

# Discharge Planning: getting it right

*ROAD: “Risk Objective Assessment for Discharge”*

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# Today's Presentation

- Provide a brief update of my research since Jan 2014
- Presented in Brighton in October 2014, Sydney June 2015.
- Build a picture of what the elements of discharge planning are: getting it right in an AMU

# My Award

- NIHR
- CDR Fellowship
- 3 years full time
- PhD
- Manchester
- Lectures: Sydney, USA, Hong Kong 2015

# What does my research involve?

1. Literature review
2. Policy Scoping review
3. Visits to small, medium, large AMUs
4. Documentary Analysis
5. Data collection from 21 subscribed AMUs
6. Interviews with patients & carers
7. Focus Groups with staff
8. Observation of process & contingents

# What is discharge planning

## PATIENT DISCHARGE

“The administrative process of discharging the patient, live or dead from Hospitals or other health facilities”

The US National Library of Medicine, (2005:2014)

# Discharge planning: What is the Problem in AMU?



# Research aims

1. To strengthen the evidence base for discharge planning in AMUs:
2. To explore and understand the feasibility issues & contingencies that surround discharge practice and process:
3. To explore the possibility of introducing discharge risk screening, in an AMU setting.

# Documentary Analysis

Tool used (NHSLA): Policy, Process, People, Plan

Ops Policy – map policy elements, if any

e.g. all patients given TTOs prior to discharge, transport will be arranged etc, etc

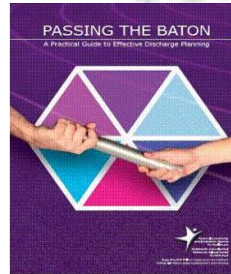
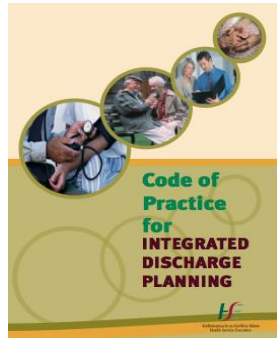
Process – in what order, will what happen?

People – who will be doing what?

Plan – is it a plan or a list of actions without a plan



# Policy Review: Results



# Suggestions: Bespoke elements

Homelessness (new/recent)

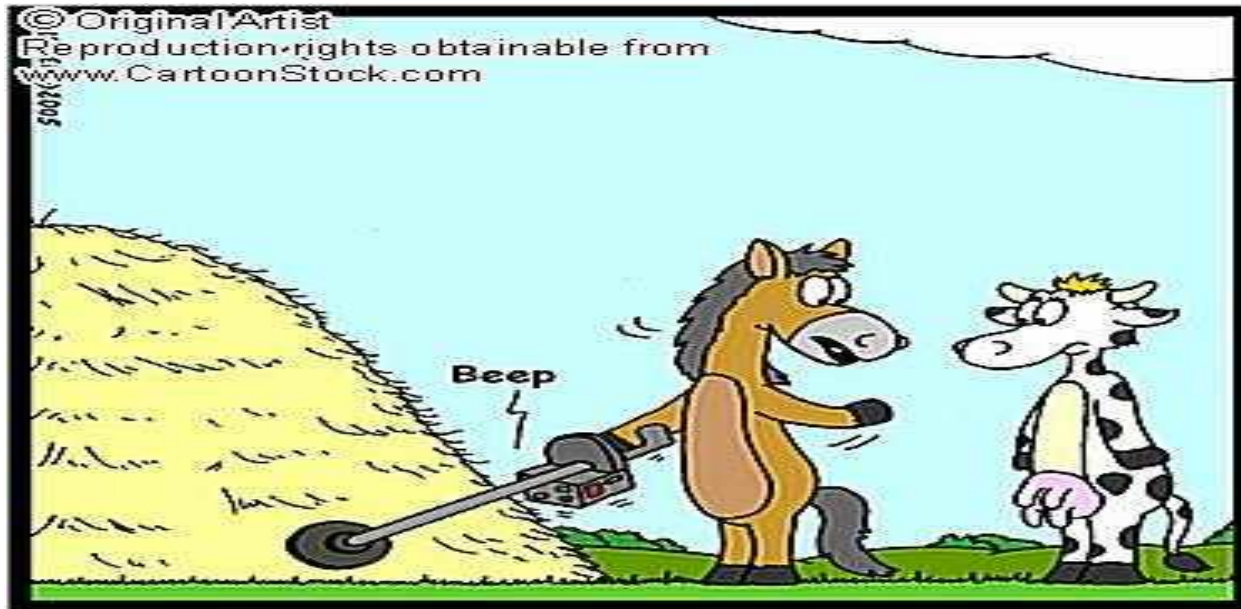
Cognitive impairment (unmanaged)

Change of circumstances (carer)

Discussion of EDD is imperative

Comprehensive geriatric assessment

# Discharge risk assessment tools: Results



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You were right: There's a needle in this haystack...

# Risk tools

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

# What were the issues?

1. The transferability of tools
2. The specificity and sensitivity of items
3. The lack of follow on reassessment
4. Staff compliance

# Early findings (interviews)

- Established carers (partners etc) are not involved in planning of discharge.
- “expectant” ... return to same ....
- “passed on” ... not owned by AMU ...
- “unclear how to get help” ..
- “questions, but don’t want to listen to answers”
- “Not Jointly arrived at”

# Why the theory is important

## Critical realism (Sayer, 2002)

- Internal relationships
- Contingent relationships
- Causality
- Disciplinary parochialism

# Overall Summary of findings

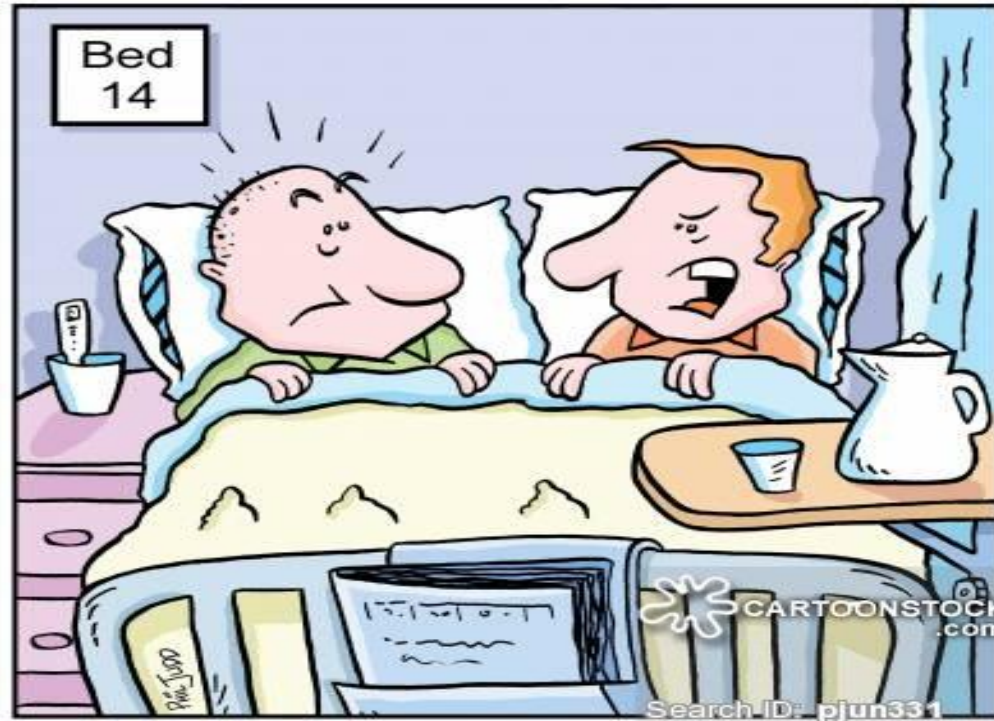
- Discharge policies rarely ever relate to AMU, CDU, Short Stay areas.
- Cross analysis of national policy reveals elements that could/should be incorporated.
- Risk assessment is often from an organizational perspective
- Contingents are major de-railers



# Getting it right in AMU

- Assess your current process using the bespoke (adapted discharge process)
- Understand which elements are 'custom & practice' – accepted/embedded
- Uncover which elements are not used and why
- Think about how you could incorporate the elements
- Consider what your Carers might say!

# Questions



"Don't look at me! You're meant to be discharged!"