ASK THE QUESTION

Question 1: Can discharge planning decrease readmission and promote patient satisfaction on a psychiatric inpatient unit?

Objective: To critically evaluate the evidence on the effectiveness of discharge planning to increase patient satisfaction and decrease readmission rates.

Background: Discharge planning is the assessment of an inpatient’s medical condition for the purpose of arranging appropriate continuity of care upon leaving the facility. This includes how long the patient will stay, expected outcome, and any special needs or requirements on the day of discharge. The use of appropriate models of discharge planning is critical for its success, and is thought to have a significant impact on patient satisfaction and readmission rates.

SEARCH FOR EVIDENCE

Search strategies included research-based articles published in English regarding psychiatric patient discharge planning

Databases included relevant studies published in Cochrane Database of Systematic Reviews, PubMed, Google Scholar, Journal of Advanced Nursing

Key words/terms included Discharge Planning, Discharge Process, Psychiatric patients, Mental Health
CRITICALLY ANALYZE THE EVIDENCE

Question 1: Can discharge planning decrease readmission and promote patient satisfaction on a psychiatric inpatient unit?

Grade Criteria: Effective discharge planning should be used as it leads to increases in patient satisfaction and decreases readmission rates. Strong recommendation, Moderate Quality of Evidence

Two studies were found evaluating the effectiveness of discharge planning on increasing patient satisfaction and decreasing readmission rates.

A RCT of 30 hospitalized psychiatric patients with schizo-affective disorders found that discharge planning that incorporated both the patient and the patient’s caregivers resulted in marked increases on the GAS (Global Assessment Scale), and also resulted in a lower readmission rate.

A Cochrane Systematic review of 12 studies, evaluating the effectiveness of discharge planning interventions in mental health care, found that discharge planning interventions are effective in reducing rehospitalization and improving adherence to aftercare among people with mental disorder (RR 0.66 95% CI=0.57 to 0.84; P<0.001) for hospital readmission rate, and (RR 1.25 95% CI= 1.07 to 1.47; P<0.001) for adherence to outpatient treatment.

Overall, effective discharge planning increases patients' satisfaction and decrease readmission.
<table>
<thead>
<tr>
<th>PICO Question #</th>
<th>Can discharge planning decrease readmission and promote patient satisfaction on a psychiatric inpatient unit?</th>
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<tbody>
<tr>
<td><strong>Author/Date/ Journal</strong></td>
<td><strong>Purpose of Study</strong></td>
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<tr>
<td>Fatma A. Youssef (1987) Journal of Advance Nursing 12,611-616</td>
<td>To develop and implement a family-patient teaching program for psychiatric inpatient prior to their discharge and to assess the effect of the teaching program on patients’ functional level and readmission rate.</td>
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<tr>
<td>Steffen S. Kosters M., Becker T., Puschner B.</td>
<td>To determine and estimate the efficacy of discharge planning interventions in mental health care from in-patient to out-patient treatment on improving patient outcome ensuring community tenure and</td>
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**Lower Quality Rating if:**
- Studies inconsistent (When there are differences in the direction of the effect, populations, interventions or outcomes between studies)
- Studies are indirect (Your PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)
- Studies are imprecise (When studies include few patients and few events and thus have wide confidence intervals and the results are uncertain)

**Publication Bias**
(e.g. pharmaceutical company sponsors study on effectiveness of drug)

**Increase Quality Rating if:**
- Large Effect

**Level of evidence for studies as a whole:**
- High
- Moderate
saving cost to intervention and control groups was. adherence to outpatient treatment.

Low

Very Low

APPLY THE EVIDENCE

- Family – patient education program resulted in a marked increase in the functional level of the patients and also were able to keep their appointments after discharge hence reducing readmission. Having the family (if applicable) while patient is getting their discharge instructions will increase family and patient participation to their care, and should be included in Policy C-13.
- Providing and completing the Discharge Checklist as part of Discharge Process will help facilitate a timely and effective discharge.

EVALUATE THE EVIDENCE

Outcome & Process Measures:
- Customer Patient Satisfaction Survey (AVATAR)
- Data regarding patients’ readmission rate
- Follow up calls 1 week after patients discharge

Implementation Plan:
- Promoting open communication and 1-on-1 education among staff with open feedback to assess and discuss findings would help the staff to see the efforts done to improve care and will promote better staff participation and will encourage everyone to adapt innovations. A discharge checklist will be created, and shift huddles, and monthly meetings will be implemented after the approval of the unit manager.

REFERENCES
