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Plain English Publication Summary

Publication: Developing Best Practice Guidance for Discharge Planning Using the RAND/UCLA Appropriateness Method

Publication details (Vancouver format)

Tyler N, Planner C, Byrne M, Blakeman T, Keers RN, Wright O, Pascall Jones P, Giles S, Keyworth C, Hodkinson A, Taylor CD. Developing Best Practice Guidance for Discharge Planning Using the RAND/UCLA Appropriateness Method. Frontiers in psychiatry. 2021:2204.

What are the most important findings/conclusions in this paper? Why are they important?

We have identified parts of the discharge planning process that could improve safety for UK mental health settings. Although some of these already happen in everyday practice in some hospitals (i.e., review by a senior clinician), making these processes the same across the country could have important safety benefits.

What did you do?

We had developed 668 statements relating to all elements of discharge planning, beginning at admission. A panel of 10 people (psychiatrists, psychiatric nurses, clinical psychologists, pharmacists, academics, and policy makers) voted on how clear, appropriate and suitable for use each statement was based on a scale of 1-9. This was done through an online questionnaire and a number of video calls.

Why did you conduct this research?

Discharge from mental health hospitals is often a vulnerable period for patients. With so many professionals and agencies involved, processes and procedures are often different based on where they are happening. As a result, there can be communication issues and problems with coordinating services. Thinking about discharge planning early and making sure everyone carries out procedures in the same way could make care safer.

What was known before your paper was published?

This work is based on an NHS Improvement package of care called the SAFER Patient Flow Bundle. It has six main parts, including setting expected discharge dates and carrying out early assessments. These changes have improved care transitions in general hospitals, but we wanted to see whether they would work in mental health settings and if any more changes needed to be made. We also wanted to see if improving the sharing of information made any difference.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

We are now discussing the development of what's called a 'care bundle' with patient and professional groups. We will then test the care bundle in a number of hospitals to see if it improves discharge and care for patients in mental health settings.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This relates to our safer mental health care transitions project and is one a series of studies. The final study in this project is the testing of the care bundle that has been developed as a result of this study.