



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

CASE REPORT ARTICLE

PREPARATION FOR THE HOSPITAL DISCHARGE OF NEUROSURGICAL PATIENTS AND THEIR RELATIVES: EXPERIENCE REPORT PREPARAÇÃO PARA A ALTA HOSPITALAR DE PACIENTES NEUROCIRÚRGICOS E SEUS FAMILIARES: RELATO DE EXPERIÊNCIA PREPARACIÓN PARA EL ALTA HOSPITALARIO DE PACIENTES NEUROQUIRÚRGICOS Y SUS FAMILIARES: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the stages of the preparation for the hospital discharge of neurosurgical patients and their relatives. **Method:** this is an experience report faced by residents of the first class of Health Multidisciplinary Residency from the Amazonas in the period from September 2010 to March 2012. **Results:** preparing for discharge was conducted in the following steps: patient identification, investigation of clinical history, analysis of level of knowledge, gatherings to discuss the case and preparing the schedule and plan of action, meeting with the relatives, home visit, training on hospital bed, psychological listening and social orientations, distribution of didactic material and, lastly, assessment of the health status after hospital discharge. **Conclusion:** the report of experiences with this approach assists health care professionals to guide their actions, especially when the stages of preparation for the hospital discharge are described and detailed. **Descriptors:** Patient's Discharge; Comprehensive Health Care; Health Education.

RESUMO

Objetivo: relatar as etapas da preparação para a alta hospitalar de pacientes neurocirúrgicos e seus familiares. **Método:** relato de experiência vivenciado por residentes da primeira turma de Residência Multiprofissional em Saúde do Amazonas no período de setembro de 2010 a março de 2012. **Resultados:** a preparação para a alta era realizada nas seguintes etapas: identificação do paciente, levantamento da história clínica, verificação do nível de conhecimento, reuniões para discussão do caso e elaboração do cronograma e plano de ação, reunião com os familiares, visita domiciliar, treinamento no leito, escuta psicológica e orientações sociais, entrega de material didático e, por fim, avaliação do estado de saúde pós-alta hospitalar. **Conclusão:** o relato de experiências com este enfoque auxilia profissionais da área a nortear suas ações, principalmente quando as etapas de preparação para a alta são descritas e detalhadas. **Descritores:** Alta do Paciente; Assistência Integral à Saúde; Educação em Saúde.

RESUMEN

Objetivo: relatar las etapas de la preparación para el alta hospitalario de pacientes neuroquirúrgicos y sus familiares. **Método:** relato de experiencia vivido por residentes del primer grupo de Residencia Multiprofesional en Salud del Amazonas en el período de setiembre de 2010 a marzo de 2012. **Resultados:** la preparación para el alta era realizada en las siguientes etapas: identificación del paciente; levantamiento del histórico clínico; verificación del nivel de conocimiento; reuniones para discusión del caso y elaboración del cronograma y plan de acción; reunión con los familiares; visita domiciliar; entrenamiento en la cama, escucha psicológica y orientaciones sociales; entrega de material didáctico; evaluación del estado de salud post alta hospitalario. **Conclusión:** el relato de experiencias con este enfoque auxilia profesionales del área a guiar sus acciones, principalmente cuando las etapas de preparación para el alta son descritas y detalladas. **Descriptores:** Alta del Paciente; Asistencia Integral a la Salud; Educación en Salud.

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INTRODUCTION

In health institutions, one can observe that the hospital discharge is a causative process of anxiety both for patients and for their family members, especially when there is the need for intensive home care after discharge. In this context, the health care team needs to be attentive to the family, thereby seeking to identify the mode of dealing with the process for the completion of these care shares. To respect the family's decision is an important factor, because this whole situation involves significant values/issues, which are not only restricted to administrative nature. After all, it should be a joint assistance, i.e., suitable to environment and to conditions or circumstances that they will present.¹⁻²

An effective discharge plan can be defined as the construction and implementation of a planned program for continuity of care, which meets the patient's needs after the hospital discharge and requires a multiprofessional and interdisciplinary team for being executed in a more effective way, thereby it might comprehensively serve the individual, its family and the community at large.³ In order to provide the discharge in a more qualified manner, it is important to pay attention to the conduction of its planning and its systematization.

In this context, the team of multiprofessional residents of the first class of Health Multidisciplinary Residency from the Amazonas State sought to conduct planned actions of preparation for the discharge of neurosurgical patients and their family members and, from this action, systematized the process with a view to facilitating the work of the team and contributing for the improvement of health conditions of patients and their relatives.

In light of the foregoing, this study aims at reporting the stages of preparation for the hospital discharge of neurosurgical patients and their relatives.

METHOD

This is a descriptive study, classified as an experience report, experienced by seven residents integrating the first class of Health Multidisciplinary Residency at the Getúlio Vargas University Hospital, which is linked to the Federal University of Amazonas. This hospital unit deals with Functional Health and Neurointensivism. The experience took place during the practical activities in the neurosurgical clinic of a university hospital in the aforementioned State, from September 2010 to March 2012. The professionals

involved in this activity were: one nurse, one social worker, one pharmacist, two physiotherapists, one psychologist, one nutritionist and one Physical Education teacher.

The residents started their training activities for hospital discharges in this clinic in September 2010, through the preparation of a patient with neurological sequel who underwent a resection of tumor in cerebellar point angle. At that time, the family members were trained by the team to keep the required care shares to the maintenance of her health status in the home environment.

From this first experience, the preparation for discharge was incorporated as part of the practical activity of residency, since the team noted that, according to the patients' profile, taking into account the long time of stay in the clinic and the sequels arising from the performed neurosurgery, there was the need for preparation together with a multiprofessional team with an interdisciplinary viewpoint. Furthermore, it was necessary to perform the planning and systematization of this activity.

The preparation for discharge was systematized and was performed by means of the following steps: patient identification, investigation of clinical history, analysis of level of knowledge, gatherings to discuss the case and preparing the schedule and plan of action, meeting with the relatives, home visit, training on hospital bed, psychological listening and social orientations, distribution of didactic material and, lastly, assessment of the health status after hospital discharge.

A total of 33 patients and their family members was trained and prepared for enabling a hospital discharge with safety and quality. Most of them were elderly people who had low income and schooling, with diagnoses of cerebral tumor and cerebral aneurysm and, therefore, had been submitted to surgeries for the treatment of these pathologies, thereby remaining with neurological sequels due to the complexity of their clinical conditions.

This study was a part of the research project approved by the Research Ethics Committee from the Federal University of Amazonas, under CAEE nº 0518.0.115.000-11.

♦ Stages of preparation for the hospital discharge

♦ Identifying the patient

This stage is the beginning of the preparation of the hospital discharge, where the residents identified the patients who needed the preparation together with the interdisciplinary team. The beginning of the preparation for the hospital discharge must

not occur near or just at the time of discharge, but being a constant initiative of the multiprofessional team during the hospitalization period.⁴ Thereupon this activity was established at the residency, the patient identification occurred near the time of discharge, however, the team realized the importance of conducting it during the hospitalization period and, whenever possible, soon after the establishment of the therapeutic.

It is known that the solution would be that all patients received this type of care, but this was not feasible and, consequently, patients with neurological sequels resulting from the neurosurgeries, especially of cerebral tumor and cerebral aneurysm and with greater need for care shares, were the selected ones.

In a study performed in 2004, which describes the activities developed for caregivers of neurological patients, the identification and selection of patients occurred in line with the degree of dependence, presence of sequels and discharge scheduled for at least a week, appointment by the family caregiver, possibility of, at least, three meetings with the caregiver, fact of the patient being resident in the metropolitan region, having caregiver with minimal formal education for the purposes of the project, availability of the caregiver to attend the hospital timetables, according to the pre-established schedule.²

♦ Investigating the clinical history

In order to meet the actual needs of patients in the preparation for discharge, it was necessary to know the patient, its clinical history and its biological, psychological, socioeconomic and cultural conditions. To that end, data collected through consultations to its medical records and data provided by the patient itself and relatives during visits to the bed were used. The assessment of needs must not be simplistically developed, i.e., targeted only to requirements of physical order, but considering the psychological, emotional and financial aspects, as well as the family environment.⁵ When carrying out this stage, each professional collected data specific to its area and, subsequently, they were conveyed to all members of the team at a later stage, which contributed to the completion of the interdisciplinarity.

♦ Analyzing the level of knowledge of patients and relatives

At this stage, it was observed the level of schooling, level of knowledge of the patient and its relative in relation to the health condition, thereby seeking to identify what they understood about this condition

(knowledge about the pathology, the prognosis, the care shares to be provided in the home environment, etc.). This stage is important to guide the actions of each professional and develop more effective teaching strategies to transmit information on the part of health care professionals, because schooling is a contributing factor to non-adherence to the therapeutic and the low level of understanding about the disease and the continuity of care.⁶

The experiences and livings of family members in the convivality and care provided for their loved ones were also analyzed. It is important that the multiprofessional health care team experiences the reality reported by those who live daily with neurological disorders, taking into account the tensions, the conflicts and instabilities that permeate the daily lives of relatives/ caregivers of such individuals. Above all, it should be considered that those that are able to (re) organize their everyday life, thereby adapting themselves and becoming suited to new imaginable and unimaginable requirements.⁷

♦ Gatherings to discuss the case and preparing the schedule and plan of action

After the previous stages, a gathering among residents was held in order to create a discussion about the cases that had or would be selected, always with the exchange of information among professionals and the elaboration of a schedule of action for executing the subsequent stages.

This stage offered a space that allowed the discussion on problem-solving topics, with a view to understanding the reality experienced by the patient.

In another experiment mentioned in the literature, the gatherings with the team were held once a week, besides informal meetings in the units. The cases in progression, the encountered difficulties and the implemented or required solutions were presented during the meetings.²

After discussing the case and preparing the schedule of action, each professional developed its plan of action according to what was discussed among team members. This plan of action requires an interdisciplinary work, an interaction among the professionals involved in the health-disease process, in order to overcome the fragmentation of care and allow the discussion about problems-solving topics, with a view to understanding the reality experienced by the patient.³

♦ The meeting with the relatives

Meetings with relatives were planned in order to strengthen the relationship between

residents and family members of patients and transmit what would be executed during the preparation for the hospital discharge. They happened at the hospital itself during the patient's hospitalization, where we sought to gather as many relatives as possible.

At this stage, information about the pathology of the patient, the possible prognosis, the main care shares to be performed in the home environment were conveyed, according to patient's need, and about how to perform them; the importance of a family member in the preparation and accomplishment of care shares in the home environment, the supportive groups and the resources existing in the community and psychological orientations. At the end of these meetings, which had form of conversation, because it was believed that, in that way, family members could feel more comfortable in relation to the team, a space was opened for them to clarify their doubts.

This is a space of education that breaks with the traditional educational approach based on the reproductive method of producing significant limitations and of modeling of standardized behaviors, without questioning the circumstances in which the problem-situations take place. Thus, it is an approach of health education of the teaching-learning process aimed at promoting health based on reality and on the expectations of patients' relatives, so one can prioritize the actual needs, thereby valuing existing knowledge, experiences and expectations, in addition to recognizing them as agents capable of contributing to changes.⁸

◆ Home visit

Home visit is an activity that usually does not occur in tertiary health care services, but the residents realized the need to perform this procedure in order to achieve continuity and comprehensiveness of care shares. It allows knowing the reality, exchanging information with patients' relatives and, therefore, helping to build a closer family intervention project. It works as a factor that makes the health care teams get closer to the patients' families. It is a practice that allows building links, since it provides fruitful environment and emotional time for conducting a more humanized care, which goes beyond the guidelines, with the purpose of promoting health and quality of life.⁹

Through home visits, the conditions of the home environment to which the patient would be taken after discharge were analyzed, mainly the ones related to accessibility, in addition to verifying life conditions of the patient, its family members and community at

large. It is known how difficult and often impossible is to make architectural changes necessary for receiving a patient, but some guidelines and suggestions for amendments were transmitted in line with the realized actual financial condition.

The visit also allowed the referral of the patient to supportive networks, home care programs and outpatient-related health programs existing in the health care network and counter-reference to the primary health care. It is important that health professionals, in addition to providing support to patients and families during the hospitalization process, realize the importance of other components of the support network, so that, together, health practitioners can strengthen their actions for the well-being of families and individuals.¹⁰

At this stage, the aim was sought to reaffirm the importance of the family members, who would become informal caregivers in the rehabilitation process of patients. By guiding the individual to care for others, one cannot neglect the care of itself. It is known that these care shares are often characterized as a burden and that can generate various misfortunes, such as fatigue, stress and careless of itself. These factors can adversely affect the rehabilitation, thereby hampering the assistance provided by the caregiver. Before this fact and knowing that the caregivers will assume the care shares, it is necessary that professionals promote strategies that enable the involvement of health care providers, family members and patients in the stage of preparation for the hospital discharge and the home care procedures, besides the development of a holistic care focused on beneficence and promotion of autonomy and independence of the human being.¹¹

◆ Training of patients and relatives, psychological listening and social orientations

This stage is the central and basic step in the preparation for discharge, since it was the moment in which the plan of action of each professional was executed and the patients and families were guided and trained about the necessary care shares to be performed within the home environment. The provision of information was the basic intervention at this stage.¹²

The main transmitted guidelines and trainings were: nutrition guidelines, accomplishment of self-made diet, guidelines about the care with medications to be administered in the home environment, care with hygiene, skin, nasoenteral probe and

tracheostomy, training of mobilizations, functional transfers, tracheostomy aspiration, completion of intermittent bladder catheterization and management with nasoenteral probe. The psychological listening and the social guidelines, the first one conducted by the psychologist and later conveyed by the social worker, were also performed during this period.

This step was conducted in the most possible didactic way so that the transmitted information were absorbed and used later. Fundamentally necessary situations were addressed and in accordance with the actual patient’s needs, in addition to being in line with the feasibility for being performed, because the act of teaching requires a certain degree of understanding in relation to the possibilities to perform the care shares. This attitude becomes a crucial action to provide effective care.²

◆ **Distribution of didactic material**

At the end of this whole process, customized didactic booklets were prepared to be distributed. These booklets showed the most important information transmitted during the previous stage. Their use has proved to be of fundamental importance in the preparation, because the way in which the information is provided and the resources are used can assist in the seizure of their contents and foster the satisfaction towards the process.¹²

The distribution of booklets is a resource that improves the fixation of the transmitted content and, moreover, serves to subsequent consultation in case of doubts throughout the development of care shares, both by the patient and by the family member, when they are within the home environment. It is a tool that contributes to self-care and must present guidelines in a succinct and clear manner, besides an accessible parlance, images, and suitable layout.

◆ **Assessment of the health status after hospital discharge**

Finally, this last step is presented, which consists in verifying the effectiveness of the process. Patients and their relatives are key elements to the assessment, through the satisfaction or dissatisfaction with the activities. Satisfaction refers to an assessment based on cognitive and affective reactions towards the structure, process and outcomes of health care services.

Thus, it was verified, through the report of patient and their relatives, the satisfaction with the preparation, but there are no indicators to effectively conduct this assessment. Accordingly, at this stage, it was

realized the necessity of the existence and measurement of indicators and the development of an instrument that could be used for this purpose. Furthermore, an assessment needs to be performed and added to the steps so that the final assessment is performed in comparison with the initial assessment. It is also important having an assessment on the part of the professionals themselves involved in the process.²

CONCLUSION

The experience has provided a space for the interdisciplinary action of residents. Its systematization, through organized stages, allowed greater interaction among them, patients and patients’ families. This tightening of bonds sought to empower them, by seeking to make them able to deal with the limitations imposed by the disease and encouraging the co-responsibility, which turns him into stakeholders, together with the multiprofessional team, of decision-making process about health problems and disorders.

The action in the preparation for the hospital discharge must not be conducted in any form and needs planning and systematization in order to assist the team in the execution of the process, organization of steps to be followed, promotion of a safe transfer of the patient, prevention of difficulties for patients and their relatives, thereby preventing eventual readmissions, which results in lower costs for the health care system and, especially, in the warranty of continuity of care shares.

The report of experiences in the preparation for the hospital discharge assists health care professionals to guide their actions, especially when its steps are described and detailed. It is important that the opportunities with this plan of action are multiplied and experienced by other health care services with sights to meet the demands of neurosurgical patients and their families and contribute to build a care model based on principles and guidelines of the Brazilian Unified Health System.

ACKNOWLEDGEMENTS

The authors of this manuscript would like to thank all patients, their respective family members, our colleagues and resident friends and the tutorship of the first class of Health Multidisciplinary Residency from the Amazonas State, who have contributed to this experience.

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Sousa ETG de, Maia DB, Aires Neto WZ et al.

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Submission: 2013/07/11
Accepted: 2013/09/19
Publishing: 2013/01/01

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