

Evaluating the Baseline Quality Improvement Factors Affecting Discharge Readiness and Quality of Discharge Teaching in Patients

Brijith Baby

Department of Health Care and Hospital Management, Prasanna School of Public Health, Manipal Academy of Higher Education, Manipal, India

Brayal Dsouza

<https://orcid.org/0000-0002-8153-9694>

Department of Health Care and Hospital Management, Prasanna School of Public Health, Manipal Academy of Higher Education, Manipal, India

B. Unnikrishnan

Department of Community Medicine, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, India

Navya Vyas

Department of Global Public Health Policy and Governance, Prasanna School of Public Health, Manipal Academy of Higher Education, Manipal, India

Kirthinath Ballal

<https://orcid.org/0000-0001-7460-5342>

Department of Community Medicine, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, India

Aparna Pai

Department of Neurology, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, India

Swathi K. S.

<https://orcid.org/0000-0002-9468-548X>

Department of Health Care and Hospital Management, Prasanna School of Public Health, Manipal Academy of Higher Education, Manipal, India

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ABSTRACT

This study measured the quality of discharge teaching and discharge readiness levels in ischemic stroke patients to understand the factors affecting the discharge. A total of 120 patients with mild-to-moderate ischemic stroke were recruited using simple random sampling. Three instruments, namely, a demographic data questionnaire, the readiness for hospital discharge scale, and the quality of discharge teaching scale, were used for data collection. Descriptive statistical analysis and parametric tests with a correlation matrix, one-way analysis of variance, and independent t-tests were used for data analysis, providing robust evidence that the quality of discharge teaching was strongly correlated with patient readiness ($r = 0.625$, $p < 0.001$) and underscoring that effective education was a key, modifiable factor for improving outcomes. The results advocated for preemptive screening and individualized discharge plans to enhance care quality and reduce readmission risks.

KEYWORDS

Discharge Readiness, Ischemic Stroke, Quality of Discharge Teaching

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INTRODUCTION

Ischemic stroke occurs when there is a lack of blood supply to the brain, causing localized brain tissue damage and neurological dysfunction. Stroke is the second leading cause of mortality and disability worldwide, according to the World Health Organization. Low- and middle-income countries account for approximately 75% of global stroke deaths and 81 percent of stroke-related disability (Tiwari et al., 2021). India accounts for nearly 14% of global disability-adjusted life years lost due to stroke. Stroke is one of India's leading causes of morbidity and mortality, with an estimated adjusted prevalence rate of stroke ranging from 84 to 262 per 100,000 in rural areas to 334 to 424 per 100,000 in urban areas (Mandowara et al., 2020).

Discharge readiness reported by patients reflects their subjective willingness and actual level of readiness for discharge, including personal status, knowledge, coping ability, and expected support. Discharge readiness is mostly measured as an outcome of hospitalization and discharge from the hospital. A few studies showed relation between readiness for discharge to postdischarge outcomes (Weiss & Piacentine et al., 2006). The concept of readiness for hospital discharge was initially defined by (Fenwick et al., 1979), as the patient's feeling of being prepared to face reality after discharge from the hospital. (Steele and Sterling et al., 1992) described patient readiness as complex, providing an estimate of an individual's ability to leave the hospital. A hospital discharge is considered successful when the patient is satisfied by the improved quality of life and no readmission for the same illness within 6 weeks (Jesus et al., 2024).

Readiness for hospital discharge is both a state and a process. It is characterized by physical stability, including functional ability and competence to manage self-care at home; the patient having adequate support to cope with multiple demands after leaving the hospital; psychological ability, where the patient has become confident enough to manage the transition or process; and the patient having adequate information and knowledge to respond to common problems during the posthospitalization period (Galvin et al., 2017). Patient readiness for hospital discharge is described as multidimensional. The dimensions include assessment of physical, social, and psychological states; understanding the illness, medications, physical limitations, and what to expect; and community resources and support. It was also noted that, when patient needs were accurately assessed early in the hospital stay, patient readiness for hospital discharge was more successful (Yuan et al., 2025).

Patient readiness for hospital discharge is generally considered an indicator of discharge planning and a predictor of quality of discharge and transition of care. Systematic measurement of readiness for hospital discharge, particularly from the patient's perspective combined with the nurse's perspective, can be helpful in reducing negative outcomes such as hospital readmissions. This literature review identified studies and theoretical concepts that reported associations between readiness for discharge and individual and provider-specific, often indication- or subgroup-specific, determinants and outcomes (Feldbusch et al., 2024).

The quality of discharge teaching is another factor that can significantly affect discharge readiness (Zhou et al., 2025). Discharge teaching is a primary function of hospital-based nurses. This teaching is intended to prepare the patient and family/caregiver for the transition from hospital to home (Weiss et al., 2015). While preparatory teaching for discharge should be incorporated into every patient encounter throughout the patient's hospital stay (Singh et al., 2022), it becomes a focal priority near the time of discharge. Discharge teaching serves as an exemplar of the need for refocusing patient teaching from education for knowledge transfer to education targeted to engage patients in learning to manage their care at home. Standardized educational content, as part of disease-specific management programs, has had some positive impact on knowledge retention, self-care at home, medication adherence, and readmissions (Oyesanya et al., 2021). However, recent research has consistently demonstrated that, although discharge teaching content is important, the teaching skills of discharging nurses are a critical factor in patient readiness for hospital discharge, difficulties with postdischarge coping, and return to the hospital for readmission or an emergency department visit (Hu et al., 2025; Weiss et al., 2007).

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