

A system under pressure: Staff views on hospital discharge planning

Research team: M Connolly, S Tierney, C Deaton, M Dodd, J Grimshaw, S Everitt, T Hulme

Contact: Michael.Connolly@uhsm.nhs.uk

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Background: The effectiveness and efficiency of discharge preparation is affected by multiple factors inherent in busy acute care hospitals. This multi-disciplinary procedure does not always run smoothly.

Aim: The study aimed to understand the perspectives of health professionals with regard to preparing patients for discharge from hospital.

Data collection: Data were collected using two methods - focus groups and a questionnaire. Practitioners involved in discharge preparation were recruited to focus groups via posters outlining the study, which were displayed within the hospital. Maximum variation, in terms of participants' job titles, was striven for within the sample. A questionnaire, based on the literature, investigator experience and information from the focus groups, was sent to staff (n=1344) involved in discharge preparation at the Trust. It consisted of 28 items, which were rated on a 4-point Likert scale, and included space for free text.

Analysis: All focus groups were taped and transcribed verbatim and analysed using a framework approach. Data from returned questionnaires were entered into SPSS and analysed using descriptive and inferential statistics.

Findings: Three focus groups were conducted, involving 11 nurses, 15 allied health professionals, 5 social workers and 1 doctor in total. Analysis identified the following themes and sub-themes:

Main theme	Sub-themes
1. Conflicting pressures	i. Keeping patients in versus getting them out ii. Striving for flexibility within a system iii. A paucity of intermediary provision
2. Casualties arising from conflicting pressures	i. Practitioners' sense of professionalism ii. Patients being 'systematised'

455 usable questionnaires were returned from nurses/midwives (66% of sample), medics (17%) and therapists/allied health professionals (AHPs) (17%). Particular problems identified were related to pressure from targets, patient transfers, complexity of paperwork, rigid sequencing of assessments, lack of community services, and differing expectations of families and staff. Therapists/AHPs were twice as likely as other groups to believe patients were discharged without ensuring home safety ($p < .001$). Recommendations for improvement included simplified paperwork, increased staffing, and effective collaboration among staff, services and families.