AMERICAN UNIVERSITY OF BEIRUT

DESIGNING A DISCHARGE PLANNER ROLE AT AUBMC

by
RANIA ROUKOUZ ABOU EID

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RANIA ROUKOUZ ABOU EID

Approved by:

Signature

Dr. Nuhad Yazbik Dumit, Associate Professor
Hariri School of Nursing,

First Reader

Signature

Dr. Lina Younan, Clinical Assistant Professor
Hariri School of Nursing

Second Reader

Date of project presentation: May 6, 2022

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ABSTRACT
OF THE PROJECT OF

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Title: Designing a Discharge Planner Role at AUBMC

Discharge planning, is an accreditation required process, developed to improve the quality of care and solve the post discharge health problems that may arise due to poor self-care management.

Between 2015 and 2021, patients reported gaps in the discharge process at AUBMC to Registered Nurses in the ambulatory specialty clinics. In order to understand the reasons behind these gaps, observation of the actual discharge process was done on a medical surgical unit at AUBMC for 6 weeks during as a residency. Results of the process mapping showed delays in the discharge process and gaps in patients' discharge instructions related to lack of communication and coordination among healthcare providers on one hand, and patients and their family or caregivers on the other hand. Reasons for the discharge process gaps relate to overworked healthcare teams and shortage in nursing staff.

The aim of this project, is to design a Discharge Planner role at AUBMC to address the gaps in the patient discharge process. A framework is created for the design of the discharge planner job. This framework is based on the scientific management theory and two models, the job characteristics model and the patient-centered model. The proposed job description includes competencies, scope of responsibilities and functions of the discharge planner. An implementation plan of the role is described including financial feasibility, force-field analysis for the acceptance of this new role, and evaluation of the impact of the discharge planner role.

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CHAPTER I

INTRODUCTION

Hospital discharge is the formal release of a hospitalized individual due to conclusion of the hospitalization stay, either by return home, transfer to another institution, or death (World Health Organization, 2021). It is an important process that needs to be patient centered involving patients and their family or caregivers. Proper hospital discharge assures readiness and ability of patients to continue recovering through follow-up after leaving the hospital (Krook, et al. 2020). Multiple studies showed that patients request comprehensible information and better communication when hospitalized from their health care providers and especially around the discharge period (Rapport et al., 2019). Discharge of patients with a lack of information and readiness will lead to adverse events that can be easily avoided with proper discharge planning (Forster, et al., 2003; Patel, & Bechmann, 2021).

Discharge planning is an accreditation-required process of preparing patients' health care needs when transitioning from one level of care to another. The planning process is individualized according to each patient and involve a multidisciplinary team of health care providers (Patel, & Bechmann, 2021). Efficient discharge planning creates a link between the treatment provided at the hospital and the care received post discharge in the community in order to guarantee quality continuity of care, better patient experience and satisfaction, and it can decrease financial burdens created by unexpected complications (Lin, et al., 2012; Patel, & Bechmann, 2021).

At the American University of Beirut Medical Center (AUBMC) the discharge planning is done according to the AUBMC_Discharge of patient_6thED_0818-EPIC

discharge policy. Where the task of a Discharge Planner is shared between the medical team and the nursing team with the help of Case Managers and Care Coordinators where applicable. The discharge process is done proficiently but it has gaps that are translated by patients being (1) discharged early or late, (2) patients calling ambulatory clinics or leaving messages requesting information post-surgery, (3) unnecessary readmissions, (4) missing follow up appointments, (5) missing follow up treatments among others. These events were noticed and reported at the AUBMC ambulatory clinics surgery department by phone, messages, or emails to Registered Nurses from 2015 until 2021.

In order to understand the reasons behind these gaps, observation of the actual discharge process was done on a medical surgical unit at AUBMC for 6 weeks. Results of the observations showed that patients are being discharged with the right information and discharge instruction but often there is lack of communication and coordination among health care providers and their patients, families or caregivers. Specifically, the attending physicians were usually unavailable, medical teams overworked and nursing staff not proportionate to patients' numbers. Consequently, this results in unmet patients need, miscommunication and decreased patients' satisfaction.

Introducing Registered Nurses as discharge Planners on units at AUBMC will optimize discharge planning by reducing unnecessary delays, assessing patient needs, coordinating with health care teams, and following up with other resources and services in the community. The aim is to provide continuity of quality care, patient experience and satisfaction as well as reduce unnecessary financial costs (Bai, et al., 2019; Lin, et al., 2012).

A. Background

Discharge planning was introduced in the United States in the 1960's and became an accreditation requirement for hospitals in the mid 80's by the American Hospital Association (AHA) and the Joint Commission. In 1998, it became an important nursing intervention and a foundation for care management. Discharge planning aims to have an individualized relevant continuity of care, increase in patients' satisfaction and decrease in health care cost. The discharge planner is identified as a person who coordinates, with the patients and their family, and heath care providers, resources and services from the hospital and community in a continuous, timely, and cost-effective-manner (Lin, et al., 2012).

In order to ensure a safe transition to the community, 3 subjects should be addressed: (1) medication reconciliation, (2) discharge instructions and (3) patient education. The information that is usually provided by the attending physician and the discharge planner are necessary for follow up post discharge and effective recovery (Reddick, & Holland, 2015).

According to the Institute of Medicine's Preventing Medication Errors, 40% of medication errors happen due to deficiency in the medication reconciliation process. Medication reconciliation is a process that was introduced in 2003; it aims to reduce adverse medication errors. The process has 5 steps: (1) developing a list of current medications, (2) developing a list of medications to be prescribed upon discharge, (3) compare the two lists, (4) make clinical decisions based on the comparison and (5) communicate the new list to appropriate caregivers and to the patient (Barnsteiner, 2008).

Discharge instructions are defined as any form of documentation given to patients, their family or caregivers upon discharge from the hospital, for facilitating safe and appropriate continuity of care. These written instructions will reinforce the verbal instructions given by the attending physician and the discharge planner about: (1) diagnosis, (2) medical condition, (3) potential complications, (4) medications, (5) diet, (6) activity, (7) hygiene measures, (8) follow up visit, (9) follow up treatments, (10) wound care and (11) others. As mentioned earlier discharge planning is individualized, therefore, discharge instructions can be modified accordingly to meet patients' needs but the purpose remains the same; help patient manage their transition from the hospital safely and recover effectively (Taylor, Cameron, 2000; Reddick, & Holland, 2015).

During medication reconciliation and discharge instructions delivery, barriers such as literacy are to be considered. Failure to understand health related instructions due to language barriers or low literacy will result in undesirable outcomes in rehabilitation. Therefore, assessment of patients, their family and caregivers' knowledge and learning needs should be done by the discharge planner with the help of the nursing staff in order to come up with the best patient education strategies. These strategies include: (1) repeating information, (2) teach-back method, (3) appropriate language, (4) socio-economic status consideration and (5) others depending on patients' needs (Reddick, & Holland, 2015; Smith, & Zsohar, 2013). Whatever the patients' educational needs or barriers, there are general rules when delivering any educational instructions to patients. These rules are (1) language should be clear, (2) information should be presented in simple short sentences, (3) paragraphs should be avoided, (4) Pictures and visual aids can be used if needed, and (5) dosing of medications should be stated as number of times a day or every specific number of hours (Taylor, & Cameron, 2000).

Unfortunately, data show the importance of discharge planning and its benefits but no data show the importance of having a discharge planner and the significance of the role, even though a discharge planner is acknowledged as well as the role the planner assumes (Lin, et al., 2012). There are plenty of discharge planner job descriptions and vacancies over the internet. These vacancies are in Australia, the United States, Canada and the United Kingdom posted since 2012. Job descriptions and titles vary depending on healthcare standards among countries, states and healthcare facilities. However, they all have in common that the discharge planner should at least have a Bachelor's degree in nursing and will ensure a safe, efficient and satisfactory discharge process.

B. Significance

Efficient discharge planning and education reduces the risk of adverse events and readmissions post discharge. Adverse events and readmission can cause sever harm and result in unexpected expenses leading to an increase in healthcare costs (Bai, et al. 2019). It was reported that 19% of discharged patients had an adverse event or readmission within 30 days of discharge from which half were preventable, and 41% had pending results upon discharge from which 9.4% needed actions (Forster, et al., 2003). Moreover, 40% of medication errors are due to inadequate medication reconciliation process from which 20% can cause harm (Barnsteiner, 2008). Fifty % of patients, their family and caregivers are not ready for discharge. On the other hand, readiness when it comes to discharge and engaging in oneself treatment is related to perceived knowledge and self-awareness along with education and proper environment (Mabire, et al., 2018).

One of the discharge planning quality indicators is patients' satisfaction. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care (Prakash, 2010). A pleasant discharge experience with no adverse events and positive health outcomes provides an insight on the effectiveness of the discharge planning (Rapport, et al., 2019). On the other hand, patient satisfaction and positive experience has an impact on the organization financial revenues and profitability (Richter, & Muhlestein, 2017).

As mentioned earlier that during the 6 weeks residency observing the discharge process on a medical surgical unit at AUBMC, results showed that the gaps in the discharge planning were related to high workload in both medical teams and nursing staff. Therefore, the discharge procedure is not being given its proper attention when it comes to timing, coordination, follow up and communication. Healthcare providers were busy with other duties and chores and prioritizing other hospitalized patients, they consider more significant. However, they forget that delayed discharges put leaving patients at risk like falls and nosocomial infections and reduces overall satisfaction (Everall, et al., 2019).

Workplace stress is a major issue; it is often viewed as the result of the interaction between the individual and its environment. The commonly cited implications of workplace stress include: (1) low job performance, (2) lack of motivation, (3) burnout and (4) physical or psychological illnesses. Workload is one of the main identified workplace stressors (Ismail, et al., 2015).

Resident doctors are not just faced with this one stressor. High workload and prolonged working hours are added to practical tasks, high job demands, direct patient care and a large volume of scientific literature to be delivered in a limited amount of

time. Besides, Residents have issues related to financial problems and low income, being evaluated without enough training, and being under psychological and physical pressure from both their superiors and patients. Therefore, burnout, depression and anxiety are expected and have consequences on the quality of patients' care (Ebrahimi, & Kargar, 2018). Reducing workload on Residents is recommended because studies showed that there is a positive relation between role overload which is defined as too many tasks and assignments for the available time, and other limitations in fulfilling heavy duties related to patients' health expected from Residents and quality patient care (Ebrahimi, & Kargar, 2018).

Registered Nurses are experiencing higher workloads than ever before due to (1) increased demand for Registered Nurses, (2) inadequate supply of Registered Nurses, (3) reduced staffing plans. Research shows that a heavy nursing workload adversely affects patient care and safety. Therefore, introducing human factors engineering was proposed aiming at reducing workload and its impact on nurses and patient care (Carayon, & Gurses, 2008).

A high workload can result in stress and burnout among Resident doctors and Registered Nurses. This could affect their job performance and compromise patients' care and satisfaction. The best solution for this problem is to reduce this workload in order to allow these healthcare providers to finish their tasks in an efficient, effective manner and assure that all patients' needs are met (Carayon, & Gurses, 2008; Ebrahimi, & Kargar, 2018). In addition, patients are always looking for a better experience and satisfaction. A quality care service that reflects trust leads to loyalty and patients' return and referrals (Setyawan, et al., 2020). When discharged without having

their needs met, patients tend to lose trust and memorize the experience as negative (Kessler, & Mylod, 2011).

The introduction of Discharge Planners will help reduce workload without putting quality patient care and satisfaction at risk. Reducing workload does not mean removing all responsibilities regarding patients during discharge. Discharge planners will not be working with patients on daily basis, so they have to coordinate with the medical team and Registered Nurses during discharge planning and communicate the instructions for follow-ups. This coordination, will facilitate the discharge procedure and allow Residents and Registered Nurses to attend to other patients and duties that require their attention without having to rush/neglect the procedure and compromise patients' needs, safety and satisfaction. This includes preparing the community and delivering the proper tailored education and discharge instructions for patients, their family and caregivers (Perkins, 2021).

The aim of this project, is to design a Discharge Planner role outlined for Registered Nurses; on units at AUBMC based on the observations made as a Registered Nurse in the ambulatory clinics along with the residency and literature review. The design will include job description, job responsibilities with specific functions, critical competencies required for the role, financial feasibility and return on investment, and implementation plan of the new role.

CHAPTER II

LITERATURE REVIEW

This chapter is an empirical review of the literature including a review of discharge planning guidelines in three major countries and discharge planning models. The three subjects of discharge planning counting: medication reconciliation, discharge instructions and discharge education. In addition to consequences of bad discharge planning on patients' satisfaction and the effect of work environment and stressors on healthcare workers' abilities to plan and execute discharge planning.

Literature shows that hospitals often discharge patients with insufficient planning, poor instruction, inadequate information, lack of coordination among members of the health-care team, and communication between the hospital and community (Lin, et al., 2012). Consequently, discharge planning, an accreditation required process, was developed to improve the quality of care and solve the post discharge care problems. The purpose of adequate and efficient discharge planning is to improve satisfaction and patients' quality of life by ensuring continuity of care and reducing unplanned readmissions and adverse events (Lin, et al., 2012; Patel, & Bechmann, 2021).

A. Discharge planning Models

The Agency for Healthcare Research and Quality (AHRQ) has introduced the IDEAL discharge planning model designed to engage patients and their caregivers and prevent communication gaps. This model can be used alone or in conjunction with other care transition initiatives. It engages patients and their family in discharge planning and

aims to reduces adverse events and readmissions. IDEAL key elements are: (I)nclude the patient and family as full partners in the discharge planning process, (D)escribe with the patient and family five key areas to prevent problems at home: describe what life at home will be like, review medications, highlight warning signs and problems, explain test results, make follow-up appointments. (E)ducate the patient and family in plain language about the patient's condition, the discharge process, and next steps at every opportunity throughout the hospital stay. (A)ssess how well doctors and nurses explain the diagnosis, condition, and next steps in the patient's care to the patient and family and use teach back. (L)isten to and honor the patient and family's goals, preferences, observations, and concerns. This first model of discharge planning is most likely to be selected by the Discharge Planner considering the fact that; the IDEAL planning process is liable, it improves patients and family care experience, prevents post discharge complications and avoids readmissions (IDEAL Discharge Planning Implementation Handbook, AHRQ, 2017).

Improving discharge process and reducing readmissions is a priority for Magnet accredited hospitals. In order to do so, these hospitals are using a number of other discharge planning models These different models were designed to improve patients and their family ability to self-manage health needs at home after discharge, ensure continuity of care and follow-up and prevent adverse events that lead to readmission and unnecessary health costs. The following is a brief description of each model:

(1) Project RED (Project Reengineered Discharge) this project was funded by the Agency for Healthcare Research and Quality (AHRQ), a research group at Boston University Medical Center developed a toolkit to improve the hospital discharge process in a way that promotes patient safety and reduces readmission rates.

(2) Transitional Care Model (TCM) this model is designed to prevent health complications and readmissions of chronically ill, elderly patients by providing them with comprehensive discharge planning and home follow-up by a Master Prepared “Transitional Care Nurse”.

(3) Care Transitions Intervention (CTI) it is an evidence-based model that empowers patients to build self-management skills that will ensure their needs are met during the transition from hospital to home by working with a transition coach in order to prevent readmission.

(4) Project BOOST (Better Outcomes for Older Adults through Safe Transitions) was an initiative designed to reduce preventable readmissions and medication related errors by impowering patients and improving discharge education.

(5) H2H (Hospital to Home transition) it is an initiative for hospitals and cardiovascular care providers committed to improving transitions from hospital to "home" and reduce their risk of federal penalties associated with high readmission rates. This initiative includes scheduling follow-up appointment, medication management and self-management of warning signs and symptoms.

All These models focus on medication management, transition planning, communication, coordination, patient education, patient’ engagement in self-management and follow-up post discharge. Implementing these models will result in a decreased rate of readmission within 30 days of discharge and healthcare costs. (Earl, et al., 2020; Cancino, et al.,2017; Bobay, 2015).

B. Components of Discharge Planning

Discharge planning has three components. These are medication reconciliation, discharge instruction, and discharge education. The following sections describe each.

1. Medication Reconciliation

Inadequate medication reconciliation during admission, transfer, and discharge of patients leads to 40% medication errors from which 20% can cause harm (Barnsteiner, 2008; Nicholls, et al., 2017). Adverse drug events (ADEs) could cause 17.8% chance of readmission within 6 months of discharge. Most common ADEs are drug poisoning and drug interactions (Crispo, et al., 2019). So, to avoid these adverse events, individualized, clear and comprehensive education along with written discharge instructions should be provided to patients, their families and caregivers (Zeng-Treitler, et al., 2008).

2. Discharge Instructions

Communication and information given before discharge are vital and important for patients' continuity of care. However, many studies have shown that there are deficiencies in the discharge process regarding communication and information provided (Krook, et al., 2020). Several qualitative studies were done with the purpose of understanding the discharge process from the patients' perspective and what they really want from their healthcare providers. Data reported that focused communication and high-quality information were important to patients upon admission and discharge (Rapport, et al., 2019). Patients requested the following: (1) More involvement in their plan of care, (2) Being notified about changes in treatment and medication, (3)

information that matches their level of understanding, and (4) written discharge instructions as well as verbal instructions to avoid errors and forgetfulness (Webster, et al., 2018; Rapport, et al., 2019; Krook, et al., 2020). These studies showed that patients have an idea on what will make their transition from the hospital and continuity of care experience satisfactory. However, the role of healthcare providers is to prepare the necessary tools for a safe quality continuity of care.

3. Discharge Education

Education is a vital tool in discharge planning, it guarantees positive patients' outcome and could prevent readmissions. However, often healthcare providers are faced with challenges and barriers to discharge education. The barriers and challenges include: healthcare system issues such as staffing and workload among Registered Nurses; patient and family readiness for discharge and willingness to be taught about their self-care at home; social factors affecting education, including transportation, equipment, finances, and support system; and low literacy levels that make patients struggle to understand discharge instructions and health related materials. These barriers and challenges lead to undesirable health outcomes (Bobbie, & Holland, 2015) and need to be identified and overcome in order to come up with the best learning strategies. The most effective patient-education strategy mentioned, was to assess the learning needs of patients and adjust teaching to their needs. Based on the assessment of patients learning needs and styles, the education provided should use; (1) common words, (2) readable individualized materials and (3) various teaching techniques based on preferred learning styles (Smith, & Zsohar, 2013).

C. Reasons and Consequences of bad discharge planning

Execution of discharge planning is usually related to workload of staff members. Registered Nurses and Resident Doctors, are facing a high workload, stressful work environment and burnout. This is causing low job performance including effective patient discharge. Therefore, providing a timely high quality care service; such as discharge planning might be compromised (Ismail, et al., 2015; Samuel, et al., 2021).

1. Reasons: Work Environment and Stressors

Work-related stress impacts healthcare providers in many ways. Some of these ways are: (1) tiredness, (2) harsh behaviors, (3) low job satisfaction and (4) decreased efficiency and use of skills. Which causes anxiety and depression. Workload is one of the work-related stressors that refers to the amount of work that an individual does. Work environment and lack of support can be stressors as well. Healthcare providers work in extremely stressful physical and psychological environments. Sixteen years of research confirm the association of negative outcome on healthcare providers and patients with poor work environments. These associations are remarkable in nurse job dissatisfaction, burnout and plans to exit the workplace. Poor work environments also account for high patient mortality, and hospital acquired infections (Samuel, et al., 2021). To prevent work stress among healthcare providers, it is pertinent to understand the factors contributing to work-related stress. Hence, hospitals have to look into managing manpower issues together with workload (Perkins, 2021).

Nurses are ranked number one most ethical and trusted profession according to the recent Gallop poll 2021. Registered Nurses work closely with patients, they provide care, assess patients' condition and needs as well as play a role in educating patients,

their families and care givers. Registered Nurses are patients' advocates, they act on their behalf to maintain quality of care, safety and protect their rights. They intervene when there is a care concern, and collaborate with different multidisciplinary healthcare teams to resolve any patients' issues (Nsiah, et al., 2019). Therefore, Registered Nurses are the best candidates for the role of Discharge Planners.

2. Consequences

Adverse events and readmission could be the result of poor education and instructions delivery leading to a negative impact on patients' satisfaction and experience as well as health care cost (Bobbie, Holland, 2015; Horwitz, et al., 2013). A study showed that 19% of patients had adverse events and readmission within 30 days of discharge from which half of these adverse events were preventable or ameliorable (Forster, et al., 2003).

Another point worth mentioning is delayed discharges which can be avoided with proper discharge planning. It is defined as the period of continued hospital stay after patients are medically fit to leave the hospital but fail do so for non-medical reasons. Delays can have a negative impact when it comes to patients' health and hospital finances; a Canadian study showed that 8 to 10 % of hospital beds are occupied inappropriately causing a raise of 30.7% in costs. They are due to cancellations in elective admissions and surgeries mainly. A study done in the United Kingdom, showed that 7 of 58 cases of delayed discharge developed at least 1 medical complication. These complications included: (1) Urinary tract infection. (2) Recurrent dizziness. (3) low activity and leg swelling. (4) Lower respiratory tract infection. (5) Clostridium difficile and (6) falls (Rojas-García, et al., 2018). These delays do not only affect patients' and

hospital revenues but they affect healthcare providers, putting them in stressful situations and adding to their workload as they try to be efficient and attend to all patients' needs (Everall, et al., 2019).

Studies show that satisfaction leads to loyalty therefore more profitability (Kessler, & Mylod, 2011). Discharge planning aims to increase patients' satisfaction (Patel, & Bechmann, 2021). In patients' surveys; they are 4 elements of the discharge process that determine patients' satisfaction. (1) Patients' readiness; appropriate understanding, confidence, and capacity to leave the hospital (2) Speed; efficient discharge process (3) Discharge instructions; (4) Coordination of arrangements; well-arranged and communicated post discharge health services (Clark, 2006).

D. Discharge Planning Guidelines: Australia, United States and United Kingdom

Considering the importance of discharge planning, countries have developed a series of guidelines for hospitals to deliver effective discharge processes. In general, discharge planning has four phases: (1) patient assessment, (2) development of a discharge plan, (3) patient/family education and service referral, and (4) follow-up/evaluation. These components vary in countries because of the healthcare systems, social services provided, patients' cultural interests and post-discharge needs (Yam, et al., 2012).

In Australia, the Government has identified four important components in the "Effective Discharge Strategy" for public hospitals including: (1) assessment of patients' physiological, psychological, social and cultural needs, (2) development of a care plan and discharge strategy for patients and care providers, (3) implementation of the plan including information and education provided, and (4) coordination of services

among providers. In aim of discharge planning is to ensure appropriate post-discharge care, improve patient experience, reduce hospital length of stay and unplanned readmission (NSQHS; Yam, et al., 2012).

In the United States, Centers for Medicare & Medicaid Services (CMS) states that discharge planning is legally a mandatory function for hospitals as indicated in Medicare's Conditions of Participation. Discharge planning: (1) identify patients' risks, (2) determine the proper plan of care with appropriate healthcare providers, (3) provide patients with appropriate post-acute services, (4) and plan smooth transition of patients to the next level of care. Discharge planning empowers patients to make informed decisions about their care plan leading to a better satisfaction, in addition to improving quality of care by improving discharge process (CMS; Yam, et al., 2012).

In the United Kingdom, the National Health Services (NHS) has developed a policy framework for discharge planning, where two types of discharge were identified and used as triage system upon admission; (1) simple discharge and (2) complex discharge. A simple discharge is done at the hospital level without the need for further care or transfer to other facilities which is the case in complex discharge. Both discharges require: (1) detailed assessment, (2) planning and (3) care delivery by a multi-disciplinary team. The purpose behind the triage system upon admission is mainly to reduce the cost of unnecessary hospitalization by timely discharge using discharge planning (NHS services; NICE guidelines; Yam, et al., 2012).

Almost all discharge planning guidelines require a designated person to coordinate and facilitate the discharge procedures. A discharge planner who has knowledge and skills in discharge needs and work as a link between healthcare facilities

and the community while ensuring safe, timely and satisfactory discharge of patients (Yam, et al., 2012).

In this chapter, we introduced the discharge planning concept, its background and significance, in addition to related literature review including discharge planning models and guidelines. The next chapter comprise designing the Discharge Planner Job guided by job design models and patient centered care.

CHAPTER III

DESIGNING THE DISCHARGE PLANNER JOB

This chapter, introduce the Theoretical Models of job design used to create the role of the Discharge Planner. It includes description of the job assigned to the Discharge Planner, together with responsibilities, specific functions and required competencies for the role.

A. Job design Theoretical Models

While choosing the theoretical models for designing the Discharge Planner role, it is essential to consider the purpose behind creating this role and support its objectives. Therefore, the Scientific Management Theory or Taylorism and the Job Characteristics Model or Hackman and Oldham's Job Characteristics Model integrated within the patient-centered care model are used in the design of the role of Discharge Planner (Taylor, 2005; Oldham, & Hackman, 2010).

1. Scientific Management Theory or Taylorism

The Scientific Management Theory was developed by Frederick Taylor in the late 19th century. This Theory has a scientific approach to management, with the intention of improving workers' performance to obtain a more efficient and effective productivity (Taylor, 2005). The four principles of Scientific Management Theory, in Frederick Taylors' words are: (1) "Develop a science for each element of work"; (2) "Scientifically Select, Train, Teach, and Develop the worker"; (3) "Cooperate with the Worker"; (4) and "Divide the Work and Responsibility". In summary, Taylor wanted to

generate standardized work procedures via data collection and research. He believed that selecting employees and providing them with the right training and tools will optimize their performance and productivity in addition to creating a harmonious work environment through cooperation and coordination among workers (Taylor, 2005; Ward, 2021).

2. The Job Characteristics Model

Two organizational psychologists developed the Job Characteristic Model, Richard Hackman and Greg Oldham in 1975. The Job Characteristic Model is based on the idea that the key to maintain motivation is in the job itself. Work related duties could either reduce motivation and productivity or improve them. To achieve employee's satisfaction, Oldham and Hackman identified five core job characteristics. The first is Skills Variety that stipulates that employees' motivation increase if they are using a variety of diverse skills in their positions, rather than one set skill repeatedly. The second is Task Identity, where motivated employees will be more likely to complete tasks if they identify with them and proceed with accomplishing them from start to finish. Third, Task Significance, when employees feel that their work is significant to their organization, they are motivated to do well and this will lead to increased productivity. Fourth, Task Autonomy, where employees like to be able to make decisions and have flexibility in their roles. Fifth and last, Job Feedback that employees need feedback in order to stay motivated long-term. These core characteristics will impact three critical psychological states: (1) Experienced meaningfulness: employees find meaning in their work. (2) Experienced responsibility for outcomes: employees are held accountable for the work they deliver. (3) knowledge

of the actual results: employees should know about the success of their work. In turn these critical psychological states will affect three work outcomes: (1) High Motivation. (2) High performance. (3) High satisfaction (Oldham, & Hackman, 2010). In Summary, The Job Characteristic Model is an effective guide for job creation. Employers can use the five core characteristics can as an assessment for the required tasks and functions assigned for the new designed role. Whether these tasks have desirable psychological effects resulting in positive work outcomes or not (Oldham, & Hackman, 2010; Oldham, & Fried, 2016).

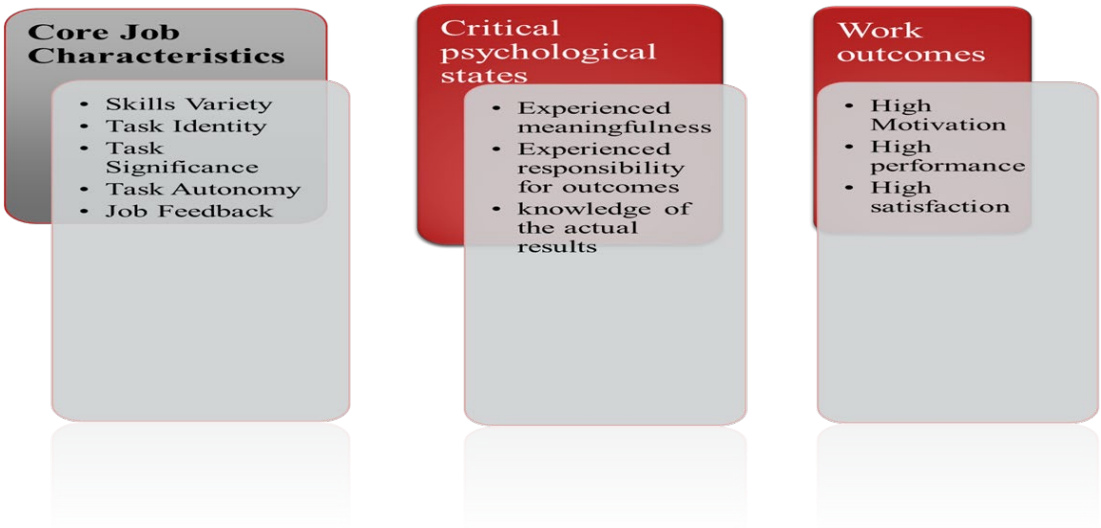

Figure 1. The Job Characteristics Model (Oldham, & Hackman, 2010)

3. Patient-centered Care Model

The Patient centered Care Model provides the framework of care that is already used at AUBMC. Conceptually, Patient centered care (PCC) is a model in which health-care providers are encouraged to partner with patients to co-design and deliver

personalized care that provides patients with the high-quality care they need and improve health-care system efficiency and effectiveness (Santana, et al., 2018). There are eight elements to PCC; (1) Patients' preferences. (2) Information and education. (3) Coordination. (4) Emotional Support. (5) Physical Comfort. (6) Family and friends. (7) Continuity and transition. (8) Access to care (Davis, et al., 2005).

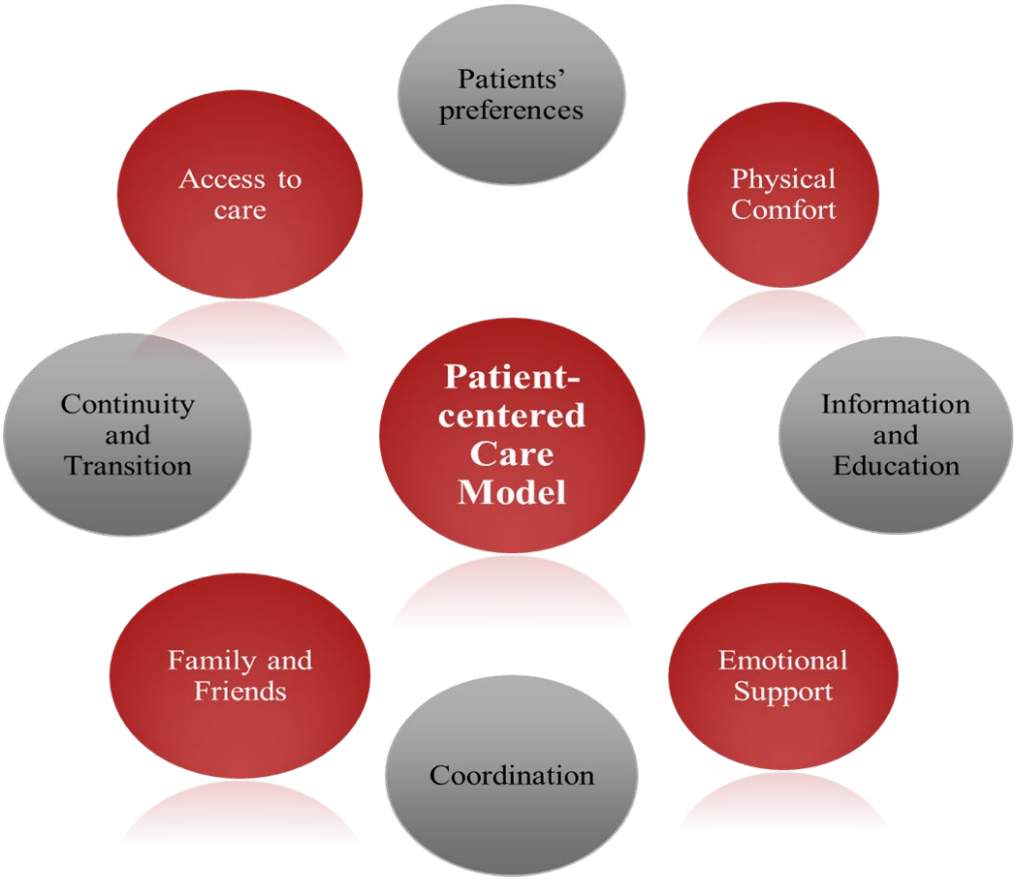

Figure 2. Patient-centered Care Model (Davis, et al., 2005)

B. Framework for Designing the Discharge Planner Role

It was previously discussed that the aim of Discharge Planners is to provide continuity of quality care, improve patient experience and satisfaction as well as reduce unnecessary financial costs (Bai, et al., 2019; Lin, et al., 2012). It was argued that

Registered Nurses and Resident doctors' high workload is causing stress and burnout leading to low job satisfaction and job performance resulting in compromised patients' care (Carayon, & Gurses, 2008; Ebrahimi, & Kargar, 2018). Therefore, the Discharge Planner role at the American University of Beirut Medical Center (AUBMC) will be designed according to the second principle of the Scientific Management theory, the five core job characteristics of the Job Characteristic Model, and four elements of Patient Centered Care Model related to discharge planning. Hence the following framework for designing the Discharge Planner role.

Figure 3. Framework for Designing the Discharge Planner Role

C. The Discharge Planner role

For the sake of describing the detailed proposed Job Description of the Discharge Planner please refer to Appendix A. The Discharge Planner is a Master Prepared Registered Nurse, with a minimum experience of three years in patients 'care. The Discharge Planner is primarily responsible for discharge planning and the safe timely discharge of patients within the framework of Patient Centered Care (PCC). The planner coordinates and facilitates discharge planning in collaboration with other

healthcare providers such as Attending Physicians, Medical Doctors, bedside Registered Nurses, Pharmacists, and other Paramedical disciplines across the American University of Beirut Medical Center (AUBMC) during hospitalization of patients. In addition to assisting in organization of services with other hospital departments and within the Lebanese community to achieve optimal patient outcomes, quality continuity of care and reduce unnecessary health related costs. AUBMC is a Magnet recognized hospital and Magnet hospitals grant Registered Nurses a primary role in discharge planning, coordination and patients' education (Bobay, 2015; Provencher, et al., 2021).

1. Competencies

The Discharge Planner needs to be knowledgeable and well trained in decision-making and problem solving, since in discharge planning if faced with a problem it is important to determine the source of this problem, gather all available information, identify a decision and assess alternative solutions while maintaining patients' and hospital resources best interest in mind to avoid conflict. The discharge of patients is a multidisciplinary coordination process and effective communication avoid delays and errors. Therefore, The Discharge Planner needs to have written, verbal and non-verbal communication skills. Discharge Planners play a major role in patients plan of care post discharge and education. Consequently, clinical leadership is a required skill to achieve quality and safety continuity of care. Finally, discharge planning aim to avoid delays in planned discharges that could have consequences on patients' health outcome and hospital revenues; hence the need for time management skills (Cooke, et al., 2008; Bai, et al., 2019; Lin, et al., 2012).

2. Responsibilities and Functions of the Discharge Planners

Based on the competencies the following are the responsibilities and functions of the Discharge Planner. The Discharge Planner will communicate daily with the admitting office regarding planned admissions and discharges. Discharge Planning begin within 24 hours of admission, where the Discharge Planner will perform an assessment of patients. Then complete the assessment of patients, their family and caregivers' needs within 72 hours of admission in order to prepare the proper discharge plan and learning strategies. This discharge plan is later discussed with the Attending Physician, Pharmacist and other healthcare providers involved to verify if other treatments are required before finalizing the discharge order. Once the discharge order is obtained, the Discharge Planner will secure patients' financial coverage and clearance in order to avoid delays upon discharge and assist the family if help is needed.

Preparation of discharge instructions and medication reconciliation sheets is done in collaboration with the Resident doctors, the bedside Registered Nurse and the unit Pharmacist however they are delivered and documented by the Discharge Planner and communicated to the Registered Nurse to finalize the discharge Procedure and patients' chart. Another responsibility of the Discharge Planner is to deliver and document discharge education to patients, their family and caregivers including: medications, diet, routine activities, follow-up appointments, wound care (if needed), home medical equipment (if needed), further treatments (if needed) and other required education subject.

Follow up appointments with Ambulatory Outpatient Services and treatments with other hospital departments including: Imaging, Laboratory, Physical Therapy, Nutrition etc. (if needed) will be arranged and coordinated by the Discharge Planner.

Furthermore, if patients need transportation, medical equipment, supplies or home care services; the Discharge Planner will assist in providing these services or facilitate contact.

Discharge Planners will be accountable for discharge planning and safe and timely discharge of patients. Nonetheless, this does not exclude bedside Registered Nurses role in discharging patients; they will still be responsible of discharge arrangements including refunds, finalizing patients' chart and documentation. As for the medical team members, they will still be responsible of patients' care pre-discharge. Once all aspects of the discharge procedure are finalized and tasks by the Discharge Planner are documented in the patients' chart; beds are cleared by the admitting office. It is essential to delineate responsibilities at the level of the medical and nursing management so each knows their scope of responsibility.

On an organizational level, the "Discharge Planner should promote a work environment that supports and facilitates ethical practice, in accordance with the American Nurses Association (ANA) Code of Ethics and the Lebanese Order of Nurses Code of Ethics. Practices within the ANA Bill of Rights. Abides by the Joint Commission International Accreditation (JCI) requirements, including but not limited to International Patient Safety Goals, national and international standards. Supports the mission and vision of the American University of Beirut Medical Center (AUBMC) and the Nursing Services Department".

Some modifications in the role of Discharge Planner and discharge planning might occur, given the fact that we are facing many health restrictions due to the Coronavirus pandemic with only 32.2% of the Lebanese population has received the full vaccine dose until March 2022 (World Health Organization, 2022).

The next chapter will outline the implementation plan of the new designed role of Discharge Planner at the American University of Beirut Medical Center (AUBMC).

CHAPTER IV

IMPLEMENTATION PLAN

Based on literature review and evidence-based practice, this chapter introduces the implementation plan of the proposed Discharge Planner role. It includes plan for presenting the proposal to the American University of Beirut Medical Center (AUBMC) Administration and nursing administration and management team, financial feasibility of the new role, force-field analysis, and the plan for the evaluation of the new role and its outcomes.

A. Introducing the Discharge Planner Role to the Administration

The proposal of the Discharge Planner role will be introduced to AUBMC at two levels. One, at the hospital administration and the other at the nursing administration and management level.

At the hospital administration level, the proposal that includes the need for and the significance of the new role, its description and financial feasibility, will be sent by a formal email to the hospital and medical directors requesting a meeting to present and explain the new role and its significance to patient care and outcomes. Specifically, the document to be emailed will include a summary of the need for the Discharge Planner role and its significance to patient outcomes and thus the medical center key performance indicators (patient satisfaction, patient experience, re-admission rates and length of stay, and bed turnover), the second summary relates to best practices in hospitals that used this role and the brief role description. Last summary includes the financial feasibility of introducing this new role. If given an appointment to meet and

present, then an interactive power point presentation using story line will be used that takes 15 minutes to leave time for questions and answers.

On a second level, the support of Nurse Managers, Leaders, care coordinators, Case Managers and Registered Nurses is essential. Therefore, while the proposal is being revised by the hospital administration, the new designed role will be introduced to the nursing administration and management team for buy in, support, and approval. The same steps will be taken as with the hospital administration, that is, a formal email will be sent with the same documents to the nursing administration requesting a meeting to present and discuss the new role. For the nursing management team, the contact could take formal and informal approaches to explain the new role and solicit their support. It is noteworthy that even if the hospital and nursing administration are convinced with the new role, they may have concerns about the cost of this role as discussed in the next section.

B. Financial Feasibility

The financial feasibility of implementing the Discharge Planner role at the American University of Beirut Medical Center (AUBMC) will be following an assumption of costs taking into consideration the current unstable economic situation in Lebanon. At AUBMC employees follow a grading system; Registered Nurses are from grade 9 till grade 12. The Discharge Planner will have a Managerial position which is equivalent to grade 12 and have a monthly salary of 4.000.000 L. L adding to this salary 20% employee related expenses, leading to a total of 4.800.000 L. L monthly that is a yearly salary of 57.600.000 L.L. It is worth noting that 30% of the AUBMC staff salary is paid in fresh dollars and 15% in Lollar, which is the dollar rate at the Banque du

Liban platform several months ago (8.000 LL). Considering the current payment arrangement, the salary of the Discharge Planner would be as follows:

Table 1. The Discharge planner Salary

Total Salary in Lebanese	30% in $	15% in Lollar	Actual cash
4.000.000 L.L /Month	$800 ≈1.200.000 L.L	400≈600.000 L.L	• $800 [800x20.000 (dollar rate) = 16.000.000 L.L] + • Lollar 400 [400 x 8.000 L.L] ≈3.200.000 L.L + • 2.200.000 L.L
Per Year 48,000,000L.L + 20% Employee Related Expenses [9,600,000L.L] = **57,600,000 L.L**			• $9600 + • 38,400.000L.L + • 26,400,000L.L [38]

As mentioned earlier, it is not possible to get an accurate cost calculation of the return on investment. Return on investment in this role includes cost containment in the form of control of adverse events and their costs, decrease in readmission rates, and containment of wasted medications and hospital materials. Other benefit is the increase in intangible assets such as patient satisfaction and improved patient experience that affects hospital reputation in attracting more clients. Having showed the value of this new role, yet there is a need to assure that the driving forces for accepting it outweigh the restraining forces as presented next.

C. Force field analysis

Force field analysis was developed by Kurt Lewin in order to justify whether the implementation of a certain change will have a positive impact in an organization or

not. This analysis gives each of the driving forces and restraining forces a total score based on a criteria, justifying the proposed change (Kumar, 1999).

The introduction of the Discharge Planner role at AUBMC is expected to face some restraining forces but can benefit from several driving ones. The expected restraining forces include disapproval of medical and nursing administration, burden of an extra cost in times of economic austerity, resistance from nursing staff to accommodate a new member in the team. The driving forces encompass achieving key indicators such as patient and family satisfaction, containing costs of complications and adverse events, decrease in readmission rates, and containment of wasted medications and hospital materials. Another driving force would be freeing the RNs from doing patient discharge and thus decreasing their workload. Each of the forces is evaluated based on how likely it will influence acceptance and approval of the new role. Each force is scored on a scale of one (weak) to five (strong), according to the degree of influence each one has on the decision to adopt the Discharge Planner role. Then the scores were added up for each side (driving and restraining). The following figure 4 demonstrates the analysis and the scores.

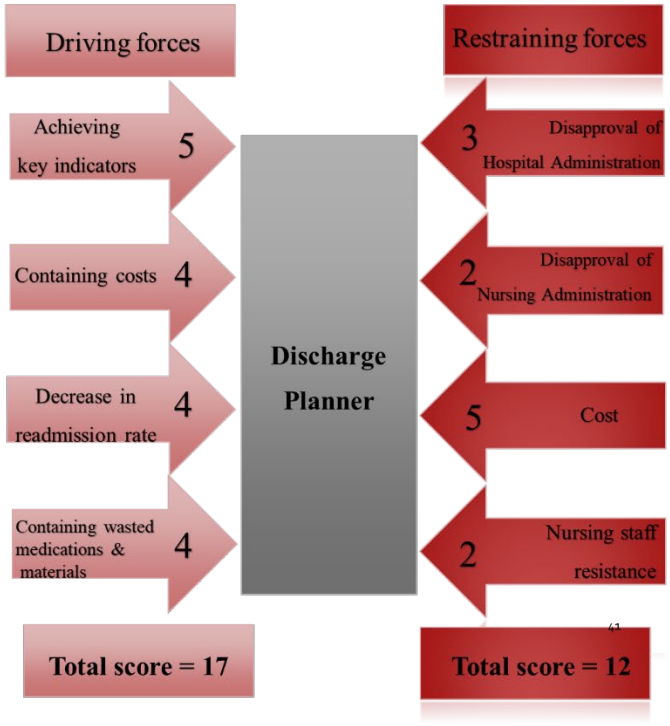

Figure 4. Force-field analysis of the Discharge Planner role

D. Evaluation of Outcomes

In order to evaluate whether the initiative of introducing the Discharge Planner to AUBMC was successful, an evaluation of several indicators will be done at 6 months then again after 1 year of piloting on Surgical units before the administrative decision to add the role to other services at the medical center. These indicators are the following: (1) Patient Satisfaction, an increase in patients' satisfaction will be an indicator for a positive patients' experience post discharge. (2) Patients' readmission. Readmission that are not related to previous hospitalization and are not within 30 days of discharge are a sign of a successful discharge planning. (3) Adverse events, decrease in adverse events post discharge are indicators of good discharge planning and patients' education (Lin, et al., 2012; Patel, & Bechmann, 2021). Finally (4) Delayed discharges, during the piloting

period, bed huddle reports will show if the Discharge Planner role has decreased the rate of delayed discharges.

E. Recommendations

The proposal will specify that the Discharge Planner role, is designed for Masters prepared Registered Nurses with a Minimum experience of three years in patients' care. It is recommended to start with a piloting period of one year on Surgical units then evaluate in 6 and 12 months to determine if the role is feasible and worth applying to other services in the medical center. After the piloting period Discharge Planners will be at a ratio of one Discharge Planner per regular unit and in the critical care areas, case managers will attend to discharge planning. The Discharge Planner role is a new concept in Lebanese Hospitals so AUBMC will have the opportunity to be the pioneer in designing and implementing new roles that enhance patient and family experiences and improve quality of care. Moreover, evaluating this role in terms of related key indicators as described above will contribute to creating evidence for the new role.

F. Conclusion

The introduction of Discharge Planners, who are Masters prepared experienced Registered Nurses at the American University of Beirut Medical Center (AUBMC) units; will optimize discharge planning and patients' experience. The aim is to provide continuity of quality care, improve patient satisfaction as well as reduce unnecessary financial costs due to delayed discharges, readmission and adverse events.

APPENDIX

Discharge Planner Role

Discharge Planner Job Description

The Discharge Planner is primarily responsible for discharge planning and the safe timely discharge of patients within the framework of Patient Centered Care (PCC). The Discharge Planner coordinate and facilitate discharge planning in collaboration with other healthcare providers such as Attending Physicians, Medical Doctors, bedside Registered Nurses, Pharmacists, and other Paramedical disciplines across the American University of Beirut Medical Center (AUBMC) during hospitalization of patients.

Responsibilities

- Communicate daily with the admitting office regarding planned admissions and discharges.
- Begin discharge-planning assessment of patients within 24 hours of admission.
- Complete within 48 to 72 hours of admission the assessment of patients', their families and caregivers need.
- Prepare proper learning strategies for patients, their families and care providers.
- Discuss discharge planning with multidisciplinary healthcare providers' team.
- Secure discharge order from attending physicians.
- Communicate with financing third parties to secure patients' coverage and avoid delays.
- Secure financial coverage and clearance upon discharge and assist families when help is needed.
- Communicate and coordinate discharge process with healthcare providers and other hospital personnel involved in the process.
- Prepare discharge instructions with healthcare providers, especially with the attending physicians, medical team and Registered Nurses.
- Arrange follow up appointments with Ambulatory Outpatient Services.
- Coordinate follow up treatments with other hospital departments including: Imaging, Laboratory, Physical Therapy, Nutrition etc. (if needed).
- Arrange transportation within the hospital premises and to patients' destination post discharge (if needed).
- Assist in providing medical equipment and supplies that might be needed by patients at home.
- Assist in providing home care services (if needed).
- Deliver medication reconciliation sheets.
- Deliver discharge instructions.
- Educate patients, their families and caregivers about Medications, Diet, Routine activities, follow up appointments, Wound care (if needed), Home medical equipment (if needed), Further treatments (if needed) and other required education subject.

- Provide information about home care services, home medical equipment and supplies and facilitate contact (if needed).
- Document delivered discharge instructions and education.
- Complete discharge process documentation and communicate with Registered Nurses in charge of discharged patients in order to finalize the discharge process, patients' chart and documentation.
- Confirm patients were discharged safely and beds are cleared by admitting office.

Functions

- Perform patient assessment using appropriate problem focused, and age-specific assessment techniques.
- Document all relevant data in the medical record according to hospital/departmental standards.
- Involve patients, their families, caregivers and health care providers in the plan of care when appropriate and in discharge planning.
- Collaborate with other disciplines through multidisciplinary meetings and care conferences to facilitate patients' care, discharge planning and the discharge procedure.
- Demonstrate required assessment and therapeutic skills.
- Apply safety measures related to patient care.
- Operate all unit-required equipment safely.
- Ensure availability and maintenance of supplies and equipment needed for patients' continuity care post discharge.
- Accountable for the use of patients' and hospital's resources.
- Accountable for the patient, the organization, the profession and self.
- Provide basic life support when needed.
- Patient & Family Education/Support:
- Provide emotional support and measures to alleviate fear and anxiety.
- Assess patients', their families and caregivers' readiness and identifying learning needs.
- Develop and implement teaching strategies utilizing patient education manual.
- Educate patients, their families and caregivers upon discharge using the teach back method.
- Document patient and family education.
- Deliver discharge instructions.
- Document.

Critical Competencies

- Decision-making.
- Problem solving.
- Communication skills.
- Leadership Skills.
- Time Management.
- Discharge planning.

Quality and Effectiveness

- Assist in the Department's research activities and in the collection of relevant data.
- Conduct and/or participate in PI projects in the department.
- Accountable for patients, the self, the profession, the public and the organization.
- Accountable for the use of patients' and hospital resources.
- Participate in quality initiatives and quality improvement activities for improving the unit standards of quality provided.

Mandatory

- Adhere to dress code.
- Wear identification while on duty.
- Complete annual education requirements.
- Participate in continuing education that is relevant to the current practice (Discharge planning).
- Maintain patient confidentiality at all times.
- Report to work on time.
- Represent the organization in a positive and professional manner at all times.
- Communicate the mission, ethics and goals of the organization.
- Attend regular staff and multidisciplinary meetings.

Knowledge

- Knowledge on how to interact with chronic and geriatric patients.
- Familiarity with JCI requirements and Magnet Designation.
- Knowledge of scope of the Registered Nurse and Discharge planner Registered Nurse.
- Knowledge of professional theory, practices and procedures.
- Knowledge of procedures and techniques involved in administering routine and special treatments to patients.
- Knowledge in medication administration and pharmacology.
- Knowledge of nursing, hospital and community services.
- Knowledge in patients' financial coverage, insurance, and other financing third parties preferred.
- Strong organizational and interpersonal skills.
- Ability to work independently, exercise creativity, be attentive to detail, and maintain a positive attitude.
- Ability to manage multiple and simultaneous responsibilities and to prioritize scheduling of work.
- Ability to maintain confidentiality of all medical, financial, and legal information.
- Ability to complete work assignments accurately and in a timely manner.
- Ability to communicate effectively, both orally and in writing.
- Ability to handle difficult situations involving patients, physicians, or others in a professional manner.

Education & Requirements

- Bachelor of Science in Nursing.

- Master of Science in Nursing
- Nursing Colloquium, Nursing License from the Ministry of Public Health, and Registered in the Order of Nurses in Lebanon.

Experience

- Minimum Experience: 3 years in patients' care as a Registered Nurse.

Languages

- Minimum Languages: Arabic and English (IET >/= 500)
- Preferred Languages: French is an asset.

Computer Skills

- Knowledge in the use of Microsoft Office Applications.

Job Characteristics

- Physical Effort: Moderate Physical Effort.
- Working Conditions: Exposure to blood and body fluids, communicable diseases, chemicals, radiation, and high stress environment.

- Work Schedule: Shifts from 8 am to 5 pm, Monday to Friday.

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