Integrated and Coordinated Discharge Planning for Palliative Patients
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BACKGROUND

- Palliative patients are a unique group whose needs change with the advancement of disease. According to National and Local Strategy, patient care should be delivered at home for as long as possible, including End of Life Care if that is the patient’s wish.
- Following a period of admission, the window for discharge is narrow due to the progressive nature of disease. Timely, effective discharge planning is essential to ensure that palliative patients achieve discharge within a suitable timeframe with the support of a coordinated, individualised care package and with the necessary equipment in place.

AIM

- To develop and deliver an efficient, effective discharge planning process to ensure patients are well supported to remain at home for as long as they wish

We focussed on the following key areas:

- Weekly multidisciplinary Discharge Planning Meeting
- Development of a multidisciplinary Discharge Preparation Checklist
- Development of a Steps to Discharge flowchart
- Dedicated Community Care Team (Avenue) funded to provide home care if prognosis <42 days

RESULTS

SOCIAL WORK INPUT

- Dedicated Social worker at weekly discharge planning meeting

AVENUE COMMUNITY CARERS

- Avenue have capacity and flexibility (for example shorter more frequent visits) to provide timely, individualised care
- Avenue home carers up-skilled in providing palliative care through education and experience with client group
- Negotiations in progress to extend Avenue’s remit to patients with a prognosis of 72 days

DISCHARGE CHECKLIST

- Multidisciplinary
- Comprehensive
- Ensures all aspects of planning addressed
- Basis for coherent communication with Primary Care

STEPS TO DISCHARGE FLOWCHART

- Categorises patients according to prognosis
- Guidance on steps required to plan discharge

DISCUSSION

- Audit is in progress therefore data to evidence the impact of the implementation of this discharge planning initiative is awaited
- According to professional and patient feedback, advantages of a coherent and integrated approach to discharge planning appear to be:
  - Timely discharge for patient and relatives
  - On-going care at home delivered by skilled, empathic carers
  - Enhanced communication with Primary Care:
    - Written and verbal
    - Documentation of ACP
    - Use of eKIS
  - Improved patient flow through the in patient unit improving capacity
- We look forward to presenting our data following completion of audit