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Reduce Readmission among Patients within 60 days of Discharge in a Behavioral Health Unit

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Walden University

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Executive Summary: Staff Education Project

Reduce Readmission among Patients within 60 days of Discharge in a Behavioral Health Unit

by

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Summary

This Doctor of Nursing Practice project focused on a staff education initiative to reduce 60-day readmission rates in a behavioral health unit within a hospital. The project was staff focused, emphasizing the provision of training to the nursing staff to effectively design the discharge planning of patients by actively involving them in the discharge plans. The purpose was to provide nurses with the necessary skills and knowledge to strengthen discharge planning and directly influence patient outcomes.

Addressing the practice problem was an urgent need because patients in the behavioral health unit were at increased risk of readmission. The main factors identified for readmission included poor discharge planning, lack of patient education, and lack of read back after education to ensure proper understanding of the teaching. Constant readmission of patients increases healthcare costs and the workload for the nursing staff. The nurses are patient advocates and ensure that patients' needs and wants are met. Acquiring new knowledge would enable the nurses to focus on the discharge planning and ensure the processes were duly followed by the patients. The guiding practice-focused question was: How could educating nurses on patient involvement in discharge planning reduce 60-day readmission rates? Following the educational intervention, the participants' average number of correct responses increased from 18.1 (36%) on the pretest to 32.4 (64.8%) on the posttest, demonstrating an average improvement of 14.3 points (approximately 29%). Educating the nurses promotes positive change in terms of improving the quality of discharge education, and this initiative could ultimately reduce unnecessary hospital readmissions.

Background

Hospital readmission always presents challenges for healthcare organizations, especially concerning the behavioral health unit. Many patients return to the hospital due to inadequate discharge planning processes because the patients were unable to understand the care process, which ultimately makes it difficult to follow the treatment plan at home (Trivedi et al., 2023). The main reason behind this at the project was the identified gap in nursing practice: The nurses did not follow the protocol, and they were not equipped with the right knowledge of the structured process to teach the patient.

The purpose of the project was to provide a staff education program to the nursing staff for discharge planning and processing. The intervention involved providing training to the nurses so that they were able to involve the patient in the discharge process. The strategy included utilizing a checklist, having clear communication with the patients, and employing the teach-back method. Involving the nurses and strengthening their role could improve the care transitions and reduce the readmission rate in the behavioral health unit. The project question focused on determining the impact of implementing a staff education program on nurses' knowledge of patient-centered discharge planning and reducing 60-day readmission rates among behavioral health patients. There was one evidence-based question: Does a staff education program teaching nurses how to involve patients in discharge planning increase their knowledge and willingness to include the patients?

I conducted a literature review to collect evidence of and identify the benefits of staff education on discharge planning. The Johns Hopkins evidence-based practice model

was used to conduct the review, which demonstrated the usefulness of a structured discharge process for enhancing patient engagement. The systematic review demonstrated that standardized discharge checklists and the teach-back method were important aspects of an intervention to enhance patient understanding and led to positive treatment adherence (Pellet et al., 2024). The strength of the evidence was moderate to strong and underscored the importance of educational initiatives.

Staff Education Project Development

I developed the project as a staff education initiative related to the behavioral health unit. The participants for the project were the nursing staff, including the registered nurses and licensed practice nurses, who were directly involved in patient care. They provide direct support to the patients by coordinating post discharge care (see Trivedi et al., 2023). They play a central role in the discharge process and demonstrated the ability to effectively communicate and engage with the patients, which would have a direct impact on the patients' understanding after leaving the hospital.

The development of the project was guided by the analyze, design, develop, implement, and evaluate framework. I created the educational program by following a structured procedure through the utilization of an instructional model (see Abuhassna et al., 2024). The analysis phase involved identifying the practice problem, which was the high 60-day readmission rates. The design phase involved focusing on designing an educational program that focused on enhancing nurses' skills in discharge planning and patient involvement. In the development stage, I created a PowerPoint presentation to deliver an enhanced educational program that included details about the discharge

planning checklists and training materials focusing on the utilization of the teach-back method (see Abuhassna et al., 2024).

The collection and analysis of evidence involved conducting a systematic review of literature across different databases. The findings revealed that nurse education and utilization of a structured checklist with patient involvement reduced readmission rates (Fereidouni et al., 2021). In addition, evidence reviewed from the site helped me to identify staff-reported barriers, such as limited time, inconsistent protocols, and difficulties in patient understanding. The evidence was the combination of scientific findings from the systematic review and staff experiences, which further helped in the development of the overall educational program (see Trivedi et al., 2023).

Analysis

The analysis phase revealed a lack of a standardized approach toward the discharge process, which contributed to confusion among the patients regarding treatment adherence. A strengths, weaknesses, opportunities, and threats analysis revealed the strengths in terms of the importance of leadership support and motivated staff, while weaknesses were identified in terms of time pressure and limited training opportunities. The opportunities included adopting evidence-based tools, and threats were identified as the resistance to change on the part of the nursing staff. This analysis clearly revealed the need to design a structured staff education program so that the right benefits could be assessed.

Design and Development

I designed the education program to be simple and interactive, so it could easily be applied to the daily practice of the organization. The key components of the design and development stage were the utilization of a PowerPoint presentation that covered the best practices of discharge planning. The focus was on creating a nurse-friendly educational program with a structured discharge planning checklist. Another key point was training on using the teach-back method for patient education. The educational materials included in the education program were reviewed by the nursing leaders, who emphasized both knowledge building and gaining practical skills to ensure that they could easily be applied to the nursing staff's daily practice.

Implementation

The implementation stage consisted of two in-service education sessions for the nurses in the behavioral health unit. The sessions included presentations on discharge planning and interactive discussions about the application of intervention and its alignment with real-world examples. All 50 participants provided informed consent. Additionally, I distributed educational materials, including PowerPoint slides and a checklist, in the unit for further use. Feedback was also collected from participants to further understand the effectiveness of the program and possible future refinement.

Evaluation

The final step of evaluation focused on determining whether the education program increased staff knowledge through the use of pre- and posttest surveys. The overall data were analyzed for further assessment of enhanced knowledge and an

increased level of perception for need of educational program to increase nurses knowledge. The participants' feedback can be used to help make necessary revisions in future training sessions.

Results

The postimplementation results revealed a significant increase in nurses' knowledge and competence following the educational intervention. The participants' average number of correct responses increased from 18.1 (36%) on the pretest to 32.4 (64.8%) on the posttest, demonstrating an average improvement of 14.3 points (approximately 29%). The impact on the organization was substantial by enhancing nursing competence, which translated into more efficient discharge planning, improved communication with patients, and reduced 60-day readmission rates.

However, several limitations influenced the project's results. The sample size was limited to 50 nurses from four behavioral health units, which may affect generalizability due to the small sample size and short follow-up period. Despite these limitations, the findings indicated meaningful short-term knowledge gains and a positive trend toward reduced readmissions.

The importance of this project extends well beyond the boundaries of the local behavioral health unit. Although the intervention was implemented within a single organizational context, the outcomes have broader implications for nursing practice, healthcare systems, and public health. The project addresses a universal challenge in healthcare—preventable hospital readmissions—and demonstrated how empowering nurses through structured education can improve patient outcomes, strengthen discharge

processes, and foster sustainable quality improvement. Table 1 and Figure 1 present the findings regarding the pretest, posttest, and change in participant knowledge.

Table 1

Change in Knowledge by Question and Total Average

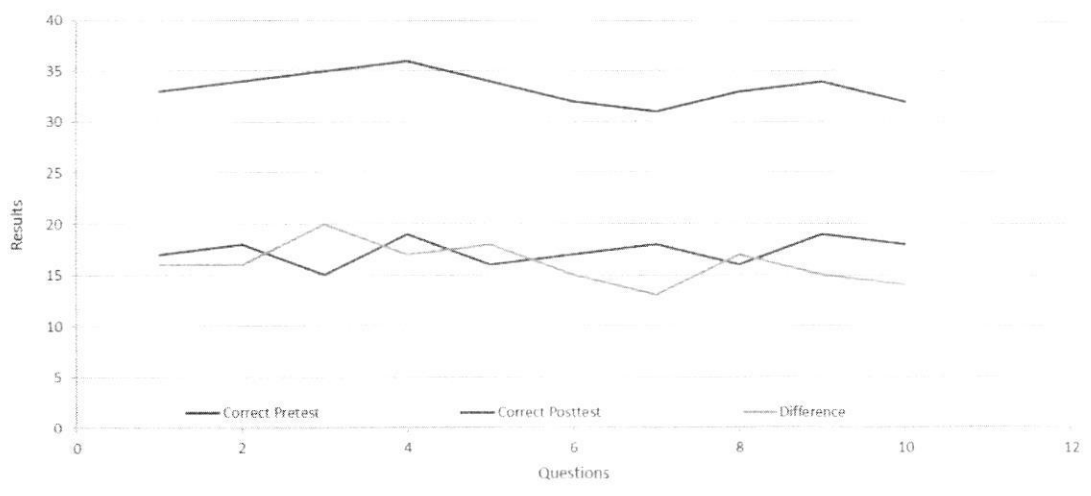
Question No.	Pretest score	Posttest score	Pretest score M	Posttest score M	Improvement AV
1	18	33	1.8	3.3	1.5
2	18	34	1.8	3.4	1.6
3	17	32	1.7	3.2	1.5
4	19	33	1.9	3.3	1.4
5	17	34	1.7	3.4	1.7
6	17	32	1.7	3.2	1.5
7	18	31	1.8	3.1	1.3
8	18	33	1.8	3.3	1.5
9	19	30	1.9	3	1.1
10	20	32	2	3.2	1.2
Total	181	324	18.1	32.4	14.3

M = Mean

Figure 1

Pretest Versus Posttest Results for Nurse Education Initiative

Pretest vs. Posttest Results for Nurse Education Initiative



Conclusions

The implementation of this staff education project produced measurable improvements in nurses' knowledge, confidence, and discharge planning performance. As a result, the organization experienced improved communication, decreased readmission rates, and enhanced patient satisfaction. These outcomes promote a culture of accountability and continuous quality improvement (see Owusu et al., 2022).

My future recommendations include ongoing quarterly education, interdisciplinary expansion, and integration of a discharge planning checklist within the electronic health record system. Long-term studies are also encouraged to evaluate sustained outcomes.

The project's implications for nursing practice extend beyond the local site. By emphasizing culturally competent, equitable care, nurses can ensure that all patients receive effective discharge education, thereby reducing disparities and promoting social justice (Owusu et al., 2022).

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