Purpose
The purpose of the DNP project was to implement a standardized discharge education pathway/model for hospitalized pediatric patients with renal disease who are at risk for readmission. The specific aim of the project was to improve patient and family satisfaction with readiness for discharge, decrease length of stay, and decrease 30-day readmission rates among children and adolescents with renal diagnoses.

Background
Adequately preparing pediatric patients with renal disease and their families for transitions from hospital to home is essential to ensure optimal health outcomes (Weiss, et al., 2008). There are significant implications for patients who are not educated on the complexity of their disease process. Hospitals should implement strategies and programs to improve care coordination across the continuum, and standardize discharge education and processes to prepare patients and families with the adequate knowledge and skills required to care for themselves post-hospitalization.

Methodology
The Kellogg Foundation Logic Model and Plan Do Study Act (PDSA) rapid cycle improvement models were utilized for this project. Utilizing an interdisciplinary project team a standardized discharge pathway was developed and implemented for patients diagnosed with nephrosis and nephritis.

Results
Through the implementation of the standardized discharge education pathway, length of stay was reduced from 5.44 to 5.10 days (6.3%), readmissions decreased by 26% (23% to 17%), and patient satisfaction related to discharge increased by 9% (81.2% to 88.2%).

Implications
The implementation of a standardized discharge pathway on hospitalized pediatric patients with renal disease yields positive patient outcomes related to decreased length of stay, decreased readmission rates, and increased patient experience.