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Improving Quality of Care Through Discharge Planning

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Improving Quality of Care Through Discharge Planning

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N653 Internship

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Section I.

Abstract

Providing good education for the new mother is key to improving the quality of care for both mom and baby. Since nurses are frontline health care providers who perform the most postpartum education, it is imperative they work to improve discharge education so information provided is consistent, appropriate, and evidence based (Suplee et al., 2016).

The aim of this project is to improve the discharge planning process of a local community hospital utilizing evidence-based research (EBR) with the intent to increase patient satisfaction scores in care transitions to above 65% within 3 months.

The community hospital is a 122-bed acute care facility, employing more than 450 doctors, nurses, and supporting staff, offering a wide range of services. The postpartum unit has a total of 10-beds private beds which can accommodate one couplet - mothers and their newborn babies.

HCAHP scoring was chosen as a measure of the overall improvement of the quality of care. A questionnaire was created as a tool to measure and collect data on the change from printed discharge material to video app-based education. iPads will be loaded with customizable postpartum teaching software from our vendor Injoy. Due to Covid-19 and other factors relating to it, implementation of plan was put on hold till Spring 2021.

To improve the current discharge planning process, discharge from hospital to home requires the successful transfer of information from clinicians to the patient and family to reduce adverse events and prevent readmissions.

Key words: postpartum, quality of care, patient satisfaction, discharge teaching

Improving Quality of Care Through Discharge Planning

Section II.

Introduction

On a postpartum unit, the new mother is expected to demonstrate knowledge and confidence in her ability to provide adequate care for herself and her newborn prior to discharge from the hospital (Buchko, Gutshall, & Jordan, 2012). Providing good education for that new mother is key to improving the quality of care for both mom and baby. A positive experience with postpartum education can provide the new mother with knowledge that builds confidence and diminishes concerns related to inability to function after discharge (Wagner & Washington, 2016).

Because patient education is correlated with higher satisfaction rates, hospitals are putting more emphasis on improving education (Papanicolas, Figueroa, Orav, & Jha, 2017). In fact, patient education has been shown to increase the HCAHPS ratings (Wagner & Washington, 2016). Hospital payments are linked to HCAHPS performance ratings based on the quality measures obtained through the mail in or phone surveys (Papanicolas et al., 2017).

Problem Description

Standard discharge teaching usually includes verbal instructions and written handouts however, studies show that using new technology such as, app-based teaching, e-mail, post discharge phone calls, and/or texting, reinforces discharge teaching and improves compliance (Schneider & Howard, 2017). Not only does this have the potential to lead to a decrease in complications and readmissions rates, but new evidence suggests that contact with patients soon after discharge improves outcomes and patient compliance with instructions and increases patient satisfaction scores (Schneider & Howard, 2017). In a culture that focuses on patient

safety and satisfaction, standardized teaching can reduce variation and ensure patients receive accurate information to successfully care for themselves and their newborns after discharge (Villamin & Berg, 2018).

Recent U.S. data published found that of the maternal deaths reported, 39% of women died before or on the day of birth and 61% died in the postpartum period (Suplee, Kleppel, Santa-DoNato, & Bingham, 2016). This data makes it evident that postpartum deaths are not just an international issue but are also a problem in the United States (Suplee et al., 2016). Researchers estimate that 40% to 50% of U.S. maternal deaths are preventable (Suplee et al., 2016). Since nurses are the frontline health care providers who perform the most postpartum education, it is imperative they work to improve discharge education so the information they provide is consistent, appropriate, and evidence based (Suplee et al., 2016).

Many hospitals require the discharging nurse to complete some sort of checklist that includes a list of educational topics. However, there is wide variation in discharge education related to information on warning signs of maternal morbidity and mortality (Suplee et al., 2016). Comprehensive improvement efforts to advance postpartum education focusing specifically on potential risks for maternal morbidity and mortality are needed (Suplee et al., 2016).

Available Knowledge

My PICO searches consisted of seeking out EBR that would help identify and support solutions that address the gaps in the discharge process to improve quality of care and improve safety on our unit. The review of literature supported the following PICO question: In first time post-partum mothers (P) does standardized education using app-based

videos (I) compared to those who only receive printed materials (C) improve HCAHPS scores in care transitions by 10% (O) in 3 months (T).

Review of Literature

A comprehensive literature review was conducted in efforts to find EBR on the discharge process and the relationship satisfaction scores has to quality of care. Wagner & Washington (2016) described patients' perceptions of satisfaction with the entire experience as a leading indicator of the quality of care. The author states, "it is incumbent on nurses to endeavor to use interventions that will grant new mothers the care that leads to the highest satisfaction" (Wagner & Washington, 2016).

The literature all agrees that high-quality postpartum education while in the hospital is vital to new mothers' ability to care for self, newborn, and family. Although some literature disputes effectiveness video education. Some research contends that written discharge instructions is just as effective so long as it accompanies verbal education from the nurse as well (Buchko, Gutshall, & Jordan, 2012). Nonetheless, regardless of the media used, all authors agree, the discharge process requires standardization. Although, some of the content customizable to suit certain patient demographics however, most feel continuity in educational information in necessary.

Rationale

The implementation plan was fashioned after Lewin's change model (Appendix 4). This framework provides a clear and adaptable model for identifying how best to introduce change into a microsystem . Lewin's model consists of three stages unfreeze, change, and refreeze - through which prior learnt knowledge can be discarded and replaced with new, up to date, EBR (Hussain et al., 2016). The unfreezing stage involves identifying an effective method to promote

change in an organization or unit through careful consideration of the microsystem, leadership, and stakeholders who will be affected by the change.

Through modeling modified from Lewin's change theory, a plan is put into effect that is intended to bring about the recommended alterations in behaviors and thought patterns among team members. As mentioned previously, the microsystem assessment conducted on the said unit, identified consistently low satisfaction scores relating to care transitions. Gap analysis revealed scores in "written education information" given had consistently been at 87% or higher. Patients admitted to receiving discharge information upon discharge yet claimed they did not understand their condition on discharge. The discrepancy in the scores indicates there is a lack of comprehension on the staff has on the importance of the discharge teaching process. Active staff participation must be encouraged for staff to acceptance organizational change (Hussain et al., 2016).

Lastly, Lewin's refreezing stage involves making the new behaviors and thought patterns habitual. For the new discharge teaching process, staff members of the postpartum unit will be encouraged to deepen their understanding of the tools that have proved effective based on results (Hussain et al., 2016).

Global Aim

The purpose of this project is to improve the discharge planning process at a small community hospital, utilizing EBR obtained through the Agency for Healthcare Research and Quality (AHRQ). The improvement process is called The *Guide to Patient and Family Engagement in Hospital Quality and Safety.* It is a resource to aid hospitals in their work with patients and families to improve quality and safety.

Specific Aim

The project aim is improving the discharge process on the mother/baby unit by increasing patient satisfaction scores in care transitions to above 65% within 3 months for postpartum mothers. To achieve this, project focus will be centered on standardizing discharge teaching through a video/app-based format versus written discharge material currently in use.

The goal of this project is improving on the consistency of the discharge material through standardization which should cut down on time nurses spend charting. Changing printed discharge instructions to video will allow for a more standardized approach and prevent mom trying to read material when tired (Villamin & Berg, 2018). Video can be tailored to specific high-risk condition such as pre-eclampsia or diabetes. Adding follow up calls two-day post discharge and making sure questions have been answered can close the loop by making sure patient is doing well and increase satisfaction scores (Suplee, Kleppel, Santa-DoNato, & Bingham, 2016).

Research shows that a standardized teaching approach can be beneficial in encouraging all caregivers to participate in the patients discharge teaching routines when at home ("ahrq.gov," 2013). Having said that, one of the goals of this project is improving the consistency of the discharge material taught through standardization which should provide the patient with the confidence in her ability to provide care for herself and her newborn prior to discharge.

Section III.

Methods

Context

Change is essential in healthcare and attempts to improve the quality of care and the safety of patients must be based on research that is current and evidenced based. The Dartmouth

Microsystem assessment method is used to analyze a system for gaps in care, establish what they are, and develop a plan to treat (Nelson et al., 2007)(Appendix 6).

Microsystem Assessment

The microsystem is a community hospital located in California's Central Coast. The facility is a 122-bed acute care hospital, employing more than 450 doctors, nurses, and supporting staff, offering a wide range of services. The postpartum unit contains 10-beds consisting of couplets - mothers and their newborn babies. When census permits, this postpartum unit accepts post-surgical women having undergone gynecological procedures.

Population demographics consist of Caucasians and Hispanics with a mix of African American, Asian American and a growing population of Mixtecan field workers. Discharge education is lacking for this population because of the language barrier and lack of translators able to speak the language. Efforts to secure translation services for this cohort have been unsuccessful to date.

Because the hospital serves a diverse population of patients, many are covered by CenCal insurance. CenCal is the equivalent to Medi-Cal and is exclusive to residents in the Santa Barbara County and San Luis Obispo County (CenCal Health, 2018). Unfortunately, most CenCal patients are of low socioeconomic status with little or no formal schooling. With an already flawed discharge process, this cohort is a higher risk of receiving less than optimal postpartum education due to reading comprehension level and language barriers.

At the time this microsystem assessment was performed, the unit was staffed by 58 employees. The staff consisted of registered nurses, nurse certified nurse assistants (CNA), a unit secretary, charge nurses or nurse leaders an Assistant Director and the unit Director. Included in this figure are the contracted Obstetricians and lactation consultants.

At the time this project was planned, the healthcare professionals who staffed the unit during the day and night shift included 5 nurses working 12 hour-shifts, 2 respiratory therapists, and other support staff, such as certified nursing assistants and unit clerks. The director and assistant director only work dayshift. Staffing was reduced when unit census was low, no overtime was permitted unless authorized, and no unnecessary education was allowed due to budget constraints.

Although staff morale was low, the team continued to portray a close, tight nit, friendly and caring personnel characterized by the sharing of knowledge, skills, and assistance and has contributed to the maintenance of a healthy and positive work environment. This community hospital seeks to continually provide a friendly, compassionate atmosphere centered on patient care.

Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

A SWOT analysis of strengths, weaknesses, opportunities, and threats was conducted (Appendix 5). Strengths identified for this mother/baby unit included the presence of a nursing team of qualified professionals eager to learn, the availability of the necessary equipment and an Information systems department willing to participate in the technical aspect of the project. The weaknesses identified included a lack of communication between nurses and providers, high staff turnover, and lack of leadership support. Opportunities for improvement include increasing the HCAHPS scores and the standardization of the discharge process that can significantly impact to the quality of patient care. Threats present are the current global pandemic which have a direct effect on budgetary cuts which can, therefore, threaten the project sustainability.

Measures

HCAHP scoring was chosen as a measure of the overall improvement of the quality of care at discharge (Appendix 3). A questionnaire (appendix 7) was created as a tool to measure and collect data on the change from printed discharge material to video app-based education. Three phases of the Plan-Study-Do-Act (PDSA) from the Institute for Healthcare Improvement are set up for three possible test runs (Appendix 2).

Another tool to be utilized when plan is authorized are iPads. iPads will be loaded with customizable software from our vendor Injoy (Appendix 4). The customizable app-based videos can provide exceptional postpartum and breastfeeding teaching while in the hospital. In coordinating with Information System department, application can be altered to prompt mom to sign off on teaching when done. Signatures can be electronically uploaded to patient's file directly from tablet, eliminating extra paper for the patient to sign at discharge and cutting down on nursing charting time.

Return on Investment (ROI)

The small postpartum unit handles 660 low risk vaginal and cesarean deliveries a year. This accounts for 1,320 inpatients if the mother stays the minimum 2 days. Cesarean deliveries will stay up to 3 nights but, can leave on night two if not a first-time mother and recovery is going well. Each case generates approximately $9090 (see Appendix 9) for one-night stay (OSHPD," 2019). Increasing satisfaction scores can help an organization regain their patrons trust therefore, reestablishing the relationship.

Positive experiences with postpartum education can provide the new mother with knowledge that builds confidence and diminishes concerns related to inability to function after discharge (Wagner & Washington, 2016). This is what the process improvement project can

provide for new mothers. Positive experiences translate to quality of care, which in turn have the potential to increase satisfaction scores by 17% (TCCH, 2019)(see Appendix 9).

Ethical Considerations

The project is determined to qualify as an evidence-based change in process improvement, rather than a research project. Institutional review board (IRB) review is not required, and Statement of Non-Research Determination form is listed in appendix A.
With delays in the implementation of the process improvement project, postpartum mothers will still lack the necessary discharge teaching prior to going home. Often, these moms feel unprepared but, do not voice their concern at the time of discharge. The bioethical principal of beneficence is do no harm, yet this microsystem continues to violate this ethical principal on account of money. (American Nurses Association [ANA], 2008).

Section IV.

Results

Due to Covid-19 and other factors relating to it, implementation of plan was put on hold till Spring 2021. Instead, this section will discuss hypothetic outcomes had the project continued as planned. The HCAHP score was chosen to assess overall improvement of the quality of care and the questionnaire (appendix 7) was developed as a tool to collect patient satisfaction with new process and compare to monthly care transition scores. After one month, the next test phase would begin, and new set of data can be collected and recorded. The hypothesis, after the 3-month period will find that the app-based teaching will have a positive impact on both the quality of care and will increase satisfaction scores.

hypothesis that the 2-day post discharge follow up phone calls will have some impact on increasing HCAHPS scores. What is not clear is, are the questionnaires influence the HCAHP

increasing scores or are 2 day follow up calls themselves? Do the questions make the difference to the mother or, will the results be the same if questions are changes?

In PDSA cycle one, the plan is to run the cycle for the first month while calling patients every week depending on the census. The data will be collected from the questionnaire (Appendix 2) for four weeks and compared to HCAHP scores at the end of the month. PDSA cycle two will repeat the cycle without the questionnaire and HCAHP scores checked at the end of that month. The purpose of that cycle is to determine the impact the questionnaire has on satisfaction scores. In PDSA cycle three, the same test as in cycle one will be performed. The difference will be the question format. This is to determine if the questionnaire is having a positive or negative impact on satisfaction scores.

Section V.

Discussion

Summary

Although Covid-19 has put a hold on the project improvement for now, literature review and plan revisions will continue until authorization is granted. For now, our efforts to push for more staff engagement will continue. Search will continue for more EBR, effective cost effect way to increase patient satisfaction while we wait for more normal times.

Key Findings

Key finding was project was placed on hold in the planning phase due to Covid-19. Information from director and other members of administration were difficult to obtain because Covid-19 was always their top priority. Other efforts to keep all stakeholders remained difficult due to the pandemic.

Challenge that presented as the plan for implementation evolved. Some patients have limited access to the technology necessary to view the videos and others simply did not understand how the technology worked. The company has the company has the capability to develop videos which helps one cohort. The Mixtecan does not however speak Spanish. They speak a language that they developed and no one outside their culture knows how to speak. Moreover, the Mixtecan language has several dialects so, one never knows what dialect they are speaking even if we managed to secure a translator.

Lessons Learned

One important lesson learned was not talking with Information Systems (IS) prior to budget planning. Much time and effort were spent on researching iPads and price points. After having an unofficial meeting with IS, I learned we had iPads on our unit in a locked cabinet for patient use. They were a relatively new purchase and since Covid-19, management has not allowed patients use the iPads for entertainment. We may still require a few more units but, we may have a good start.

Conclusion

The discharge planning process begins at the time of admit. The amount of information patients and caregivers require for a successful transition from hospital to home can be overwhelming. Standard discharge teaching usually includes verbal instructions and written handouts however, new technology can be utilized to standardize discharge teaching and improve compliance. EBR shows that utilizing technology provides new options to improve discharge readiness while delivering consistency with teaching education. Healthcare providers need to pull from other resources to improve discharge teaching, give new mothers confidence to manage their care at home, and ensure discharge needs are being met.

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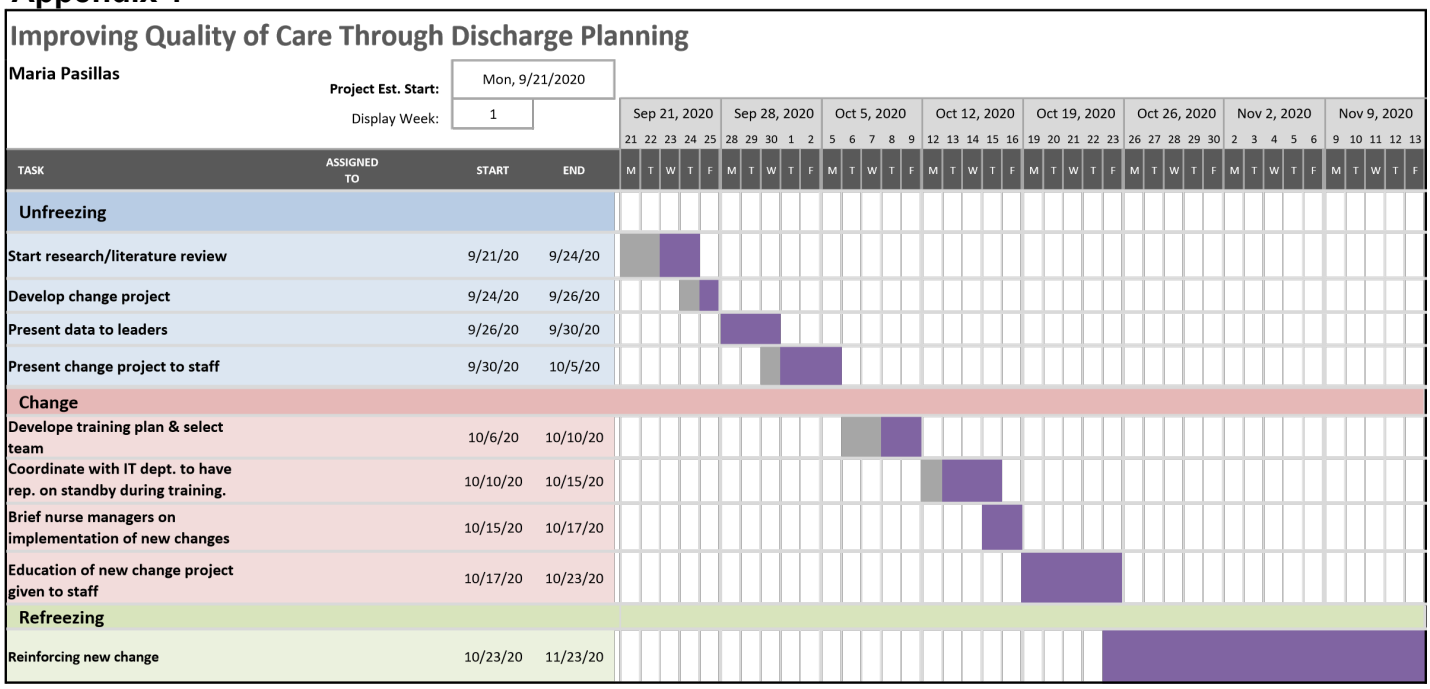
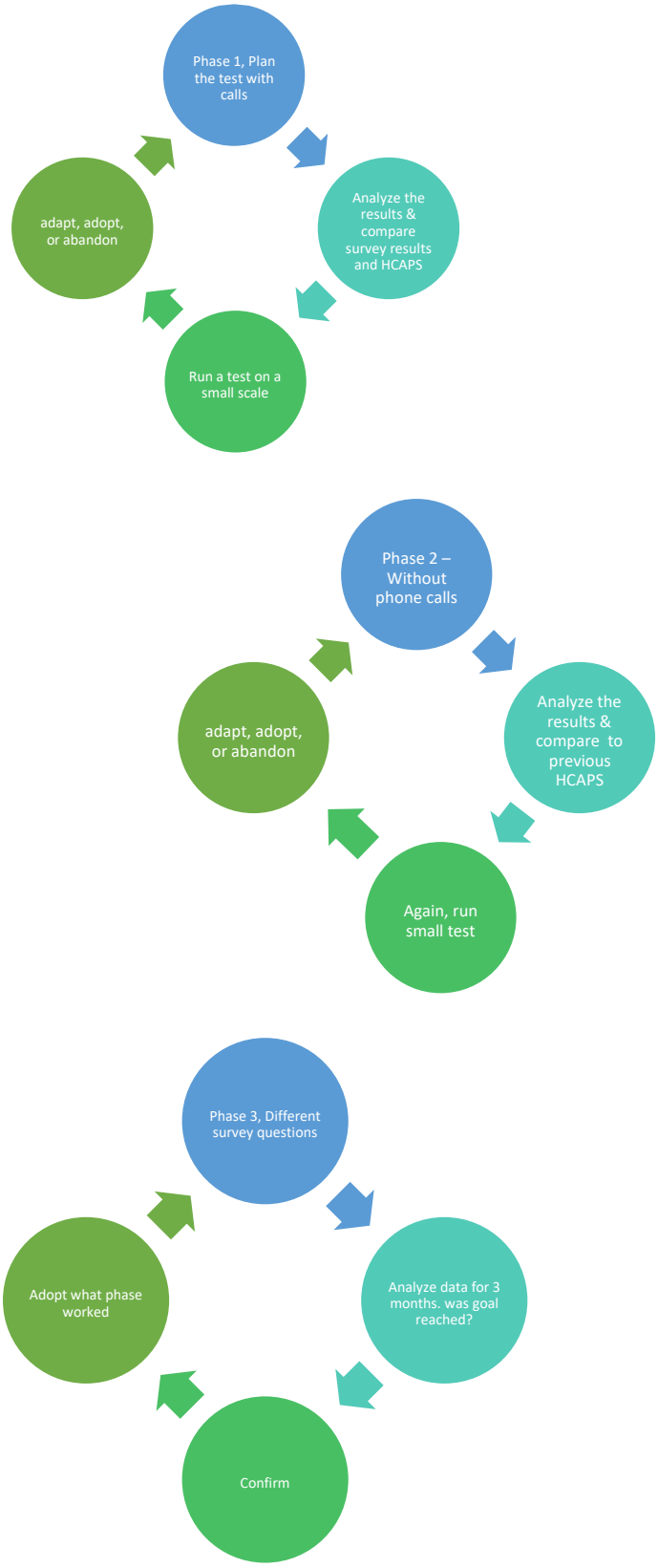
Appendices

Appendix 1



Appendix 2

PDSA Cycles



Appendix 3

Discharge Information	87.6	90.1	92.3	91.8	85.8	88.1	93.0	80.4	87.9
Discussed help needed after patient left hospital	85.2	88.6	91.5	85.4	84.8	82.9	90.4	89.3	94.7
Written symptoms/health info provided	90.0	92.5	94.8	98.3	86.9	93.3	95.7	71.4	81.1

Care Transition	53.4	58.1	63.1	62.1	45.9	57.6	56.2	36.6	55.2	0.0	50.0	58.8	83.3	58.3
Took my health care preferences into account	53.4	58.1	63.1	57.0	39.9	48.2	50.6	34.5	46.3	0.0	100.0	45.2	100.0	50.0
Good understanding of my responsibilities in managing my health	46.6	51.8	56.8	53.9	46.8	58.5	56.9	34.5	58.0	0.0	0.0	64.5	100.0	50.0

Appendix 4

Appendix 5 **Lewin Change Theory**

Appendix 6

SWOT Analysis:

Appendix 7

MICROSYSTEM ASSESSMENT OF MOTHER/BABY UNIT

A. Purpose: To bring new life into this world as safely as possible while providing parents a birth experience they will cherish forever.

Nursery Designation: Level I	Site Contact:	Date: 4/18/2020
Administrative Director:	Nurse Director:	Medical Director:

B. Know Your Patients:

Est. Age Distribution of Pts:	%
11-16 years	5
17-21 years	20
21-35 years	36
35-45 years	35
45-65 years	3
65 and above	1
% Females	100

List Your Top 10 Diagnoses/Conditions	
1. Contractions	7.High Blood pressure.
2. Water broke	8.Trauma to abdomen
3. Vaginal bleeding	9. Induction
4. Decreased fetal movement	10. Scheduled c/s
5. Headache	
6. Swelling	

Patient Satisfaction Scores	% Excellent 100
How often did nurses listen carefully to you?	57
How often did doctors listen carefully to you?	79
How often was the area around your room quiet at night?	52
How often was your pain well controlled?	45
Did doctors, nurses or other hospital staff talk with you about whether you would have the help needed when you left the hospital?	54
Would you recommend this hospital to your friends and family?	45

Living Situation	%
Married	65
Domestic Partner	5
Live Alone	10
Live with Others	20

Discharge Disposition	%
Home	38
Admission	59
Skilled Nursing Facility	n/a
Other Hospital	3

Point of Entry	Day Shift	Night Shift	%
ED	62	38	100
Clinic			
Transfer			

C. Know Your Professionals:

Current Staff	Day FTEs	Evening FTEs	Night FTEs	Weekend FTEs	Over Time by Role	Supporting Diagnostic Departments
MD Total: 5	1	0	1	-		Laboratory, Respiratory and Radiology. Surgery and Ultrasound on call at night.
Charge Nurse	1	0-	1	-		
RNs Total: 32	5	0	4	-		
LPNs Total	0	0	0	-		
LNAs Total	0	0	0	-		
Residents Total	0	0	0	-		
OB Techs Total	1	0	1	-		
Other Ancillary Staff	1	1	1	-		
				-		
Other Total	**9**	**1**	**8**	**-**		

Do you use Per Diems? __X__ No ____NO	**Staff Satisfaction Scores: From previous conversations. It seems approx. 40% of nursing/support staff are unsatisfied citing department communication as an issue.**		**40%**
Do you use Travelers? __X__ Yes ____NO	How stressful is the department?	High Stress	
Do you use On-Call Staff? __X__ Yes ____NO	Would you recommend it as a good place to work?	Yes, after changes	

Appendix 8

Two Day Post Discharge Questionnaire

"Hello, this is _____ , and I am calling from the hospital with an after-delivery care call, do you have a few minutes to talk?" Great! I will not take up too much of your time. Just wanted to ask you a few questions about you and your time here with us. First and foremost, how are you feeling today?
Did you get teaching videos about what symptoms or health problems to look out for after you left the hospital during your hospital stay?

5=100 4=75 3=50 2=25 1=0

Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

5=100 4=75 3=50 2=25 1=0

Between the two, which form of education did you prefer best?

Video Reading Material

Those are all the questions I have for you. Do you have any questions for me? Thank you for your time. Remember, you can access your postpartum education videos through the patient portal up to 3 months after delivery of your baby. Thank you for your time.

Appendix 9

Approx. Costs for Improvement Project		
Materials	**First Year Cost**	**Second Year Cost**
Registered Nurses (2 hr training)	4,550.00	Unknown at this time
iPads	1,500.00	N/A
Customizable app software (InJoy)	13,500.00	N/A
Ink cartridge for printer	$46.89 per cartridge x 2 = $93.78	$46.89 per cartridge x 1
Basic office supply	$150.00	$50.00
Budget Totals	19,793.78	96.89

Appendix 10

Cost Benefit Analysis

Approx. cost for 1-night stay in mother baby unit (after delivery) = 9090.00
Cost for 2-night stay = 18,180.00

660 est. deliveries/year X 9090.00 (1 night) = 5,999,400.00

660 X 18,180.00 (2 nights) = 11,998,800.00

Increase in HCAHP scores can increase annual deliveries by 17%.

14,038,596 – (11,998,800) = $**2,039,796.00**

Possible revenue of $**2,039,796.00** with a 17% increase of satisfaction scores.

Appendix A

Non-research determination Form

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

STUDENT NAME: Maria Pasillas DATE: 12/10/2020

SUPERVISING FACULTY: Carla S. Martin.

Instructions: Answer YES or NO to each of the following statements:

Project Title: Improving Quality of Care Through Discharge Planning	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	X	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	X	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files. If the answer to ANY of these questions is **NO**, you must submit for IRB approval. *Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

Appendix B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Malagon-Maldonado, G., Connelly, C. D., & Bush, R. A. (2017). Predictors of readiness for hospital discharge after birth: building evidence for practice. *Worldviews on Evidence-Based Nursing*, *14*(2), 118–127. https://doi.org/doi 10.1111/wvn.12208	heuristic conceptual framework	Correlational/ qualitative study design	185 English- and Spanish-speaking postpartum mothers 72-bed postpartum unit with mother-baby couplet care	antepartum, intrapartum, postpartum factors, and the quality of discharge teaching.	The Readiness for Discharge Scale (RHDS)-New Mother Form	Quantitative data was entered and analyzed using IBM Statistical Package for the Social Sciences (SPSS) version	Mothers with three or more children, delivery mode, bottle-feeding, the delivery of education, and the difference between educational content received and needed, were significant predictors that accounted for 42% of the variance in readiness for hospital discharge	**JHNEBP EVIDENCE RATING SCALES** **L III B**

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Suplee, P. D., Kleppel, L., Santa-DoNato, A., & Bingham, D. (2016). Improving Postpartum Education About Warning Signs of Maternal Morbidity and Mortality. *Nursing for Women's Health*, 20(6), 554-567. https://doi.org/http://dx.doi.org/10.1016/j.nwh.2016.10.009	Qualitative study	Pilot project	150/4 hospitals	Age, race, marital status, mode of delivery, parity, previous hospital experience, income, medical insurance, pre-existing medical conditions.	Discharge Education Checklist Education Evaluation Tool Audit tool	Surveys collected and analyzed using descriptive statistics.	Most participants who completed the survey indicated that the discharge education checklist and the patient handout was easy to use, that the checklist would assist them with their teaching about postpartum complications ,	**JHNEBP EVIDENCE RATING SCALES** **L III B**

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Wagner, D. L., & Washington, C. (2016). Patient satisfaction with postpartum teaching methods. *The Journal of Perinatal Education*, *25*(2), 129-136. https://doi.org/http://dx.doi.org/10.1891/1058-1243.25.2.129	Cox's interaction model of client health behavior	quasi-experimental study	obstetrical unit/ convenience sample of postpartum women = 2 groups of 51	Age, race, marital status, education, mode of delivery, parity, previous hospital experience, income, medical insurance	modified version of the Client Satisfaction Tool posttest-only survey design	Statistical analysis was performed with SPSS Version 19 and JMP9, a SAS product.	results indicated new mothers were satisfied with both methods of discharge teaching, however, they were more likely to report stronger agreement with overall satisfaction with the traditional method of discharge teaching than with attending the discharge class.	**JHNEBP EVIDENCE RATING SCALES** **L II B**