



ORIGINAL ARTICLE

# How do critical care nurses define the discharge planning process?

Rosemary J. Watts<sup>a,\*</sup>, Jane Pierson<sup>b</sup>, Heather Gardner<sup>b</sup>

<sup>a</sup> Alfred/Deakin Nursing Research Centre, Deakin University, 221 Burwood Highway, Burwood, Vic. 3125, Australia

<sup>b</sup> School of Public Health, Faculty of Health Sciences, La Trobe University, Bundoora, Vic. 3083, Australia

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## KEYWORDS

Critical care nurses;  
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## Summary

**Background:** Professional, political and organisational factors have focused attention on the discharge planning process in the Victorian health care sector. Discharge planning for patients, as part of continuity of care, is seen as a key concept in the delivery of nursing care. However, there is no question that discharge planning has emerged as a complex area of practice, and is, perhaps, most complex in the critical care area.

**Aim:** The study reported here is part of a larger thesis exploring critical care nurses' perceptions and understanding of the discharge planning process in the health care system in the state of Victoria, Australia. As part of the survey participants were asked to define discharge planning as it related to the critical care environment in which they worked.

**Methods:** Utilising an exploratory descriptive approach, 502 Victorian critical care nurses were approached to take part in the study. The resultant net total of 218 participants completed the survey, which represented a net response rate of 43.4%. The data were analysed using quantitative and qualitative methodologies.

**Findings:** Three common themes emerged. A significant number of participants did not believe that discharge planning occurred in critical care, and therefore, thought that they could not provide a definition. There was uncertainty as to what the discharge planning process actually referred to in terms of discharge from critical care to the general ward or discharge from the hospital. There was an emphasis on movement of the patient to the general ward, which was considered in three main ways by first, getting the patient ready for transfer; second, ensuring a smooth transition to the ward and third, transfer of the patient to the ward often occurred because the critical care bed was needed for another patient.

\* Corresponding author. Tel.: +61 3 9244 6123; fax: +61 3 9244 6159.  
E-mail address: rjwatts@deakin.edu.au (R.J. Watts).

*Conclusion:* The findings presented here suggest at a nursing level, the discharge planning process is not well understood and some degree of mutual exclusivity still remains. There is a need for further education of critical care nurses with regard to the underlying principles of the discharge planning process.

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## Introduction

Professional, political and organizational factors have focused attention on the discharge planning process in the Victorian health care sector. Discharge planning for patients, as part of continuity of care, is seen as a key concept in the delivery of nursing care. However, there is no question that discharge planning has emerged as a complex area of practice, and is, perhaps, most complex in the critical care area.

The *Report of the Study of Professional Issues in Nursing* (Marles, 1988) highlighted the importance to the nursing profession of involvement in the discharge planning process. A recommendation to come from this report was that hospitals should undertake a critical review of discharge planning procedures. The report considered that the professional nurse has a responsibility to ensure continuity and quality of patient care. The introduction of Diagnostic Related Groups (DRGs) into Victorian hospitals in 1993, a decrease in the average length of patient stay and the development of competency standards for specialist critical care nurses, which consider the implications for discharge, have all re-focused attention on discharge planning procedures.

While the discharge planning process is multidisciplinary in nature (Anthony and Hudson-Barr, 1998), it is one in which nurses play a prominent role (Lowenstein and Hoff, 1994). Structurally, nurses are in close proximity to patients through providing care on a continuous basis, 24 hours per day. While other members of the health care team provide episodic interventions (Anthony and Hudson-Barr, 1998), the 24 hours per day monitoring and care of patients is a nursing responsibility (Corless, 1982). It is the nurse who requests, sorts and clarifies care plans among members of the health care team (Clausen, 1984); and while membership of teams varies from setting to setting, the nurse is a constant member of the multidisciplinary team (Anthony and Hudson-Barr, 1998).

Beck et al. (1993) illustrate the additional reasons why it is important for the nurse to be involved in the discharge planning process, citing the adoption by the American Nurses Association (ANA) of the Code of Ethics for Nurses. Beck et al. believe

that the use of the Code of Ethics ensures registered nurses (RNs) have accountability in the discharge planning process, stating "all nurses need to anticipate future long-term needs of patients and incorporate measures in discharge planning to address those needs" (1993:6). In addition, Fiesta (1994) also emphasises the importance of nurses providing discharge instructions to patients and reports that, in the US, failure to do so has resulted in liability issues for nurses.

The discharge needs of patients admitted to critical care are unquestionably complex, diverse and dynamic. As technology expands, more people will survive acute, severe illness or injury, leading to an increase in degree and complexity of discharge planning needs. Four distinct phases of discharge planning are described in the literature: assessment of the patient's discharge needs; development of the discharge plan; provision of services or implementation of the discharge plan (included in this phase is patient education and referrals to services); and evaluation of the discharge plan (Hedges et al., 1999; Mamon et al., 1992). In essence, the discharge planning process parallels the stages of the nursing process, which involves assessment, planning, implementation and evaluation of patient care. Discharge planning is a facet of the overall care of the patient, developed through the application of the nursing process, therefore, it can be strongly argued that nurses should integrate discharge planning into their nursing care.

A lack of literature regarding the discharge planning process in the critical care environment is apparent; in particular, in the Australian literature. In general, while most of the literature is written from the perspective of the hospital or community service (Hedges et al., 1999), there is a lack of research-based literature pertaining to the role of the critical care nurse in the discharge planning process.

## Literature review

Patients admitted to critical care rarely follow an uncomplicated linear pattern of admission to the unit followed by discharge to a ward and then to the community. Therefore, planning for continu-

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