

2022

Evidence-Based Discharge Planning for Assisted Living Facility Residents

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Walden University

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Walden University

College of Nursing

This is to certify that the doctoral study by

Annick Sheron Kelly

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2022

Abstract

Evidence-Based Discharge Planning for Assisted Living Facility Residents

by

Annick Sheron Kelly

MSN, Walden University, 2018

BSN, Howard University, 2012

BS, Salisbury University, 2008

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2022

Abstract

Lack of staff knowledge is one of the leading challenges contributing to ineffective discharge planning from assisted living facilities. Recognizing that appropriate discharge planning is essential to the well-being of residents, the purpose of this doctoral project was to develop a staff education program based on current evidence-based discharge planning procedures for residents of an assisted living facility. Knowles's adult learning theory; Lewin's change theory; and the analysis, design, development, implementation, and evaluation model guided development of the staff education program. According to a review of the literature, evidence-based strategies for resident discharge planning included early discharge planning; tailored support, education, and follow-up; timely communication using a team approach; and the employment of standardized discharge planning procedures. Six staff members participated in the educational intervention. The average pretest score was 64.17 ($SD = 9.08$) with a range of 51 to 76 out of the possible 100 points. The average posttest score was 88.17 ($SD = 4.73$) with a range of 80.5 to 92.5. According to a Wilcoxon-signed ranked test to analyze the data, there was a statistically significant difference in the pretest and posttest scores, ($z = -2.21, p < 0.05$). Implications for positive social change included raising nurse and staff awareness of the benefits of appropriate discharge planning for assistant living center residents, which may promote positive resident care outcomes such as ease of transition, lower rates of readmission, continuity of care, and lower health care cost.

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Dedication

I want to thank God for making it possible for me to complete my project and doctoral program. To Joanna Ezong Killi, who has been missing for decades, thinking of you gives me the enthusiasm to strive to my higher heights. To my mother, Julienne Kelly, thank you for the foundation that prepared me for my future/destiny and achieving my goals. To my friend/mentor, Larry Metuge Ekaney, thank you for being the shining light for me to succeed and achieve my dreams. Thank you for your admiring support, encouragement, and confidence in me. To my dear husband, Frankline Besie Ambebi, and our children, Micah, Malaika, and Makenna, thank you for your support, patience, and understanding throughout this journey. You children are my motivation for digging deeper in life and reaching the finish line. Remember, you are capable of achieving anything in life. Just go forth, aim for the skies, and you will move from glory to glory. I am living the story.

Acknowledgments

I want to acknowledge my chair, Dr. Edna B. Hull, for supporting and guiding me throughout this process. Thank you for all of the times you invested on the phone with me, always being available, and understanding. You have been an excellent chair and “editor”. I admire and appreciate the commitment you have provided to me throughout this process. I also want to acknowledge my second committee member, Dr. Lyn S. Losty. Thank you for your time and valuable contributions during this process. I also want to thank the university research reviewer, Dr. Holly, and the program coordinator, Dr. Moss. Special thanks to Dr. Joan E. Hahn for her valuable input and putting me on track when I was frustrated and discouraged at the beginning. I am immensely grateful to you all.

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Section 1: Nature of the Project

Although there has been an increase in the number of older and disabled individuals admitted to assisted living facilities, little attention has been given to preparing residents for discharge and the return to independent living. Assisted living facilities have a responsibility to support residents and their families during discharge planning (Maxwell et al., 2015). This doctor of nursing practice (DNP) project focused on the lack of appropriate discharge planning for residents of an assisted living facility. Appropriate discharge planning ensures that a resident of an assisted living facility transitions from the facility in a well-coordinated manner (Bai et al., 2021).

Planning for discharge requires a coordinated effort by assisted living staff, residents, and family caregivers. Fenstermacher and Winn (2017) argued that inappropriate discharge planning makes long-term care residents vulnerable to abuse, neglect, and exploitation. Residents have the right to challenge discharge decisions made by facility staff (Bai et al., 2021). Discharge planning empowers assisted living residents by giving them an opportunity to raise complaints and report incidents of violation of rights (Magruder et al., 2019). Although appropriate discharge planning is essential to the well-being of patients, there are significant disparities in how residents are discharged from assisted living facilities across states (Holup et al., 2017). On average, 65% of residents convert to long-term stay, 20% are discharged to the community, 9% die, and 6% are discharged to hospitals within 90 days of admission to an assisted living facility (Holup et al., 2017).

Assisted living centers are defined as residential programs that provide housing and supportive services, personalized assistance, supervision, and health-related services to people who cannot perform or need to be assisted in performing activities of daily living (Code of Maryland Regulations, 2021). Abrahamson et al. (2020) indicated that residents who are older, diagnosed with dementia, unmarried, cognitively impaired, or with behavior problems are more likely to remain in assisted living facilities. A similar study by Morita et al. (2018) found old age, comorbid medical conditions, higher level of required care, more beds in a facility, and private ownership of a facility as factors associated with higher likelihood of inappropriate discharge from assisted living facilities. A sound understanding of the reasons for admission is critical to anticipate and develop care plans that assess discharge needs. Li et al. (2018) recommended 1-year follow-up by a community health care worker after discharge from long-term care nursing homes to ensure effective resident transition.

Residents discharged from assisted living facilities are prone to many problems, especially in the absence of clear, precise, evidence-based discharge planning. In a study evaluating interventions to improve the continuity of medication management upon discharge, Fredrickson and Burkett (2019) indicated that the provision of accurate discharge information and pharmacist-led medication reconciliation are critical for improving medication management during transition from assisted living facilities to the community. Appropriate, evidence-based discharge planning protects residents of assisted living facilities from neglect and abuse (Fenstemacher & Winn, 2017) and ensures effective transition to home-based care (Holup et al., 2017).

There was a need for staff education on evidence-based discharge planning for assisted living facility residents at the project site. The lack of appropriate discharge planning in assisted living facilities informed this project's practice-focused question: Will a staff education program improve the knowledge of nurses and staff on current evidence-based strategies for discharge planning from assisted living facilities? This project was also informed by the DNP essentials including interprofessional collaboration, clinical scholarship, and analytic methodology (American Association of Colleges of Nursing, 2006).

Problem Statement

The problem occurring at the practice setting was a lack of discharge planning procedures for facility residents as evidenced by incomplete medical record documentation. Onsite reviews of medical records and staff discussions indicated the absence of resident care meetings before resident discharge. Additional observations noted during onsite visits included the lack of documentation to support resident discharge, failure to include a discharge letter in the resident's chart as required by the state regulatory body, and documentation that does not support resident discharge. Successful discharge depends on multiple factors including the availability of home and community-based services, bed-hold policies, and Medicaid reimbursement rates (Xu & Intrator, 2020). Miller et al. (2017) recommended the use of the eco-map and ecosystems perspectives to guide assisted living facilities in discharge planning. Professional staff involved with discharge planning should consider multiple factors during patient assessment, including patients' transactional relationships with systems, to ensure the

provision of wraparound services upon discharge (Miller et al., 2017). Recent discussions with facility owners indicated a lack of knowledge on discharge planning processes for residents. These observations indicated a gap in practice in providing safe, high-quality resident discharge at the practice setting.

Purpose Statement

The challenges assisted living facilities face in discharge planning and the need for nurses and staff to improve their knowledge of evidence-based strategies for discharge planning have been recognized (Popejoy et al., 2020). The goal of this DNP project was to develop a staff education program for this purpose. This project was designed to answer the following question: Does an educational intervention focused on current evidence-based strategies for discharge planning from assisted living facilities increase knowledge and awareness among nurses and staff working in an assisted living facility?

According to Heiser (2022), regulations detail the procedures and processes that assisted living facilities should follow when discharging residents. However, nurses and other staff at the facilities may not have sufficient knowledge to ensure appropriate discharge of residents (Miller et al., 2017). An education program for nurses and staff at the project site may improve their knowledge and ensure appropriate discharge planning. This could lead to improved patient outcomes after appropriate discharge planning for facility residents.

Nature of the Doctoral Project

A review of the literature on evidence-based approaches for ensuring appropriate discharge planning from assisted living facilities provided sources of evidence meeting

the purpose of this study. Primary and secondary sources from academic databases including ProQuest, Medline, CINAHL, PubMed, EBSCO, ProQuest, Google Engine, and The Cochrane Library were reviewed to provide context and background for this project. Primary sources included scholarly articles, case studies, clinical reports, and dissertations, and secondary sources included articles, literature reviews, expert opinions, and biographies (see Al-Jundi & Sakka, 2017). The literature review for this project identified current evidence-based strategies for discharge planning from assisted living facilities. Insights gained from the literature review were used to develop an education program for facility nurses and staff focusing on evidence-based practices for discharge planning. I identified the scope of evaluation using inclusion and exclusion criteria to find articles through electronic databases and search engines. The literature review focused on a critical appraisal of sources published primarily within the past 10 years. Additionally, the level of evidence of each source was identified and used to determine its strength and quality in relation to answering the practice-focused question.

Significance

This project was designed to benefit several stakeholders in assisted living facilities, including nurses and staff, patients, their families, and management. Residents and their families were the most significant stakeholders. According to Xu and Intrator (2020), nurses and other staff working in assisted living facilities lack adequate knowledge to ensure appropriate discharge planning. This DNP project was conducted to address this knowledge gap faced by nurses and other staff in assisted living facilities.

According to the Institute of Medicine (2011), a profound, system-wide shift that involves providing continuing education opportunities to nurses is necessary to improve the U.S. health care system. Proper discharge planning is necessary to ensure quality care in assisted living facilities. Educating nurses and other staff about evidence-based strategies and practices for discharge planning may contribute positively to the quality of care offered in assisted living facilities. As Fredrickson and Burkett (2019) stated, an improvement in medication management is likely to result from appropriate discharge planning, particularly with pharmacist-led medication reconciliation and accurate discharge information. Additionally, residents and their families may be better informed regarding other relevant information depending on the individual needs of residents. Also, there may be an increased likelihood of achieving resident goals after discharge.

Professional nursing organizations such as the American Nurses Association encourage nurses to engage in lifelong learning to acquire knowledge and skills for advanced practice. This DNP project may contribute to the nursing profession by equipping nurses and staff with the knowledge and skills needed to perform effective discharge planning. The education program may serve as a platform for continued lifelong learning and define opportunities for effective transition to higher levels of education. The objective in this case was to provide nurses and staff working in assisted living facilities with skills and competencies required to ensure appropriate discharge planning, which they could apply to ensure positive resident outcomes. Skilled nurses and staff could ensure that residents transition from assisted living facilities to home-based care using evidence-based discharge planning. The administration of the assisted living

facility may also benefit from the project because of reduced readmission rates, which could address questions related to the quality of care provided by the facility. Improving discharge planning may be a good quality indicator for the assisted living facility, which in the long run may lead to increased satisfaction among the residents and their families, higher revenue, and reduced financial burden on the facility and the residents.

The mission of Walden University is to help diverse professionals become proponents of social change (Walden University, 2020, 2021). One of my goals in this project was to achieve this mission by applying skills and knowledge as a scholar practitioner to initiate beneficial social change in the assisted living community. This DNP project may lead to positive social change by implementing an educational program to improve staff knowledge and skills in evidence-based discharge planning. The project may help assisted living providers, owners, and staff in making evidence-based decisions regarding resident discharge, which may enhance the overall health and well-being of residents and improve the experience for family caregivers.

Summary

Although discharge planning is critical to the well-being of residents, inappropriate discharge planning remains a significant challenge in assisted living facilities. Nurses and staff in assisted living facilities require guidance and support to equip them with knowledge and skills in appropriate discharge planning. There are no formal education programs designed to ensure that nurses and staff have the skills and competencies required to ensure appropriate discharge planning, a practice gap that this DNP project addressed. Section 2 provides information related to the background and

context for the lack of appropriate discharge planning in assisted living facilities. I also address my role as a DNP student, the integration of theoretical models, and the relevance of the project to nursing practice.

Section 2: Background and Context

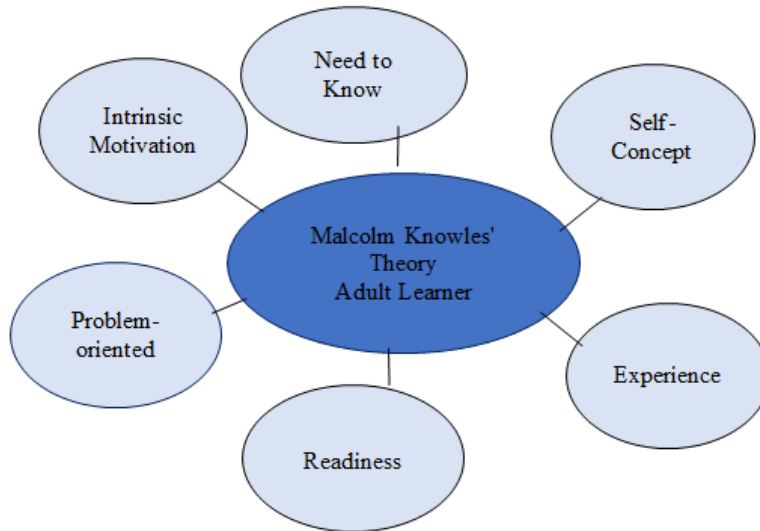
Assisted living facilities face numerous challenges including those related to the lack of appropriate discharge planning. The lack of skilled staff makes it difficult for assisted living facilities to conduct appropriate discharge planning (Patel & Bechmann, 2021). Lack of policies and procedures may also contribute to the problem. In Section 2, I discuss the concepts, models, and theories that informed the staff education intervention. Local context is provided, and background for the project is addressed. Section 2 also includes a discussion of the relevance of the project to nursing practice.

Concepts, Models, and Theories

A model is a representation of an object or a plan providing a structure, usually depicted visually and described narratively (Premkumar et al., 2017). Models are not tested. A theory is a set of ideas providing an explanation of a phenomenon (Premkumar et al., 2017). Unlike models, theories can be tested by making predictions or hypotheses based on them (Premkumar et al., 2017). A concept is an abstraction based on observations of behaviors or characteristics (Premkumar et al., 2017). Concepts are the building blocks of a theory (Premkumar et al., 2017). I used Knowles's adult learning theory (Willis, 2021); the analysis, design, development, implementation, and evaluation (ADDIE) model (Jeffrey et al., 2015); and Lewin's change theory (Hussain et al., 2018) to inform the project's aims and goals. Recognizing the problems facing this assisted living facility, I selected these models because each proposes education and training as interventions supporting implementation of a practice change.

Adult Learning Theory

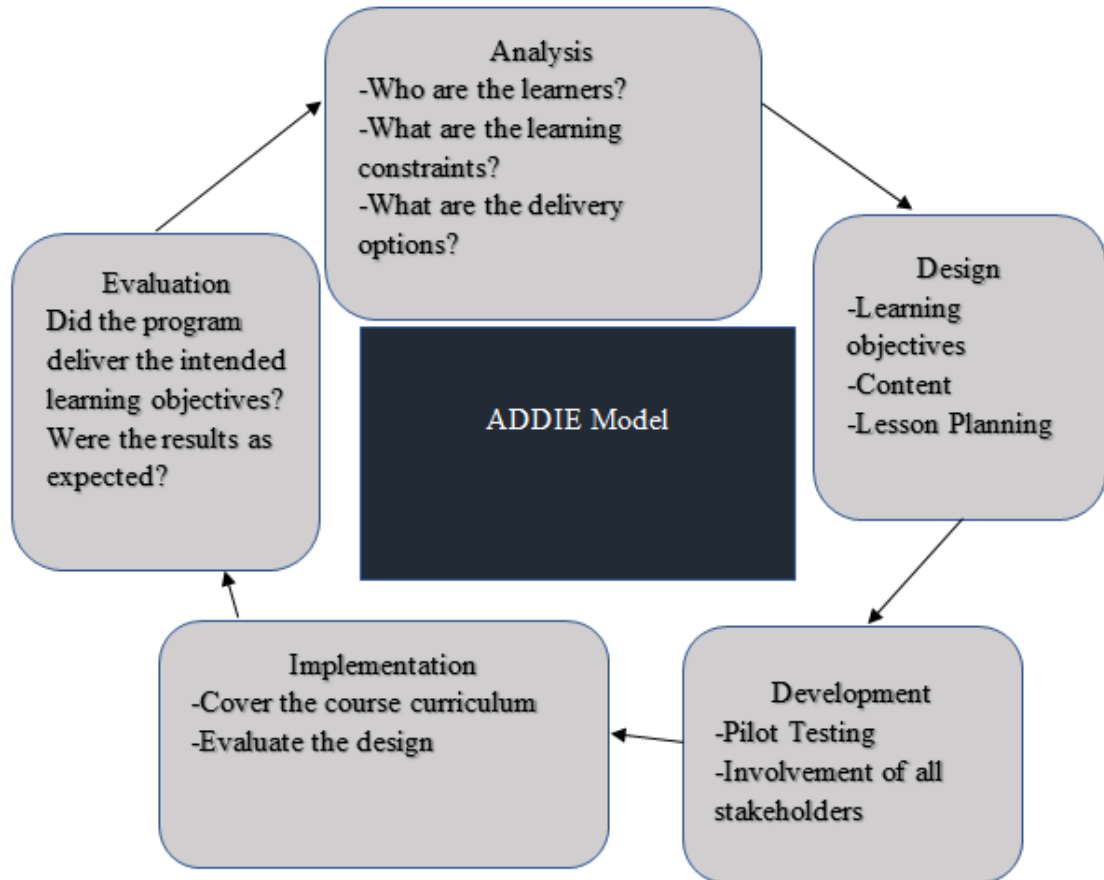
Renowned for the use of the term “andragogy” in reference to adult education, Knowles is credited for the development of the adult learning theory, which supported this project because of its focus on adult learning (see Willis, 2021). Knowles attempted to distinguish between adult learning (andragogy) and child learning (pedagogy) through five assumptions (Willis, 2021). The first assumption is self-concept in which a person transitions from being a dependent personality toward being a self-directed human being. The second assumption is adult learner experience, which indicates that an individual accumulates a growing reservoir of experience as they mature. The experience becomes a learning resource. The third assumption is readiness to learn in which an individual becomes increasingly oriented to the developmental tasks of social roles as they mature. The fourth assumption is an orientation to learning in which an individual’s time perspective changes from postponement of knowledge application to immediate application. The change in time perspective shifts learning orientation from subject centeredness to problem centeredness. The fifth assumption is that a person’s motivation to learning becomes internal as they mature. Considering that the DNP project included educating staff, this theory was appropriate because it was used as a lens to understand and meet the learning needs of nurses and staff (see Figure 1).

Figure 1*Adult Learning Theory*

Note. Adapted from Willis (2021).

ADDIE Model

The ADDIE model (Jeffrey et al., 2015) was used as the framework for designing the staff education program. The five stages served as the basis for developing the nurse and staff education program for the assisted living facility. The model is an iterative process that provides an opportunity to consider key elements needed to achieve staff educational program outcomes. Figure 2 outlines the phases of the ADDIE model.

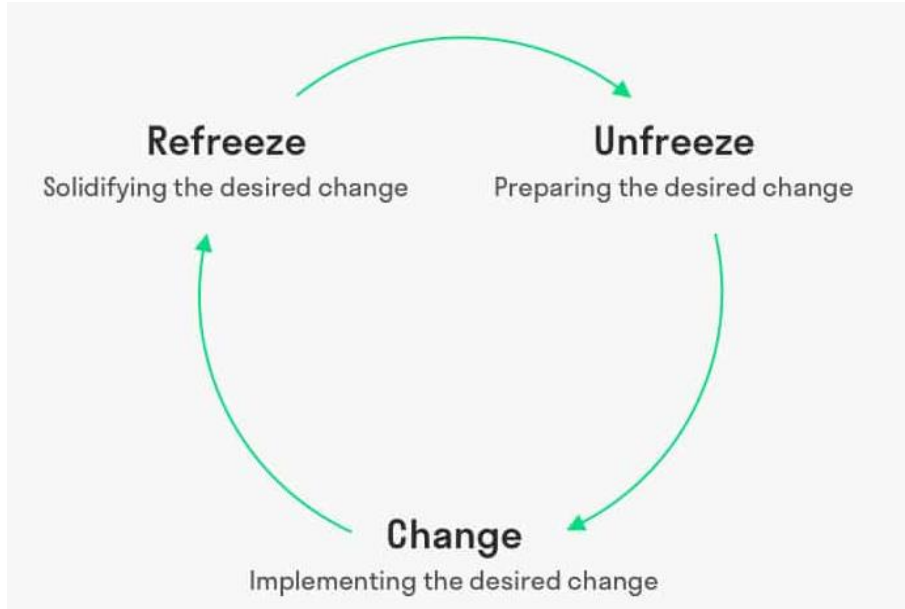
Figure 2*ADDIE Model*

Note. Adapted from Jeffrey et al. (2015).

Lewin's Change Theory

Lewin's theory posits an organizational change model with three major concepts: driving forces, restraining forces, and equilibrium (Hussain et al., 2018). Driving forces are the organizational elements pushing in the direction of change. Restraining forces are those countering the driving forces and opposing change. When driving forces and restraining forces are equal, an organization is in a state of equilibrium. The equilibrium can be shifted by changes occurring between the driving and restraining forces.

Lewin's change theory has three stages: unfreezing, change, and refreezing (Hussain et al., 2018). Unfreezing is a process of showing individuals the need for a change, thereby encouraging them to deviate from an old pattern that was somehow counterproductive. Overcoming resistance is a critical success factor in the unfreezing stage. A change leader can employ three strategies to succeed in the unfreezing stage. The first strategy is to increase the driving forces shifting the equilibrium toward change. This shift can be followed by the strategy to decrease the restraining forces shifting the equilibrium away from change. In the third strategy, the leader can employ a combination of these two methods. Also referred to as "movement," the change stage is a process characterized by a productive change in thoughts, behaviors, feelings, or a combination of the three. The refreezing stage involves the establishment of the change as the new habit or standard operating procedure. Without refreezing, nurses and staff may return to the old habits (see Figure 3).

Figure 3*Lewin's Change Theory*

Note. Adapted from Hussain et al. (2018).

Relevance to Nursing Practice

This DNP project was designed to answer the following practice-focused question: Will a staff education program improve the knowledge of nurses and staff on current evidence-based strategies for discharge planning from assisted living facilities? The project implemented an education program that was used to teach nurses and staff in an assisted living facility about evidence-based interventions for appropriate discharge planning. Recognizing the need to ensure appropriate discharge planning through an education program for nurses and staff, I conducted a literature search to identify scholarly literature on appropriate discharge planning.

A critical review of the literature revealed that discharge planning in the United States has a rich history dating back to the 1960s (see Lin et al., 2013). However, inappropriate discharge planning continues to be a leading quality issue in assisted living facilities and other health care organizations, mainly due to lack of proper guidelines and sufficient skills among nurses and staff (Fenstemacher & Winn, 2017). According to Holup et al. (2017), health care organizations must prioritize discharge planning as one of the fundamental ways to enhance the well-being of residents. Training nurses and staff about discharge planning can be an effective way of enhancing care quality in assisted living facilities.

Existing scholarship addressed the discharge planning issues in assisted living facilities. There was a concern about residents eligible for discharge but who remained in assisted living facilities (Holup et al., 2017). According to Abrahamson et al. (2020), residents who are older, diagnosed with dementia, unmarried, cognitively impaired, or with behavior problems are more likely to remain in assisted living facilities. Successful discharge depends on multiple factors including the availability of home and community-based services, bed-hold policies, and Medicaid reimbursement rates (Xu & Intrator, 2020). Educating nurses and staff about the factors involved is critical to improving discharge processes in assisted living facilities.

The attention toward appropriate discharge planning has increased over the past decade. Discharge planning has been viewed as a critical strategy for ensuring patients' smooth transition from care settings to their homes (Lin et al., 2013). Appropriate discharge planning ensures continuity of care between assisted living facilities and the

community (Patel & Bechmann, 2021). Additionally, appropriate discharge planning can reduce the length of stay and unplanned readmission (Lin et al., 2013). There is a need for assisted living facilities to train nurses and staff in appropriate discharge planning.

In summary, this DNP project served as an attempt to bridge the gap in practice on inappropriate discharge planning. Although the benefits of appropriate discharge planning are known, assisted living facilities may face challenges because nurses and other staff may not have sufficient knowledge and skills regarding evidence-based measures for effective discharge planning (Magruder et al., 2019). Research suggested that education and training programs for nurses and staff can ensure appropriate discharge planning and enhance the well-being of patients through continued care in their communities (Lin et al., 2013). The adverse effects of inappropriate discharge planning include readmissions, abuse, and neglect of patients (Fenstemacher & Winn, 2017). There was a need to support assisted living facilities by raising awareness about inappropriate discharge planning and recommending evidence-based strategies for addressing the problem at the project site.

Local Background and Context

According to the Indiana Health Care Association (2020), an assisted living facility should develop and implement an effective discharge planning process that focuses on the resident's discharge goals, prepares them to be an active partner, and reduces the factors leading to preventable readmissions. The discharge process should be consistent with discharge rights and regulations (Heiser, 2022). According to the Agency for Healthcare Research and Quality (2013), the development of a discharge plan for each

resident should consider their unique needs. Regular reevaluations should be conducted to identify changes in patient status or condition requiring modifications of discharge plans. Any concerns from residents, including requests to be transferred to other assisted living facilities, should be considered when developing or updating discharge plans (Maxwell et al., 2015). State regulatory agencies regulate assisted living facilities across the United States through routine inspection of care, unannounced investigations, and surveys (Agency for Healthcare Research and Quality, 2020). The states are primarily responsible for licensing assisted living facilities and overseeing the quality of care to ensure that facilities follow state regulations (Agency for Healthcare Research and Quality, 2020).

The DNP project was conducted in an assisted living facility where I serve as a health facilities nurse surveyor. Located in a suburban residential community of Maryland, this facility provides assisted living, memory care, and respite stay services. The facility offers one-bedroom apartments, multiple care levels (1, 2, and 3), dining, and a robust resident enrichment program. The facility also provides programs, services, and activities promoting resident independence, dignity, and well-being. Each resident receives personalized care to meet their needs. The nurses and staff regularly assess residents' daily living activities such as dressing, bathing, and hygiene to ensure their well-being. The staff also works with residents' family members to develop personalized care plans. Care-related services include medication administration/assistance; mobility assistance; continence maintenance; and visits by physicians, dentists, and other health care providers, as needed.

The assisted living facility is owned by an administrator with a degree in health care administration who has many years of experience in assisted living and in providing residents with high-quality care. Care practitioners at the facility include a delegating nurse, an alternate delegating nurse, an assisted living manager, an alternate assisted living manager, three certified medication technicians, and three certified nursing assistants. The DNP project implemented a staff education program for nurses and staff designed to improve their knowledge of evidence-based discharge planning and practices to ensure effective resident discharge. The owner of the facility, who is also the assisted living manager, viewed this program as a necessary project for the facility. The owner-manager was supportive of the project and provided guidance and resources to implement the project. Based on these factors, it was feasible to complete this doctoral project at this setting.

Role of the DNP Student

I served as lead researcher, coordinator, and manager of the project. I was responsible for conducting the literature review on best practice measures for appropriate discharge planning, as well as developing, implementing, and evaluating the education program for nurses and staff at the assisted living facility. Using the Walden Library and other credible resources, I reviewed the literature to locate evidence-based strategies for addressing inappropriate discharge in assisted living facilities. Appropriate measures were taken to ensure that the project received ethical and institutional review board approval. As project coordinator, I collected the resources and materials needed to develop and implement the educational intervention.

I surveyed the practice site as a health facilities surveyor nurse/regulatory compliance nurse. The job responsibilities for this position include inspecting and conducting licensed and unlicensed investigations to evaluate compliance with federal and state regulations such as the Code of Maryland Regulation and the Nurse Practice Act. Other responsibilities include reviewing medical records, facility policies, procedure manuals, and staff competencies for compliance with state and federal regulations. The position is also responsible for reviewing the facility's Plans of Correction in response to Statements of Deficiency and communicating the acceptance or nonacceptance of Plans of Correction to ensure that deficient practices do not occur or recur. With this expertise and experience, I was prepared to assess and identify deficient practices that could result in poor quality of care and discharge planning. I identified the gaps in the facility's policies and procedures regarding the discharge planning process and their impact on patient outcomes, nursing practice, and the facility. Based on this practice information and evidence from the literature regarding how addressing these gaps could impact patient outcomes, I was motivated to conduct this project with the confidence that an education program to increase the knowledge and skills of nurses and staff on appropriate discharge planning would improve patient outcomes.

Summary

This DNP project took place in an assisted living facility setting. The project was designed to teach nurses and staff about appropriate discharge planning. Knowles's theory of adult education provided guidance for teaching nurses and other staff about evidence-based practices for appropriate discharge planning. The ADDIE model served

as a model for designing and implementing the nurse and staff education program.

Lewin's change theory was the guide for understanding and addressing the processes needed to change the current practice of discharging patients from the assisted living center. Implementing a nurse and staff education program in the assisted living facility setting may positively affect social change by encouraging nurses and staff to learn and implement evidence-based practices for discharge planning, leading to a significant improvement in patient outcomes. Section 3 includes a discussion of how evidence and data were sourced, collected, and analyzed to answer the project question.

Section 3: Collection and Analysis of Evidence

Discharge planning remains a challenge in assisted living facilities mainly due to lack of appropriate skills and competencies among nurses and staff. Discharge planning is a complicated process requiring the assessment of residents during their stay, training of residents and their families, and postdischarge follow-up and evaluation (Gholizadeh et al., 2016). Appropriate discharge planning can reduce the length of stay, lower organizational costs, and ensure the continuity of care in the community (Rivera-Hernandez et al., 2019). Other benefits of appropriate discharge planning include improved mental health for residents, improved client satisfaction, and safer transition to home (Fenstemacher & Winn, 2017). Although regulatory agencies have formulated policies and procedures for effective discharge planning and coordinating postdischarge care (Agency for Healthcare Research and Quality, 2020), inappropriate discharge planning remains a significant challenge for assisted living facilities (Gholizadeh et al., 2016). Section 3 includes the practice-focused question, evidence sources, and details regarding the collection and analysis of evidence, including information about the participants, procedures, and measures to address ethical issues in carrying out the project. Section 3 concludes with a discussion of the procedures that were used to generate findings to answer the practice-focused question.

Practice-Focused Question

This DNP project was designed to answer the following practice-focused question: Does an educational intervention focused on current evidence-based strategies for discharge planning from assisted living facilities increase knowledge and awareness

among nurses and staff working in an assisted living facility? Appropriate discharge planning can be a valuable means of ensuring care quality in assisted living facilities (Agency for Healthcare Research and Quality, 2013). Gholizadeh et al. (2016) revealed the need for health care managers and policymakers to pay attention to essential requirements of appropriate discharge planning. This process should be a key component of each resident's care plan. However, despite the importance of appropriate discharge planning, many assisted living facilities continue to face a significant skill gap among nurses and staff.

Currently there are no standardized programs for training nurses and staff about appropriate discharge planning (Lin et al., 2013). There are no measures to understand the need for appropriate discharge planning to ensure effective care planning in assisted living facilities (Lin et al., 2013). The problem has resulted in unanswered questions as to why residents are readmitted shortly after discharge from assisted living facilities (Lin et al., 2013). This project's purpose was to empower nurses and staff by implementing an education program based on appropriate evidence-based discharge planning practices.

The practice problem for this DNP project involved the lack of appropriate discharge planning procedures in an assisted living facility. Discharge planning is a complex process that involves monitoring residents during their stay, training residents and their families on resident health needs and how to meet them through medication and lifestyle changes, and postdischarge follow-up and evaluation (Gholizadeh et al., 2016). The importance of appropriate discharge planning is essential to enhance the well-being of residents and improve care quality in assisted living facilities (Fenstemacher & Winn,

2017). An education program for nurses and staff was intended to provide the requisite knowledge, skills, and competencies required to ensure appropriate discharge planning. The host organization acknowledged the need for appropriate discharge planning and welcomed the idea of a nurse and staff education program addressing the issue.

Sources of Evidence

This project was designed to develop an education program for nurses and staff on current evidence-based interventions for discharge planning from assisted living facilities. Beginning with a search of the literature to locate content for the staff education program, I selected sources of evidence from the ProQuest, Medline, CINAHL, PubMed, EBSCO, ProQuest, The Cochrane Library, and Google Scholar databases. Knowles's adult learning theory, the ADDIE model, and Lewin's change theory were used as frameworks to support the project's aims. These sources were used to inform the creation of a pretest and posttest to assess the impact of the intervention. The sources also informed participant selection, procedures, data protection, and participant confidentiality involved with this project.

Participants

The participants involved in this project were the care providers at the assisted living facility, including the delegating nurse, alternate delegating nurse, assisted living manager, alternate assisted living manager, administrator, three certified medication technicians, and three certified nursing assistants. The participants were selected because they were involved in care planning and had a direct impact on discharge planning.

Procedure (Planning, Implementation, and Evaluation)

The literature review was conducted to locate sources of evidence that were used to develop instructional content for the education program. Additionally, pretest and posttest exams were developed. The pretest (see Appendix A) and posttest (see Appendix B) were used to determine the change in knowledge among the participants resulting from the intervention. A content expert assessed these exams for content validity using a scale-level content validity index (see Polit & Beck, 2006). After the intervention, participants completed a summative evaluation tool (see Appendix C). This tool contained questions that enabled me to further assess the impact of the staff education program.

I collaborated with the manager to identify an acceptable date and time to present the educational program. A memo designed by me (see Appendix D) was emailed to the assisted living center manager seeking collaboration and welcoming suggestions for an agreeable date and time for the educational program. After we agreed on a date and time, I distributed a flyer (see Appendix E) announcing the educational program. The flyer was emailed to the participants through the assisted living center manager. This flyer was also distributed via bulletin board, and a hard copy was given to each participant.

The education program started with a pretest (see Appendix A) to assess previous knowledge of nurses and staff regarding appropriate discharge planning. Then participants attended the staff educational program using the conference room at the facility. The educational program consisted of a PowerPoint presentation detailing the importance of appropriate discharge planning and the positive influence that an

understanding of best practices for discharge planning has on all stakeholders, followed by an open forum for participants to ask questions and provide comments. After the presentation, a posttest (see Appendix B) was given to determine whether there was an increase in knowledge among the participants. Finally, a summative evaluation questionnaire (see Appendix C) was administered. The conference room was booked for 1 hour and included 40 minutes for the education program and 20 minutes for open forum. Other stakeholders involved in the project, including the office manager and administrator, provided tools, projectors, tables, chairs, and other materials to set up the conference room. All participants were given a printed copy of the PowerPoint presentation.

Protection

Human subject protection for this project was obtained from the Walden University Institutional Review Board (approval # 09-13-22-0738192). The educational program was voluntary for nurses and staff at the assisted living facility. The names of the participants and the assisted living facility were withheld to ensure confidentiality. Project data were reported and shared in accordance with all relevant university policies regarding confidentiality and data protection. Completed hard copies of participant exams and summative evaluations were stored in a locked file cabinet at my home. Electronic files were stored on a password-protected computer and backed up on a password-protected hard drive only accessible to me. Ethical practice is critical to the success of any scholarly project. Confidentiality of participants was strictly protected, per Walden

University Institutional Review Board guidelines. Names and other identifying data were concealed to protect participants and ensure confidentiality.

Additionally, approval for the project was provided by the owner of the facility, who is also the assisted living center manager. The owner recognized the practice problem and agreed to the education program for nurses and staff. All procedures and activities involved in the educational intervention and data collection were discussed with the manager before implementation.

Analysis and Synthesis

Sources from the literature review were collected, analyzed, and recorded using a matrix table (see Table 1). These sources were synthesized and presented using a narrative format. Results from the pretest and posttest were analyzed using Statistical Package for Social Sciences (SPSS), Version 27. Given the number of participants, exam scores were calculated using the Wilcoxon signed-rank test (for sample size < 30). Scores and statistics were presented using a narrative format and tables. Whether the project met its objective was assessed based on whether posttest scores were higher than pretest scores, which would indicate improvement in knowledge among project participants following the education program. Scores from the summative evaluation were tabulated and reported to summarize participants' evaluation of the education program.

Table 1*Literature Matrix*

Author/publication year	Type of source	Population/sample	Intervention	Finding	Level of evidence
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The practice-focused question was the following: Does an educational intervention focused on current evidence-based strategies for discharge planning from assisted living facilities increase knowledge and awareness among nurses and staff working in an assisted living facility?

Summary

Sources of evidence indicated that assisted living facilities face significant challenges in discharge planning. Sources of evidence also indicated that educating and training nursing staff in discharge planning can address some of the problems associated with discharge planning (Holup et al., 2017). A staff education program was designed to support facility nurses and staff in enhancing discharge planning through evidence-based interventions. Section 3 addressed sources of evidence and how evidence was gathered and analyzed to answer the practice-focused question. The intervention for this project was an education program for nurses and staff on evidence-based strategies for discharge planning. A pretest and posttest were used to determine participants' improvement in knowledge about evidence-based practices for appropriate discharge planning. Section 4

includes a discussion of the findings, implications, recommendations, and the strengths and limitations of the project.

Section 4: Findings and Recommendations

The practice problem identified for this DNP project was the lack of appropriate discharge planning for residents of an assisted living facility. Discharge planning is a fundamental care process that improves residents' health care outcomes as they move to the next phase of care. Effective discharge planning is also known to improve residents' health, reduce readmissions, and lower the overall costs of care (Roberts et al., 2018). However, many nurses report challenges with performing appropriate discharge planning activities. Lack of adequate knowledge is one of the leading challenges contributing to ineffective discharge planning processes, which in turn reduces the quality of discharge care services (Roberts et al., 2018). The literature suggested that an educational program to educate nurses and staff about best practices and benefits of discharge planning can help enhance provider knowledge, confidence, and adoption of evidence-based discharge planning procedures (Roberts et al., 2018; Snyder, 2015).

This DNP project was intended to develop and implement a staff education program on current evidence-based strategies for discharge planning for nurses and staff at an assisted living facility. I designed the project to answer the following practice-focused question: Will a staff education program improve the knowledge of nurses and staff on current evidence-based strategies for discharge planning from assisted living facilities? Evidence to address the practice-focused question for this DNP project was generated through two primary sources: a literature review and participant exam scores. Using a matrix table, I conducted a literature review on current evidence-based strategies for effective discharge planning. Evidence produced from the literature review served as

the basis for the staff education program. Participant exam scores included a pretest and posttest. Exam scores were analyzed using SPSS. Finally, a summative evaluation was carried out to evaluate effectiveness of the staff education program.

Section 4 outlines the findings generated from a review of the literature and from implementation of the staff education program. Also, implications of the findings from the project and recommendations are addressed. Finally, the strengths and limitations of the project are highlighted.

Findings and Implications

Evidence for this DNP project was generated from two sources: a review of the literature and pretest and posttest exam scores. The sections that follow provide a summary report detailing the collection and analysis of these sources of evidence. Findings from the literature review, pretest and posttest exams, and summative evaluation are presented followed by implications for practice.

Findings: Analysis and Synthesis of Research Evidence

This DNP project began with a comprehensive review of the literature. I reviewed the literature to identify key themes that addressed the practice-focused question. These sources were examined to reveal gaps in the literature that the current study could fill. The literature search was conducted using several databases including ProQuest, Medline, CINAHL, PubMed, EBSCO, The Cochrane Library, and Google Scholar. Key phrases used in the search included *discharge planning*, *discharge planning education/training*, *nursing homes/long-term care facilities/assisted living facilities*, and *intervention* combined with the Boolean operators “and” and “or.” The scope of the

search was limited to studies published from 2018 onward. These search limitations ensured that relevant and current literature was retrieved.

An extensive search of the literature returned zero studies evaluating the impact of discharge planning education on the provision of appropriate discharge planning services among nurses working in assisted living facilities. As a result, the scope of the search was expanded to include general nursing settings. Studies and reports published from 2014 were included in the search, which returned a few hits. The studies addressed the broad topic of discharge planning but explored distinct issues, focused on different populations, had slightly different topics, or were associated with other doctoral scholarly projects. Because no other evidence specific to discharge planning education interventions for nurses was available, a synthesis of these articles was performed.

Doctoral projects by Lewis (2022) and Snyder (2015) were relevant to the practice issues and evaluated the impact of implementing an educational program for nurses to enhance the adoption of discharge planning best practices with a focus on policy. Another doctoral project evaluated the evidence-based practices for discharge planning, and two research articles assessed the benefits of training nurses about discharge planning. These sources of evidence were analyzed with results presented in a literature matrix table (see Table 2). Additional analysis included assigning levels of evidence to each article reviewed (see Fineout-Overholt et al., 2010). Three doctoral projects were assigned Level 7 (First-Williams, 2019; Lewis, 2022; Snyder, 2015). Dunagan et al. (2022), a qualitative study, was assigned Level 6. A quantitative study by Roberts et al. (2018) was assigned Level 5.

Table 2*Literature Matrix 1*

Author/publication year	Type of source	Population/sample	Intervention	Finding	Level of evidence
First-Williams (2019)	Doctoral scholarly project	12 staff nurses in one rural hospital	n/a	Key barriers and limitations faced by nurses were lack of adequate education, lack of compliance from patients, and inadequate discharge planning.	Level 7: doctoral project
Lewis (2022)	Doctoral scholarly project	Three organizations	Secondary analysis of how discharge planning policies are implemented in various organizations	Organizations lacked comprehensive current discharge planning policies in place.	Level 7: doctoral project
Snyder (2015)	Doctoral practice scholarly practice	32 nurses of a small community-based acute care hospital in Southeast Ohio	Educational intervention educating nurses on the discharge planning best practices	Participants reported significant improvement in knowledge about appropriate discharge planning after the intervention. The use of best practices also improved.	Level 7: doctoral project
Dunagan et al. (2022)	Journal publication	Nursing students	Discharge planning education program using simulation	The simulation intervention improved students' knowledge, experience, and confidence to provide appropriate discharge planning.	Level 6: qualitative study
Roberts et al. (2018)	Journal article	85 nurses from rural acute care facilities	Educated nurses on the reengineered discharge (RED) program	There was statistically significant improvement in the use of the RED program after the educational intervention.	Level 5: quantitative study

Because there was limited evidence from studies that tested the educational intervention, I expanded the search to include best practices in discharge planning with the intent of integrating this evidence into the educational intervention. Five studies were identified in this second search and are presented in a literature matrix (see Table 3). Four of the studies were quantitative interventional studies, one was a qualitative study, and another was a case study. Using Fineout-Overholt et al. (2010) as a resource to critically appraise evidence for integration into clinical practice, I reviewed and assigned levels of evidence to all five sources. One source was assigned Level 7: quality improvement (Popejoy et al., 2020). Two sources were assigned Level 6: qualitative study (Barber et al., 2015; Carnahan et al., 2021). One study was assigned Level 5: quantitative study (Pellet, 2016). A systematic literature review by Fredrickson and Burkett (2019) was assigned Level 1.

Table 3*Literature Matrix 2*

Author/publication year	Type of source	Population/sample	Intervention	Finding	Level of evidence
Pellet (2016)	Journal article	More than 3000 older, homeless, and people with mental health	n/a	Several issues impacting discharge planning were raised. Respondents also mentioned effective team communication, providing appropriate care package, and working in multidisciplinary teams as elects of effective discharge planning.	Level 5: quantitative study
Barber et al. (2015)	Journal publication	Older, dually eligible Latina woman	Social work-driven transition intervention that included in-home and telephone contacts	The patient was not readmitted during the 6-month study period, mitigated her high pain levels, and engaged in social outings again.	Level 6: case study
Fredrickson and Burkett (2019)	Journal article	Residential aged care facilities (RACFs) residents	Evaluated interventions used to improve continuation of medication management upon transition of care from an acute hospital setting to a RACF	Interventions involving a multidisciplinary team, pharmacist-led medication reconciliation, and the provision of accurate discharge information have been identified as improving continuity of medication management during transitions of care from hospital to RACF.	Level 1: systematic review
Popejoy et al. (2020)	Journal article	Two skilled nursing facilities (SNFs): one standard, one enhanced	Implemented the RED approach to enhance discharge planning	Most of the nurses were satisfied with the RED intervention. The intervention improved communication, discharge follow-up, and overall discharge processes.	Level 7: quality improvement
Carnahan et al. (2021)	Journal article	24 and 17 caregivers in two SNFs were interviewed	n/a	Residents transitioning from SNF to home care face many challenges such as comfort needs, information needs, and post SNF care; discharge planning must be tailored to meet these needs.	Level 6: qualitative study

Key themes from the literature were gleaned to identify evidence supporting discharge planning education for nurses. Studies by Snyder (2015), Dunagan et al. (2022), and Roberts et al. (2018) provided direct evidence of the benefits of educating nurses about discharge planning processes. All three studies reported a statistically significant improvement in nurses' level of knowledge regarding appropriate discharge planning. For example, Snyder (2015) reported that 29 out of 30 respondents attained higher knowledge scores after the intervention. The educational intervention by Roberts et al. (2018) improved the use of an evidence-based, standardized discharge planning process. Dunagan et al. (2022) further demonstrated that training improved participants' confidence in developing appropriate discharge plans.

First-Williams (2019) and Lewis (2022) demonstrated that nurses encountered several challenges, mainly driven by a lack of adequate knowledge. Although First-Williams reported lack of knowledge as a significant barrier, the organizational surveys conducted by Lewis revealed that nurses are not the only providers experiencing challenges in implementing appropriate discharge planning. The management had not implemented all the required policies to safeguard effective discharge planning. Implementing an educational intervention for nurses and staff is a promising approach with the potential to streamline the efficacy of discharge planning processes.

The perceptions of nurses and residents involved in discharge planning have been researched to identify best practices in discharge planning. Many other studies have tested some of the best practices. A review of the literature indicated four strategies for achieving effective discharge planning: early discharge planning; tailored support,

education, and follow-up; timely communication and use of a team approach; and standardized discharge planning.

Early Discharge Planning

One of the predominant strategies in several studies is the need to start discharge planning as early as possible. Pellett (2016) identified that when the discharge processes started late, delays increased, and details or needs of the patient were not all captured. Beginning the discharge planning process as soon as possible is recommended to ensure that all the discharge arrangements are adequately made (Lewis, 2022).

Tailored Support, Education, and Follow-Up

Tailored support, education, and follow-up was a strategy identified across two studies. Carnahan et al. (2021) found that many residents transitioning from an assisted living facility to the home environment faced many challenges and insecurities. Others experienced ambivalence or felt a need for more skills to help them cope in their home environment (Carnahan et al., 2021). If residents were not adequately prepared, they experienced uncertainty. Several other experiences, such as the absence of liaisons and inadequate social care package, were also identified as challenges faced by residents discharged from assistant living centers (Pellett, 2016). Given these unique challenges, tailored support, education, and follow-up are vital to improving the ability of residents to transition more comfortably. Ensuring that tailored preparation and support are provided as part of discharge planning enhances the quality of the transition process (Carnahan et al., 2021). Tailored follow-up is essential to meet the medical and social needs of

residents (Barber et al., 2015). Tailored support, education, and follow-up have the potential to reduce the risk of readmission after discharge.

Timely Communication Using a Team Approach

Factors such as poor communication are significant barriers to effective discharge planning that can be resolved only by ensuring effective communication among teams. Because many activities completed during discharge planning and in the transition of care involve several team stakeholders, a team-based approach to addressing the various issues is recommended. Fulfilling tasks such as preparing a resident's medication regimen involves several stakeholders, even after the resident has successfully transitioned to the home. A team approach would eliminate duplicative tasks while supporting the provision of comprehensive care (Fredrickson & Burkett, 2019; Pellet, 2016). Furthermore, other residents may have complex interventions that can be provided only by a multidisciplinary team. Therefore, engaging with all stakeholders in a timely manner is a promising approach to enhance efficiency and reduce errors during discharge planning.

Standardized Discharge

Standardized discharge planning is emerging as a new and necessary strategy that supports effective discharge planning. One of the evidence-based standardized discharge planning approaches is reengineered discharge, which outlines 12 steps to be completed during each resident's discharge planning (Popejoy et al., 2020). The evidence further indicates that standardized discharge planning processes help maintain efficacy, support uniformity in quality, and improve communication, especially because many providers

may be involved in the discharge planning process at different intervals (Roberts et al., 2018). Early discharge planning; tailored support, education, and follow-up; timely communication using a team approach; and standardized discharge served as the basis for the staff education program and the pretest and posttest exams.

Findings: Pretest and Posttest Exam Scores

An assisted living center served as the site for this DNP project. Participants included six staff members who identified as responsible for patient discharge and who voluntarily attended the educational intervention. The education program included a 10-item pretest followed by a 40-minute PowerPoint presentation addressing the topic of current strategies for discharge planning. A 10-item posttest was administered after the presentation. Each item on the pretest and posttest was valued at 10 points. Participants were asked to complete a summative evaluation at the completion of the education program.

The pretest and posttest evaluation exams were reviewed with exam scores entered into an Excel spreadsheet before being transferred to SPSS for analysis. The average pretest score was 64.17 ($SD = 9.08$) with a range of 51 to 76 out of the possible 100 points for the pretest exam. The average posttest score was 88.17 ($SD = 4.73$) with a range of 80.5 to 92.5 (see Figure 4). Using a Wilcoxon signed-ranked test to analyze the data, there was a statistically significant difference in the pretest and posttest scores, ($z = -2.21, p < 0.05$). Figure 5 depicts the change in pre- and posttest mean scores. Figure 6 shows the results of the Wilcoxon signed-ranked test.

Figure 4*Descriptive Statistics*

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Pretest	6	51	76	64.17	9.087
Posttest	6	80.50	93.00	88.1667	4.72934
Valid N (listwise)	6				

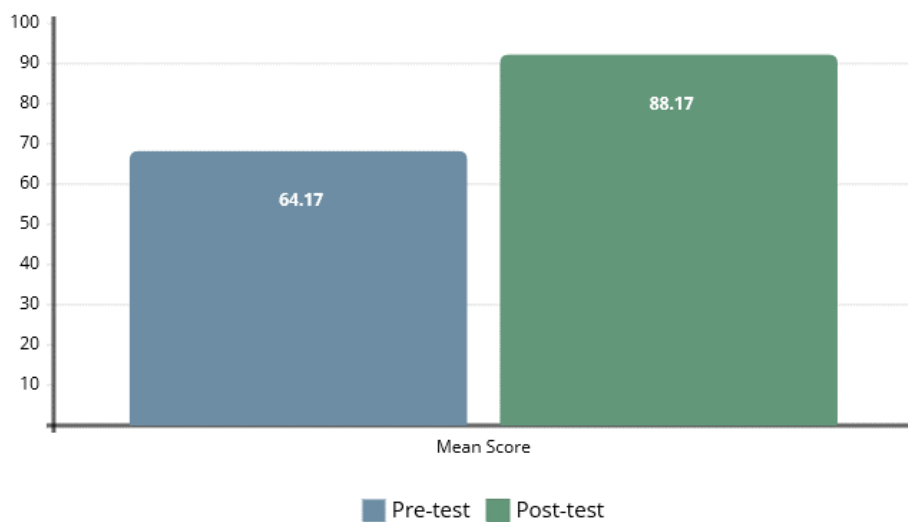
Figure 5*Changes in Pretest and Posttest Exam Scores*

Figure 6*Wilcoxon Signed-Rank Test*

Test Statistics ^a	
	Posttest - Pretest
Z	-2.214 ^b
Asymp. Sig. (2-tailed)	.027

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.

Note. ($p < 0.05$)

An analysis was performed by evaluating how individual participants performed on each question, especially where the questions were similar in the pretest and posttest exams. One of the common questions in the pretest and posttest exams asked whether nurses need training on appropriate discharge planning (questions 2 and 6, respectively). Before the educational program, only two participants responded that such training was necessary. After the training, all the participants agreed that education about discharge planning was vital to equip them with vital discharge planning skills. These changes may point to an increased awareness of appropriate discharge planning and recognition of its benefits. Participants also answered the posttest questions more positively.

The participants' experience and perceptions about the educational program were also assessed using a summative evaluation tool. Participants were asked to provide their feedback about the efficacy and relevancy of the instructional program. Their experiences were positive, overall. All the participants reported that the learning objectives were met and that the information presented was highly relevant in practice. All nurses and staff

were very likely to recommend the learning opportunity to other health care providers. There was agreement among the participants that the program was relevant in improving discharge planning, enhancing adherence to regulations and guidelines, and meeting the diverse needs of residents. No participant provided suggestions for future similar programs, perhaps because all the participants rated the learning opportunity as “excellent.”

The results of the descriptive analyses, as well as the narrative summary of the summative evaluations, support the purpose of educating nurses and staff about appropriate discharge planning. These findings showed that staff educational programs on discharge planning targeting nurses and staff in assisted living facilities can enhance knowledge, perception, and practice of appropriate discharge planning. Findings generated from the analysis and synthesis of data answers the question: Will a staff education program improve the knowledge of nurses and staff on current evidence-based strategies for discharge planning from assisted living facilities?

Implications

The results from this project demonstrate that the staff educational program increased knowledge about discharge planning among the participants. This has many implications for the nurses, staff, residents, and the organization. First, increased knowledge among staff and nurses will increase their capacity and confidence, which can help them provide better care for residents. Knowing resident expectations can place nurses and staff in a better position to meet residents’ needs (Carnahan et al., 2020). Second, effective discharge planning is associated with positive resident care outcomes

such as reducing readmission rates, promoting continuity of care, and lowering the cost of care (Roberts et al., 2018). This will result in improved quality of life and reduced healthcare disparities. Third, these experiences and outcomes will improve the satisfaction of both residents and providers.

Implications for social change include raising awareness on the benefits of appropriate discharge planning. Effective discharge planning activities help improve social well-being and lower the overall cost of care (Roberts et al., 2018). Appropriate discharge planning activities include a proactive assessment of environment-specific factors that may affect the patient's transition, such as social determinants of health. Many social determinants of health, such as financial barriers, inadequate access to healthy foods, lack of stable housing or social support, and lack of transportation, increase the likelihood of readmission (Hudson, 2021). By educating nurses and staff on appropriate discharge planning, this program will empower them to develop comprehensive discharge plans that take social determinants of health into account, decreasing the risk of poor transition or readmission. The organization will also benefit from this intervention. Appropriate discharge planning helps providers use resources more effectively which may translate to cost savings for the organization. It will also enhance the facility's compliance with regulations.

Recommendations

The results of this project support the need for future staff education programs for all health care providers. Programs that educate nurses on best practices for discharge planning can maximize the value, quality, and safety of care at assisted living facilities.

Another recommendation is to support research or DNP projects specific to discharge planning at assisted living facilities. I would recommend implementing this staff education program with a larger sample size of nurses and staff at other assisted living facilities to measure its efficacy at a greater scale.

Strengths and Limitations of the Project

One of the strengths of this project was the enthusiasm and involvement of multiple stakeholders. Each of these stakeholders provided unique insights and support that helped strengthen the project outcomes. The collective efforts and guidance of these stakeholders enabled me to remain objective and focused on answering the practice question. The nurses who attended and participated in the program also represented a significant strength, because they donated time above and beyond what was required for this project.

This project also has several limitations. This project had a small sample size of only six participants. Insufficient sample sizes often prevent the generalization of findings (Faber & Fonseca, 2014). Another limitation is that this project was conducted in a single assisted living facility in a rural area. The findings of this research may not be generalizable to other nursing units or facilities. The project did not use validated instruments to collect survey data from participants. I personally developed the pretest, posttest and summative evaluation tools and assessed them only at face value for validity. These findings should be integrated with caution.

Summary

This section discussed and evaluated the literature review and empirical findings from the current study. Findings from the literature review point out a scarcity of primary research studies evaluating educational programs for nurses and staff about discharge planning in assisted living facilities. Some studies used different sample populations, including students. Another important source of literature for this project were other DNP projects. Findings indicate that staff educational programs can improve knowledge and awareness of appropriate discharge procedures among nurses and staff. There was a statistically significant improvement in posttest scores from pretest scores after the education program was implemented. A narrative summary of the answers provided by the participants indicated that they saw that the staff education program would help them provide more effective discharge planning services. Section 5 of this project will discuss how these results will be disseminated, analysis of myself, and my experience during the project.

Section 5: Dissemination Plan

Disseminating findings and knowledge gained from the DNP project is a key professional responsibility that may facilitate the advancement of the nursing profession and nursing science. Several stakeholders are likely to benefit from the knowledge gained from this project, including nurses, staff, and leadership in the organization; health care providers in other facilities; policymakers; and the public (see Arends & Callies, 2022). Section 5 includes an analysis of self, which outlines my role as the DNP student, the experience and challenges encountered during the project, and a summary of the insights gained.

The primary aim of this DNP project was to develop, implement, and evaluate an educational program for nurses and staff on appropriate discharge planning activities at a rural assisted living facility. I observed that nurses and staff at the assisted living facility lacked adequate knowledge about discharge planning and faced many barriers in developing evidence-based discharge plans. Observed lack of appropriate discharge planning included incomplete medical record documentation and the absence of vital discharge information, such as discharge letters, in the residents' medical records. These practices increased the risk of negative patient care outcomes and suggested a gap in clinical practice. There were few education programs for nurses and staff emphasizing the importance of appropriate discharge planning. The education program implemented in this study increased knowledge about discharge planning among nurses and staff. Nurses and staff also reported increased confidence in their ability to provide appropriate

discharge planning. These findings suggest that the staff education program had positive effects.

These findings were initially disseminated to the leadership of the assisted living facility during an executive meeting with the facility manager. I developed an executive summary that was presented during the meeting. Because the management was largely aware of the program, the presentation focused on the findings and implications of the staff educational program for the residents, nurses, staff, and facility. The facility where this project took place is one of multiple assisted living facilities I survey as a nurse surveyor/regulatory compliance nurse. The plan is to offer similar instructional programs to other assisted living centers. Other dissemination approaches being considered include digital publication via ProQuest in the form of a DNP project manuscript. The findings will also be shared with other health care providers in my social and professional network. Although the target audience includes nurses and staff working in assisted living facilities, other nurses, nurse leaders, and staff may learn about discharge planning.

Analysis of Self

After I enrolled in the DNP program, I had several challenges, but I am excited as I finalize this program. This program has expanded my knowledge, experience, and view of different aspects of patient, resident, and clinical care. My journey culminated in developing and implementing an evidence-based project. The DNP program has not only afforded me a greater understanding of processes involved in evidence-based practice, such as critical review and synthesis of literature, it has also provided an opportunity to test these skills in practice. I am now more confident in my ability to identify, plan,

design, implement, and evaluate health care programs intended to enhance patient/resident care delivery. Equipped with communication, interprofessional collaboration, and leadership skills learned while completing these activities, I have become a passionate leader and advocate for the nursing profession. Although I had challenges, learning how to identify a topic during the DNP project established a good foundation for me to advance my role as a scholar practitioner. I was also able to discover my otherwise hidden talents during this program. As I was engaging and leading efforts to develop and implement my DNP project, I discovered that mobilizing, engaging, and planning processes were some of the strengths that made me a successful leader. I realize these skills will be vital as I enter practice as a DNP-prepared nurse where I will continue taking the lead in advocating for patients/residents, staff, and the community.

Finally, I value the lessons and knowledge gained through this program. The DNP project provided an opportunity to test and validate most of this knowledge and skills, including synthesis and analysis of evidence, using evidence to improve clinical practice via evidence translation, evaluating gaps in health care delivery, providing practical solutions, communicating effectively, collaborating in an interdisciplinary manner, and evaluating health care practices. Despite the exciting opportunity, I encountered a few challenges when completing the DNP project, such as difficulty narrowing down the topic during the project design phase. To overcome this problem, I had to scrutinize various issues while focusing on those that affected resource utilization at the patient and organizational levels. A final insight gained from this program is that good leadership is central to achieving many other DNP-level competencies. Leading the implementation of

the staff education project allowed me to develop my leadership skills and provided an opportunity to cultivate other competencies such as communication and active participation in strengthening the health care delivery system.

Summary

Many residents in assisted living facilities have a history of falls, infection, or altered mental state (Abrahamson et al., 2020). These residents typically require a high level of rehabilitation care to be stabilized. Once stabilized, they can be discharged home, but this is only appropriate only when the residents are able to take care of themselves and caregivers are able to provide supportive care. To facilitate this, adequate information should be provided to the resident and caregiver. The resident should understand how to prevent disease exacerbation, how to recognize the symptoms if their situation worsens, what lifestyle and dietary patterns to maintain, when to call a physician, and what the date is of their next scheduled appointment. Moreover, the resident's discharge information should be well-recorded, their medications should be well-documented, and their follow-up and transport arrangements should be set up before they are discharged from the facility. In addition, arrangements for support services based on the resident's social determinants of health and health needs assessment may also be necessary. The discharge nurse is the primary provider involved in identifying needs, making logistical arrangements, and educating the residents and families. Educating nurses and staff about best practices may enhance their knowledge, awareness, and confidence in providing appropriate discharge planning. Staff education is a vital component to successful discharge and better quality of life for residents and their families.

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Appendix A: Pretest

Directions: Answer the questions listed as indicated.

- 1. Appropriate discharge planning is a great asset to the assisted living team and the residents they serve.**

(10 points)

- a. True
- b. False

- 2. Nurses and staff need training about discharge planning. (10 points)**

- a. True
- b. False

- 3. What is the most common cause of inappropriate discharge planning at the assisted living facilities? (10 points)**

- a. Lack of guidelines
- b. Complexity of residents
- c. Lack of knowledge among nurses and staff
- d. Lack of support and guidance from colleagues
- e. All of the above

- 4. Appropriate discharge planning is critical quality indicator in assisted living facilities. Are nurses well-equipped with the knowledge and skills to succeed in discharge planning? (10 points)**
- a. Yes
 - b. No
 - c. Sometimes
 - d. Some individuals
- 5. What challenges do nurses and staff members face during discharge planning? (10 points)**
- a. Anxiety
 - b. Stress
 - c. Sense of incompetence
 - d. none
 - e. All of the above
- 6. What is the most common request of nurses and staff during discharge planning in order to feel supported in the role? (10 points)**
- a. Proper training
 - b. Additional remuneration
 - c. Decreased workload
 - d. Guidance and support from fellow colleagues
- 7. What are the effects of inappropriate discharge planning? (10 points)**
- a. High readmission rates for residents

- b. Escalating financial costs to the assisted living facility
- c. Poor health and behavioral problems
- d. Increased strain and stress on family members that maybe involved in care for the residents
- e. All of the above

8. Can an education program for appropriate discharge planning decrease resident readmission rates at the facility? (10 points)

- a. Yes
- b. No
- c. Not sure
- d. An education program is not important

9. How can the manager increase the individual involvement of nurses and staff in the process of discharge planning as part of the team? (10 points)

- a. Training
- b. Supporting
- c. Guiding
- d. Encouraging
- e. All of the above

10. Do you perceive an approach to increase your successful involvement in discharge planning? (10 points)

a. Yes

b. No

Explain:

Appendix B: Posttest

Directions: Answer the questions listed as indicated

1. Which of these statements best define appropriate discharge planning? (10 points)

- a. Individualized instructions to a patient as s/he transitions from a care facility to home
- b. Instructions provided to subsequent healthcare providers as they move to a longer-term care facility
- c. Discharging patients because they are difficult and without a plan of care meeting
- d. Discharging patients with no documented evidence or reason for discharge

2. Why is appropriate discharge planning important? Discharge planning is important because it: (10 points)

- a. Reduces readmission rates
- b. Used to obtain facility accreditation
- c. Improves a resident's quality of life by ensuring continuity of care
- d. Decreases financial burden to a healthcare facility
- e. All of the above

3. Who should be responsible for appropriate discharge planning? (10 points)

- a. Nurses
- b. Administrators
- c. Family members

d. Discharge coordinator

e. a b c d

4. Does the organization have guidelines for appropriate discharge planning?

(10 points)

a. Yes

b. No

5. Resident readmission rate is high, what factor related to discharge planning could be the reason for the problem? (10 points)

a. Lack of appropriate discharge planning

b. Medication errors

c. Medication non-compliance by residents

d. Poor post-discharge care

6. Nurses and staff are trained for entry level practice, should education be provided to equip them with appropriate discharge planning skills? (10 points)

a. True

b. False

7. Do nurses and staff report positive outcomes if guidance and support are given during discharge planning? (10 points)

a. True

b. False

- 8. How do you think this education program will improve the host organization? (10 points)**
- a. Increase patient safety
 - b. Equip nurses and staff with requisite skills
 - c. Encourage nurses and staff to follow discharge guidelines
 - d. All of the above
- 9. Does the assisted living center manager help nurses and staff in discharge planning at the facility? How can he or she improve on this? (10 points)**
- a. Yes, definitely
 - b. No, disagree
- 10. Circle 4 stakeholders who will benefit from this education program in the host organization. (10 points)**
- a. Nurses and staff
 - b. Senior providers
 - c. Patients
 - d. Organization
 - e. Insurance providers

Appendix C: Summative Evaluation Tool

Staff Educational Program

Directions: Please provide feedback on the effectiveness of the staff education program.

1. Were the learning objectives clearly presented?

Yes ____ NO ____

2. Were the learning outcomes met?

Yes ____ NO ____

3. Was the presenter knowledgeable in presenting the topic?

Very Knowledgeable ____ Somewhat Knowledgeable ____ Not Very
Knowledgeable ____

4. Was the information presented relevant to the needs of the organization?

Relevant ____ Irrelevant ____ Indifferent ____

5. Would you recommend this learning opportunity to other members of the team?

Very Likely ____ Somewhat Likely ____ Not Likely ____

6. Summarize how the material presented today will help improve your practice and patient care?

Answer _____

7. Suggestions or comments for future staff educational programs?

Answer _____

8. Overall, how would you rate this learning experience?

Excellent ____ Average ____ Poor ____

Appendix D: Memo

Tentative Schedule

Staff Education Program: Promoting appropriate discharge planning in AL facilities

**Staff Education Program: Promoting Appropriate
Discharge Planning in Assisted Living (AL)
Facilities**

Memo to all nurses and staff

A tentative schedule has been proposed

Date and time: September 23, 2022 @ 10am

Date and time: October 4, 2022 @ 9am and 2:30pm

Date and time: October 6, 2022 @ 4pm

Please email the facilitator with you the best date and time

Facilitator: [Annick S. Kelly](#), MSN, RN, BS.

Announcement!!

Staff Education Program

Title: *Evidence-based Discharge
Planning for Assisted Living Facility
Residents*

***Date: September 23rd 2022
Time: 10:00am***

Location: Staff Conference Room

Facilitator: Annick S. Kelly, MSN, RN,
BS.

Light snack and refreshment will be provided.