# Stop to Go Discharge Planning for the Older Patient

By Donna Auld

**Introduction:** New Zealand has an aging population that will be putting a strain on our health system, my literature research wanted to analyse the effectiveness of discharge planning and as to whether it was beneficial in reducing unnecessary readmission rates amongst the older adult.

Using a traffic light depicting the different stages of discharge planning I have highlighted the findings of the literature review that can be incorporated in practice to help streamline and reduce the readmission rate among the older adult patients

**Research Question : Can individualised discharge planning including collaborative care benefit the elderly assisting in enhanced recovery and can this relate to fewer hospital readmissions?**

## Recommendations for Practice:

### Assessment & Screening

- Comprehensive Geriatric assessment, screening for mobility, cognitive, ADL's and levels of independence. High risk patients can be flagged for resources to assist with discharge success
- Family/caregiver identified and involved in planning
- Individualised discharge planning begins taking into consideration the older patients set of medical, social and life circumstances

### Treatment

- Collaborative care involving the Multi Discipline Team creating an individualised care plan across all disciplines using a holistic patient centered approach
- Continued involvement of the family/caregiver
- Education with patient, family/caregiver around medication, signs & symptoms, care plan expectations, ADL's, falls risk and mobility

### Transition

- Individualised support services and equipment organised
- Home assessment if applicable
- Medication education, blister pack available
- Patient, family/caregiver familiar with discharge summary, goals and expectations within community (ie home or placement)

**Conclusion:** Individualised discharge planning for patients can be beneficial in reducing readmission rates among the older patients. Nurses are instrumental in all areas of discharge planning and work collaboratively as part of the Multi Discipline team, they are their patients advocate and are fundamental in the liaison with family/caregivers.

**References:**

Australian and New Zealand Society for Geriatric Medicine Position Statement No. 15 Discharge Planning. (2009). *Australasian Journal on Ageing*, *28*(3), 158-164. doi:10.1111/j.1741-6612.2009.00380.

Bauer, M., Fitzgerald, L., Haesler, E., & Manfrin, M. (2009). Hospital discharge planning for frail older people and their family. Are we delivering best practice? A review of the evidence. *Journal Of Clinical Nursing*, *18*(18), 2539-2546. doi:10.1111/j.1365-2702.2008.02685.

Saleh, S. S., Freire, C., Morris-Dickinson, G., & Shannon, T. (2012). An Effectiveness and Cost-Benefit Analysis of a Hospital-Based Discharge Transition Program for Elderly Medicare Recipients. *Journal of the American Geriatrics Society*, *60*(6), 1051-1056. doi:10.1111/j.1532-5415.2012.03992.

| PECOT Category | Information related to question | Explanation |
|---|---|---|
| Population | Hospitalised elderly 65yrs + | The age has a higher chance of complications post discharge relating to comorbidities, age & stage |
| Exposure (intervention) | Assess whether special tailored discharge planning helps in the recovery and wellbeing of the elderly | Examining literature that relates to discharge and or planning for discharge and how this can assist or not in post hospital environment |
| Comparison/ Control | Looking at previous discharge and relation to readmission rates to hospital | Discharge without planning or pathway does this affect longterm health or readmission rates |
| Outcome | Creating a seamless pathway from hospital care to post hospital care | Wanting to know if careful planning can enhance recovery/non readmission |
| Time | N/A | |


**References:**

Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider & D. Whitehead (Eds.) *Nursing and midwifery research methods and appraisal for evidence based practice* (4th ed.) (pp35-56). Australia: Elsevier


## Summary:


During the literature review process details are important to assess and academically present in concise detailed text highlighting each claim. What this process has taught me is that important findings and evidence can be hidden and not accessed by the public or profession and thus overlooked . When research depicts changes to processes or outcomes within practice information can easily be summarised within a poster, relying on pertinent data to highlight the main themes of the research that can easily create a transfer of knowledge (Taggart, & Arslanian, 2000).

As a professional body priding ourselves on evidenced based research we sometimes need to vary our medium of communication. Using a poster or visual aid to help summarise the main common themes of your extensive research helps the reader to quickly appreciate the main body of evidence that can be quickly translated into practice, knowing the research and evidence from various studies have helped to compile an informative demonstration of the findings (Schnieder & Whitehead, 2013). Disseminating the findings to a wider audience is the end process to research and sharing your findings within a poster format can be made available within a classroom, conference or public arena depending on your target audience (Schnieder & Whitehead, 2013).

Using a poster format assisted in demonstrating and defining the various stages of discharge process and how they can be implemented in practice for the optimum discharge that may help reduce readmission to hospital for the older patient.



**References:**

Taggart, H., & Arslanian, C. (2000). Creating an effective poster presentation. Orthopaedic Nursing, 19(3), 47-52.

Whitehead, D, & Schneider , Z. (2013). Writing and presenting research findings for dissemination. In Z. Schneider & D. Whitehead (Eds.) *Nursing and midwifery research methods and appraisal for evidence based practice* (4th ed.) (pp372-390). Australia: Elsevier