Welcome to the third bulletin on Discharge Planning being produced by the HEFT Library Services. This bulletin is produced to support VITAL for Nurses core skills programme developed in the Trust. This issue will highlight evidence published in the previous four weeks. Full text articles can be accessed with your HEFT Athens ID.

Admission prevention
Nothing to report

Bed management
Nothing to report

Capacity planning
Nothing to report

Discharge coordination

The SignOut Discharge Summary System: using workflow byproducts to pre-populate and assemble discharge summaries
Multiple studies demonstrate that discharge summaries, a means of improving information exchange between inpatient and outpatient providers, are frequently not available to the outpatient provider at the time of the post discharge visit. This paper highlights a web-based solution for generating discharge summaries. Citation: Studies in Health Technology & Informatics, 2011, vol./is. 164/(25-31), Author(s): Kannry J, Bilumane P, Goldenberg J

Management of patients with Stroke: REDS (Reach Early Discharge Scheme)
The aim of this initiative was to discharge patients, post stroke, within 24 hours. The Stroke REACH Early Discharge Scheme (Stroke REDS) is a specialist interdisciplinary team that can assess, facilitate and complete the discharge of patients post stroke, within 24 hours (sometimes same day) from receipt of referral. Publisher: NHS Camden Provider Services. Source: QIPP-NHS Evidence Publication Date: 23 June 2011 Full text: Available in fulltext at http://tiny.cc/2cthx

Discharge process
Survey of current pre-discharge home visiting practices of occupational therapists

Discharge planning frequently involves occupational therapy pre-discharge home visiting as one component of intervention. Pre-discharge home visits aim to maximise a person's functional performance, bridging the transition between hospital and home. The aim of this study was to describe the pre-discharge home visiting practices of occupational therapy departments. Citation: Australian Occupational Therapy Journal, 01 June 2011, vol./is. 58/3(172-177), 00450766 Author(s): Lannin, Natasha A., Clemson, Lindy, McCluskey, Annie

A consensus on stroke: early supported discharge

This article highlights the efforts to create a consensus document that can be used by commissioners and service providers in implementing ESD services. Citation: Stroke, May 2011, vol./is. 42/5(1392-7), 0039-2499;1524-4628 (2011 May) Author(s): Fisher RJ, Gaynor C, Kerr M, Langhorne P, Anderson C, Bautz-Holter E, Indredavik B, Mayo NE, Power M, Rodgers H, Ronning OM, Widen Holmqvist L, Wolfe CD, Walker MF. Full Text: Available in fulltext at Ovid

The FIMTM as a measure of change in function after discharge from inpatient rehabilitation: a Canadian perspective

The purpose of this research was to examine the FIMTM as an outcome measure at follow-up following discharge from inpatient rehabilitation. Citation: Disability & Rehabilitation, 2011, vol./is. 33/7(579-88), Author(s): Passalent LA, Tyas JE, Jaglal SB, Cott CA

Education and practice

Nothing to report

Estimating dates for discharge

Association of door-in to door-out time with reperfusion delays and outcomes among patients transferred for primary percutaneous coronary intervention

Citation: JAMA, June 2011, vol./is. 305/24(2540-7) Author(s): Wang TY, Nallamothu BK, Krumholz HM, Li S, Roe MT, Jollis JG, Jacobs AK, Holmes DR, Peterson ED, Ting HH The aim of this study was to characterize time to reperfusion and patient outcomes associated with a DIDO (Door-in to door-out) time of 30 minutes or less.

Multidisciplinary team discharges

Nothing to report

Nurse-led discharge

"Sign right here and you're good to go": a content analysis of audiotaped emergency department discharge instructions

The goal of this study is to quantitatively and qualitatively assess the quality and content of verbal discharge instructions at 2 emergency departments (EDs). Citation: Annals of Emergency Medicine, April 2011, vol./is. 57/4(315-322.e1), 0196-0644;1097-6760 (2011 Apr) Author(s): Vashi A, Rhodes KV. Full Text: Available in fulltext at MD Consult; Note: You will need to register (free of charge) with MD Consult the first time you use it.
Patient centred discharges
Nothing to report

Simple discharges and Complex discharges

Accumulated frailty characteristics predict postoperative discharge institutionalization in the geriatric patient
Discharge institutionalization (rather than discharge to home) represents disease burden and functional dependence after hospitalization. The aim of this study was to determine the relationship between frailty and need for postoperative discharge institutionalization. Citation: Journal of the American College of Surgeons, July 2011, vol./is. 213/1(37-42), 1072-7515;1879-1190 (July 2011) Author(s): Robinson T.N., Wallace J.I., Wu D.S., Wiktor A., Pointer L.F., Pfister S.M., Sharp T.J., Buckley M.J., Moss M. Full Text: Available in fulltext at MD Consult; Note: You will need to register (free of charge) with MD Consult the first time you use it.

Prognostic prediction in patients with hip fracture: Risk factors predicting difficulties with discharge to own home
Little is known about risk factors that may prevent hip fracture patients from being discharged to home. The present study aimed to investigate possible prognostic factors. Citation: Journal of Orthopaedics and Traumatology, June 2011, vol./is. 12/2(77-80) Author(s): Hagino T., Ochiai S., Sato E., Watanabe Y., Senga S., Haro H.

Postoperative disposition and health services use in elderly patients undergoing colorectal cancer surgery: a population-based study
Citation: Surgery, May 2011, vol./is. 149/5(705-12), 0039-6060;1532-7361 (2011 May) Author(s): Devon KM, Urbach DR, McLeod RS The objective of this study was to describe the disposition and resource use of Ontario’s elderly population undergoing colorectal cancer operations as well as to identify predictors of outcomes using population-based data. It found that elderly patients require more support; therefore, discharge planning should be part of preoperative assessment and discussions.

NB: Multiple sources – websites, journals and healthcare databases – have been searched for evidence published in the last four weeks are identified and highlighted here. For a detailed list of sources that have been scanned, please contact Preeti.Puligari@heartofengland.nhs.uk or ext 47836 (Good Hope Hospital)

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