Risk Objective Assessment for Discharge (ROAD)

“Evidence and Tools from a Literature Review”

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Today's Presentation

• Introducing my journey in context of research
• Canter through my Literature Review
• Bite sized chunks of the findings
• The evidence and tools
• Where next
The context of research & role

- Education, training and curriculum development
- Leadership
- Research development
- Expert clinical
- Service developments
- Practice development
NIHR Fellowships 2014

- Clinical Only: 37%
- PhD: 16%
- Clinical Academic: 8%
- External Research Fellowship (not NIHR): 28%
- NIHR Training Award: 7%
- MD: 1%
- Academic: 1%

[Heart of England NHS Foundation Trust]
The Fellowship

• Full time Fellowship
• 3 years
• Supervised by Professor Ann Caress and Janelle Yorke
• University of Manchester
• Aimed at Clinical Academic Career
Discharge planning: can my study make things better?
An improvement on this!
Early research thoughts

The systematic use of a standardised patient risk assessment tool for discharge planning will improve;
‘the identification, assessment and reassessment of patients’ discharge issues - prior to discharge; reduce failed discharges/readmissions and lengths of stay in hospital’
Initial Research Aims

1. To robustly develop items required for a discharge assessment tool (risk assessment/screening).
2. Conduct small scale feasibility testing in acute practice areas.
3. Refine the tool in line with patient experience and the hospital discharge process.
4. Conduct large RCT – following above tests.
Literature Review Questions

1. What national policy currently exists to guide discharge planning assessments?

2. What is the discharge process used in emergency care to assess a patient's needs prior to discharge?

3. What, if any, risk tools exist to identify and assess discharge needs for patients being admitted to emergency care?

4. What is known about the issues related to the use of discharge planning tools?
Policy Review

- England
- Ireland
- Scotland
- Wales
You were right: There's a needle in this haystack...
Risk as a phenomena

• Span enormous breadth of interrelated topics

"Risk is a characteristic or set of characteristics that are assessed as being risky if they are perceived as likely to impede discharge planning or result in an unwanted outcome post discharge"....
Scope of Risk Assessment

1. Risk and readmissions
2. Risk and extended length of stay
3. Risk and resources post discharge
4. Risk and adverse outcomes (ex readmissions)
5. Risk and identification of discharge planning needs
Inclusion & exclusion of literature

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
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<tbody>
<tr>
<td>Patients in acute environment requiring discharge from hospital</td>
<td>Not used in acute clinical area</td>
</tr>
<tr>
<td>To identify items of risk to assist planning of discharge</td>
<td>Another focus of risk; readmissions, general nursing assessments</td>
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<tr>
<td>Aimed at reducing length of stay</td>
<td>Functional decline</td>
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<tr>
<td>Improving quality of assessment of risk for discharge</td>
<td>Needs post discharge (assessment of services)</td>
</tr>
<tr>
<td>Risk tool must be in use</td>
<td>Tool in in continued development</td>
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Key occupants of the literature

**Key developers:**
- USA – Pennsylvania (Holland & Bowles)
- Hong Kong (authors Yam & Wong)

**Key followers:**
- Australia (Graham)
- Canada (Vancouver followers)

**Key implementer:**
- Australia
Risk tools*

- Tools in evolution since 1998 arising from USA
- PRA – Priority Risk Assessment
- UNAI – Uniform Needs Assessment Instrument (33 questions, 5 pages)
- Gradually been reduced to 4 core questions
- DRS – Discharge Risk Screening
- Implemented (badly) in Australia
- Sensitivity to respond to identified risk items

NB: *specifically in relation to risk tools & planning for discharge
As a Scholar, in practice!

That discharge planning has become a managed activity which has far too much emphasis on ‘the organization’, ‘beds’ and ‘capacity’ .... And ‘push’ and ‘pull’ mentality. Missing patient and carer perceived needs to form a realistic discharge plan. We must focus upon assessment skills.
What were the items on the tool?

Issues with tools, in general:

1. The transferability of the tool
2. The specificity and sensitivity of items
3. The lack of reassessment
4. Staff compliance
Where next?

- Exploratory Case Study Methodology (Yin, 2009)
- Aim: To understand issues within an Acute Medicine Unit that would affect compliance in the implementation of a risk assessment tool (ROAD)

Units of analysis
1. Staff with staff interactions
2. Staff and patient interactions
3. Patient and carer interactions
4. Management and staff interactions
Jimmy, Answer me!! Please!
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