Welcome to the first bulletin on Discharge Planning being produced by the HEFT Library Services with support from Liz Lees, Consultant Nurse at HEFT. This bulletin is produced to support VITAL for Nurses core skills programme developed in the Trust. This first issue will highlight the core documents on Discharge planning that have been produced in the past and are still highly relevant. Monthly updates from June 2011 will feature evidence published in the previous four weeks. Full text articles can be accessed via your HEFT Athens ID.

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Core Documents


Prevention Package for Older People Resources. Department of Health, March 2010. This is a suite of downloadable resources designed to support PCTs, SHAs and Local Authorities in prioritising and commissioning services that support health and well being of older people.

Nursing and Midwifery Council – Guidance for Older People on Discharge Planning. Healthcare Inspectorate Wales, March 2010. The guidance is a review of arrangements in place across the Welsh National Health Service.
Achieving timely ‘simple’ discharge from hospital: A toolkit for the multi-disciplinary team Department of Health, August 2004. The toolkit focuses on the practical steps that health and social care professionals can take to improve discharge.


Admission prevention

Reducing hospital readmissions - Lessons from top-performing hospitals The Commonwealth Fund April 2011
Three unusual ways to reduce A&E admissions Practical Commissioning April 2011
Interventions to reduce hospitalizations from nursing homes: Evaluation of the INTERACT II collaborative quality improvement project Joseph G. Ouslander, et al. The Commonwealth Fund April 2011

Bed management

Title: Perceptions of a 'virtual' acute admission unit.
Citation: Emergency Nurse, December 2010, vol./is. 18/8(12-7), 1354-5752 (2010 Dec)
Author(s): van der Linden, C, van der Linden, N, Lindeboom, R
Abstract: System of bed management developed at a medical centre in the Netherlands, designed to ease overcrowding in the emergency department by means of a virtual acute admission unit (VAAU). Full Text: Available in fulltext at EBSCO Host Available in fulltext at ProQuest (Legacy Platform)

Title: Smoothing inpatient discharges decreases emergency department congestion: A system dynamics simulation model
Citation: Emergency Medicine Journal, August 2010, vol./is. 27/8(593-598), 1472-0205;1472-0213 (August 2010) Author(s): Wong H.J., Wu R.C., Caesar M., Abrams H., Morra D.
Abstract: To evaluate the daily number of ED beds occupied by inpatients after evenly distributing inpatient discharges over the course of the week using a computer simulation model. Full Text: Available in fulltext at Highwire Press
**Capacity planning**

**Title:** Collaboration on capacity management.

**Citation:** Hospital Case Management, 01 September 2010, vol./is. 18/9(140-142), 10870652

**Full Text:** Available in fulltext at EBSCO Host Available in fulltext at ProQuest (Legacy Platform)

**Title:** Towards effective capacity planning in a perinatal network centre

**Citation:** Archives of Disease in Childhood: Fetal and Neonatal Edition, July 2010, vol./is. 95/4(F283-F287), 1359-2998;1468-2052 (July 2010) **Author(s):** Asaduzzaman Md., Chausalet T.J., Adeyemi S., Chahed S., Hawdon J., Wood D., Robertson N.J.

**Abstract:** To study the arrival pattern and length of stay (LoS) in a neonatal intensive care/high dependency unit (NICU/HDU) and special care baby unit (SCBU) and the impact of capacity shortage in a perinatal network centre, and to provide an analytical model for improving capacity planning. **Full Text:** Available in fulltext at Highwire Press

**Title:** Critical path network. Bed capacity project reduces discharge, ED delays

**Citation:** Hospital case management : the monthly update on hospital-based care planning and critical paths, July 2010, vol./is. 18/7(103-105), 1087-0652 (Jul 2010) **Full Text:** Available in fulltext at EBSCO Host Available in fulltext at ProQuest (Legacy Platform)

**Discharge coordination**

**Title:** Standardizing hospital discharge planning at the Mayo Clinic.

**Citation:** Joint Commission Journal on Quality & Patient Safety, 01 January 2011, vol./is. 37/1(29-36), **Author(s):** Holland, Diane E., Hemann, Michele A.

**Abstract:** Improving the quality of patient coordination in the transition from hospital to home is a high-priority health care concern. The successes of the standardization of DP processes and improved multidisciplinary teamwork were important considerations for implementation throughout the organization.

**Discharge process**

*Rapid Impact Assessment of The Productive Ward: Releasing time to care*

Based on in-depth case studies conducted with acute trusts in England, the Rapid Impact Assessment explores the efficiency and productivity improvements the programme can make across the NHS NHS England by 2014.

Download the results as an Executive Summary (183.70 KB) or full report (2.41 MB).

**Title:** An integrated review of the literature on challenges confronting the acute care staff nurse in discharge planning.

**Citation:** Journal of Clinical Nursing, 01 March 2011, vol./is. 20/5/6(754-774), 09621067

**Author(s):** Nosbusch, Jane M, Weiss, Marianne E, Bobay, Kathleen L

**Abstract:** This integrative review presents and synthesises previous research investigating practices, perceptions and experiences of bedside staff nurses relative to hospital discharge planning.
Title: A unit-coordinator system: an effective method of reducing inappropriate hospital stays.
Citation: Int Nursing Review, March 2011, vol./is. 58/1(96-102), 0020-8132 (2011 Mar)
Author(s): Yu, S, Ko, I, Lee, S
Abstract: Research in Korea into the effectiveness of a unit-coordinator system combined with primary nursing as a way of reducing inappropriate hospital stays.

Title: The high impact actions for nursing and midwifery 8: ready to go -- no delays... last in our series.
Citation: Nursing Times, 31 August 2010, vol./is. 106/34(16-17), 09547762
Author(s): Ward L, Fenton K, Maher L
Abstract: This article, the last in our series on the high impact actions for nursing and midwifery, looks at how nursing staff can respond to the issue of discharge planning. Full Text: Available in fulltext at Ovid

Title: Case management accountability for safe, smooth, and sustained transitions: a plea for building "wrap-around" case management services now.
Citation: Professional Case Management, 01 July 2010, vol./is. 15/4(188-201), 19328087
Author(s): Zander K
Abstract: The purpose is to encourage hospital administrations to address readmissions immediately and to restructure and significantly enhance case management services once and for all so that they can provide a "wraparound" service for the full clinical course from admission to transition for all patients and families.

**Education and Practice**

Title: Developing discharge practice through education: module development, delivery and outcomes.
Citation: Nurse Education in Practice, 01 July 2010, vol./is. 10/4(210-215), 14715953
Author(s): Lees L, Price D, Andrews A
Abstract: To support nurses in practice a part time, post registration discharge practice education module was developed entitled Facilitating Timely Patient Discharge. It was the first of its kind to be accredited at degree level (level 6) during 2006. University evaluation of the module involved an academic assignment based on a 3000 word case study. Projects in practice were integrated to enable the students to apply theories to clinical practice. This aspect was driven by an organisational impetus to demonstrate learning back in practice to the benefit of Heart of England Foundation Trust (HEFT). Full Text: Available in fulltext at Elsevier; Note: You will need to register (free of charge) with Science Direct the first time you use it.

**Estimating dates for discharge**

Title: Patient recovery scheme cuts hospital stay in half.
Citation: Nursing Times, April 2010, vol./is. 106/15(1), 0954-7762 (2010 20 Apr)
Author(s): Santry, C
Abstract: Report of a scheme to improve postoperative care and reduce time spent in hospital. The nurse-led enhanced recovery model, which involves hospital nurses rather than GPs monitoring patients after discharge, is described and the benefits for costs and patient care are discussed. Full Text: Available in fulltext at Ovid
Title: The enhanced recovery programme for stoma patients: an audit.
Citation: Br J Nursing, July 2010, vol./is. 19/13(831-4), 0966-0461 (2010 8 Jul) Author(s): Bryan, S, Dukes, S
Abstract: Audit of the enhanced recovery programme used by a multidisciplinary team in a Salisbury hospital for patients undergoing colorectal surgery with a stoma, to reduce the time before discharge. Education for practice change, patient support and audit procedures for 60 patients are described and discharge times and patient satisfaction are considered. Full Text: Available in fulltext at EBSCO Host

Title: Patient recovery scheme cuts hospital stay in half.
Citation: Nursing Times, April 2010, vol./is. 106/15(1), 0954-7762 (2010 20 Apr) Author(s): Santry, C
Abstract: Report of a scheme to improve postoperative care and reduce time spent in hospital. The nurse-led enhanced recovery model, which involves hospital nurses rather than GPs monitoring patients after discharge, is described and the benefits for costs and patient care are discussed. Full Text: Available in fulltext at Ovid

**Multidisciplinary team discharges**

Title: A cure for bed blocking.
Citation: Community Care, February 2011(22-4), 0307-5508 (2011 10 Feb) Author(s): Dunning, J
Abstract: How joint working between health and social care services in Portsmouth has reduced hospital discharge delays. Full Text: Available in fulltext at EBSCO Host

Title: Introduction of a multidisciplinary discharge planning meeting in the inpatient oncology unit at Maroondah hospital
Citation: Asia-Pacific Journal of Clinical Oncology, November 2010, vol./is. 6/(190), 1743-7555 (November 2010) Author(s): Birkenfelds A., Arnold M. Abstract: It was anticipated that the introduction of a dedicated oncology multidisciplinary discharge planning meeting (MDPM) would support patient discharge documentation, improve timeliness of inpatient allied health referrals and reduce patient length of stay (LOS).

Title: Discharge plan reduces LOS for long-stay patients.
Citation: Hospital Case Management, 01 April 2010, vol./is. 18/4(54-56), 10870652
Abstract: Planning starts early after admission.
Full Text: Available in fulltext at EBSCO Host Available in fulltext at ProQuest (Legacy Platform)

**Nurse-led discharge**

Title: Nurse-led discharge.
Citation: Nursing Management UK, December 2010, vol./is. 17/8(26-7), 1354-5760 (2010 Dec) Author(s): Page, C Abstract: The advantages of a nurse-led discharge process. The development and introduction of a nurse-led discharge process in the ambulatory care unit at Milton Keynes Hospital are described, and the extended role of the nurses in the unit is discussed. The benefits, including a reduction in costs and an improved patient experience,
are highlighted. **Full Text:** Available in *fulltext* at EBSCO Host Available in *fulltext* at EBSCO Host Available in *fulltext* at ProQuest (Legacy Platform)

**Title:** Evaluation of the transitional care model in chronic heart failure.
**Citation:** Br J Nursing, December 2010, vol./is. 19/22(1402-7), 0966-0461 (2010 9 Dec)
**Author(s):** Williams, G, Akroyd, K, Burke, L
**Abstract:** Research into the effect of a nurse-led transitional care service on readmissions in patients with chronic heart failure. The intervention is described and readmission rates, length of stay and patient satisfaction with care and information provided are considered. **Full Text:** Available in *fulltext* at EBSCO Host

**Title:** Health-related quality of life in patients undergoing peritoneal dialysis: effects of a nurse-led case management programme.
**Citation:** J Advanced Nursing, August 2010, vol./is. 66/8(1780-92), 0309-2402 (2010 Aug)
**Author(s):** Chow, S, Wong, F
**Abstract:** Research by randomised controlled trial in Hong Kong to evaluate use of case management programme in improving quality of life for peritoneal dialysis patients. The nurse-led programme involving a discharge plan, predischarge comprehensive assessment, patient education and motivational interview is described, including the 6-week nurse-initiated telephone intervention. Quality of life assessments at regular intervals in the programme are reported. **Full Text:** Available in *fulltext* at Ovid

**Title:** High impact actions: discharge planning.
**Citation:** Nursing Management UK, June 2010, vol./is. 17/3(12-6), 1354-5760 (2010 Jun)
**Author(s):** Wagstaff, N, Butler, J, Kalanovic, S
**Abstract:** 1st in a series on the NHS Institute for Innovation and Improvement publication 'High Impact Actions for Nursing and Midwifery', focusing on nurse-led initiatives that have improved patient discharge arrangements. Senior nurses from Homerton University Hospital, London, Stockport NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust describe how delays and lengths of stay in hospital have been reduced. 5 refs. **Full Text:** Available in *fulltext* at EBSCO Host Available in *fulltext* at EBSCO Host Available in *fulltext* at ProQuest (Legacy Platform)

**Patient centred discharges**

**Title:** Patients' perceptions of early supported discharge for chronic obstructive pulmonary disease: a qualitative study.
**Citation:** Quality & Safety in Health Care, 01 April 2010, vol./is. 19/2(95-98), 14753898
**Author(s):** Clarke A, Sohanpal R, Wilson G, Taylor S
**Abstract:** To explore patients' views of an early supported discharge service for chronic obstructive pulmonary disease (COPD).

**Simple discharges and complex discharges**

**Title:** Creating an agreed discharge: discharge planning for clients with high care needs.
**Citation:** J Clinical Nursing, February 2011, vol./is. 20/3-4(444-53), 0962-1067 (2011 Feb)
**Author(s):** Tomura, H, Yamamoto-Mitani, N, Nagata, S
**Abstract:** Qualitative research in Japan examining discharge nurses' experiences of planning the hospital discharge of a patient with acute care requirements.
Title: Supporting patients with enterocutaneous fistula: from hospital to home.
Citation: Br J Community Nursing, February 2011, vol./is. 16/2(66-73), 1462-4753 (2011 Feb)
Author(s): Slater, R
Abstract: Discussion of the management of patients with enterocutaneous fistula (ECF) who require long-term care in the community. Full Text: Available in fulltext at EBSCO Host

Title: Why do patients with complex palliative care needs experience delayed hospital discharge?
Citation: Nursing Times, June 2010, vol./is. 106/25(15-7), 0954-7762 (2010 29 Jun)
Author(s): Thomas, C, Ramcharan, A
Abstract: Clinical audit of discharge delays experienced by palliative care patients with complex needs. Length of time between proposed and actual date of discharge was also determined and recommendations for improvements are made. Full Text: Available in fulltext at Ovid

Title: A unit-localized hospitalist system and its impact on patients requiring complex discharge planning
Citation: Journal of General Internal Medicine, June 2010, vol./is. 25/(S216), 0884-8734 (June 2010)
Author(s): Shaines M., Southern W.
Abstract: A unit-localized hospitalist system had no overall effect on a patient's discharge time of day or LOS, but did significantly impact LOS in those patients with the most complex discharge planning.

Title: Dealing with short discharge opportunities.
Citation: Healthcare Benchmarks & Quality Improvement, 01 June 2010, vol./is. 17/6(66-68), 15411052
Full Text: Available in fulltext at EBSCO Host Available in fulltext at ProQuest (Legacy Platform)

NB: Multiple sources – websites, journals and healthcare databases – have been searched for evidence published in the last one year i.e. April 2010 – April 2011 are identified and highlighted here. For a detailed list of sources that have been scanned, please contact Preeti.Puligari@heartofengland.nhs.uk

For more information on how to register for Athens, access the Athens Registration leaflet via HEFT Library website www.heftlibrary.nhs.uk

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