Addressing patient’s psychosocial needs during the discharge planning process

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What are the psychosocial needs of patients upon discharge?

Clients

Providers

Organization

Care Coordination

Shared decision making

Multidisciplinary teamwork

Team Reflection: What do we learn

Reflect own practices

Listen to discharge patient & carer’s voice

Engaging Stakeholders

Hosp. A (Mental)

Hosp. B (Stroke)

Hosp. C (OBS-Postnatal)

Hosp. D (COPD)

Hosp. E (Ca Breast)

Hosp. F (Paed Onco)
Reflection on own practices in 6 local hospitals (4 Public Hospitals, 2 Private Hospitals)

• Reflection on own practices in 6 local hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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</thead>
<tbody>
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<td>Social</td>
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<tr>
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<tr>
<td>Behavioral</td>
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Carve; Smith; Antoni; Petronis, & Weiss & Derhagopian, (2005).

• Simple discharge make up 80% of most hospital discharge (Lee, 2004)

• According to the statistics of 2008, total hospital discharge was 1,590,616. (Hospital Statistical Report 2008-2009). 20% of which accounted for 318,123 discharge of 2008.
Aims

To improve the process for discharge in addressing the psychosocial needs of patients and their caregivers for ongoing care

Objectives

1. A holistic framework will be developed for discharge planning and on-going care
2. Comprehensive strategies will be formulated to ensure better practice for discharge planning and on-going care
# Psychosocial needs of patients and caregiver identified (N=30)

<table>
<thead>
<tr>
<th>Psychosocial needs</th>
<th>No. of subjects (%)</th>
<th>Direct quotations from interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression, anxiety, or sad mood</td>
<td>10 (33%)</td>
<td>“I felt being abandoned after discharge” (Stroke patient)</td>
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<td></td>
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<td>“I felt unhappy after I knew that I had mental illness because I lost my job” (Psychiatric patient)</td>
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<td>Issues relating to past roles</td>
<td>5 (16.6%)</td>
<td>“I have difficulty in adapting the new life from hospital to home” (Stroke patient)</td>
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<tr>
<td>Changes in mood</td>
<td>8 (26.6%)</td>
<td>“As a woman, I cannot accept the surgery fully awake from the anesthesia. I then lost” (Breast Cancer patient)</td>
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<td>“Having a new baby is happy, but I turned to be depressed and angry when the baby cried and I failed to breastfeed him” (Post-natal mother)</td>
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<tr>
<td>Lack of initiative</td>
<td>15 (50%)</td>
<td>“I do not know whom I can seek help from in case of emergency when I face problem in home or in the community” (Stroke patient)</td>
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<td>“But him to get infection after discharge due to low body resistance &amp; symptoms” (Paed oncology patient)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Stroke</th>
<th>COPD</th>
<th>Paed (Oncology)</th>
<th>Ca Breast</th>
<th>Post Natal</th>
<th>Psychiatric Problem</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>20</td>
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<tr>
<td>Caregiver</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
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Areas of Improvement for Discharge Process

- No individuality of patient
- No continuous assessment on psychosocial, spiritual needs of patients especially for discharge home.
- Lack of awareness and involvement of healthcare professionals
- Lack of knowledge / experience for social rehabilitation concept
- Roles and contributions of nurses
Workshop on addressing patients’ psychosocial needs during hospitalization & discharge process

Workshop Content
1. Survey on nursing current practice
2. Sharing project aims and patient experience
3. Lecture on patient psychosocial experience
4. Open discussion on improving current practice
Review Existing Situation

Importance
- 74% practiced psychosocial assessment on discharge planning process.

Skill/Competence
- 77% claimed competent in identifying psychosocial needs.
- 81% claimed they can deal with clients’ psychosocial needs.

Existing situation
- 60% considered the current practice is adequate
- 78% confirmed lack of structured format in assessing psychosocial needs
Brainstorming in Open Discussion

- Work with “❤️”
- Discharge planning starts on admission.
- Essential activities: listen to patients, provide guidance & encouragement
- Discharge checklist & psychosocial assessment
- Post discharge support
Holistic Discharge Planning Framework

Health Care System

Care Provider

Caregivers

Client

Discharge Risk Assessment
Estimated Date of Discharge
Communication
Evaluation & Monitoring
Personalized Care Planning in Hospital Discharge

**Holistic Discharge Planning Strategies:**

1. Start on admission
2. Designated coordinator
3. Mutually agreed EDD
4. Review pre-discharge checklist
5. Multidisciplinary Case conference
6. Follow-up
7. Post discharge audit
Evaluation on the effectiveness of the project

• One week post discharge:
  – Client satisfaction (95% satisfied; 5% comment on waiting time for the logistics process)

• Quarterly Report on:
  – Phone enquiry after discharge around 1%
  – Readmission within 28 days < 2%

• Knowledge check on “Self care ability” on the first follow up improved from 60% to 85%
Sustainability

1. Disseminate the report at local/international conference by Jan 2011
2. Publish report in professional journal by Jan 2011
3. Recommend and participate in the nursing council for professional & policy development
4. Compare strategy with international standard such as NHS, ACHS
5. Bench marking: across hospitals
| 1. Stephanie: collaborative leadership |
| 2. Tany: Client focused               |
| 3. Ellen: Creativity                 |
| 4. Hoi: Team work                    |
| 5. Kylie: Motivation                 |
| 6. Stirling: Vision & being strategic |
| 7. Maggie: Involve key stakeholder   |
References:


