

What's In A Self-Discharge Letter?

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Abstract

Aim:

Patient self-discharge has been attributed to an increased mortality, morbidity, and readmission (Machin et al., 2018). Patients who do self-discharge cost over £300 million pounds a year (Sg2 Service Kit, 2011). Nevertheless, patients have the legal right to decline treatment, and shared decision making for a safe discharge is pivotal.

Absence of a self-discharge form at East Lancashire Hospitals Trust (ELHT) has resulted in substandard continuity of care. This often occurs out of hours, when clinical teams may struggle to locate relevant policies, and engage in complex conversations.

Following two serious incidents, a self-discharge form has been created using QI methodology, to prompt the patient and clinician to formulate the safest joint-care plan.

Methods:

The self-discharge form was designed with Trust oversight and approval and trialled on the Acute Medical Units (AMU) at Royal Blackburn Hospital. Following feedback from patients and healthcare professionals, PDSA cycles were utilised to optimise its effectiveness.

Outcomes

Sampling 24 staff members, 100% recommended the form for use, quoting 'easy to use', and 'patients will find it helpful'. More pleasingly, 100% of patients surveyed said they appreciated the clarity of the form and they felt 'better informed' in their self-discharge.

Of the 11 self-discharges, 100% of patients had a datix completed, an improvement from 30% prior to the change.

82% of cases, patients' capacity had been considered and had the consultation documented. Furthermore, for 82% of the patients the GP was informed of the self-discharge. Pre-data results showed that these outcomes were not documented, suggesting they rarely occurred prior to the change.

Conclusion

The self-discharge form has shown promising benefits for enhanced patient care, and the Trust has approved immediate use of the form on all adult wards. Further QI methodology will be used to improve engagement across the Trust.

Introduction

Background

In light of recent events where a patients' self-discharge led to her death, we proposed a self-discharge form to aid in increased staff knowledge on Trust protocol. This further helps to create prompts for clinicians to assess capacity and do the following:

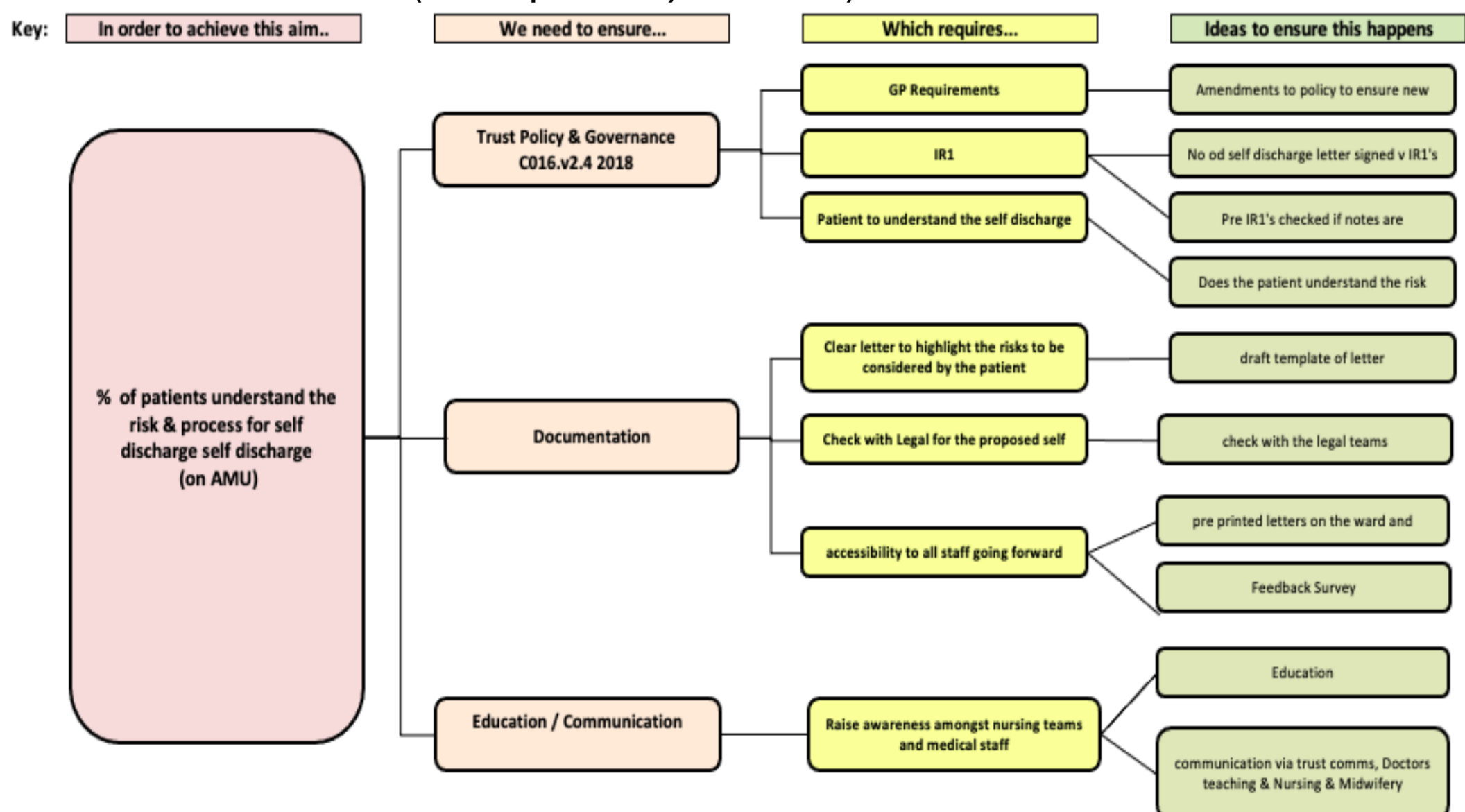
1. Advise on the risks of self-discharge.
2. Ensure patient understanding and capacity.
3. Compliance with Incident Report (IR1) documentation.
4. Inform the patient's General Practitioner.

Aim

Ensure all patients who wish to self-discharge from a ward are advised of the risk of doing so. This falls in line with the Trust policy on self-discharge and ensures that the patient has sufficient capacity.

Method

The self-discharge form was trialed for a month in February on the Acute Medical Unit at Royal Blackburn Hospital. The form was designed with Trust oversight and approval. Measures of success recorded was based on staff feedback and the number of IR1's recorded (as required by the form).



Results

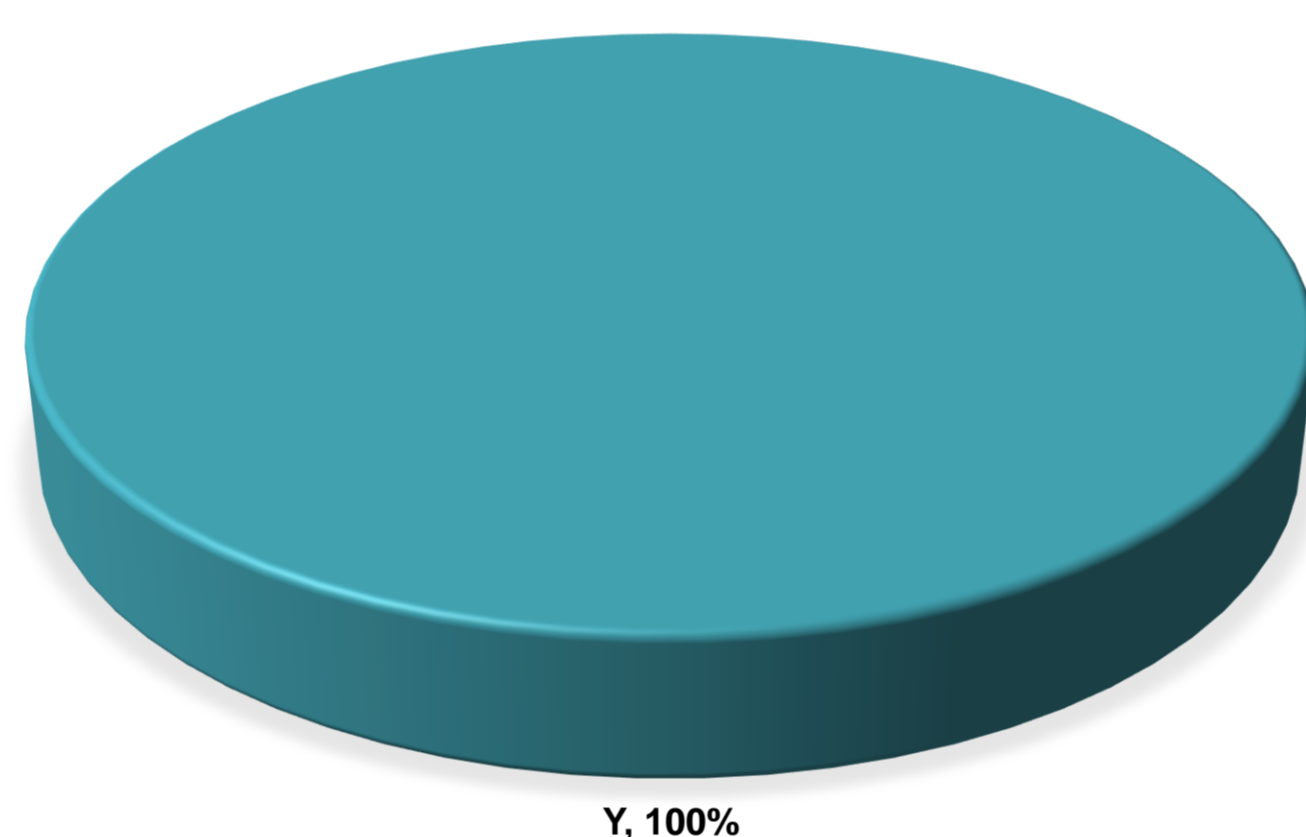
During the trial period, there were 61 self-discharges across the organisation and 11 from the pilot area of AMU.

Verbal Feedback

The form prompts a full disussion
Very clear
Easy to understand
Fantastic
Improves safer self-discharges
Collates important information
Easy to follow
Self-discharge form made me understand the risks
Confidence in self-discharging patients
Ensures safety
Clear and explains the risks

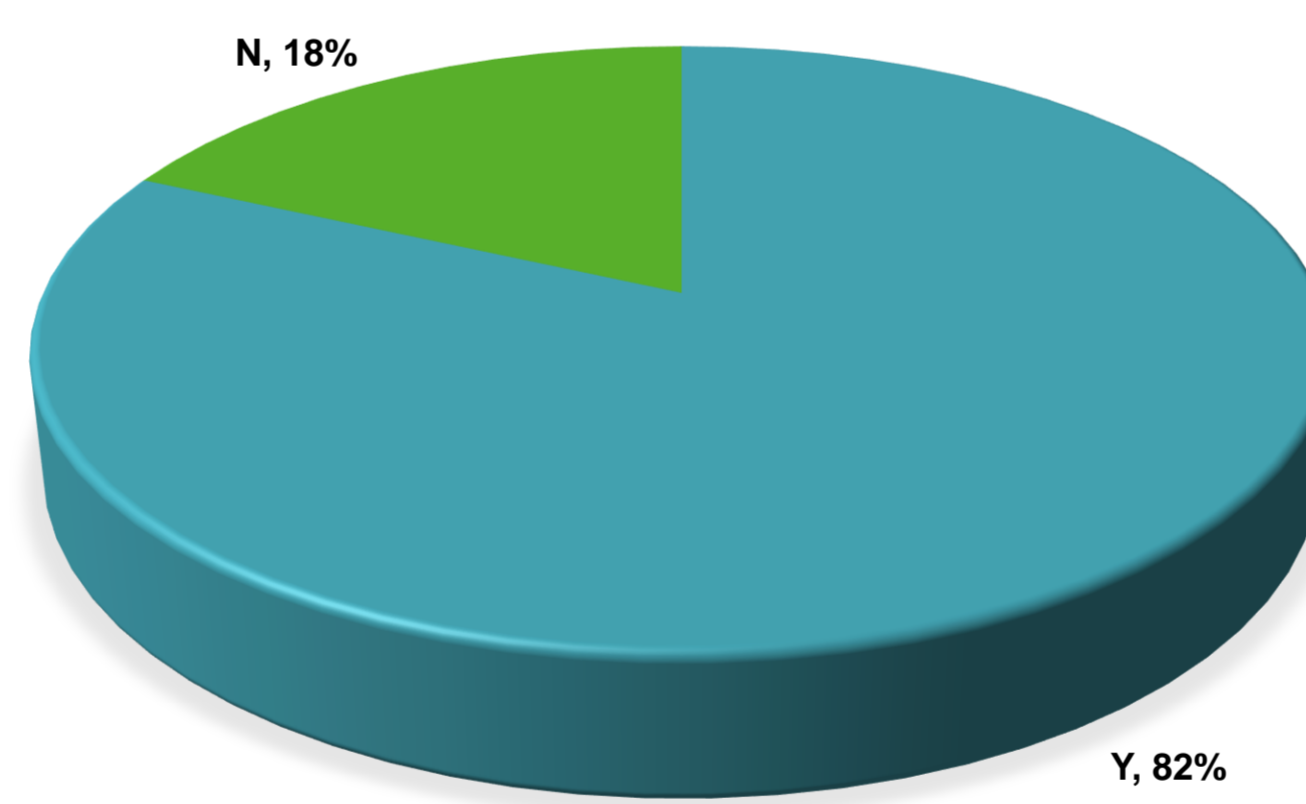
Self-Discharge with IR1 Recorded Post-Intervention

SELF-DISCHARGE WITH IR1 RECORDED



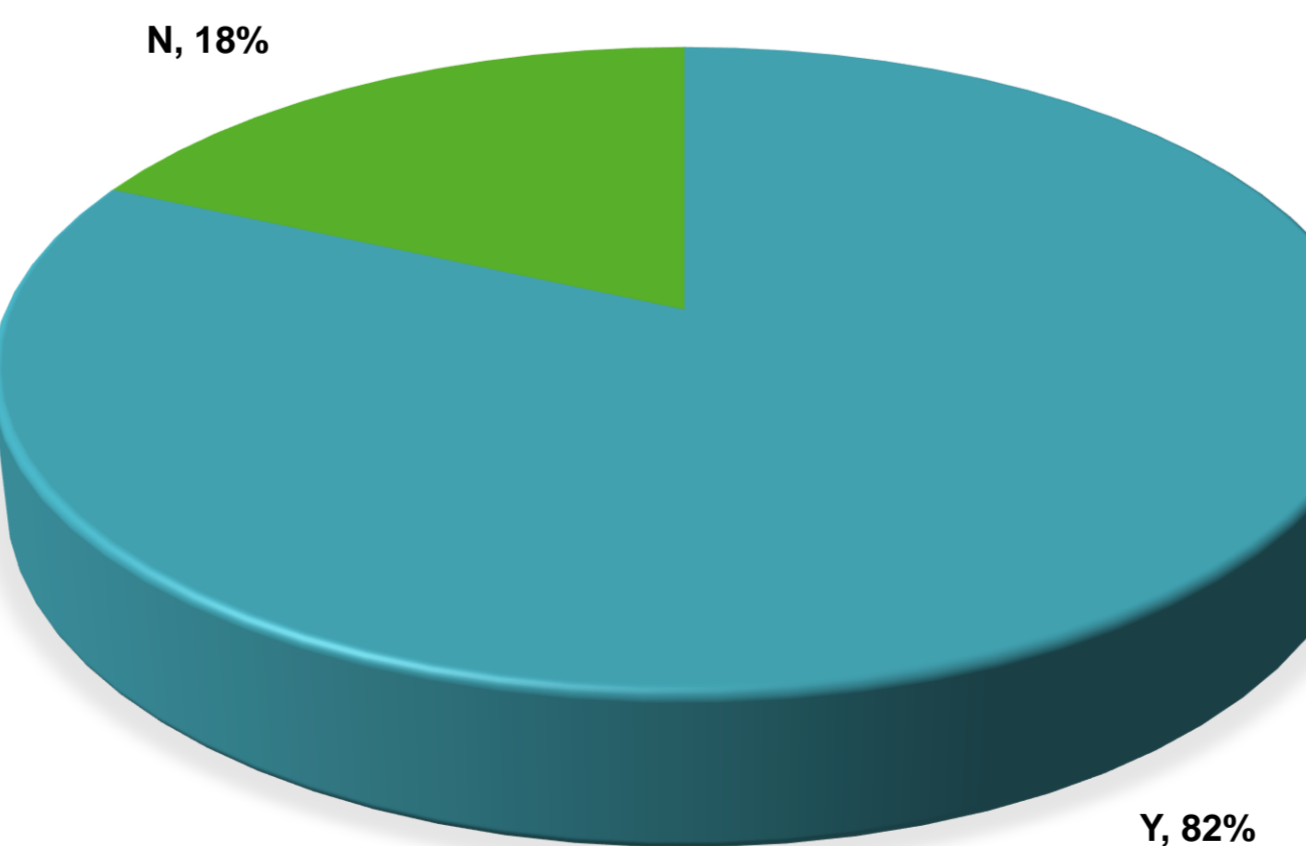
Capacity Assessment Completed and Documented Post-Intervention

CAPACITY ASSESSMENT COMPLETED & DOCUMENTED



Risks of Self-Discharge Documented Post-Intervention

RISKS OF SELF DISCHARGE DOCUMENTED



Discussion

The benefits of the self-discharge form and it's roll out across the Trust has been pivotal in providing Safe, Personal and Effective Care. Patients have a clearer understanding that they are taking responsibly for their own care and they understand the risks taken by self-discharging against medical advice. With the requirement to notify the patients' General Practitioner, this provides follow-up and continuity of care, should the patient wish to re-access treatment. This documentation prompts clinicians to document clearly in patient notes for medical-legal purposes. The purpose of the form is to avoid abrupt end of care, missed follow-up/relevant investigations and questionable documentation.

Further checking of the patients who self-discharged revealed that none of the patients were re-admitted within 28 days and there was no adverse events to date.

Conclusion

Embed

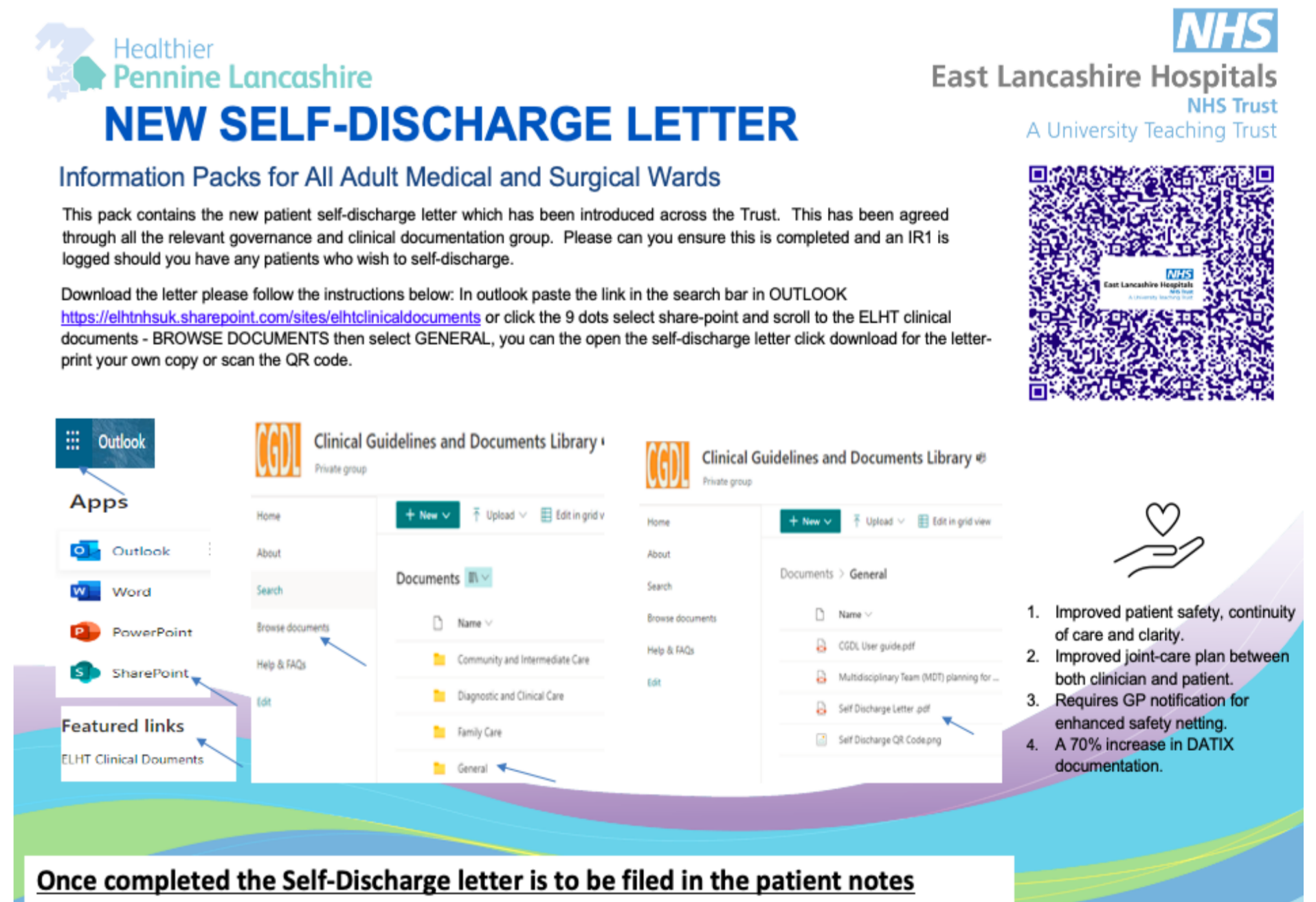
The Self-Discharge letter has now been rolled out across all adult wards in ELHT following the trial period. The project has further been presented and approved at the Clinical Documentation Group. The new self-discharge letter has been uploaded to Clinical Documentation Library so that the organisation can access this anytime.

Spread

Self-discharge packs have been put together and distributed to all wards across ELHT which included a full guide on how to access this.

Sustain

To re-audit this in 6-12 months to establish the form is being used and that incidents are being registered as per Trust policy. This will be done using the Hospital Flow report in Power BI.



Healthier Pennine Lancashire
NEW SELF-DISCHARGE LETTER
Information Packs for All Adult Medical and Surgical Wards

This pack contains the new patient self-discharge letter which has been introduced across the Trust. This has been agreed through all the relevant governance and clinical documentation group. Please can you ensure this is completed and an IR1 is logged should you have any patients who wish to self-discharge.

Download the letter please follow the instructions below: In outlook paste the link in the search bar in OUTLOOK <https://elht.hsj.co.uk/sharespoint.com/sites/elhtclinicaldocuments> or click the 9 dots select share-point and scroll to the ELHT clinical documents - BROWSE DOCUMENTS then select GENERAL, you can open the self-discharge letter click download for the letter, print your own copy or scan the QR code.

Once completed the Self-Discharge letter is to be filed in the patient notes

1. Improved patient safety, continuity of care and clarity.
2. Improved joint-care plan between both clinician and patient.
3. Requires GP notification for enhanced safety netting.
4. A 70% increase in DATIX documentation.

References

Machin, L., Goodwin, D. and Warriner, D., 2018. An Alternative View of Self-Discharge Against Medical Advice: An Opportunity to Demonstrate Empathy, Empowerment, and Care. *Qualitative Health Research*, 28(5), pp.702-710.

Hsj.co.uk. 2022. [online] Available at: <https://www.hsj.co.uk/Journals/2/Files/2011/6/15/Sg2_Service%20Kit_Reducing%2030-Day%20Readmissions.pdf> [Accessed 28 April 2022].