knowledge about discharge techniques, prevent readmission, and improve patients' satisfaction with the care they receive from the staff.

Role of the DNP Team

DNP Team in the Readmission of Patients With Bipolar Disorder

The multidisciplinary team is a crucial paradigm for providing patient care.

Reducing the high rate of readmissions among bipolar illness patients requires integrating

treatments from various health providers. For promoting improvements in practice, teams

must include members from all aspects of the profession and patient representatives to

achieve efficiency (Agency for Healthcare Research and Quality, 2013). As a DNP

student, I am part of the treatment team that includes nurse practitioners who interact

with the patients. Other team members at this project site included health therapists,

social services, pharmacists, dietitians, instructors, care coordinators, and medical

doctors. The team meets regularly to examine performance data, identify areas for

improvement, and implement and track progress.

The DNP Project Team

The staff who participated on this DNP project team as content experts included

one physician, one nurse practitioner, one risk manager, and one medical assistant who

worked with me to determine the relevance of the content and any need to refine the

program. The DNP project team was responsible for evaluating the educational program,

providing comments, and assisting with the implementation process in this DNP project

(Agency for Healthcare Research and Quality, 2013). Management was aware of

implementing and testing this education and was available for resolving any concerns that

could have developed along the process. These team members were all well-versed in the diagnosis and treatment of mental illness.

DNP Project Team Meetings

Putting together and maintaining a project team was an integral part of project management. To present the project to the team, I held a detailed meeting with the team to present the overall aims of educational program and to obtain their feedback. I informed the team of the proposal's goal and increased their awareness of the evidence to address self-management and medication adherence among the growing number of bipolar patients. It was critical to include team members prior to the project's execution to address all areas of the education to assess relevance. By presenting their expertise and contextual perspective in meetings, the health care team shared their knowledge and insights. In addition, the team members had an opportunity to share their project knowledge with the rest of the group.

I sought the team's evaluation of the content at the meeting and used their input to confirm the relevance of the content for the staff education program. I sought their input and comments on the pretest posttest that I developed to test the effectiveness of this education for staff. After the meeting, I reviewed the findings of the evaluation with the team and asked for their suggestions for any changes for the education project prior to implementing and evaluating it among the staff who participate.

Summary

This DNP capstone project was designed to develop and provide a staff educational program to clinic staff, focusing on appropriate discharge information. The principles of the Knowles adult learning theory helped me to tailor the education for adults because they learn differently. I also designed and implemented the staff education using the ADDIE model of instructional education. The project is relevant to nursing practice in that nurses hold the key to effective discharge between patients and other nursing staff. Nurses with provide discharge information relevant to prevent readmission. Through the research process, evaluation, and implementation of this proposed project, providing teaching discharge techniques to local clinic staff members has the potential to increase knowledge with potential to prevent readmission of patients and improvement in patient satisfaction scores in the local facility. In Section 3, I will discuss the practice-focused question and sources of evidence, identify participants and the procedure for the project, and discuss the participants' protections and the analysis and synthesis of the project.

Section 3: Collection and Analysis of Evidence

Introduction

Failure to engage in self-care management, including poor medication adherence, is associated with relapse and a higher rate of suicide attempts among patients with bipolar disorder, so a failure to treat the whole patient can have very serious consequences (Bauer et al., 2019). While simply impressing upon the patient the importance of adhering to the medication regimen, even if symptoms have lessened, is a critical first step (Bauer et al., 2019), nurses can use other evidence-based approaches to guide patients to avoid readmission by reviewing self-care management. At the project site, staff were not using a step-by-step approach to provide this information to patients and did not have knowledge about the best practices. Upon admission, nurses need to begin to provide patients with the information needed to prepare them prior to discharge. Consequently, I developed a staff education program for nurses as the focus of this project.

In this section, I review the project question and describe the participants, procedures used to develop the staff education, and both my role and the team's role in the project.

Practice-Focused Question

The practice-focused question was: Will a staff education program for staff working in an outpatient clinic increase their knowledge about the evidence-based information needed to increase self-care management of patients with bipolar disorder?

In the staff education program, I taught staff about what steps to follow to ensure that they inform the patients about resources in the local community, so patients get the resources they need and avoid going back to the hospital. This included teaching the staff about involving patients' family members in the discharge teaching process. The education that I developed was based on evidence-based practice approaches and guidelines for teaching patients prior to their discharge.

Sources of Evidence

The first source of evidence for this project was evidence-based recommendations from the literature. I used the selected articles to back up the content included in the education to provide supporting evidence of what nurses can do to promote self-care among patients for medication adherence. Evidence selected was based on clinical practice guidelines, white or position papers, books on bipolar disease and self-management, and the research-based literature. I used the following databases to locate literature and evidence: PubMed, ScholarWorks, Directory of Open Access Journals, and Science Citation Index Expanded. The keyword search terms and phrases used in various configurations were *self-care management*, *bipolar disorder*, *prevention of readmission*, *staff education*, *bipolar medication management*, *suicide*, and *patient teaching*. The two sets of guidelines reviewed were the guidelines developed by NICE (2014) and the British Association for Psychopharmacology (Goodwin et al., 2016).

Additional evidence was generated during the project. One source of evidence was the evaluation of the educational program by the content experts who determined the

relevance of the content for the training. Another source of evidence was the findings of the pre- and posttests completed by the participants of the training to determine if learning occurred and knowledge was gained.

Evidence Generated for the Doctoral Project

Participants

The DNP Project Team. The DNP project team that I invited to participate in the project included two physicians, one nurse practitioner, and one nurse manager. These team members were invited to participate based on their knowledge of the concerns and issues of bipolar patients as well as to assess the relevance of the content for this training about self-management strategies, including improving medication adherence for these patients. The project team participated as content experts to evaluate the training.

Participants of the Training. I invited five staff (i.e., one nurse, one nurse practitioner, two psychiatric technicians, and one social worker) to participate in the training. These staff worked at the project site clinic.

Procedures

Content Expert Evaluation. I gave the project team the educational program developed in the form of a PowerPoint presentation along with a list of the learning objectives and the pre- and posttest. I asked each participant on the team to tell me if each of these parts of the education program were relevant enough to present to the staff or if any parts should be removed or edited. A Likert scale of 1 (*not relevant at all*) to 4 (*highly relevant*) was used to rate the learning objectives, the PowerPoint slides, and the pre- and posttest. I also gave the project team an opportunity to provide comments on the evaluation form (see Appendix A).

Pre- and Posttest and Pre- and Posttraining Questionnaire. I invited the participants who attended the training to complete a pre- and posttest and a pre- and posttraining questionnaire (see Appendix B). They were invited to participate in the training during their lunch break time around 2 p.m. I offered a one-time training for the staff (see Appendix C). Staff were then offered the posttest (see Appendix B) and a posttraining questionnaire to complete after the training was finished (see Appendix D).

Protections

Throughout this project, I followed the ethical protection guidelines of the *DNP Manual on Staff Education* (see Walden University, 2019). Participants of this project did not include patients. Participants were those staff invited to participate as the content experts to evaluate the training that was developed. Staff, including patient care technicians, nurses, and social workers, were invited to participate in the staff training.

Participation was voluntary and participants could stop at any time. I did not include the names of the participants in the project to protect their privacy. They completed the project tests and questionnaires anonymously. There were no anticipated risks other than those of a typical staff education program.

The Leading Research Act of 1974 created the first institutional review boards (IRBs; Walden University, 2021). The IRB's primary concern is always to ensure the rights of the people who participate in the project or study. Once the proposal was approved by my committee, I sought approval from the Walden University IRB to conduct this project regarding an education program for staff on self-care management to prevent the readmission of bipolar patients. Their review and approval verified that this project complies with an Walden University's ethical standards and U.S. federal requirements.

Analysis and Synthesis

The purpose of this project was to present an education program to staff to help increase their knowledge on how to prevent the readmission of patients with bipolar disorder by encouraging self-care. I collected data for the project using the Content Expert Rating Evaluation Form (see Appendix A), the pre-and posttests and pretraining questionnaire (see Appendix B), and the posttraining questionnaire (See Appendix D). I used Microsoft Excel to organize and enter the data. Microsoft Excel was then used to answer the practice-focused question and record, track, organize, and analyze the data

using descriptive statistics. The descriptive statistics I planned to use included the Likert

ratings provided on evaluation forms and the scores of the pre- and posttests.

Summary

In this section, I reviewed the project question and described the participants,

procedures used to develop the staff education project, and ethical protections for staff

invited to participate in this education project. I also described my role and the team's

role in the project.

Section 4: Findings and Recommendations

Introduction

The purpose of the DNP project was to develop a staff education program for nurses and other staff working with patients with bipolar disorder in an outpatient clinic. The educational program was focused on sharing evidence-based strategies nurses can use to increase a patient's ability to engage in self-care management prior to being discharged from the outpatient clinic. I designed this project to ensure that nurses are equipped with the necessary tools, resources, and skills to act or function as educators for patients with bipolar disease, and thus, have the potential to reduce readmissions, promote improved quality of life, and reduce costs (see Barekatain et al. 2013), thus, promoting a positive social change.

The practice-focused question was: Will a staff education program for staff working in an outpatient clinic increase their knowledge about the evidence-based information needed to increase self-care management of patients with bipolar disorder? One source of evidence generated during the project was the evaluation conducted by content experts to determine the relevance of the content in the training using a Likert scale from 1 = *not relevant* to 4 = *highly relevant*. Another source of evidence was the results of the pre- and posttests completed by the participants of the training to determine if knowledge was gained.

In Section 4, I discuss the findings and implications of the staff educational project. Recommendations are also provided for how the project can be utilized to

address the gap in staff education for self-care management for patients with bipolar disease to prevent their readmission.

Findings and Implications

Content Expert Evaluation

The content experts included four staff: two physicians, one nurse practitioner, and one nurse manger. I met with these content experts in person and provided them with the staff education training materials, so they could determine the relevance of the content for the training. They reviewed the content of the learning objectives, the pre- and posttests, and the PowerPoint presentation slides using a Likert scale for ranking. Only one participant evaluated the pre- and posttests. The content experts found the educational program content to be highly relevant (see Table 1). One noted "Good Job!" in the comments section about the PowerPoint slides.

Table 1

Content Expert Evaluation Data

Content Expert	1	2	3	4
Learning objectives				
1. Empower patients with patient education so that they can engage in self-care in the absence of someone close or the doctors who are out of reach	4	4	4	4
2. List ways to self-care and self-management for the patients with BD to reduce the rate of readmission	4	4	4	4
3. Describe evidence-based self-management skills for BD patients for improving medication adherence	4	4	4	4
4. Increase awareness of the resources that are helpful for BD patients to know about in their community.	4	4	4	4
Pretest/posttest questions	-	-	-	4
PowerPoint slides	4	4	4	4

Note. BD = bipolar disorder; 1 = Not relevant; 2 = Somewhat relevant; 3 = Quite relevant; 4 = Highly relevant.

Training

I developed and implemented this training because the staff at the project site clinic needed to have information, knowledge, and skills to provide discharge instruction for patients with bipolar disease to prevent their readmission to the hospital. In compliance with Walden University's doctoral program's staff education manual, my project fell within the guidelines of a DNP staff education project. After the Walden University IRB approved the project, I conducted the training at the project site clinic. The Walden University's ethics approval number is 02-18-22-0535433. I used the pre- and posttests to assess the staff's knowledge and the educational program outcomes. A total of five nursing staff were invited to attend the staff educational program, and all of

them were provided with the IRB-approved consent form and the pre- and posttests as well as a one-question overall evaluation survey.

The clinic staff participants included one nurse, one nurse practitioner, two psychiatric technicians, and one social worker. I used a pre- and posttest to assess the knowledge gained from the staff education. The staff education program included strategies related to adherence to prescribed medication, the importance of follow up with the health care provider, and suicide prevention. All five of the staff participants completed the pretest, and three completed the posttest.

The training took approximately 30 minutes, including the pre- and posttest as well as the one-question overall evaluation of the educational activity. All the PowerPoint educational materials with information were copied and given to each of the participants. The pretest results show that the staff had a range in scores from 33.3% correct to 83.3% correct, with a mean score of 60% correct. These data suggest that staff had limited knowledge about discharge instruction for patients with bipolar disorder. After the staff education program, three participants completed the posttest with a mean score of 94.4% and a range from 83.3% to 100% for total correct score.

The results show a great difference between pre- and posttest scores. On the pretest, only one of the six questions was answered correctly by the five staff participants. On the posttest, five out of six questions were answered correctly by the three participants that completed the posttest. The educational program resulted in a great improvement in staff knowledge based on the percent total scores.

Table 2

Pretest and Posttest Items Answered Correctly

	Minimum score	Maximum score	*M*
Pretest	2 (33.3%)	5 (83.3%)	3.60 (60.0%)
Posttest	5 (83.3%)	6 (100%)	5.67 (94.4%)

Overall Evaluation of the Training

I asked participants to rate the training using a Likert scale of 1 = *low* and 5 = *high*. The overall evaluation of the training was positive with findings showing that the participants reviewed the training as *excellent*, *informative*, and *helpful* with a mean of 5 (see Table 3 for participants' ratings and comments).

Table 3

Overall Evaluation and Comments

OVERALL	
Rating	Comments
5	This education session was so much needed. I feel like I now have the tools to help my patients.
5	The topic presented was informative and well written. The speaker did an awesome job in her presentation and explanation of this topic.
5	Very informative and well writing. I learned a lot, excellent.
5	Thank you educating us. It will help me a lot during my discharge instructions.
5	Very very informative. Very organized. Tailored/specific.

Note. 1 = Low; 5 = High.

Implications

All members of the expert panel agreed that the content addressed discharge instructions aimed to prevent readmission well. All the panel experts also believed that the material would help staff with the ongoing discharge issues in the organization. The aim of the project to increase knowledge was achieved. This project will influence social changes in the nursing profession by improving the poor discharge instruction for bipolar patients and to improve adherence medication and thus, prevent hospital readmission, thus, improving patient's quality of life.

<div align="center">

Recommendations

</div>

This project confirmed that staff education can facilitate self-care management knowledge among staff. Staff education is a good practice to implement in an organization because not only does it increase staff knowledge but may help patients with bipolar disorder to know some of the resources available to them in their communities that can help them with self-management. Furthermore, undiagnosed, untreated bipolar disorder among patients could worsen the condition, thus, every patient should be screened who presents with depression or appear to be a danger to self of others should be referred to a mental health specialist (NICE, 2014). A recommendation for future training is to institute a care continuum in education about patients with bipolar disorder to include the importance of always screening patients to confirm the diagnosis of bipolar disorder and follow this with education about self-care management. I will encourage management to repeat this training annually.

Lifelong learning has been recognized as a necessity for the nursing profession and leads to increased quality of education and development in nursing, thus, facilitating positive patient outcomes (Qalchsari et al., 2017). Project site staff may have lacked educational training on bipolar disorder specific to the psychoeducation aspects of nursing care, and this project showed a way to reduce that practice gap.

Strengths and Limitations of the Project

The strength of the project was that the results suggest that knowledge was gained, and this project has the potential to improve nurses' ability to provide information to patients to help with their self-management of bipolar disorder (e.g., resources available for them in the community). Anecdotal comments by the expert panel noted that the content would be helpful in both the clinic and hospital settings. A limitation of the project was the small number of participants who were available to take the training. I recommended that this training be provided to more staff in the future. Further testing will provide support for the results of improving staff knowledge and help determine additional areas in need of training.

Section 5: Dissemination Plan

The dissemination of research findings to those who will use the information in practice is essential. The use of evidence-based practice is vital to advancing research (Milner, 2016). The first step will be to disseminate the project results that indicate improving staff knowledge about discharge planning that addressed the problem under study in the project site organization due to the practice gap. My plan is to go to the clinic practice site and present my findings to clinic staff participants using a poster presentation to enhance their knowledge about the outcomes of the project. I will also invite participants who attended the training as well as those who were the content expert participants to attend a meeting. Recommendations will be provided for how the project can be used to address the gap in staff education for self-care management for patients with bipolar disorder to prevent their readmission.

The second step, I will give future presentations of the findings about this staff education program to health care professionals in other clinics that serve patients in the community, including the clinic at the local public health department. I will disseminate an overview of the training with the learning objectives, the PowerPoint presentation, and the pre- and posttest results to increase the understanding of the project findings. The importance of self-care management to prevent bipolar readmission cannot be overemphasized. This could be due to lack of knowledge by the staff as well as nurses; therefore, presenting the project findings will be beneficial not only to the staff and nurses but to the patients in general.

Analysis of Self

Role as Practitioner

The role of the practitioner manager as it relates to staff education can be complex. I found that to prevent readmission of individuals experiencing bipolar disorder, it is important to properly evaluate discharge protocols and review the evidence-based interventions to improve the process of discharge from the inpatient setting. The role of the practitioner is to evaluate these processes to improve the ability of patients to properly matriculate back into society. When analyzing myself as it relates to staff education, I found it to be important for the practitioner to have prior experience working in similar roles and functions. This is a critical component to the role of the practitioner because they can leverage their overall expertise to provide both qualitative and quantitative feedback in the design of staff education.

I found that my project experience was also important because it allowed me as the practitioner to further grasp the practical application of staff education within the overall working environment. In many instances, I found that the textbook explanations of bipolar disease often provided theory with little regard to the real-world implications for the theory. This occurred as many applications in the real world have many variables that are often are outside the scope of the textbook theory.

With my practical experience, I found that as a doctoral-prepared practitioner, I was better able to address these complex variables when instructing others through the staff education process by combining my clinical expertise with the evidence and theory.

Finally, this ability to leverage real-world experiences provided me as the practitioner with much more credibility during the overall education process. This credibility is helpful in getting other individuals to adopt the evidence-based policies and procedures provided within the educational process.

Challenges with the role of practitioner pertain mainly to different teaching methods when engaging with other employees. As a practitioner, I found that it is important to understand the various methods of instruction when teaching others. Particularly now as the world becomes much more diverse, the varying educational standards also become much more diverse. Different people learn in different ways. As a result, a practitioner within the staff education process may need to leverage and utilize different training methods to arrive at the desired results (Rosborough, 1998). Completing this project gave me insights that I will use in conducting future staff education programs in the community clinic setting.

Role as Scholar

The role of a scholar as it relates to staff education is very contentious. Scholarly works do provide some benefits as it relates to practical application. From a staff education perspective, I found it important to use critical-thinking skills to determine the content that can ultimately benefit the staff over the long term in educating patients about self-management for bipolar disorder. Through proper instruction related to critical thinking, staff members are much more empowered to make decisions that rely on multiple aspects of self-care management.

The challenge here was to properly determine and ascertain the relevant scholarly material that could be used in the overall staff education process. In addition, it was important to remove any material that was not applicable to the immediate needs of staff and their ability to perform their job functions. The insights I have gleamed from this process revealed that a more hands-on and practical approach would be more beneficial in the staff education process.

Role as Project Manager

The role of the project manager is arguably one of the most important roles in the staff education process. The project manager understands the deliverables, goals, and objectives of a particular job or department, and this is particularly helpful because the project manager can directly correlate goals and objectives within the overall staff education process. I found that project managers must have a strong sense of the teams' capabilities: their strengths and their overall weaknesses. Strengths that are already apparent on team can be either enhanced or disregarded at the project manager's discretion. I also found that I needed to conduct this project while considering the work environment. From a staff education perspective, this provides the most advantage as it relates to properly training employees to achieve a desired result within the work setting.

One of the challenges facing a project manager is to leverage educational techniques to properly motivate employees during the staff education process. Individuals with bipolar disorder are often difficult to properly heal. Overall, it requires a strong commitment on the part of the staff, the facility, and the community involved. As a

project manager, it is important to identify which elements are effective for each individual staff member within the education process. Some are visual learners, while others are more auditory. This becomes even more challenging as staff members deal with very difficult management issues, such as treatment for bipolar disorder (see Anderson et al., 2013).

Summary

Bipolar disorder presentations include manic and depression states, and manic and depressive presentations require referral for psychiatric assessment for the need for hospitalization as is described in clinical practice guidelines (see NICE, 2014). The Mental Illness Policy Organization (n.d.) stated that bipolar disease is a highly treatable condition when it is successfully diagnosed, and patients are referred to get treatment according to the statistics reported by the National Advisory Mental Health Council. It is important to make a timely diagnosis of bipolar disorder in order to avoid relapse and readmission. This project offers the training needed for staff education to prevent readmission for patients diagnosed with bipolar disease after hospital discharge. It is vital to note that successful instruction begins with the aid of available tools to complete the workflow; therefore, this staff education will help staff and nurses to enhance their knowledge of self-care management to prevent readmission.

In conclusion, this project addressed the practice-focused question of: Will a staff education program for staff working in an outpatient clinic increase their knowledge about the evidence-based information needed to increase self-care management of

patients with bipolar disorder? The results of the staff education project showed an

increase in nurses' knowledge and have the potential to go a long way to improve the

quality of life of patients as well reduce the economic cost of treating bipolar disorder.

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Appendix A: Content Expert Rating Evaluation Form

Review each of the following and rate their relevance to teaching staff about self-care management and improving medication adherence for patients with bipolar disorder.

Please rate the following	1 Not relevant	2 Somewhat relevant	3 Quite relevant	4 Highly relevant
Learning Objectives				
Empower patients with patient education so that they can engage in self-care in the absence of someone close or the doctors who are out of reach				
List ways to self-care and self-management for the patients with bipolar disorder (BD) to reduce the rate of readmission				
Describe evidence-based self-management skills for BD patients for improving medication adherence				
Increase awareness of the resources that are helpful for BD patients to know about in their community.				
Pretest / Posttest Questions				
PowerPoint Slides				
Overall Comments				

Appendix B: Pre- and Posttest and Pretraining Questionnaire

Pre- Posttest

Test (take before and after the training)

Please answer the following questions. Select the "best" answer:

1. The nurse's goal in teaching patients with bipolar disorder is to assist the patient to engage in:
    a)   Self-protection
    b)   Costs reduction
    c)   Problem resolution
    d)   Self-care management

2. Which of the following self-care management tips would be most suited for bipolar patients who are homeless?
    a)   Get into a good sleep routine
    b)   Associate with a support group
    c)   Seek information about housing
    d)   Improve coping strategies

3. For the patient with little or no income, one of the most important strategies for the patient with bipolar disorder is:
    a)   Visiting a psychiatric hospital
    b)   Taking medications as advised by the doctor
    c)   Eating healthy foods
    d)   None of the above

4. What would be the best advice to give to a patient who lives with their family?

   a)   Cope with the disorder

   b)   Talk to someone

   c)   Exercise regularly

   d)   Stay at home always

5. For the patient living in a group home, what would you recommend to the patient as the most important thing to do to help them avoid readmission?

   a)   Take medications routinely

   b)   Partner with members of their community

   c)   Communicate with their family

   d)   Regulate their emotions

6. What recommendation would you give the patient about how best to manage bipolar disorder when they have a full-time job?

   a)   Manage stress

   b)   Talk to a psychiatrist

   c)   Set priorities

   d)   Shop with friends

   Answer Key: Question/Correct Answer

   1.   Correct answer: D

   2.   Correct answer: C

   3.   Correct answer: B

   4.   Correct answer: C

   5.   Correct answer: A

   6.   Correct answer: A

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Appendix C: PowerPoint

NURSING: SELF-CARE MANAGEMENT FOR BIPOLAR PATIENTS TO PREVENT READMISSION

NURSING: SELF-CARE MANAGEMENT

LEARNING OUTCOMES

At the end of this training, the learner will be able to:

- Empower patients with patient education so that they can engage in self-care in the absence of someone close or the doctors who are out of reach
- List strategies for self-care and self-management for the patients with bipolar disorder to reduce the rate of readmission
- Describe evidence-based self-management skills for patients with bipolar disorder for improving medication adherence
- Increase awareness of the resources that are helpful for patients with bipolar disorder to know about in their community.

INTRODUCTION

- Bipolar disorder leads to individual and societal burdens and is associated with high cost of healthcare.
  - Hospital readmissions reduce the quality of life of bipolar patients and their families.
  - Education of staff on ways of reducing readmissions may reduce readmission costs and improve patients' quality of life. - Barekatain et al., 2013
- Self-care management strategies are useful in reducing readmissions - Adnanes et al. (2020)
- The purpose of this staff education is to help staff be able to identify the most appropriate self-care management methods to help patients with bipolar disorder to reduce hospital readmissions and to improve patients' medication adherence.

CONTENT OUTLINE

- Ways to empower patients with patient education so that they could self-care in the absence of someone close or the doctors who are out of reach
- Ways that patients can engage in self-care and self-management for patients with bipolar disorder to reduce the rate of hospital readmission
- Evidence-based self-management skills for patients with bipolar disorder for improving medication adherence
- Resources that are helpful for patients with bipolar disorder to know about in their community

SUICIDAL PRECAUTION

- Conduct suicide assessment to identify patients with bipolar disorder who are at risk

- Encourage therapy and adherence to medication to prevent suicide thoughts

- Place patient and monitor patients who are risk for suicide

WAYS TO SELF-CARE FOR BIPOLAR PATIENTS

- Monitoring mood daily and knowing one's trigger points like stress, arguments, workplace problems, etc.

- Exercising, taking a healthy diet with omega-3 fatty acids, staying away from alcohol, and adhering to medication only prescribed by the doctor

- Talking to someone close in times of hardships rather than self-isolating is important

- Keeping stress levels down is mandatory for that, yoga and meditation along with going out with colleagues, listening to music, or reading a book is beneficial

SELF-MANAGEMENT SKILLS FOR PATIENT'S FOR MEDICINE ADHERENCE

- Social stigma for medication adherence for bipolar patients
- Self-perceptions, health beliefs, personal knowledge about the diseases, affiliations with ethnocultural groups, and complexities in the use of smartphone apps create barriers to self-adherence to medications
- Self-adherence techniques could include a strict schedule from the patient's side and setting alarms on his phone for reminders about the medication routine

IMPORTANT RESOURCES FOR PATIENTS TO KNOW IN THEIR COMMUNITY

- Numerous organizations working for bipolar disorder patients could be contacted for resources are Depression and Bipolar Support Alliance (DBSA), National Alliance on Mental Illness (NAMI), American Psychiatric Association (APA), etc.
- For emotional assistance, Bipolar Support ad Depression and Bipolar Support Alliance are considered the best
- For financial assistance, The International Bipolar Foundation is the one to be contacted

TIPS FOR THE DISCHARGE

- Monitor earlier symptoms of mood changes, take a step to help yourself and feel better
- Call your nurse call online if you have issues and be sure to make and go to all appointments
- Make good friends and seek help from your family
- Take your medication your medication exactly as prescribed. Set up reminders to take your medications. Do change your medication or stop your medication without consulting your Doctor
- Take your medication as per order, it is important to keep taking them
- Always go to your peer group, even if you feel the sessions are not helping
- Walking is a good exercise , so try walking @ least 30 minutes per day
- It is important to sleep well at night, get enough sleep, make sure your room is dark
- Eat a good nutritional diet especial foods high in vegetables, protein, and fruits
- Try to reduce your stress life, use deep breathing exercises, and even make use of a massage therapy
- Avoid the use of street drugs
- Check out support groups near you or online.

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Appendix D: Posttraining Questionnaire

Overall, I would rate this activity:	1 Low	2	3	4	5 High