

“Improving the Quality of Service User Discharge from Acute Adult Inpatients During the Covid-19 Pandemic”

Eleanor Riley & Swanand Patwardhan

a) Core Psychiatry Trainee, Manchester, United Kingdom
b) Consultant General Adult Psychiatrist & Lead Consultant, Park House, North Manchester

Introduction

The COVID-19 pandemic increased pressure on our inpatient psychiatric services. Consultants experienced a poorer standard of communication between community and inpatient teams, particularly relating to discharge of inpatients. There was concern that poor discharge practices during the pandemic might impact clinical care and safety, delay recovery and lead to re-admissions; factors which may further contribute to increased pressure on inpatient services.

The local ‘Standard Operational Procedure’ (SOP) identifies twelve standards for discharge; safeguards to reduce risk to patients and others, prevent ‘failed’ discharge and avoid inappropriate follow-up. These 12 standards plus 2 standards created in response to consultant feedback relating to Care Programme Approach (CPA) were used.

Method

Business Intelligence supplied a database of all service users discharged from Park House acute wards (3 male & 2 female adult wards (excluding PICU, SAFIRE, rehab and later life)) over a 1-month period (February 2021). A random number generator sampled 5 service users per ward. One male ward had only 4 discharges and all were sampled.

Electronic notes and discharge documentation were reviewed to assess whether the standards were met appropriately. Demographic data of the sample was collected to assess representation. The standard was that all discharge standards are met for the sampled patients (100% compliance) where applicable.

Results

- 24 service users were sampled in this round. Demographics showed a representative sample for age (see [Figure 2](#)), gender identity (12 male, 10 female, 1 non-binary) and CPA status (13 on CPA versus 11 not on CPA). The majority (70%) of patients were of ‘informal’ legal status at discharge; whereas 30% were detained under the Mental Health Act.
- No discharge met all eligible standards. Of the 14 standards only one was met for all patients; the standard relating to the supply of discharge medication. One standard was not met for any patient sampled (seeking patient feedback and offering the satisfaction questionnaire).
- Standards achieving >90% satisfaction included documentation that the service user was aware of their discharge plan, that (when indicated) other appropriate professionals were informed of the discharge, and that mandatory 72-hour and 7-day follow up were arranged prior to leaving the ward.
- Standards achieving between 50-70% satisfaction included finalisation of all inpatient documents at discharge, authorisation of a discharge mental state examination & updated risk assessment (STARV2), evidence that the service user was asked whether their family and carers were or could be informed of the discharge and, for patients under CPA, that the Care Coordinator was involved in the discharge.
- Standards achieving <50% satisfaction included discharge summary to GP within 1 week, documentation of discharge CPA (where relevant), provision of a ‘crisis plan’ on discharge and seeking patient feedback prior to discharge.

SOP Standard	Obtained (%)	Achieved?
1. MSE	68	No
2. STARV2	65	No
3. Discharge prescription notification	100	Yes
4. Satisfaction survey	0	No
5. Discharge summary	48	No
6. 72 hour follow-up	91	No
7. Seven day Follow-up	91	No
8. Patient aware of plan	96	No
9. Other professionals informed	96	No
10. Family and carers informed	56	No
11. Crisis Plan provided	17	No
12. Inpatient documents finalised	70	No
13. Discharge involving Care Coordinator	54	No
14. Discharge CPA documented	23	No

Figure 1: Park House SOP criteria (1-12) plus additional criteria for patients under CPA (13-14) added following consultants’ feedback

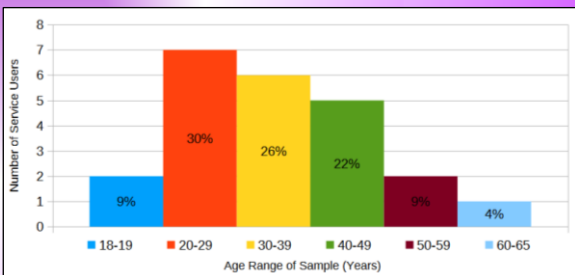


Figure 2: Histogram showing age range of the sample

Conclusion

This project confirmed that during the Pandemic there were gaps where local discharge standards were not met. The data support a local review of the discharge process to improve the quality of discharge from the inpatient unit during this period.

Action

In June 2021 results were shared at local level to ward nurses, junior doctors, consultants and ward managers. Education about the SOP and the project was disseminated. Local discussion at nursing, medical and governance meetings resulted in increased efforts by the senior management team to address areas where improvement was needed, including capturing patient feedback. Work with nursing leads produced discharge aide-memoire posters that were displayed on the wards to support staff to meet the standards. Feedback was sought from Care Coordinators and local Community Mental Health Teams regarding experiences of communication with Inpatient services during the pandemic.

The results were shared at Trust level at the Junior Doctors’ audit meeting and the project report was submitted to the Quality Improvement Team to be made available Trust-wide. A repeat of the project is planned once approval is granted to evaluate improvement and assess the trend following lockdown easing.