



# Discharge planning in the children's hospital: Who cares?

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# Who cares? The Headlines...

Poor & late hospital discharge information is putting patients at risk, GP says.

.... hospital wanted to discharge her even though, she wasn't feeding very well.

We were sent home with a heart monitor, an NG tube and a full page list of medications to be given around the clock..... it was overwhelming.

Patients sent home too soon because the NHS is obsessed with shortening waiting lists and avoiding "bed-blocking", say carers.

The mother of a three-year-old girl who died hours after being sent home from hospital said she was failed by the health service.

## Some background - Lothian

- Child population (<19 yrs) ~169,000
- Hospital discharges (<15yrs 06-07) ~ 17,000
- Average length of stay 3.3 days
- Those needing ongoing specialist health support ~ 600
- Those with continuing care packages ~ 15

# Simple discharge

“I would have just liked to talk a bit more and explain what to do if she has another fit, because I still don’t know what to do”

“I was given a leaflet about pneumonia but it still wasn’t explained to me.”

“ ..and I never got the chance to ask those questions because she was busy doing whatever she was doing”

Phoned the ward after discharge: “All I wanted to know was whether it would be OK to give him some Calpol”

Smith L 2000

# A complex discharge

## - Jamie's story



# The effect on child and family...

<b>Discharge type</b>	<b>Likely delay</b>	<b>No per year</b>	<b>Effect on child &amp; family</b>
Simple	Hours to days.	1000s	Frustration, anger
Pre-planned	Days to weeks	100s	+ stress, loss of continuity in education, therapy etc
Complex	Months	10s	+ ↑ family disruption. Cycles of hospital acquired illness.
Continuing care	Months to years	< 10	+ ↑ risk of institutionalisation & family breakdown.

# How can we improve the experience?

- Listen to children & families
- Clarify the discharge process.
- Roles, responsibilities and partnerships.
- Named nurse and keyworker.
- Simple tools.
- Consistent practice

AND .... Keep it Simple

# The Discharge Working Group

Explore the discharge pathway, looking at operational issues and child and family experience. Aims....

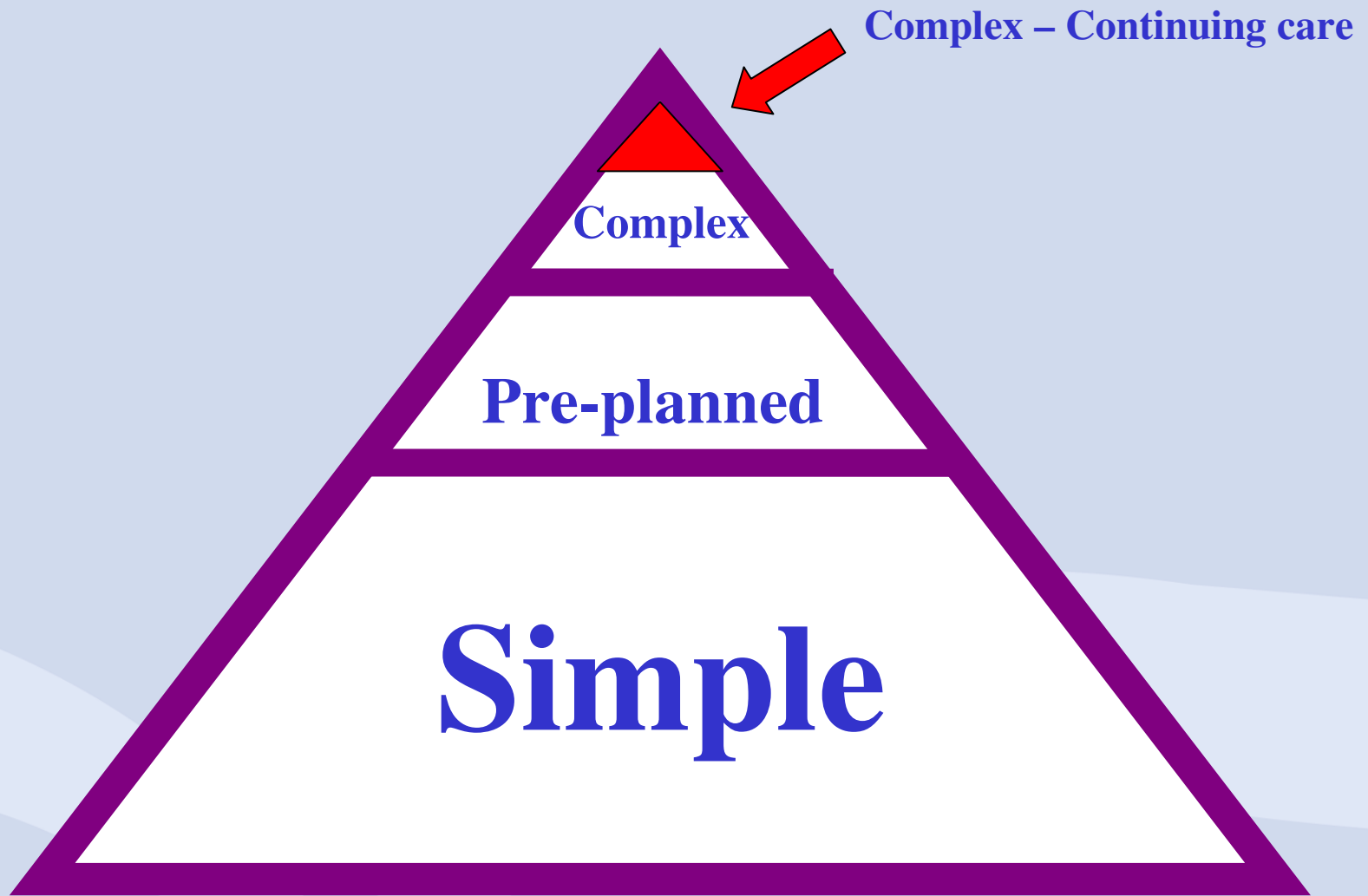
- Make “going home from hospital” a positive experience for child and family.
- Consistent high standards of discharge preparation, regardless of ward or speciality.
- Continuity of ‘Keyworker’ support.



# Achievements so far.

- A model which differentiates between simple, pre-planned and complex discharges.
- Mapped the discharge processes and associated staff roles and responsibilities.
- A simple discharge checklist.
- Challenges and variation in discharge management

# Discharge Types



# Discharge process – on admission

**On  
admission**



**Start Discharge Checklist.**

**Assess:** Issues that will affect hospital and home care.

**Inform:** What to expect in hospital and after discharge.

**Key Contacts:** In hospital and community.

**Identify Discharge Type and discharge planning partners**

# Discharge process – during hospital stay

**During  
Hospital  
stay**



**Assess** needs & identify emerging care issues.

**Plan** discharge and homecare in partnership.

**Educate, train & support** child, family, other carers.

**Anticipate** discharge day - timely discharge decision, supplies, pharmacy etc.

# Discharge process – departure day

**Day of  
departure**



**Inform:** Follow-up, discharge letter, aftercare, normal activities.

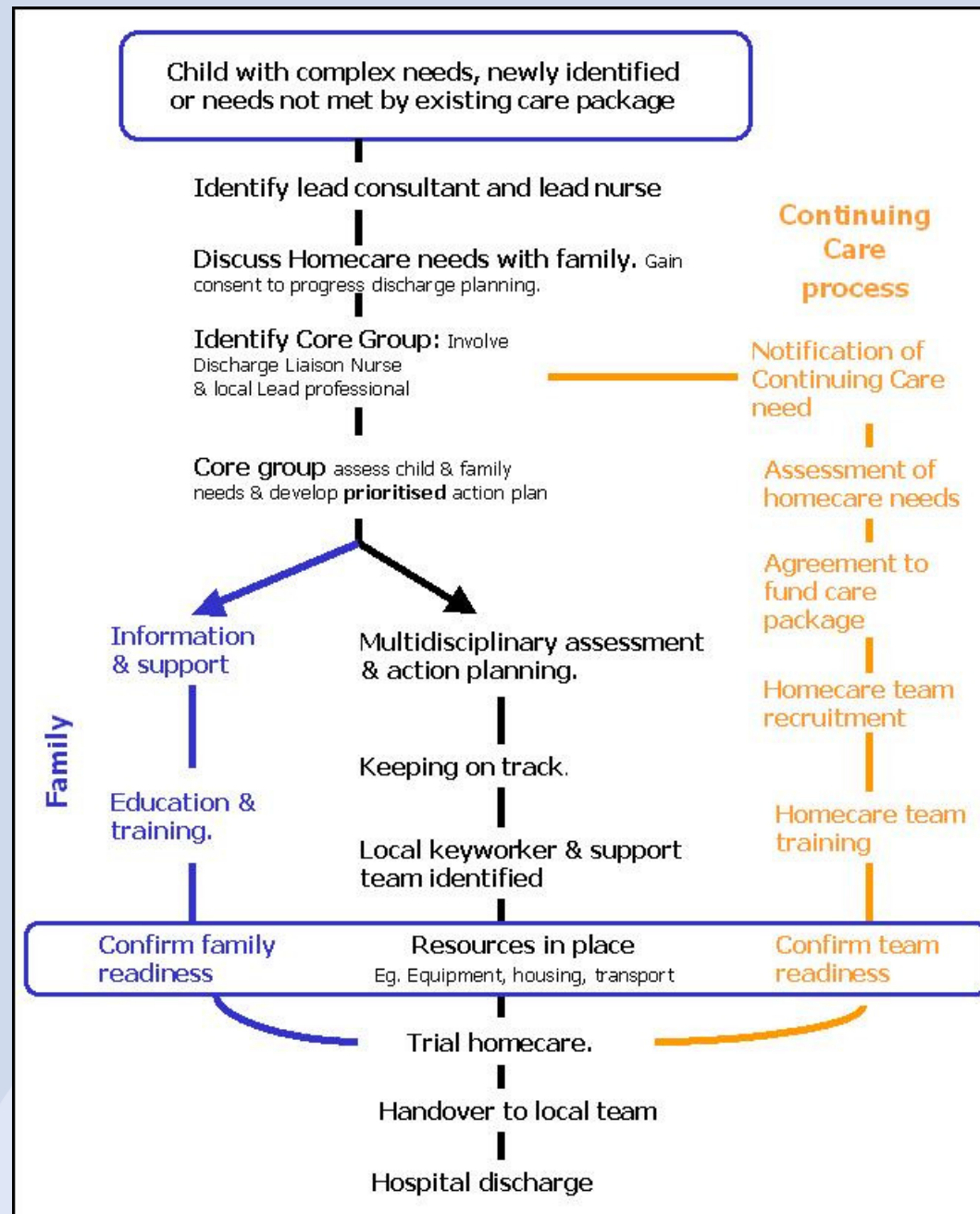
**Medicines and supplies.**

**Home safely** *Verify who child is going home with & Inform Key Contacts*

**Complete and sign Discharge Checklist**

**HOME**

# Complex?



Child with complex needs, newly identified or needs not met by existing care package

Identify lead consultant and lead nurse

Discuss Homecare needs with family. Gain consent to progress discharge planning.

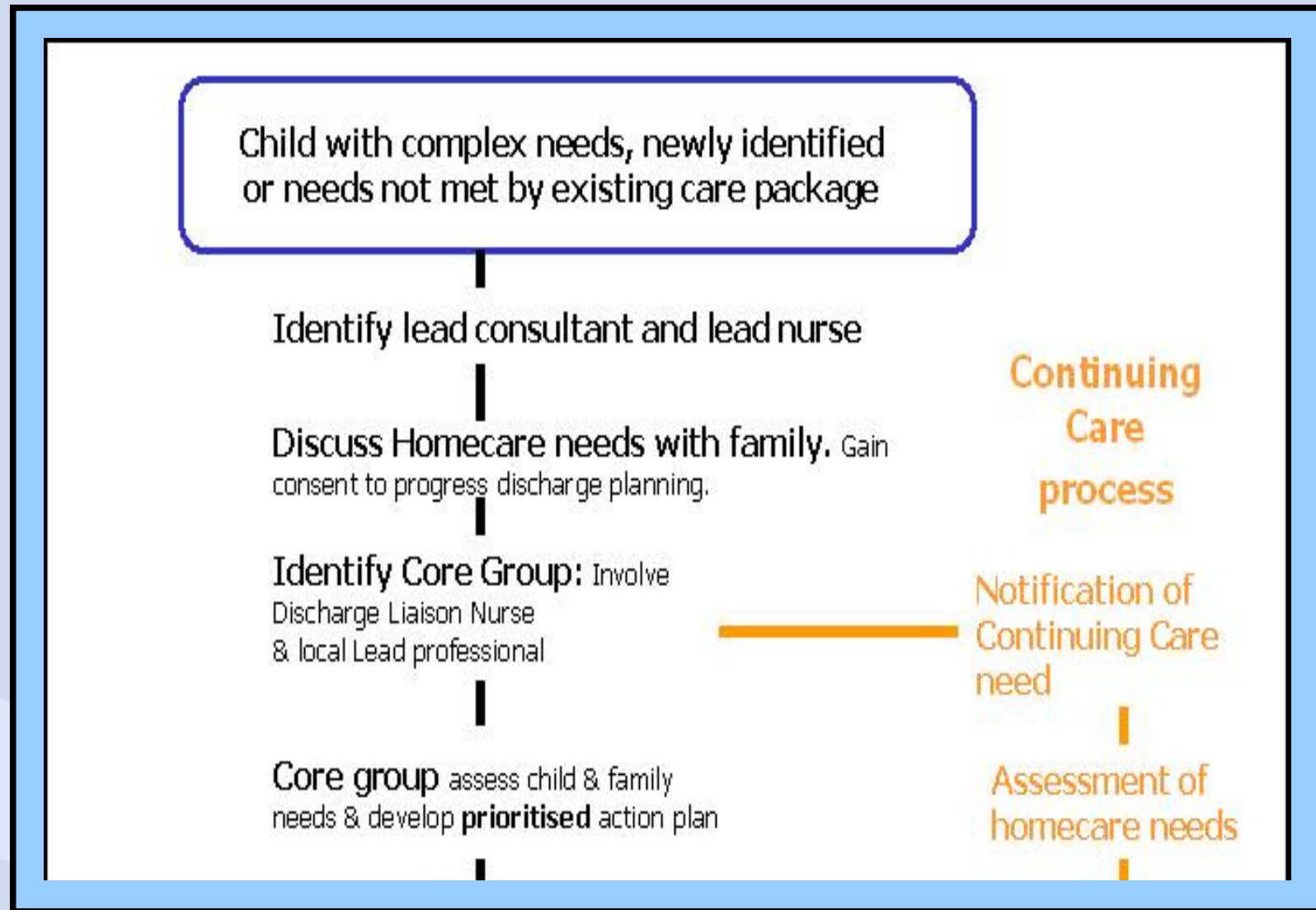
Identify Core Group: Involve Discharge Liaison Nurse & local Lead professional

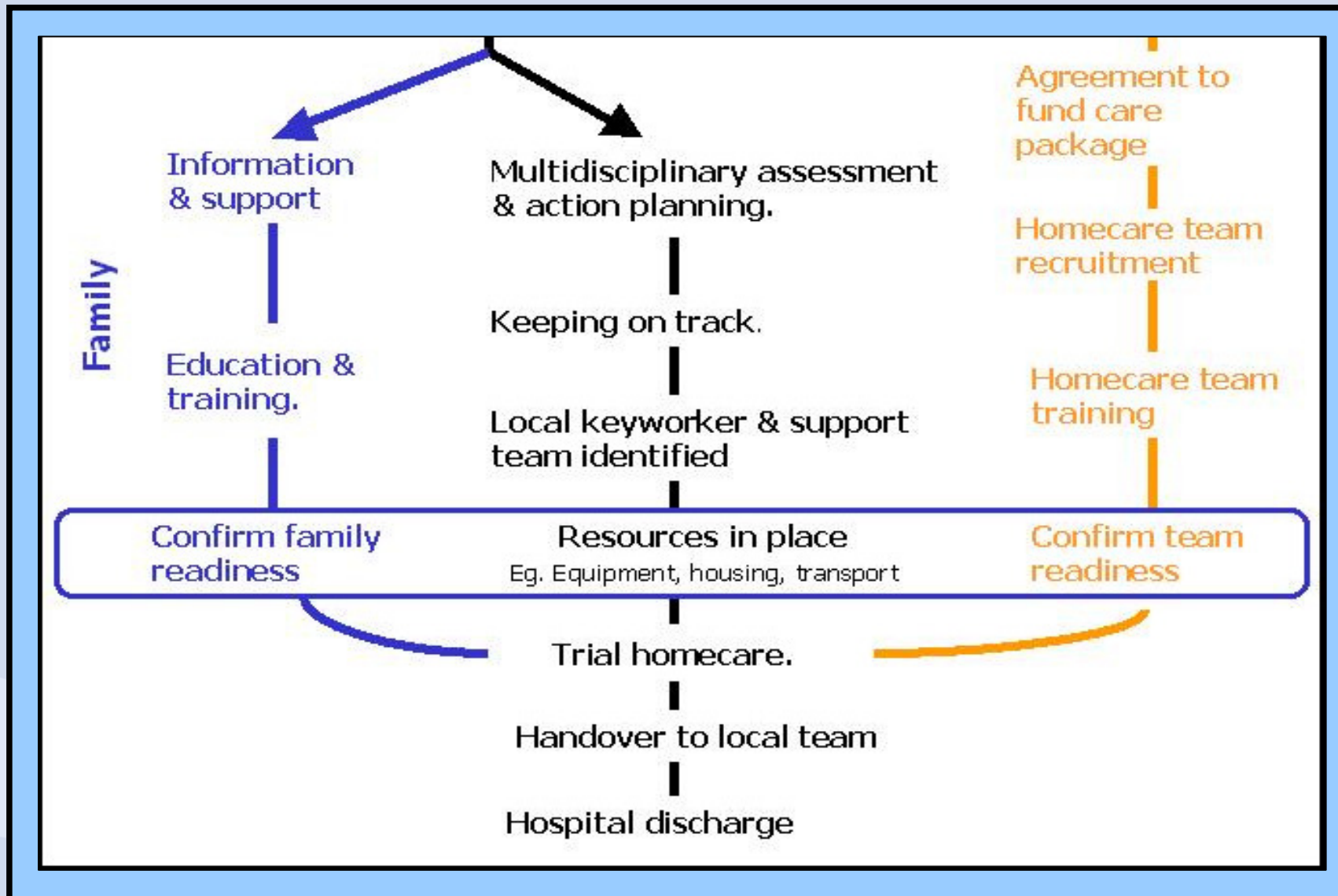
Core group assess child & family needs & develop **prioritised** action plan

Continuing Care process

Notification of Continuing Care need

Assessment of homecare needs







## Next steps

- Consult on this discharge process.
- Pilot discharge checklist & incorporate in nursing record.
- Develop and pilot a 'complex discharge' record.
- Develop the Discharge Policy.
- Develop and roll-out a staff training programme.

# Your comments or questions?



"HELLO, BRIAN — I WAS JUST PASSING AND....."



Thank you

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