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Education on Agency for Healthcare Research and Quality IDEAL for Health Ministry

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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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Walden University
2024

Abstract

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MS, Walden University, 2020

BS, Clayton State University, 2018

Project in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2024

Abstract

The problem addressed in this project was lack of access to community resources for care of patients with behavioral or mental health conditions. Without adequate resources, patients are at risk for rehospitalization. The purpose of the doctoral project was to develop a staff education program for health ministry staff and evaluate effectiveness to increase staff confidence in using the Agency for Healthcare Research and Quality (AHRQ) IDEAL (include, discuss, educate, assess, and listen) framework as a guide to patient and family engagement in health teaching. Guided by the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) model for instructional design, the elements of IDEAL were used as a teaching tool framework for the education program designed to increase staff confidence. Five health care providers participated in a one-hour educational session held at the church. The presurvey results (n = 5) showed that three (60%) participants rated being *very confident* on using IDEAL elements prior to education. The pre-survey findings showed a confidence gap as one to two staff rated being only *somewhat* confident on at least one of the IDEAL elements. After the education, all five (100 %) participants reported being *very confident* in using the individual IDEAL elements to engage patient and families in health teaching. The elements of IDEAL as a framework for teaching implementation and evaluation procedures were recommended in sufficient detail for use in the health ministry. This project has potential to prompt a positive social change with the development of policies and guidelines to guide an evidence-based approach to program development in this health ministry.

Education on Agency for Healt1hcare Research and Quality IDEAL for Teaching in a Health Ministry

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Dedication

This project is dedicated to the late John Eliacin.

Acknowledgments

I was blessed that Dr. Fink, Dr. Hahn, and my advisor had supported me during this transition, financially, mentally, and spiritually, and physically. I learned that my decision could help or destroy someone's life, and I thank Jesus Christ and Jehovah for using me for His Purpose. I am thankful for everyone who supported me during this transition such as my colleagues, my friends, and my family.

During this project, I learned that it is worth it to fight for something that I wanted, and it is rewarded. I am very proud of myself, and I gave the glory to Jesus Christ and Jehovah and also all of you who support me and my family during this transition time. The project was a group project, and I cannot do a group project by myself. It took the whole universe to help me to become the person that Jesus Christ and Jehovah made me.

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Section 1: Nature of the Project

Introduction

This project was a staff knowledge improvement using the IDEAL framework in the community using Agency for Healthcare Research and Quality (AHRQ) Ideal Discharge Tools, IDEAL Discharge Planning Overview, and Process and Checklist Framework. The materials for staff education developed by the AHRQ were used to educate healthcare providers in a health ministry in a church located in the Southern Atlantic Region of the United States. Using a pretest survey before implementing the education, and a posttest after implementation, the goal was to see if there was an improvement in staff knowledge after the implementation of this staff education. The long-term goal is to prevent unnecessary readmission or admission to acute care in the hospital if the AHRQ tools can increase healthcare providers' knowledge to enhance patient and family engagement in managing their health in their community.

The identified problem was based on my observation in practice that patients claim that they do not have access to community resources for managing their mental health. The DNP doctoral project aimed to see if educating healthcare providers about the IDEAL elements to facilitate patient and family engagement in their health practices would increase their knowledge. My goal was to improve provider knowledge regarding educating patients about the resources available to them in the community. The potential positive social change implications of the doctoral project would be to have evidence to support knowledge gained by staff and gain their perception of its benefit to improving patient knowledge of resources. This project is a first step to a larger goal of improving

health care services programmatically to help patients find needed resources in their community to prevent hospitalization, to save resources, and to provide quality care to the patients in the community.

Problem Statement

In the urban area in the inpatient psychiatric hospital in a state in the Southeastern region of the United States, many patients will come to the hospital and say that they are in danger of hurting themselves, are hearing voices, have withdrawal symptoms from substance abuse or alcohol, are withdrawing from treatment, and claim that they have difficulty or no access to the resources that have available to them in the community. In these cases, discharge may be unsafe if the health care providers are not trained or educated to discharge in the community safely; otherwise, the same group of patients will constantly come to the psychiatric hospital for treatments or be admitted within 72 hours of particular observation, and the goal is to safely discharge them in the hospital and decrease the amount of readmissions in the hospital (see Schreiber et al., 2018).

Evidence shows that early discharge preparation can reduce hospital length of stay for most patients (Bajorek & McElroy, 2020; Yen et al., 2022) and is important to preventing adverse health events and reducing medical expenditures (Bajorek & McElroy, 2020; Yen et al., 2022). Evidence also shows that rapid readmissions (RR) of patients to a hospital within 30 days of discharge caused a substantial financial cost to psychiatric hospitals (Moore et al., 2019). These individuals take up bed space, which may result in poor care, lack of appropriate service provision, and, most importantly, maybe preventable (Moore et al., 2019).

Numerous risk factors are present in the chaotic, emotionally charged period of discharge from an acute inpatient mental health ward (Tyler et al., 2019). A telephone-based intervention for recurrent follow-up soon after release is feasible and may have effectively reduced post-discharge readmissions (Rengasamy & Sparks, 2019; Stanley & Brown 2022). Patients who have recently experienced a suicide crisis and recently returned home from a hospitalization were followed and monitored (Rengasamy & Sparks, 2019; Stanley & Brown, 2022). According to staff at the location of this project, people cannot work and need care, and society needs to do more to help people Some acute patients cannot follow up with their appointments because they need money for transportation.

Urban areas in the state where this project took place in the Southeastern region of the United States, face challenges in developing and establishing discharge planning that successfully improves patient satisfaction while transitioning from inpatient hospitalization into the community (Nurse coordinator manager, personal communication, July 2023). My goal for this project was to address the gap in staff knowledge about the IDEAL discharge planning process by enhancing staff education on the Agency Health Research and Quality (AHRQ) ideal discharging planning kit in an acute psychiatric unit.

Mental health issues affect employees' job performance and productivity, communication with coworkers, physical capability and daily functioning, and engagement with one's work (Centers for Disease Control [CDC], 2023). Educating staff about safe discharging in the community is a first step and hopefully, will encourage the

state to provide grants to create the first public 24-hour mental health in the Southern region of the United States. Moreover, I planned to use an IDEAL framework and materials to educate the nursing staff. The goal was that health care staff would report following the training that they felt more confident in using IDEAL when educating patients about resources in the community. This project aims to educate healthcare providers about the AHRQ discharging tools. The outcome should be increased staff knowledge.

Purpose Statement

The meaningful gap-in-practice that this doctoral project addressed was the need for education based on the AHRQ IDEAL Discharge Planning Tools with the aim to assess healthcare providers' knowledge about using AHRQ IDEAL materials and framework. Education helps to provide confidence. The guiding practice-focused question for this doctoral project was: Does educating staff regarding (AHRQ) materials increase staff confidence regarding the use of IDEAL elements to engage patient and family in the teaching process as compared pre to post educational intervention? This doctoral project had the potential to address that gap in practice.

Nature of the Doctoral Project

The sources of evidence that I collected to meet the purpose of this doctoral project were related to the staff education project regarding patient access. Per Walden University manual for staff education May 2019, "Staff education is usually developed to meet a need identified by an organization or clinical practice setting to improve patient

care, achieve standards of practice or to meet regulatory guidelines" (Walden University Manual for Staff Education, 2019. p.1). Moreover, staff education informs and improves knowledge and skills using current evidence-based practices.

I used the IDEAL framework and the ADDIE Model to develop, implement, and evaluate the staff education project. I addressed a gap in practice using a staff education program for assisting patients who are discharged from the hospital to the community.

Significance

I used the AHRQ framework to improve staff understanding of assisting patients who are discharged from the hospital to the community. I educated key stakeholders and the nursing and health support team (HST) staff about the IDEAL discharge tools. The setting for this project was intended to be an inpatient setting with 24-hour services for patients triaged and admitted for psychiatric and addictive mental issues where nursing staff triages admissions to the set and discharge them to the appropriate location or back into the community. Per the nurse manager in this setting, it costs fewer resources to treat patients in the community rather than to admit them to an acute psychiatric hospital. Per Desai et al. (2017) "the average payment for a hospitalization was $20,758, so the reduction in admission rate yields an expected savings of $290.61 per ED visit" (p. 628) as reported by AHRQ .

Educating the healthcare providers about the resources available for the patients on communication will improve people's lives. For example, I have two active cases with potential positive social change implications.

In the first example, I went to the community to explore discharge; I came in touch with someone who went to the emergency room and was discharged the same day. The person told me why the person went to the emergency room, which was to access the free internet. When the person became homeless, their car was stolen, and all their clothes and furniture and other belongings were put in storage. The community setting is open from 9 AM to 1:00 PM on Saturdays, but after these hours, there is no support for the homeless and not enough resources available for them.

In the second example, I noted a patient not having access to the community's resources due to a lack of transportation, a language barrier, no family support, and lack of education. I was asked to assist a person who came to the United States for 2 years in the Bardin Cuban and Haitian program. During this time, the person had a 2-year work permit. The person I was asked to assist came to the United States, was pregnant, and gave birth to a child. The child is a United States citizen, but the mother is an immigrant. The child had Medicaid and social security, but the mother did not have Medicaid. The mother's hospital medical bills were over $8,000.00. The mother was not working because the child is 2 months old, and she needs support with daycare, food, shelter, and utilities. The Mother has WIC because she is breastfeeding the 2-month-old child.

I went to DFCS on and it was closed. I returned the next day to present her case and use the community's resources. We went to DFCS and dropped the application in the box outside the building. The place was full of many people at about 9:00 AM. We were told someone would call us for an interview if she qualified for Medicaid. This is an example of how hard it is to use the resources available to the people in the community.

The resources are there, but the problem is to get support and access to the resources. In her case, the person needs an interpreter, and DFACS will not talk to me at all for her.

Although this project focused on the education of the staff without inclusion of patients in the project, these examples support that patients are the key stakeholders of this project. My overall aim was to improve the outcomes of patients by informing staff of the process of conducting safety in the discharge process.

Summary

In this section, I introduced the teaching project, stated the problem statement, identified the project's purpose, described the nature of the DNP project, and explained the significance of the teaching. This teaching project focused on improving staff education on the AHRQ IDEAL materials for discharge planning in an acute psychiatric unit.

In Section 2, I will describe the background and context of the teaching project, explain the concepts, models, and theories used, discuss the relevance related to nursing practice, and describe the role of the DNP and project team.

Section 2: Background and Context

Introduction

Studies have shown that an early discharge preparation process can decrease hospital length of stay, readmission risk, and mortality risk, an effective strategy to prevent adverse health events and reduce medical expenditures (Bajorek & McElroy, 2020; Yen et al., 2021). As a social worker at one of my DNP practicum sites noted, there is need for more resources to be made available in the community for acute psychiatric patients after discharging them in the community. Numerous risk factors are present in the chaotic, emotionally charged period of discharge from an acute inpatient mental health ward (Tyler et al., 2019).

The gap in practice that I observed while working at a psychiatric mental health inpatient facility is that many patients come into the hospital because they have no access to the resources in the community, thus highlighting the importance of educating staff about communication with patients to prepare them for discharge. Discharge can become unsafe because people who are not able to work need care, and society needs to do more to help people. Some acute patients cannot follow up with their appointments because they need money for transportation, and the practicum site does not have access to follow up with the patients after discharge from the practicum.

For example, if there is a patient who has a hearing impairment, finding community resources is challenging, such as not being able to get interpreters to assist with setting an appointment for outpatient care that is close to them or arranging for transportation and getting a one-day bus pass. According to a nurse on site, there are no

more physical transportation resources, and that can be fixed by having a temporary shelter on the campus and teamwork with community outreach. Support in the community may be vital to assisting patients in their communities to finding resources for their health.

The nurse manager coordinator at the practice site supported the planned project in several ways. The manager noted that "It was unknown if or to what degree the implementation of the AHRQ IDEAL Discharge planning toolkit will impact patient satisfaction scores compared to current practice among adult patients at an acute psychiatric hospital." Despite the lack of evidence that applying the AHRQ IDEAL Discharge Planning Tool Kit can improve the quality of care in many areas, there needs to be more data on its implementation in a psychiatric patient setting. Georgia urban areas face challenges in developing and establishing discharge planning that successfully improves patient satisfaction while transitioning from inpatient hospitalization into the community. In this project, I addressed the need to enhance staff education on using the AHRQ IDEAL elements in patient communication to prepare them once discharged from an acute hospitalization.

In Section 2, I review my role as a student, and describe my experience with the project and the community as it relates to discharge planning and the background and context for the project. I will provide the concepts, models and theories that will guide the project and describe the role of project team.

Concepts, Models, and Theories

Concepts

The goal of this DNP project was to develop, implement, and evaluate the effectiveness of a staff education program on using the AHRQ *IDEAL* materials for teaching about patient and family engagement. The theory of reasoned action, the ADDIE model and the materials from AHRQ using the IDEAL framework were used for implementation in the project.

IDEAL Discharge Planning Tools

The key elements of IDEAL used in this training are developed by the AHRQ (2017) and stand for:

I: Including the patient and family as full partners in the discharge planning process.

D: Discussing five key areas to prevent problems at home with the patient and family:

E: Educating the patient and family in plain language about the patient's condition, the discharge process, and the next steps throughout the hospital stay.

A: Assessing how well doctors and nurses explain the diagnosis, situation, and next steps in the patient's care to the patient and family and use teach-back; and, finally,

L: Listening to and honoring the patient's and family's goals, preferences, observation, and concerns.

The AHRQ IDEAL materials and tool kit can improve the quality of care in many areas; these materials make up an evidence-based resource to help guide organizations in the discharge process (Williams & Kesten, 2023). This study by Topham et al. of caregiver experiences suggests that the IDEAL discharge planning strategy remains a useful and important framework for case managers to follow when providing discharge service (2022). The use of checklist, and teach-back, and AHRQ re-engineered discharge (RED) discharge planning strategy is one approach emphasizing patient and family engagement in discharge planning and discharge education (Bajorek & McElroy, 2020).

The Theory of Reasoned Action (TRA)

The theory of reasoned action (TRA) was developed in late 1960 by social psychologists Icek Ajzen and Martin Fishbein. The TRA is about the three elements of beliefs, attitudes, intentions, and behavior and these influence how a person will behave. People make rational decisions based on the information they have (Nickerson, 2023). Access to information is important to influence actions of patients once discharged. Therefore, educating the providers with the new framework, AHRQ IDEAL, to improve patients in the process of managing their health is important as a teaching tool. The ADDIE Model was used to develop this training and to conduct the project at the setting site.

ADDIE Model

I used the ADDIE model to implement this project. The A stands for analysis, the first D stands for design, the second D stands for development, the I stands for implementation, and the E stands for evaluation. As noted by Kurt (2018, para 2):

The concept of Instructional Design can be traced back to as early as the 1950s. But it wasn't until 1975 that ADDIE was designed. Originally developed for the US Army by the Centre for Educational Technology at Florida State University, ADDIE was later implemented across all branches of the US Armed Forces.

Relevance to Nursing Practice

The planned setting for the project was an inpatient psychiatric hospital, and in the setting, the healthcare providers had to decide to admit the patient for treatment or discharge the patient to a safe place in the community, such as a shelter or transition home. Matarazzo et al. (2021) stated, "Given that home visits may not be feasible for all patients (e.g., those living in highly rural settings" (p. 980), future research should focus on evaluating these efforts' feasibility, acceptability, and efficacy. Furthermore, "The HOME Program is a bridge intervention that supports patients during the transition from psychiatric hospitalization discharge to outpatient treatment" (Matarazzo et al., 2021, p. 979). Per Calhoun et al. (2021) "There is a need for scholarship on discharge planning for patients with severe mental illness in long-term psychiatric settings that balances infection prevention guidelines and patient recovery principles" (p. 1354). Nurses must advocate for the patient and ensure they are discharged in a safe environment, can care for themselves, and prevent unnecessary readmission.

Local Background and Context

The setting for this evidence-based doctoral project was intended to be an acute psychiatric hospital. The site has an admission manager, a preceptor, two full-time psychiatric doctors, one full-time medical doctor, some registered nurses, health care

technicians, and administrative personnel such as social workers, nutritionists, physical therapists, and agency nurses. Some patients will come to the setting because they claim that they are not able to have access to the resources in the community, which causes them to be admitted as walking patients at the site, especially during holidays and weekends. The gap is the need for patients to have more knowledge about resources in the community.

To address this gap, the AHRQ materials would be provided in the context of engaging patients and families about talking about their health to assist them in learning about the needed resources they might need in their community. I planned to educate the health care staff about using IDEAL elements. The nursing staff triages everyone admitted to the setting and discharges them to the appropriate location or back into the community. The government and the state fund the health care setting. Per nurse coordination manager, it costs less and uses fewer resources to treat patients in the community rather than admitting them to an acute psychiatric hospital. It is important to prepare nurses and health staff to engage with patient and families in teaching for safely managing their health in their communities.

Role of the DNP Student

While doing my clinical rotation in this admission setting site, an increasing number of patients came to the setting and claimed that they could not access the resources in the community. This issue led me to explore if educating staff with AHRQ IDEALS tools and teaching kits would increase staff knowledge of discharge safety in the community.

This project was based on the Walden University education manual (2019). The manual for staff education Doctor of Nursing Practice (DNP) scholarly project has outlined the steps as project planning, implementation and evaluation, and design thinking according to the essentials of doctoral education for advanced nursing practice. One of the most common frameworks is the ADDIE discussed in Chapter 2 of the Jeffery & Nienaber (2015) required staff education textbook under the resources needed in this project (as cited in Walden University, 2019). There was a pretest about staff about using the AHRQ IDEAL elements and a posttest for evaluating the project.

Role of the Project Team

The short-term role of the project team was to support the education project aimed at increasing knowledge about safely discharging the patients in the community. This project was anticipated to be a preliminary step toward gaining funding for future program development and resources to help patients remain in their community and continue to have a quality life while getting treatment in the community.

Per Bajorek and McElroy (2020) AHRQ has a number of evidence-based resources and tools engage patients with severe mental illness in their care. The state and the community are the systems level where these issues originate because there are insufficient resources for patients with acute psychiatric problems for treatment and care. As a result, patients come to hospitals for admission for treatment for a crisis. The admission set must triage the patient, keep them within 72 hours of observation, and discharge them to a suitable facility for safe discharging in the community to the family or jail. For example, some patients may need more money for transportation to follow up

with their scheduled appointment in the community, or some shelters may need more space or resources to receive more people. Some patients may need insurance to go to a private psychiatric hospital setting which can be challenging in discharging in the community. The goal is to get the government or the community to provide resources for the patient after discharge to the acute psychiatric hospital in a safe environment.

The role of the DNP project team was to support the development, implementation, and evaluation of this staff education project by providing their expertise and contextual insight relative to the doctoral project to facilitate change. The team was to include the manager, assistant manager, and a nurse educator led by me. I would meet with the team by scheduling a meeting to review the education materials that includes the teaching materials and the pre- and postsurveys to gain their feedback.

Summary

ADDIE Model of Instructional Design, and discussed in chapter 2 of the Jeffery, Longo, and Nienaber required staff education textbook under the resources needed in this project and AHRQ IDEAL Discharge Planning Overview, Process, and Checklist Evidence for engaging patients and families in discharging planning and critical elements of IDEAL Discharge Planning tool as the teaching tools for the implementation of the project. Second, to educate the healthcare providers about AHRQ IDEAL Discharge Model In 30 days of training, there was a pretest, implementation, and a posttest for evaluation. The goal is to increase the healthcare providers' knowledge about the AHRQ IDEAL tool in the setting and to assess if there is a need for teaching healthcare providers

use for the project which is the third section will focus on sources of evidence and methods used to retrieve, organize, and analyze pre-and-post education project data.

Section 3: Collection and Analysis of Evidence

Introduction

Readmissions are a significant challenge for hospitals (Backman & Cho-Young, 2019). High readmissions have resulted in $280 million in assessed penalties for 65% of the 3,400 hospitals participating in the Hospital Readmission Reduction Program (Centers for Medicare & Medicaid Services [CMS], n.d.; Williams & Kesten, 2023). Data show that including families in the discharge process improves the likelihood of compliance with the discharge plan and helps patients avoid readmission (Lenaghan, 2019; Williams & Kesten, 2023). Research shows hospital readmissions decrease after ostomy surgeries if proper teaching of nursing care, wound, ostomy, and continuity (WOC) nurse teams, and discharge criteria are used (Millard et al. ,2020). Several studies have shown that family/informal (vs. formal or paid) caregivers play a crucial role in helping patients manage their needs during this vulnerable transition period (Hahn-Goldberg et al., 2018; Topham et al., 2022). According to Kroll et al. (2018), a study stated that statistical analysis, according to the psychiatrists who made the decision to be hospitalized, 10 (25%) of the patient participants could have been discharged had social support become available. Patients who board experience delays in their care and more frequent adverse events. Coffey et al. (2019) stated that hospital discharge planning by advanced nurse practitioners influenced reductions in readmissions over longer-term periods, especially when combined with home visits.

In Section 3, I will review the practice-focused question, the sources of evidence for the project and the plan for analysis and synthesis of the evidence collected.

Practice-Focused Question

The practice focused question was based on the P (population) I (intervention) C (comparison) O (outcome) T (time) question developed systematically to identify the elements of the clinical problem. The practice-focused question was: Does educating staff regarding AHRQ materials for use in teaching increase confidence regarding the use of the IDEAL elements in engaging patients and families in self-care for their health comparing pre- to posteducational intervention?

Sources of Evidence

The keywords, *agency healthcare* in a search resulted in 49,711 articles; keywords *research* and *quality* in a search resulted in 24,284 articles and adding peer-reviewed scholarly journals as criteria resulted in 16,130 articles. The addition of keyword, *discharge* retrieved 1,313 articles, and the addition of the keyword *education* retrieved 11 articles. From 2019 to the present, I recovered and reviewed four articles. Three articles were included in the search. The first article was excluded as it was not relevant or apply to this project (Borg et al., 2019). The second article (Millard et al., 2020) was about improving self-care outcomes in patients with ostomies. The third)Williams & Kesten, 2023) and fourth article (Topham et al., 2022) were about engaging patients using IDEAL.

Two of the articles (Millard et al., 2020; Topham et al., 202) were about quality improvement and decreasing the number of readmissions of patients after discharge from the hospital. These two studies supported that to foster improving self-care outcomes, caregiver education is critical in reducing readmission in the hospital with patients with

colostomy after surgery. Patients with support from caregivers such as family in older adults also helped to decrease hospital readmission. The third article by Williams and Kesten (2023) discussed teaching and using IDEAL as a teaching tool to help decrease readmission in the hospital. Table 1 shows the evidence from the four key articles. For the literature review matrix table, see Appendix A.

Table 1

Results of Search of Evidence in Research-Based Studies

Source	Title
Borg et al., 2019	Acceptability of Locally- produced ready–to–use supplement food (RUSF) for Children under Two Years in Cambodia: A Cluster Randomized Trial.
Millard et al., 2020	Improving Self-Care Outcomes in Ostomy Patients via Education and Standardized Discharge Criteria Engaging Older Adults and Families
Williams & Kesten, 2023	Using the IDEAL Discharge Protocol: A Quality Improvement Initiative to Improve Outcomes and Reduce Readmissions.
Topham et al., 2022	Caregiver Inclusion in IDEAL Discharge Teaching: Implications for Transitions from Hospital to Home.

Evidence Generated for the Project

The purpose of this project was to provide evidence that the developed and implemented staff education project on using AHRQ IDEAL as a teaching tool was effective if the participants on the posttest evaluation reported there was an increase in knowledge about discharging patients in the community. I developed the project based on the guidelines in the DNP staff education manual (Walden University, 2019).

Participants

Participants included admission nurses, HST, program assistants, social workers, and medical doctors. Participants were invited from the admission setting. The program was optional and voluntary.

Procedures

The staff education tools included IDEAL educational materials designed by AHRQ (2024). The presentation was designed to be made available to staff for 1 week, with a poster held in the admission setting, and posted until the postevaluation. The poster was developed from the IDEAL tools and materials.

I planned to make copies of the pre- and posttest, provide the pretest, and then once the poster was displayed for 1 week and came down, I planned to distribute the posttest. No special equipment or funding was required to conduct this staff education project. A GANTT chart was used for a realistic timeline for pre-evaluation; implementation was for 1 week, and postevaluation occurred a week after the poster came down. The pretest was given to the subjects who are the admission staff to determine their knowledge followed by the implementation of the poster, and followed, after the implementation, with a postevaluation survey that provided the evidence for data collection.

Protections

IRB approval (# 08-01-24-0978377) was obtained using the guidelines for the DNP Manual on Staff Education. The staff education was conducted using anonymous

codes that each person chooses to maintain anonymity during the implementation of the project.

Analysis and Synthesis

The IDEAL Discharge materials in the staff education were used in the training. The data collection for evaluation was quantitative with room for qualitative comments. I analyzed the data to determine if the gap was addressed based on the results to see if there is an improvement using descriptive statistics. I used the key elements of IDEAL as outlined in Table 2 in the evaluation process to determine if there has been a change in the confidence in using the IDEAL discharge planning elements from before to after the presentation of the education.

Table 2

Elements of the IDEAL Framework

Element	Description
I	I - include the patient and family as full partners in the discharge planning process.
D	D - discuss with the patient and family five key areas to prevent problems at home 1. Describe what life at home was like 2. Review medications, 3, Highlight warming signs and issues. 4. explain test results, 5. Make follow-up appointments.
E	E- educate the patient and family in plain language about the patient's condition, the discharge process, and the next steps throughout the hospital stay.
A	A- assess how well doctors and nurses explain the diagnosis, situation, and next steps in the patient's care to the patient and family and use teach-back
L	L –listen to and honoring the patient's and family's goals, preferences, observation, and concerns.

Summary

Section 3 included an outline of how the evidence was collected, organized, and analyzed. The methods of recruiting participants, maintaining participant anonymity, collecting pre- and posttraining data, and the proposal defense presentation of the healthcare providers' education were described.

The gap in practice was related to the need for more knowledge about discharge planning strategies to increase patients access to resources in their community. To address this gap, the AHRQ discharge planning overview, process, and checklist are safety tools for discharging patients in the community. I educated the nursing and HST staff about the IDEAL discharge tools. The setting was inpatient and 24-hour services for patients triaged and admitted for psychiatric and addictive mental issues.

Section 4: Findings and Recommendations

Introduction

The findings and recommendations reported in this section are based on using IDEAL framework from the AHRQ Advancing Excellence in Health Care as the teaching tool. In this doctoral nursing project, I used IDEAL to teach about health as a guide to increasing patient and family engagement. The local problem I noted in practice in a psychiatric hospital was that many people in the community were unable to have easy access to the resources in the community during their transition of change such as limited finances due to termination from their jobs. This project was intended to be conducted at a psychiatric hospital. However, due to original project site's decline of approval for the project at time of implementation, the project site was changed to a community church located in the state of Georgia that provides health ministry services. Ethics approval was obtained in compliance with Institutional Review Board (IRB) requirements (Walden University Manual for Staff Education, 2019).

This education program addressed a gap in knowledge among healthcare providers who were members of a local church in this urban setting. The content using IDEAL materials was modified to include using the IDEAL elements to improve patient and family engagement while teaching among church member in the health ministry program. The project shifted the focus to assess healthcare provider's knowledge in using the IDEAL in teaching in the church setting.

The purpose of the doctoral project was to develop a staff education project for ministry health staff using IDEAL to teach about health as a guide to patient and family

engagement. The project question was: Does educating staff regarding AHRQ materials for use in teaching increase confidence regarding the use of the IDEAL elements to engage patients and families in the teaching process as compared pre to post educational intervention?

Sources of Evidence

Sources from the Literature

The first source of evidence for the project was from the literature. To add to the initial review of the literature conducted to find evidence on using IDEAL in faith-based settings, a new literature review was conducted. I conducted the search using the Walden University Library databases. The keywords used were: *IDEAL, church,* and *patient education*. The inclusion criteria used were full text, peer-reviewed, and years 2019 to 2024. One article was retrieved. This article was added to the literature review matrix (see Appendix A).

This single article discussed a 4-week pilot study in the church or faith-based setting to find if a 4-week educational program would improve self-care activities related to high blood pressure (HBP) management (Alen et al., 2022). The goal of this study by Alen et al. was to evaluate a self-care intervention for HBP management in a faith-based setting using a quasi-experimental research design with pre- and postintervention data collection of blood pressures.

The findings from this one study supported the role of healthcare professionals in faith-based settings to promote blood pressure management through education in the community (Alen et al., 2022). The literature search revealed the absence of addressing

IDEAL in the faith-based communities despite the importance established for health care providers in the earlier review of the literature. My goal was to show that using IDEAL as a teaching tool would improve the knowledge of healthcare providers in a health ministry program to facilitate the patient and family's engagement in their self-care management after an education intervention.

Sources from Staff Education Intervention

The second source of evidence was generated in this project and obtained by having five health care providers attend an education program offered at the project site on one Sunday after church services in a small classroom around noon in the Southern regional of Atlanta Georgia. The subjects were unanimous and using participant ID by choose two numbers from their mailing address and two letters from the name of their best friend or their pet and enter the code and also to use the same code each time they fill out a survey for the project.

Participants and Education Content

The five healthcare providers were a nurse practitioner, registered nurse, social worker, and license practical nurse. They participated in a teaching group about using IDEAL as a teaching tool to educate the patient and family about their health concern or issue by speak in plain language. The goal in talk about next steps for their health was to encourage the patient and family member to engage in their health practices and to feel more competent and confident about managing their health. A key was to assess how well the person understands what the doctors and nurses explain about their diagnosis, condition, and what next steps are needed to care for their health, using *teach-back*. The

teach-back is the opportunity to assess how well clinicians explained a concept, and, if necessary, re-teach the information. Moreover, the patient and family repeats back in their own words what they need to know or to do be sure you explained well such as start slowly, do not ask yes or no questions and for more than one concept, chunk information and use teach back after each concept. The tips for effective engagement were to speak slowly, use plain language, reassure patient and family by giving information, and thank patient or family for calling attention to any issue they raised. Tips were shared to avoid acting annoyed, inviting patients to continue asking questions, and remembering that nonverbal communication says as much as verbal communication.

Findings and Implications

On one Sunday around noon at the project site, five healthcare providers met with me in a classroom. I gave a teaching presentation using the Vignette 1 with characters: Doctor or nurse, Emily, and Jack. Emily, a 50-year- old woman, comes to the ministry complaining about high blood pressure. Emily is married, has a college education and is generally quite healthy, as is her husband, Jack, who came with her to the ministry. The nurse or doctor is meeting Emily and jack for the first time to talk about how to find resources to help Emily handle her high blood pressure. Emily stated, “I am not feeling well” and was not able to give completely information about her healthcare issues. Jack, Emily’s husband, was able to give better information, but Jack was not able to list the name of the blood pressure and diabetes medications that was prescribed to her by her health care providers at the clinic. After taking subjective information, I pretended to use the preceptor site orange medical bag to collect the objective data such as checking Emily

blood pressure and blood sugar and if the objective data was abnormal. Emily was advised to see her doctor or called the Rapid Response Team for assessment. At the scenario, Emily was concerned about her nutrition and asked for resources to help her with her nutrition such as limited the amount of salt in her diet and able to choose the proper food type that will manage her blood pressure and her diabetes.

In the Vignette, Emily and Jack were educated about the resources that was available to her by using the IDEAL as the teaching tool. They included Emily and Jack as full partners, Discussed with Emily and Jack to prevent problems at home, educated Emily and Jack in an ongoing manner, assessed how well Emily understood what the doctors and nurses explained about her diagnosis, condition, and next steps to care for health. Finally, they used teach-back and listened to and honored the patient and family's goals, preferences, observations, and concerns.

Role-Playing of Vignette

The five people who were invited to attend the session served in the health care roles. The scene had a total of six people, and my role play was the doctor and the remaining five participants who volunteered were invited to pick up their roles as Emily, Jack, the police officer, the evaluator, the registered nurses for support during the scene. Emily was the social worker, Jack was the license practical nurse, the nurse practitioner was the evaluation person, and one registered nurse was assisting me by getting supplies for objective data, and finally the last participant was the registered nurse who was the security officer and would redirect the ambulance to the project site if in case that Emily needed emergency response.

The face-to face training lasted for about 60 minutes, because one of the subject was 15 minutes late and during the time I was able to setup five chairs for the scene. As soon everyone was present a package with the consent, pretest and posttest, and a PowerPoint handout was handing to all five of the subjects (see Appendix B for teaching script, Appendix C for the presurvey, and Appendix D for postsurvey).

The handout was given to the subjects along with the consent form and participants were invited to complete the pretest. I instructed them to complete the posttest after the presentation. I gave the oral presentation after giving the handout, the role play was done, and the subjects were asked to complete the posttest and I collected the paper and the power point handout were given to them for teaching reinforcement and that five people completed the pre and postsurveys.

Presurvey Findings

In the presurvey, the first program evaluation question determined how confident staff were in their ability to teach or talk to people about their health at the health ministry. Three people reported “very confident,” two people reported “somewhat confident” and “not very confident” was 0. A second question determined how confident staff were overall in using the elements of the IDEAL framework in teaching about health at your facility, three participants report that they were “very confident,” one participant reported “somewhat confident,” and one subject was not “very confident.” See Table 3.

Table 3

Presurvey Question 1 and Question 2 on Confidence in Teaching

Question	Very confident	Somewhat confident	Not very confident
1. Confidence in your ability to teach about health at the health ministry	3	2	0
2. OVERALL confidence in using the elements of the IDEAL framework in teaching about health at your facility?	3	1	1

A presurvey question addressed confidence in using each of the five IDEAL elements. Before the training, four were very confident about L- Listening; three participants out of five were very confident in using IDEAL elements I – including, D – discussing, and A – assessing; and one was very confident on E – educating (two were missing data). These pre-survey findings showed a gap as staff lacked confidence in at least one of these elements. See Table 4.

Table 4

Presurvey Question 3 - Confidence in Using the IDEAL Elements

	Very confident	Somewhat confident	Not very confident
I - Including the patient and family as full partners	3	2	0
D - Discussing with the patient and family tips to prevent problems at home	3	2	0
E- Educating the patient and family about their health concern or issue*	1	2	0
A - Assessing patient and family's understanding about health using teach back	3	2	0
L - Listening to the patient and family members about their health problem	4	1	0

Note. Data were missing for two participants.

Postsurvey Findings

In the postsurvey, the program evaluation addressed how confident staff were in ability to teach or talk to people about their health at the health ministry and in using the IDEAL elements. All participants (N = 5; 100%) reported that they were *very confident* on both items. See Table 5.

Table 5

Postsurvey Question 1 and Question 2 on Confidence in Teaching

Question	Very confident	Somewhat confident	Not very confident
1. Confidence in your ability to teach about health at the health ministry	5	0	0
2. OVERALL confidence in using the elements of the IDEAL framework in teaching about health at your facility?	5	0	0

The confidence in using the IDEAL elements increased after the training on use of the individual IDEAL elements with 100% of the subjects rating confidence in teaching using the five IDEAL elements as *very confident* (see Table 6).

Table 6

Postsurvey Question 3 - Confidence in Using the IDEAL Elements

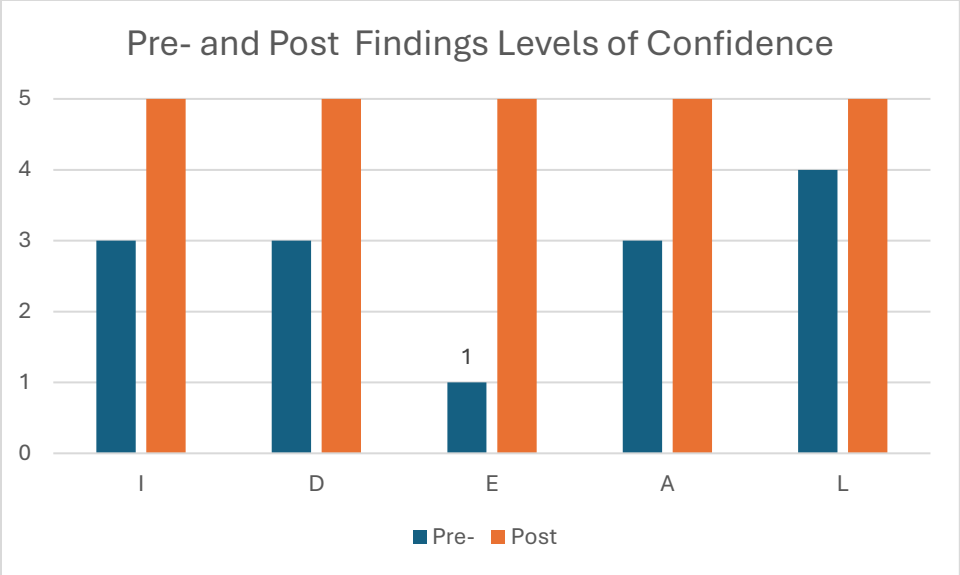
	Very confident	Somewhat confident	Not very confident
I - Including the patient and family as full partners	5	0	0
D - Discussing with the patient and family tips to prevent problems at home	5	0	0
E- Educating the patient and family about their health concern or issue	5	0	0
A - Assessing patient and family's understanding about health using teach back	5	0	0
L - Listening to the patient and family members about their health problem	5	0	0

Overall Summary Evaluation of the Training

At the start of the program, 60% were very confident on three of the IDEAL elements. Only one person was very confident on the "E-Educating the patient and family about their health concern or issue" and 80% were very confident about L - Listening to the patient and family members about their health problem. The findings of the overall summary (n = 5) showed that by the end of the training 100% were very confident with the IDEAL elements based on the overall rating of this education (see Figure 1). Thus, findings suggested that this training was effective in helping all of the staff to improve their confidence in using on all five IDEAL elements in engaging patients and families in teaching.

Figure 1

Pre- and Post Findings of - Confidence in Using the IDEAL Elements



The findings of the overall summary by participants showed that 100% of the staff reported satisfaction with the education based on the overall rating of this education (see Figure 2).

Figure 2

Overall Satisfaction with Training (N =5)

After the training 100% reported being familiar with the using the IDEAL elements for teaching about health (see Table 7).

Table 7

Postsurvey Summary Evaluation

Questions	Number of staff
What is your level of familiarity with using IDEAL for teaching about health after the training	
Extremely familiar	4
Moderately familiar	1
Somewhat familiar	0
Not at all familiar	0

On the day of the training, an overall evaluation statement was provided by one church member who had facilitated the setup of the training at the church and also participated in the training. The statement made was:

> Francesse was prepared and ready to start. She was courteous to a late arriving participant. Francesse spoke clearly and willingly gave information and repeated information when needed. Her health scenarios were great! I appreciated her teaching us this concept. We hope to go forward and use it when we plan education for the members of the *[name omitted]* church and the community.

Another person commented on the survey "Francesse spoke clearly, was kind and gave all information and repeated things when needed. Great presentation!"

Recommendations

The element of IDEAL has been used as a teaching tool framework for the project site to recommend products in the church health care ministry as a teaching tool, then the policies and guidelines was the next step at the project site. I am recommended the

element of IDEAL as a teaching implementation and evaluation procedures in sufficient detail that administrative decision makers not involved in development and planning can assign and supervise them without further planning. The preceptor site can use the IDEAL framework as a teaching tool and in the future can write policy and procedures for the project site in the healthcare ministry.

Strengths and Limitations of the Project

The strengths were based on using the AHRQ already approved staff education materials which are evidence-based. A potential limitation was that three participants report after the implementation, that they had used IDEAL at their organization, and it was working very well. Two participants reported were unable to have access to the IDEAL element's tools at their workplace. Despite the familiarity with the IDEAL elements by some participants prior to the training, the findings supported that the 100% reported that they were moderately to extremely familiar with IDEAL after the training and there was a gain in confidence.

The strengths of this project were very great because the project site is looking forward to improving the health ministry at the site, and the project site can use the education program as the evidenced based practice. A weakness for the project is that the health ministry is very small, and more people are needed to participate in the education to confirm the findings that this training is effective. This project will build up volunteers in the community who are prepared to help engaging patients in health emergencies in the church setting.

Section 5: Dissemination Plan

The project site can use this work for many projects in the community for the future as a teaching tool for foundation the healthcare ministry. The IDEAL tool can be used as a teaching tool in the healthcare industry and in school environments for accurate teaching feedback. The audiences and venues that would be appropriate for dissemination of the project to the broader nursing profession are the health care providers at the community such as nurses, doctors, social workers, physical therapies, dietitians. I plan to present the finding during a zoom meeting about the how to use these materials for teaching the health care provider about IDEAL elements to educate the community about health issues such as diabetes, hypertension, and strokes. The health ministry is at the early stages of program development and this will expand the program. This program can improve recruitment of new volunteers.

Analysis of Self

As a Practitioner

My goal as a registered nurse is to have the Doctoral of Nursing Practice to help my people in Haiti. My next goal is to retake the family practitioner test as I am currently working as a registered nurse in the psychiatric hospital. I faced many challenges during the transition of this projects. I was not going to give up and to fight for my people. I took a lot of risk from working 7 days a week from August 2023 to April 4, 2024, where I was terminated from one of my organizations and my life changed from wealth to poverty. I was not able to support my people and many of them were dying because of limited resources. I learned that my reactions affect many peoples' lives.

As a Scholar

The completion of the project made me feel good and to find my strength and weakness. It taught me to prioritize and to put faith first in my life. I experienced many people who are close to me who were dying and after working for almost 25 years and I also learned that the lack of resources can make a big different in people's lives. I was able to feel both sides of the story about easy access to healthcare or the contrast when others had limited resources in place. The experience in this project reinforced my purpose to help not only my family, but the greater community including people in Haiti, where I lived until I was a teenager and all over the world to address health disparities. I learned that if the mental health is intact, everything is possible. Moreover, controlling resources had a big impact in people 's life and lastly, I learned that I need to take myself and my family than all over the world.

As a Project Manager

During the transition of the capstone project, I learned that the subjects had the right to refuse to continue be a part of the project, and I had to respect their right and still respect their decisions. I learned that it takes a team to complete the project. I also learned to be able to a leader of a team in developing and implementing a project. I developed the skills to gather the research to support evidence-based practice, and I can contribute to the evidence that can be used by others in practice and in future studies.

Summary

The doctoral project can be used as a teaching tool for the health care ministry. The teaching tool of IDEAL can be used to treat individuals. Further research can add on

for quality improvement in the healthcare ministry and policy and guidelines for the healthcare ministry in the community.

DNP graduates have preparation in methods of interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate. This project was based on this role to improve patient health outcomes, brought about by ministry staff assisting church members to engage in management of key health conditions such as hypertension.

References

Alen, J., Forehand, J., & Miller, B. (2022). Piloting a faith-based hypertension self-care program in a church setting. *Journal of Christian Nursing*, E74–E79. https://doi.org/10.1097/CNJ.0000000000001008

Agency for Healthcare Research and Quality. (2017). Strategy 4: Care transitions from hospital to home: IDEAL discharge planning. https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/index.html

Bajorek, S. A., McElroy, V. (2020). Discharge planning and transitions of care. https://psnet.ahrq.gov/primer/discharge-planning-and-transitions-care

Bjørkly S, Wærstad, J. M., Selmer, L. E., Wærp, J., Bjørnstad, M., Leinslie, J. V., Eidhammer, G., & Douglas, K. S. (2019). Violence after discharge from forensic units in the safe pilot study: a prospective study with matched pair design. *Psychology Research and Behavior Management*, *12*, 755–766.

Borg. B., Mihrshahi, S., Griffin, M., Sok, D., ChhAoun, C., Laillou, A., & Wieringa, F. T. (2019). Acceptability of locally produced Ready-to-Use Supplementary Food (RUSF) for children under two years in Cambodia: a cluster randomised trial. *Maternal & Child Nutrition*, *15*(3), e12780. https://doi.org/10.1111/mcn.12780

Calagua-Bedoya, E. A., Ernst, C., Shalev, D., & Bialer, P. (2022). Consultation-liaison case conference: Suicidal ideation in a patient at the end-of-life. *Journal of the Academy of Consultation-Liaison Psychiatry*, *64*, 371-382. https://doi.org/10.1016/j.jaclp.2022.11.004

Calhoun, A., Zhong, R., & Wasser, T. (2021). Community reintegration during COVID-19 for patients in long-term inpatient and residential psychiatric settings. *Psychiatric Services, 72*(11), 1354–1357. https://doi.org/10.1176/appi.ps.202000787

Center for Disease Control and Prevention. (2023). Mental Health in the Workplace. https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/

Desai, S., Gruber, P. F., Eiting, E., Seabury, S. A., Mack, W. J., Voyageur, C., Vasquez, V., Kim, H. T., & Terp, S. (2017). The effect of utilization review on emergency department operations. *Annals of Emergency Medicine, 70*(5), 623–631. https://doi.org/10.1016/j.annemergmed.2017.03.043

Is Hospital Discharge Unsafe? Ethical Response is Needed. (2016). *Case Management Advisor, 27*(6), 67–68.

Hospital Discharge Planning Tools to Improve Care Management. https://blog.cureatr.com/5-hospital-discharge-planning-tools-to-improve-care-management

Kroll, D. S., Karno, J., Mullen, B., Shah, S. B., Pallin, D. J., & Gitlin, D. F. (2018). Clinical severity alone does not determine disposition decisions for patients in the emergency department with suicide risk. *Psychosomatics: Journal of Consultation and Liaison Psychiatry*, *59*(4), 388–393. https://doi.org/10.1016/j.psym.2017.12.001

Kurt, S. (2018). *Frameworks & theories. ADDIE model: Instructional design.*

https://educationaltechnology.net/the-addie-model-instructional-design/#:~:text=The%20concept%20of%20Instructional%20Design,of%20the%20U.S.%20Armed%20Forces

Matarazzo, B. B., Gerard, G. R., Jankovsky, M. C., Oslin, D. W., & Brenner, L. A. (2021). Feasibility and acceptability of the HOME Program for Veterans recently discharged from a psychiatric hospitalization. *Administration and Policy in Mental Health*, *48*(6), 974–982. https://doi.org/10.1007/s10488-021-01109-7

McInerney, S. J., Finnerty, S., Walsh, E., Spelman, L., Edgar, N. E., Hallahan, B., & McDonald, C. (2018). Quality of life and social functioning of former long-stay psychiatric patients transferred into the community: A 10 year follow up study. Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 53(8), 795–801. https://doi.org/10.1007/s00127-018-1520-3

Millard, R., Cooper, D., & Boyle, M. J. (2020). Improving self-care outcomes in ostomy patients via education and standardized discharge criteria. *Home Healthcare Now*, *38*(1), 16–23. https://doi.org/10.1097/NHH.0000000000000816

Moore, V. L. (2020). Leaving Hospital: A Step too Far for Risk-Based Regulation? Medical Law Review, 28(4), 675–695. https://doi.org/10.1093/medlaw/fwaa015

Moore, C. O., Moonie, S., & Anderson, J. (2019). Factors Associated with Rapid Readmission Among Nevada State Psychiatric Hospital Patients. Community Mental Health Journal, 55(5), 804–810. https://doi.org/10.1007/s10597-018-0316-y

Nickerson, C. (2023). *Simply Psychology. Theory of Reasoned Action (Fishbein and Ajzen, 1975).* https://www.simplypsychology.org/theory-of-reasoned-actiion.html

Rengasamy, M., & Sparks, G. (2019). Reduction of post discharge suicidal behavior among adolescents through a telephone-based intervention. *Psychiatric Services*, *70*(7), 545–552. https://doi.org/10.1176/appi.ps.201800421

Roberts, J., Fitches, A., Fisher, K., Grammick, S., Holler, D., Pinto, E., Ismail, Z., & Asalya, M. (2022). NYG@Home: A Blended Model Supporting Patients at Home During COVID-19. International Journal of Integrated Care (IJIC), 22, 1–2. https://doi.org/10.5334/ijic.ICIC21260

Schreiber, N., Powell, T., & O'Dowd, M. A. (2018). Who should decide? Residence capacity evaluation of a cognitively-impaired older adult requesting an "unsafe" discharge to home. *Psychosomatics: Journal of Consultation and Liaison Psychiatry*, *59*(6), 612–617. https://doi.org/10.1016/j.psym.2018.03.004

Stanley, B., & Brown, G. (2022). Structured Follow-Up and Monitoring Procedure. DBHDD Policy 01-118, 01-126: Attachment E. Reviewed 8/4/2022 version 10/05/2015.

Topham, E. W., Bristol, A., Luther, B., Elmore, C. E., Johnson, E., & Wallace, A. S. (2022). Caregiver inclusion in IDEAL discharge teaching: Implications for transitions from hospital to home. *Professional Case Management*, *27*(4), 181–193. https://doi.org/10.1097/NCM.0000000000000563

Tyler, N., Wright, N., & Waring, J. (2019). Interventions to improve discharge from acute adult mental health inpatient care to the community: systematic review and

narrative synthesis. BMC Health Services Research, 19(1). https://doi.org/10.1186/s12913-019-4658-0

Vidal, S., Perroud, N., Correa, L., & Huguelet, P. (2020). Assertive community programs for patients with severe mental disorders: Are benefits sustained after discharge? Community Mental Health Journal, 56(3), 559–567. https://doi.org/10.1007/s10597-019-00513-6

Walden University. (2019). Walden University Manual for staff education Doctor of Nursing Practice (DNP) scholarly project. https://academicguides.waldenu.edu/research-center/program-documents/dnp-doctoral-project

Walden University. Social change impact report. https://www.waldenu.edu/-/media/Walden/files/about-walden/2014-social-changeimpact-report.pdf?la=en

Walden University (2020). Student Catalog/Handbook: Mission, Vision, and Goals. https://catalog.waldenu.edu/content.php?catoid=178&navoid=63595&hl=mission+statement&returnto=search

Williams, A., & Kesten, K. S. (2023). Engaging Older Adults and Families Using the IDEAL Discharge Protocol: A Quality Improvement Initiative to Improve Outcomes and Reduce Readmissions. Journal of Gerontological Nursing, 49(10), 13–19. https://doi.org/10.3928/00989134-20230915-04

Yen, H., Lin, S., & Chi, M. (2022). Exploration of risk factors for high-risk adverse events in elderly patients after discharge and comparison of discharge planning screening tools. Journal of Nursing Scholarship, 54(1), 7–14.

https://doi.org/10.1111/jnu.12705

Zaidi, H., Bader-El-Den, M., & McNicholas, J. (2019). Using the National Early Warning Score (NEWS/NEWS 2) in different Intensive Care Units (ICUs) to predict the discharge location of patients. BMC Public Health, 19(1), N.PAG. https://doi.org/10.1186/s12889-019-7541-3

Appendix A: Literature Matrix

Author Date Theme (s) Theoretical Framework	Research Question (s) Hypotheses	Themes/Theoretical Framework	Methodology	Analysis and Results	Conclusions	Implication for Practices
Bjørkly S., Waerstad. M.J., Selmer. E.L., Waerp, J., Bjornstad. M., Leinslie. V.J., Eidhammer, G., & Douglas, S.K. (2019). Violence after discharge from forensic units in the safe pilot study: a prospective study with matched pair design	1.To find predictors of violence and to test the feasibility of a matched pair design. 2. Reduce violence within facilities and violent recidivism by patients after discharge.	Naturalistic prospective study, Pilot project in Norway, face-to-face interviews, after discharge from forensic mental health	Patients from the Safe pilot project (n=18) and a group of controls (n=18) were matched on 10 variables, such as diagnosis, seriousness of violence, setting after discharge, and risk management plans. Safe Pilot Project in Norway with an Intensive Prospective and control group.	1.No significant between group difference concerning number of patients with violent recidivism 2. To measure insight, Psychotic symptoms, dissociation and hopelessness in general psychiatry. We found no significant between-group difference concerning number of patients with violent recidivism. However, the Safe pilot patients had significantly lower rates of violence and fewer severe violent episodes	The main lesson we have learned from this research is to do prospective monitoring, not only of occurred violence, but also of the implementation and use of risk management plans and other preventive measures.	Due to the time it took to recruit even a small sample of matched pairs and the low statistical power we obtained, we cannot recommend this design for use in small samples of forensic patients.
Bajorek, S. A. & McElroy, V. (2020).Discharge Planning and Transitions of Care.	The transition from hospital to home can be challenging as patients and families become responsible	Systematic review of nine studies grouped factors for medication nonadherence into patient-related factors(i.e. disease-state knowledge,	Discharge checklist, and teach-back, AHRQ Re-Engineered Discharge (RED)	Toolkit can help provide evidence-based training for staff as well as outline processes to improve the discharge process and	The IDEAL discharge planning strategy is one approach emphasizing patient and family engagement in discharge planning and	AHRQ houses a library of evidence-based resources and tools to improve the discharge process and

	for care coordination.	health literacy, cognitive function), drug – related factors, patient provider relationship, and logistical factors,		reduce readmission	discharge education.	care transitions.
Calagua-Bedoya., Ernst, C., Shalev. D.,& Bialer, P. (2022). Consultation-Liaison Case Conference : Suicidal Ideation in a Patient at the End-of-Life. Table contents	Psychiatric comorbidities are common among patients approaching the end of life, often necessitating the involvement of consultation-liaison psychiatrists.	Case Presentation, Suicidal Ideation in a patient at the end-of -life.	Case Presentation case of a patient with advanced metastatic prostate cancer and a complicated hospital course who made suicidal remarks and requested a hastened death	It is important to note that the expression of a desire for hastened death generally does not represent suicidal ideation and may in fact signify a request for assistance in living with less distress. Regardless of the actual intent, a thorough clinical assessment is warranted, and the clinician has the responsibility to explore, clarify, and interpret such requests	The terminally ill patient can suffer from a variety of psychiatric conditions such as depression or delirium, but when suicide ideation is present, it is not always due to a major psychiatric illness. When evaluating these patients, it is important to differentiate true suicidal intention from a desire to hasten death,	C-L psychiatrists to build a more robust base of clinical and research experience in psychiatry at the EOL.
Calhoun, A., Zhong, R., & Wasser, T., (2021). Community Reintegration During COVID-19 for Patients in Long -Term Inpatient and Residential Psychiatric settings	Individuals with serious mental illness, especially Black and Latinx individuals, are more likely to experience poor outcomes from COVID-19.	Literature on psychiatric hospital. Individuals with serious mental illness may be at greater risk of death from COVID-19	Developing guidelines and policies for reopening long-term psychiatric care settings can largely follow similar processes	Transitions from long-term inpatient settings to the community are often prolonged. Although continued isolation minimizes the risk of COVID-19 infection, such policies limit patients' access to therapeutic services, delay	There is a need for scholarship on discharge planning for patients with severe mental illness in long-term psychiatric settings that balances infection prevention guidelines and patient recovery principles.	There is a need for r more literature proposing guidelines for transitionin g long-term psychiatric patients back into their communitie s during the COVID-19 pandemic

				community reintegration, extend confinement, and negatively affect patient quality of life.		
Coffey, A., Leahy-Warren, P., Savage, E., Hegarty, J., Cornally, N., Day, M. R., Sahm, L., O'Connor, K., O'Doherty, J., Liew, A., Sezgin, D., & O'Caoimh, R. (2019). Interventions to Promote Early Discharge and Avoid Inappropriate Hospital (Re)Admission: A Systematic Review	To identify all potential interventions that promoted early discharge and avoided inappropriate readmission to acute hospitals.	Outcome and Studies (PICOS) framework and Preferred Reporting Items for Systematic review and Meta-Analyses (PRISMA) statement was used as a reporting guide.	systematic review as outlined by the University of York [23]. The Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) statement was used as a reporting guide [24].	Early discharge planning also appears to reduce readmission rates. Hospital discharge planning by advanced nurse practitioners influenced reductions in readmissions over longer-term periods, especially when combined with home visits	n (re)admission avoidance can result from early discharge planning in hospital, patient-focused education in hospital which continues at home, post-discharge support continuing from hospital Int. J. Environ. Res. Public Health 2019, 16, 2457 10 of 16 including telephone follow-up; integrating the hospital and community care, and transitional care structures with access to a multifaceted multidisciplinary team.	This review suggests that these areas should receive particular focus in future research, and also highlights a need for a consensus on definitions and agreed structures to support this.
Kroll, S.D., Karno, J., Mullen, B., Shah, B.S., Pallin, J. D., & Gitlin, F. D. (2018). Clinical Severity Alone Does Not Determine Disposition Decisions for patients in the Emergency	We aimed to identify which nonclinical factors most frequently contributed to decisions to pursue psychiatric admission in patients with suicide risk, as this could inform	Clinical survey," which of the following factors do you think contributed most to this patient's disposition to inpatient psychiatric treatment as opposed to outpatient care	A survey regarding the importance of 13 clinical and 19 nonclinical barriers to safe outpatient disposition was administered in the ED to 40 adults who were determined by	Statistical analysis According to the psychiatrists who made the decision to hospitalized, 10 (25%) of the patient participant could have been discharged had social	Both clinical and nonclinical factors affect disposition from the ED after an evaluation for suicide risk.	Attention to nonclinical factors should be considered in programmatic efforts to reduce ED boarding of patients with suicide risk.

Department with Suicide Risk.	development of more targeted resources to address the most prominent nonclinical drivers of psychiatric admission.		psychiatrist to require inpatient level of psychiatric care due to suicide risk.	support become available. Patients who board experience delays in their care and more frequent adverse events. Meanwhile, the high number of boarders contribute to ERD crowding, which in turn not only raises health care costs and limits a hospital's ability to respond to other emergencies but also, when diversion is required, affects entire cities via prolonged responses. Ambulance		
Matarazzo, B.B., Gerard, R.D., Jankovsky, C.M., Oslin, W.D., & Brenner, A. L (2021). Feasibility and Acceptability of the HOME Program for Veterans Recently Discharged from a Psychiatric Hospitalizatio n	Enrollment in the Home-based Mental Health Evaluation (Home) Program is associated with higher rates of treatment engagement following psychiatric hospitalizatio n discharge, as compared to enhanced care as usual.	The Client Satisfaction Questionnaire (CSQ-8 and the Narrative Evaluation of Intervention Interview. NEII. The CSQ -8 has high internal consistency used to evaluate community mental health care.	Clinical trial was conducted at four VA Medical Centers (VAMCs), where participants at two sites received enhanced care as usual and participants at two additional sites were enrolled in the HOME program.	Quantitative data were analyzed and summarized descriptively. Qualitative responses to the NEII were individually reviewed by GRG, MCJ, and BBM. There were no statistically significant differences on participant characteristics between those who completed follow -up assessments	Given that home visits may not be feasible for all patients (e.g., those living in highly rural settings). Future reach efforts should focus on evaluating the feasibility, acceptability and efficacy of these efforts. The Home Program is a bridge intervention that supports patients	Additional future research should evaluate the perspective s of additional stakeholder s, such as HOME Program providers and administrat ors where the intervention is implemente d.

				and the who did not, neither within nor between sites.	during transition from psychiatric hospitalizatio n discharge to outpatient treatment	
McInerney ., Finnerty, S., Walsh, E., Spelman, L., Edgar, N.E., Hallahan., B.& McDonald, C., (2018). Quality of life and social functioning of former long-stay psychiatric patients transferred into the community: a 10 year follow up study.	This study sought to evaluate the quality of life (QoL) and social functioning (SF) of former long-stay institutionaliz ed patients with severe and enduring mental illness who had been relocated into local community settings and followed up 10 years later.	Longitudinal study of cohort of patents from a psychosocial perspective.	A written information sheet was provided to the patient at least two weeks before being approached by the principal investigator (SMI). One month prior to hospital closure, 87 former long-stay psychiatric patients, the majority of whom had a diagnosis of schizophrenia, were assessed on a range of QoL and SF measures.	All data were entered into the Statistical Package for the Social Sciences (SPSS) version 23.0 for Windows for analysis (SPSS Inc., IBM, New York, USA). Linear Regression was conducted with QLS as the dependent variable and demographic, QoL and SF variables as the independent variables.	This study provides evidence that patients moving from long-stay psychiatric institutions can have long-term positive outcomes and improved functioning, even if they have chronic and enduring mental illness and have had long durations of stay.	Given the observation al nature of the current study, further research is required to clarify whether specific intervention s to reduce challenging social behaviors will actually result in improved quality of life
Millard, R., Cooper, D.,& Boyle, J.M. (2020). Improving Self-Care Outcomes in Ostomy Patients via Education and Standardized Discharge Criteria.	The purpose of this quality improve-ment pilot study was to improve outcomes in a sample of new ostomy patients by implementin g an intervention consisting of nurse and patient education	The study was conducted at a Southern California home healthcare agency with an average patient census of 270. The participants were 30 home health-care nurses (6 licensed vocational nurses and 24 registered nurses).	Patient education was guided by the use of an evidence-based ostomy skills checklist adapted from the Wound, Ostomy, and Continence Nurses Society's ostomy discharge criteria.	Nurse's skills and competence were measured and compared via results from a 10-question pre- and postinterventi on nurse self-assessment survey.	Providing effective ostomy education for both nurses and patients is essential for improving patient outcomes. after the intervention, the number of weeks patients were on service for a new ostomy diagnosis decreased by an average of 1.5 weeks;	This study showed that implementi ng nursing education with didactic and hands-on component improved nursing competency . Therefore, this technique can be utilized as a teaching model.

					patients required 50% fewer visits to reach independence; and unscheduled visits decreased by 500%.	
Roberts, J., Fitches, A., Fisher, K., Grammick, S., Holler, D., Pinto, E., Ismail, Z., & Asalya, M (2021). Conference Abstract NYG @ Home: A Blended Model Supporting Patients at Home During COVID-19.	The hospital and home care providers needed to pivot quickly during the COVID-19 and discover new ways of working to provide safe and effective care to the NYG@Home patients	Decision support tools and education on infection prevention and control protocols and the use of personal protective equipment, our	Capacity in the system was stretched and directives and orders that were imposed further impacted the pressures on the workforce.	Collaboratively, and with the support of the hospital and home care leadership teams, we were able to continue to provide high quality care in the home.	We learned that delivering integrated care during a pandemic requires focused teamwork, trust, collaboration, and an openness to change	shared vision, trusting partnerships, strong infrastructure, and a relentless focus on providing safe and effective patient care have been established and are sustainable.
Schreiber, N., Powell, T., & O'Dowd, A.M. (2018). Who Should Decide? Residence Capacity Evaluation of a Cognitively-Impaired Older Adult Requesting an " Unsafe" Discharge to Home.	Case Report	Psychiatrist Delineation of benefits and Burdens of Going Home Compared to a Protracted Hospital Admission for Discharge Planning or Discharge to a Skilled Nursing Facility Against a Patient's Wishes.	Psychiatric consultations are often requested to determine decisional capacity for elderly patients with cognitive impairment who refuse a safe discharge, typically to a skilled nursing facility (SNF).	On Hospital admission, family members may request discharge to a SNF.	Staff may focus narrowly on physical safety instead of considering strategies to help the patient return home.	A thoughtful residence capacity determination is crucial to promoting the highest level of patient autonomy

Schreuder*. M., Wigman, J., Smit, A., Hartman, C.,& Wichers, M. (2021). Anticipating transitions in mental health in at-risk youth: A large-scale diary study into early warning signals (EWS).	This study aimed to establish the sensitivity and specificity of EWS as personalized risk markers for sudden drops mental health	An increased risk for psychopathology completed daily questionnaires mental health for six consecutive months	Individuals (N=122, mean age 23.6 0.7 years, 57% males) at increased risk for psychopathology completed daily questionnaires on mental states for six consecutive months.	EWS were found for 59% of individuals with a drop in mental health, and for 47% without such a drop (sensitivity: 0-.12; specificity: .88-1).	EWS might be informative of impeding transitions, yet they are also highly conservative.	Present findings may inspire future research into the prerequisites for detecting EWS in the context of mental health, for instance with respect to the stability of pre- and post-transition phases, the magnitude of transitions, and the timescale at which EWS manifest.
c Bristol, A., Luther , B., Elmore, E.C., Johnson, E., Wallace, S.A (2022). Caregiver Inclusion in IDEAL Discharge Teaching Implications for Transitions From Hospital to Home.	The purpose of this study was to improve the quality of discharge support and to explore perceptions of caregivers regarding their discharge preparation, focusing particular attention on whether and how they believed discharge preparation impacted post discharge patient outcome, efforts to improve discharge support for	Content analysis was framed by the nature of caregiver involvement proposed by the Agency for Healthcare Research and Quality ‘s (AHRQ) IDEAL	Using qualitative descriptive approach, this study examined in-depth experiences of four unpaid caregivers for patients discharged from surgical services of a tertiary academic medical center hospital. Case interviews with four English-Speaking caregivers (61-75 years of age)/ Analysis of AHRQ’s IDEAL (Include , Discuss, Educate,	Caregivers reported receiving clear discharge instruction, or basic education, and yet felt only passively included in discharge teaching. Caregivers may have reported increased readiness for discharge if they had been able to actively discuss discharge teaching with the nurse and other health care professionals , ask questions, clarifying	Our findings suggest that of caregiver problem solving, planning, and post discharge, particularly related to assessment or caregiver problem solving, planning , and post discharge support, are important in efforts seeking to improve care transitions and post discharge outcomes. IDEAL addresses what to expect as the normal course of healing and recovery and	This study of caregiver experiences suggests that the IDEAL discharge planning strategy remains a useful and important framework for case managers to follow when providing discharge service.

	caregivers that may, ultimately, improve patient outcomes and readmissions.		Assess, Listen) discharge planning strategy.	teaching points, and practice various tasks they would assume responsibility for post discharge such as drain care, ambulation, comfort measures, and medication management.	what to watch for a typical " red flags " prompting them to communicate with outpatient providers.	
Vidal, S., Perroud, N., Correa, L., & Huguelet, P. (2020).	Is to evaluate patient's long ' s term clinical and psychosocial evolution after discharge from assertive community treatment (ACT)		Quantitative research	There was a significant decrease in BPRS global scores 2. Concerning recovering, non-significant increase in the RAS global score, regarding quality of life, the significant increase in the global score, concerning adherence to treatment, there was a non-significant increase in MARS global score. There was a significant increase in social functioning in the community .	The most salient findings were that after of 8.7 years of evolution and 6.3 years after a mean of 8.7 years of evolution and 6.3 years after discharge from Patient who were treated by ACT team sustained an improvement of their symptoms, a reduced rate of hospitalizatio ns and an improvement in quality of life and in social functioning.	The study has limitations that need to be pointed out. The study did not include a comparison group, no assess for Axis II diagnosis. 3. Small sample size and the specificity of treatment delivered by this ACT program in this Geneva's area.
Zaidi, H., Bader-El-Den, M., & McNicholas, J. (2019). Using the National Early Warning Score	Intensive care resources are limited and expensive commodities, therefore managing bed flow is	NEWS- National Early Warming Score	Retrospective study utilizing surgical (SICU), coronary (CCU), cardiac surgery recovery	The NEWS performance was compared across five different ICU specialties, using the data	The NEWS has the real potential to be applied within a universal discharge planning tool for ICU, improving	By accurately predicting patient discharges, patient needs can be defined earlier and

(NEWS/NEW S 2) in different Intensive Care Units (ICUs)to predict the discharge location of patients	vital to ensure high quality of care to those patients who need it.		(CSRU), medical (MICU), and trauma surgical (TSICU) intensive care patients with a single complete admission		patient safety at the point of discharge.	provisions can be made in anticipation for their timely discharge, thus allowing the services beyond ICU to be connected and stream
West, J 2020 What Is an Ethically Informed Approach to Managing Patient Safety Risk During Discharge Planning?	is to ensure that a patient is as safe as possible in the environment to which the patient is being discharged, although it is not always possible to formulate a safe discharge plan.	Advanced Directive, right to consent or refused, guardianship, Physician orders for life-sustained threatening	Case and Commentary study	the discharge must be as safe as the hospital can reasonably make it. But how safe is safe enough. There is only so much that a hospital can do to make the outside world safe for the soon-to-be discharged patient.	Each case may be unique because each patient is unique. Discharging a patient is often a simple process: the patient has been restored to health and can return home to safely carry on with his or her life.	There is no template for making these decisions, but there are a number of factors to consider.
Williams, A., Kesten, S.K. (2023). Engaging Older Adults and Families Using the IDEDAL Discharge Protocol: A Quality Improvement Initiative to Improve Outcomes and Reduce Readmissions.	The gap in practice exits in the need to improve shared decision-making practices within an acute care facility to engage patients in their health care to better address their needs and reduce avoidable readmissions	The IDEAL Discharge protocol, the current quality improvement (QI) initiative used the DMADV are define, measure, analyze, design, and verify. The control chart were used to evaluate variability in the process	Piloted IDEAL in one medical – surgical at a 180- bed acute care urban facility in the northeastern United States.	The IDEAL Discharge Protocol is an evidence-based resource to help guide organizations in the discharge process. As part of the analysis phase, observations were conducted over the three-month implementation period by the team leader (DNP) student conducting the QI initiative (the	Data show the discharge process should be patient-centered, involve shared decision-making, and incorporate the patient and family (Gane et al 2022). The implementation of the IDEAL Discharge Protocol helped increase medication adherence and improved patient outcomes (Lenaghan,	The IDEAL Discharge protocol aided in improving the discharge process to better equip patients with the tools to transition home successful after discharge process to prevent adverse effects and reduce avoidable readmissions.

				nurse team leader responsible for training and assisted with implementation of IDEAL on te pilot unit) to provide real-time feedback to staff to ensure the IDEAL process was embedded in everyday practice.	2019). The IDEAL process provided a structured, patient-centered collaboration among providers, patients, and family.	
Alen, J. , Forehand, J. & Miller, B. (2022)	The purpose of this pilot study was to provide a 4-week management program to improve hypertension self-care among a congregation of African Americans. The goal of this study was to evaluate a self-care intervention for HBP management in a faith-based setting.	A content analysis by Mc Donnell and Idler (2020) of five research articles on advance care planning in African American faith communities showed that education in African American faith communities can help with developing trust, addressing health disparities, and promoting sustainability. A 150-member African American church in Texas served as the setting for the pilot study. A quasi-experimental research design with pre- and postintervention data collection was utilized	A 150-member African American church in Texas served as the setting for the pilot study The sample consisted of adult church members over the age of 18 diagnosed with HBP or taking oral medications for HBP To be considered eligible for the drawing, participants had to complete the entire study.	Results revealed improvements among participants related to self-care as well as lowered blood pressure readings. All BPs were below hypertensive crisis level pre- and postintervention. The number of participants with a normal SBP increased preintervention to postintervention (Table 4). Similarly, the number of participants with Stage 1 and Stage 2 HBP decreased from preintervention to postintervention. Although the mean DBP increased	Faith-based settings provide healthcare professionals an avenue to extend health promotion education to a large audience. The common thread of spirituality connected with health can enhance behavioral modifications. Additionally, faith-based health promotion provides an opportunity to connect with the community and inspire others to make positive change to promote health outcomes. Faith-based settings	The limited sample size of this pilot study limits applications of the results to a broader population. Additional research is needed to confirm or dispute the findings of this study. A longer time period could have allowed for better results.

				The results of this pilot study support that an interactive educational intervention in a faith-based setting can improve self-reported measures of self-care activities related to HBP. Additionally, findings from this pilot study support the reviewed literature that faith-based HBP education can raise awareness and empower patients to enhance self-care activities to improve BP		

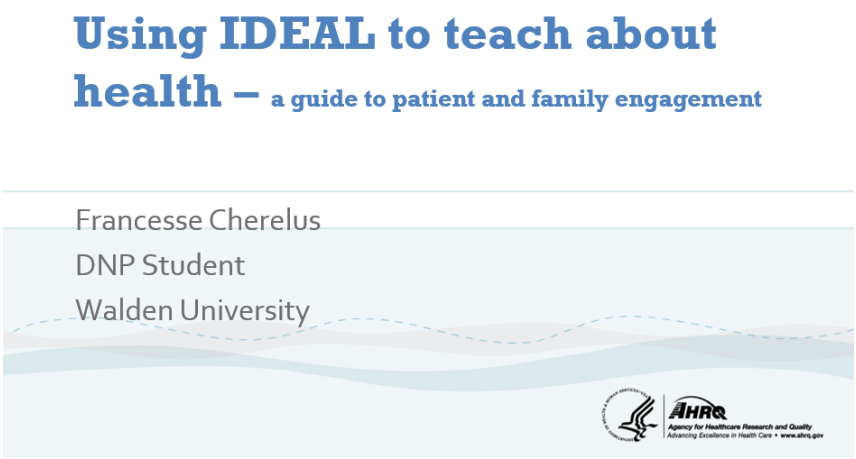
Appendix B: IDEAL Education Materials

Learning Objectives

At the end of this training, the learner was able to:

1. Describe key elements of the IDEAL discharge planning process.
2. Increase confidence in abilities to use the IDEAL elements of discharge planning.
3. Verbalize feeling confidence to educate your colleagues about the IDEAL elements of discharge

Teaching Script



Welcome.

Thank you for coming to help me with the project.

I am going to give you the consent form and I am going to give you a survey to fill out.

Please fill out this survey and return it to me when finished.

Thank you for completing the survey

I am going to begin the training and talk about teaching with IDEAL.

Here are the 5 elements of the IDEAL framework.

I - Include the patient and family as full partners

D - Discuss with the patient and family tips to prevent problems at home

E - Educate the patient and family in an ongoing manner

A - Assess how well the person understand what the doctors and nurses explain about their diagnosis, condition, and next steps to care for their health - use teach back

L - Listen to and honor the patient and family's goals, preferences, observations, and concerns

Now let us look at I – INCLUDE

I- Include the patient and family as full partners

- Ask the patient:
  - What can I do for you?
  - How can I help you?
- Find out the problem from the patient's point of view first
- Find out what's going on
- Use the information for your assessment?
- Assess to be able to make an individual plan

Now let us look at D – DISCUSS

Discuss with the patient and family tips to prevent problems at home

- Transportation – how to get to doctor's appointments
- How to make their meals (meal planning)
- What resources are needed?

Now let us look at E – Educate

Educate the patient and family about their health concern or issue?

- Speak in plain language
- Talk about next steps for their health
- Encourage the patient and family to engage in their health practices to help them feel more competent and confident about managing their health.

Now let us look at A – Assess

Assess patient and family's understanding about health?

- **A**ssess how well the person understand what the doctors and nurses explain about their diagnosis, condition, and next steps to care for their health

Here is some information about Teach Back

What is teach back?

- An opportunity to assess how well clinicians explained a concept, and, if necessary, re-teach the information
- The patient and family repeats back **in their own words** what they need to know or do to be sure **you explained things well**
- Tips for teach back:
  - **Start slowly**
  - **Do not ask yes or no questions**
  - **For more than one concept, chunk information and use teach back after each concept**

Now let us look at L – Listen

Listen to the patient and family member?

- **L**isten to and honor the patient and family's goals, preferences, observations, and concerns
  - Ask them about their preferences
    - It's about them
    - Ask them:
      - **Do you have you have any questions?**
      - **Do you have any concerns you want to talk about?**

We are going to have a practice exercise. Before we begin, Let us look at some tips that can help make sure your interactions are positive and effective.

Here are some tips for effective engagement

- Speak slowly
- Use plain language
- Reassure patient and family by giving information
- Thank patient or family for calling attention to any issue they raise and do not act annoyed
- Invite them to continue asking questions
- Remember nonverbal communication says just as much as verbal communication

Here is the first practice exercise.

Vignette 1:
Characters: Doctor or Nurse, Emily, and Jack

- **Emily,** a 50-year-old woman, comes to you complaining about high blood pressure. She is married, has a college education, and is generally quite healthy, as is her husband, Jack
- **Jack** is Emily's husband and came with her to the ministry.
- **The nurse or doctor** is meeting Emily and Jack for the first time to talk about how to find resources to help Emily handle her high blood pressure.
  - **Begin to your conversation.**

(I need 3 volunteers to play Emily, Jack and the nurse or doctor)

Now let us practice

Thank you!! Now let us debrief – Let us talk about how this went.

- Let's talk about this conversation:
  - **What did Jack, Emily, and the nurse say to each other?**
  - **How did each of you feel during this interaction?**
  - **What went really well?**
  - **What could have been done differently?**
  - **Anything else?**

Let us look at the IDEAL elements.

Were any of these used in teaching Emily about her high blood pressure?

- **I**nclude the patient and Jack as full partners?
- **D**iscuss with Emily and Jack how to prevent problems at home
- **E**ducate the Emily and Jack about high blood pressure
- **A**ssess how well they understand what the doctor or nurse explained about high blood pressure, and next steps to care for their health – Did they use teach back?
- **L**isten to and honor Emily and Jack's goals, preferences, observations, and concerns

Let us practice one more scenario if we have time

Vignette 2: Arnold and Oxygen at Church

- Arnold is 84 years old with serious exacerbation of congestive heart failure. He lives alone. His children live in another city. This is Arnold's third hospitalization in the last year. His mobility is okay, but he has shortness of breath. He is fine cognitively but is getting depressed and worried about his circumstances. He is new to using oxygen.
- Arnold is worried about using the oxygen, especially getting it and moving it around and coming to church.
- You are conducting meeting with Arnold alone.
- Characters:
  - **Arnold**
  - **Nurse or Doctor or Health Ministry Volunteer**

Practice if you have time or wrap-up.

Let us wrap -up.

Final thoughts

- Our ministry is committed to patient and family engagement. Everyone plays a critical part.
- Patients and families will engage in good health practices if they believe that people believe they can do it.
- Your job is to help them know that they are partners in their care.

Thank you for your participation.

Will you please complete the post survey and turn it in before you go?

Note. Adapted from Care Transitions from Hospital to Home: IDEAL Discharge Planning Training -- PowerPoint presentation to train clinicians and hospital staff to support the efforts of patient and family engagement related to discharge planning. Available at: https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy4/index.html

Appendix C: Presurvey

Participant ID:

Instructions for making a code:

- Choose two numbers from your mailing address.
- Choose two letters from the name of your best friend or your pet
- Enter the code:
  - Sample __1_ _5__ - _D_ __A__
- Use this same code each time you fill out a survey for this project

Enter your code here ___ - ___ - ___ - ____

Program Evaluation – Please complete these questions before the training:

1. How confident are you in your ability to teach or talk to people about their health at the health ministry?

    1. Very confident
    2. Somewhat confident
    3. Not very confident

2. How confident are you OVERALL in using the elements of the IDEAL framework in teaching about health at your facility?

    1. Very confident
    2. Somewhat confident
    3. Not very confident

3. Please rate your level of confidence for each of the elements of the IDEAL for teaching about health.

Rate your level of confidence using of these elements of discharge planning. Check the box to rate your level of confidence.

How confident are you in using these steps?	Very confident	Somewhat confident	Not very confident
I - Including the patient and family as full partners			
D - **D**iscussing with the patient and family tips to prevent problems at home			
E- **E**ducating the patient and family about their health concern or issue			
A- Assessing patient and family's understanding about health using teach back			
L – Listening to the patient and family members about their health problem			

Appendix D: Postsurvey

Participant ID:

Instructions for making a code:

- Choose two numbers from your mailing address.
- Choose two letters from the name of your best friend or your pet
- Enter the code:
  - Sample __1_ _5__ - _D_ __A__
- Use this same code each time you fill out a survey for this project

Enter your code here ___ - ___ - ___ - ____

Program Evaluation – Please complete these questions after the training:

1. How confident are you in your ability to teach or talk to people about their health at the health ministry?

    1. Very confident
    2. Somewhat confident
    3. Not very confident

2. How confident are you OVERALL in using the elements of the IDEAL framework in teaching about health at your facility?

    1. Very confident
    2. Somewhat confident
    3. Not very confident

3. Please rate your level of confidence for each of the elements of the IDEAL for teaching about health.

Rate your level of confidence using of these elements of discharge planning. Check the box to rate your level of confidence.

How confident are you in using these steps?	Very confident	Somewhat confident	Not very confident
I - Including the patient and family as full partners			
D - **D**iscussing with the patient and family tips to prevent problems at home			
E- **E**ducating the patient and family about their health concern or issue			
B- Assessing patient and family's understanding about health using teach back			
L – Listening to the patient and family members about their health problem			

Summary Evaluation:

What is your overall rating of this education? (circle your answer):

5– Outstanding

4– Exceeds Expectations

3- Meets Expectations

2- Needs Improvement

1- Unacceptable

What is your level of familiarity with using IDEAL for teaching about health after the training?

Level of Familiarity

5 – Extremely familiar

4 – Moderately familiar

3 – Somewhat familiar

2 – Slightly familiar

1 – not at all familiar

Comments:

Please share any comments you have about the training.