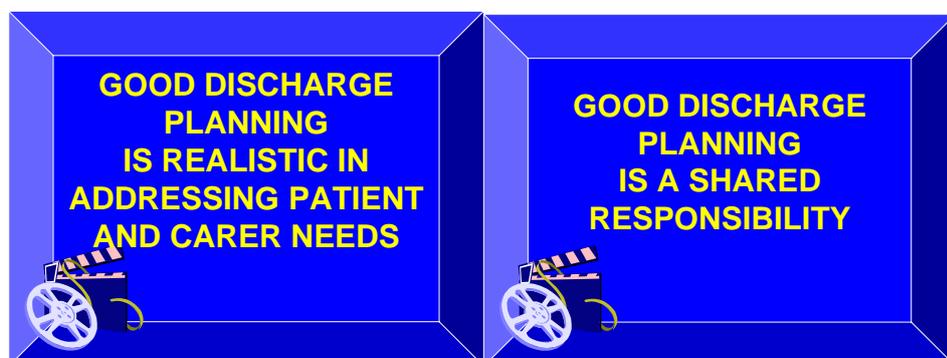




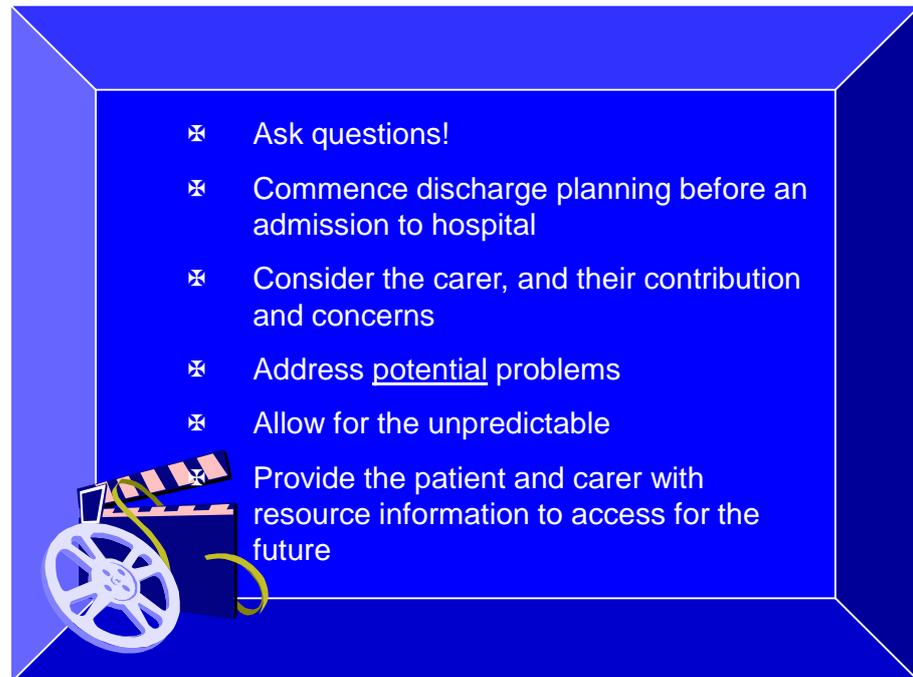
This educational resource was collated from opportunistic interviews conducted by Julie Falco with older people who had recently been discharged from hospital during 2008, and their spouses, who were acting in the role of carers. These people had consented to be part of research undertaken by the International Centre for Allied Health Evidence. The interviews presented in this educational resource highlighted a range of issues in planning for successful discharge from hospital. These issues are particularly important for health professionals to consider as they were raised by people who are integrally involved with the discharge process (patients and carers).

Discharge planners, and health professionals who have any involvement in planning for discharge, may value the patient and carer insights presented in this educational program, particularly framed in their own words.



The key message for health professionals involved in planning for patients' discharge from hospital appears to be that there is 'no one size fits all'. Moreover, patients and carers often have very clear views about their role in the discharge process.

The messages for health professionals that seem to arise from the interviews are:



There are potentially a range of issues that could be used for discussion by health professionals after viewing this educational resource. We suggest that some discussion issues could be:

Do you know what roles discharge planners play in your organisation?

Do you know who the discharge planner(s) are?

What relationships do discharge planners have with other staff?

What are the discharge planning issues relevant to:

- Medical staff?
- Nursing staff
- Allied health staff?

What strategies are in place in your institution to ensure streamlined discharge plans from hospital to the community?

What roles to patients and their carers have in planning for their discharge?

What relationships do you have with community organisations, to ensure that patients and their carers are provided with the community supports they require as soon as they leave the hospital?

How are GPs involved in patients' discharge?

Is it possible to 'map' the process of discharge planning in your hospital / institution?

Are discharge planning processes noted on patient records?

Are there key stages of discharge planning in hospital when you suspect that things might be going wrong?

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Do you know what the usual variations are to the usual 'discharge planning' process?

How are these variations identified and noted on patient records?

Do you ever follow-up patients after discharge, to see if their discharge was successful? If you did, what questions would you ask?

Perhaps, after you consider these issues, there might be other issues relevant to your hospital/ institution, or your patient/ client group, that you could consider, in terms of improving their discharge experience?

Discharge planning often is inefficient and unsuccessful, often because of systems failure, and because of failures in communication between key individuals in the process. It is always good time investment to think about who the key individuals in the discharge process are, and how they can be engaged properly throughout the discharge planning process.

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