



COPD Patients Perceptions of Discharge Readiness

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Background

- Chronic obstructive pulmonary disease (COPD) refers to two lung diseases. Chronic bronchitis and emphysema are characterized by obstruction of airflow by interfering with normal breathing. The term COPD is used because often these conditions co-exist (American Lung Association, 2011).
- COPD is one of the three leading causes of death globally (World Health Organization, 2012).
- At the study site, COPD, one of the top diagnostic related groups is the second leading cause of readmissions.
- This research project is the important first step in determining discharge readiness in COPD patients . This becomes increasingly important to patient safety, satisfaction, and outcomes (Weiss & Piacentine 2006).
- To improve COPD patient outcomes, it is important to have an understanding of COPD patient discharge readiness.
- Strengths of the project include use of a valid and reliable instrument to measure discharge readiness (used with permission, M. Weiss, February 2, 2012).

Purpose

- Survey COPD patients who are frequently readmitted to the hospital within 30 days, to assess their readiness to be discharged from the hospital; to determine if a nursing intervention is indicated to improve discharge readiness with the aim of reducing readmissions to the hospital.
- Provide evidence to support development of an intervention to improve satisfaction, outcomes and safety of COPD patients.

Research Question

What factors cause significant difference on Readiness for Hospital Discharge Scores?

Framework

- The Iowa Model © an evidence-based practice model was utilized as a guide for this project (Titler, et al., 2001).
- In utilizing the Iowa Model, there was a systematic approach investigating COPD readmission rates which is a priority for the organization.
- A team was formed and a literature review was conducted to investigate this clinical problem. It was determined more evidence was needed to make a practice change.
- Therefore, a quantitative study was conducted. Transforming lessons learned from this study into a change for improved discharge planning is the expected outcome utilizing the Iowa Model as a guide to promote quality care.

Sample

Convenience sample (N=122) of patients with COPD at two acute care settings in the first and second quarters, 2014.

Methodology

- After IRB approval, 122 patients were interviewed using the Readiness for Hospital Discharge Scale prior to discharge. The questionnaire used was a 23 item, self-report measure (Weiss & Piacentine, 2006).
- The final instrument contained 19 items with four factors. We conducted convergent and discriminant tests and all tests demonstrated sufficient convergent and discriminant validity.
- Group differences on the demographic variables were tested.
- Logistics regression was tested on the four factors.

Findings

- The factor structure is largely consistent with Weiss and Piacentine's study (2006).
- Out of 122, 29.2% were males and 70.8% were females. More than half 56.2% were in the age range 56 to 75. Almost half 45.2%, were moderate to severely to very severely obese.
- Results showed subjects who have support systems will have higher "ready for discharge" scores than those who do not have support.
- Analysis also showed subjects who have home care will have higher "ready for discharge" scores than those who do not have home care.
- Results showed among four factors (personal status, knowledge, coping ability, expected support), only personal status is a significant predictor for readiness to be discharged.

Clinical Implications

- To better understand education needs of patients with COPD, nurses need to understand if patients perceive they are ready for hospital discharge.
- In this case, nurses need to focus attention on the following to better educate COPD patients:
 - Assess and inquiry about patient support when returning home
 - Assess the need for home care for all COPD patients

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