

## DISCHARGE INSTRUCTION DELIVERY IN A RURAL IN-PATIENT SETTING

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One hundred medical-surgical and telemetry patients were discharged home from a rural hospital. Discharge teaching was observed by a research nurse; patients were interviewed at discharge and by phone after 2-weeks and 3-months to gather information concerning adherence to discharge instructions. Discharge teaching took an average of 6.65 minutes (SD=4.59) with a range of 1 to 26 minutes. Medication information sheets (22.2%), educational pamphlets (10.1%), and other forms of informational materials (22.2%) were given to patients upon leaving the hospital, along with standard instruction and medication lists. Nurses asked patients about having questions 82.5% of the time, with 64.6% having questions. At follow up, 10.8% (2 weeks) and 11.7% (3 months) of participants had additional health-care questions. Assessment of the patient's understanding was a significant predictor of adherence to medication (OR=2.6, 95% CI, [1.11, 6.10]). However, patient understanding was assessed in 45.8% of discharges, and teach-back was employed in only 8 cases. Patients received dietary instruction 72% of the time, but only 54% recalled receiving them. Confidence in following a prescribed diet decreased when away from home. Activity levels (25%) were addressed less frequently. Observations show that teaching during discharge may affect patient outcomes and adherence.

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