Improving Discharge Competency for Patients and Families in a Pediatric Oncology Unit

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Introduction
Vulnerability of pediatric oncology patients heightens the risk of infections and disease related complications. Varied medication side effects, diagnoses, and central line care lead to the potentials for error after discharge without adequate instruction.

PICO Question
Population: Discharge instruction for families of a pediatric hem/onc patient
Intervention: Create a standardized discharge checklist to improve comprehension
Comparison: Current method of printed instructions to improve comprehension
Outcome: Evaluate for adequate patient/parent comprehension of discharge instructions
Question: Which method of discharge will improve patient/parent understanding in this population?

Methods
A literature search was conducted using the PubMed database.

Keywords: discharge, pediatrics, hematology, oncology

Inclusion Criteria: Articles within 5 years, inpatient hospitals, discharge education.
The initial search yielded 22 articles, 5 were included for this project.

Results

<table>
<thead>
<tr>
<th>Article</th>
<th>Methods</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>Zavala, S &amp; Shaffer, C (2011)</td>
<td>Fifty ED patients received follow-up phone calls post discharge</td>
<td>Thirty-one percent requested further information and 31% revealed poor comprehension of instructions.</td>
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<tr>
<td>Vashi, A &amp; Rhodes, K (2011)</td>
<td>Secondary data analysis reviewed 477 audible ED discharge instructions via audio recordings</td>
<td>Twenty two percent of patients confirmed patient understanding of discharge instruction</td>
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<tr>
<td>Tresgallo, M.E, Richmond, L, Bluestein, J &amp; Dubler, N (2008)</td>
<td>Analysis for ethical dilemmas of two individual pediatric cases at time of discharge</td>
<td>Proper use of instructional resources at time of discharge is imperative to protect the vulnerable pediatric population</td>
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<tr>
<td>Higby, C &amp; Pye, K (2009)</td>
<td>Implemented new check list of discharge instruction on a pediatric oncology unit</td>
<td>Check list was found to be effective in improving patient/family understanding</td>
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<tr>
<td>Sehgal, N (2008)</td>
<td>Evaluation of pediatric and legal guardian satisfaction of discharge instructions</td>
<td>Patient involvement regarding method of discharge instruction is critical to improve comprehension</td>
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Discussion
Current discharge methods mentioned in the literature review illustrate poor patient comprehension of instructions. Thus, analyzing discharge methods highlighted in various literature reviews indicate the importance in developing a systematic guideline for discharge and including the necessity of patient involvement in the process.

Conclusions
Discharge instruction within the pediatric oncology population requires involvement from all members of a patient’s interdisciplinary team.

Developing a standardized checklist with and incorporating patient involvement can improve discharge understanding at time of discharge.

References