



**CAREGIVER INCLUSION IN IDEAL DISCHARGE TEACHING: IMPLICATIONS  
FOR TRANSITIONS FROM HOSPITAL TO HOME**

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**Purpose:** The purpose of this study was to explore 1) quantitative patient-caregiver ratings of discharge readiness using the Readiness for Hospital Discharge Scale (RHDS), 2) perceptions of caregivers regarding their discharge preparation and whether and how discharge preparation impacted post-discharge patient outcomes.

**Methods:** This study utilized a convergent mixed-methods design as part of a larger parent study to improve hospital discharge quality. RHDS surveys were conducted with fourteen dyads of adult (>18 years) surgical patients discharged to home from the University of Utah Hospital in February-March, 2020 and their identified caregivers on the day of discharge. Interviews were conducted using semi-structured guides with four separate English-speaking caregivers who consented to be contacted by telephone several weeks post-discharge.

**Results:** Except for the expected support subscale, there was a clear trend in caregiver RHDS ratings being lower across all subscales compared to patient ratings. However, differences did not reach the level of statistical significance, likely due to small sample size. Analysis of the qualitative interviews revealed that caregivers reported clear discharge instructions, yet passive involvement in discharge teaching. Once home, caregivers reported gaps in their knowledge of how to care for the patient. Two of the four patient participants attributed hospital readmission related to these post-discharge knowledge gaps.

**Conclusion:** The trend of caregivers reporting lower readiness than patients is an area worthy of

investigation in studies powered to detect these differences, especially since our qualitative data show that caregivers describe only passive involvement in discharge teaching. The potential consequence of limited involvement in discharge by caregivers may be lower readiness for discharge and the various complications described in our interviews, suggesting the potential utility of structured programs to increase caregiver involvement in discharge education, planning, and post-discharge support to families.