

Review on Different Types of Discharges in a Tertiary Care Health Facility

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ABSTRACT

Discharge planning is a multidisciplinary process of providing care at health process; it involves steps that is goal oriented, identifying the need, assessment, planning, implementation, coordination, and evaluation. It is a bridge between health facility, community health services, NGOs and care providers. These studies can provide us with wider range of problems that can occur during the admission of IPDs. These includes problems like A. what specialty is having highest discharge rate B. is the unplanned discharge is due to certain specific Provider in the speciality C. is the patient is not satisfying with the utility and other services D. Is nursing care not up to standard F. financial issues of the patients

Key-words: planned discharges, unplanned discharges, hospital discharge

INTRODUCTION

Discharging a patient from hospital involves a complex process that requires lot of attention. Early discharge of the patient may lead to various complications and may deter the health and re admission into the hospital. A continued hospitalization is determined by the care given to the patients, on-going diagnostics and also the intervention. Prolonged stay of patients in the facility may occur even if these criteria is met. The failing of the healthcare team in the hospital may lead to the correct time of discharge of the patient and this leads to the prolonged occupancy of the hospital beds.(1)

By taking into account the patient's needs for the community, the process of discharge and it's planning seeks to upgrade the coordination of various aids after being relieving from the health facility. It aims to decrease unnecessary readmissions to hospitals, shorten hospital stays, and close

the distance between the hospital and the location where the patient is discharged.(2)

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Listed below are steps that are involved in the planning of the discharge at health facility: -

1. Pre identification of the patient's need and assessing what kind of assistance they need at the time when they are being discharged.
2. Coordinating with the family members and Caregiving team as they are the one who will collaborate in the process of discharge.

3. Recommendations that are needed for the continued medical care till the time patient gets accommodated, programmes and all the facilities where patient's need and preferences lies.
4. Collaboration with various agencies in community and care service providers.(3)

The main objective of the planning of Discharge is shortening the prolonged stay in the health facilities especially the tertiary health centres in evaluating the success in hospital discharges and planning for particular patients.(4)

BACKGROUND

In the 1960s, discharge planning was first promoted in the US. Both the Joint Commission that is for the Accreditation of Hospitals and the American Hospital Association said in 1983 and 1984, respectively, that all patients should receive discharge planning in accordance with principles that are laid down by the joint commission that is on Accreditation of health Care Organisation. It is been regarded that the main strategy of guaranteeing that post-discharge needs of the patients has to be satisfied so they can do at their best once they are discharged to their homes. The ethical conundrums prevalent in the discharge planning process are identified, clarified, and examined by Marcia Abramson in 1983. Dubbler discussed the purpose of discharge planning to address moral concerns and prevent coercive placement of the elderly in institutions in 1988.(3)

Types Of Discharges

1. Routine Discharge

These types of discharges often seen when patients are sufficiently recovered from their illness. Injury or Surgery while the

healthcare team confirms that the patients are stable and can be recovered at home. The patient is given post operative instructions, follow-up appointment dates thus establishing a proper transition from the health facility

2. Discharge Against Medical Advice (DAMA)

This type of discharge is seen when the patient chooses to leave the facility before the date that the medical care team recommended. Some factors include
Personal Beliefs
Financial Concerns

As the patients in these kinds of discharges are not fully recovered and so the health providers often educate the patients about the consequences of the DAMA.

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3. Transitional Care Discharge

These are the discharges that are recommended for the patients who are critically ill and are required to be transferred from one facility to another speciality care. These are beneficial for the patients that require additional support as the transitional care facility provide advanced medical care and nursing support.

4. Discharge with Homecare

These are the discharges that are required for the patients for homecare health delivery. Patients requiring medical care, monitoring or assessment activity after leaving the hospital.

5. Emergency Discharge

These are the discharges that a patient receives after patient stabilizes from the sudden or severe medical issues. These patients might require extended medical care so they are fully made aware of the understanding of their medical conditions, medicines and follow-ups post discharge(5)



CONCLUSION

Evaluating the type of discharges in a tertiary care health facility we can get an overview of wide range of problems that can occur during the admission of patients. These helps us to understand various aspects like: -

- A. Nature of the discharge i.e., planned or unplanned
- B. Is the increase in unplanned discharge rate resulting from certain specific provider in the facility.
- C. Are the patients not satisfied with the utility and administrative services.
- D. Is nursing care not meeting the standards
- E. Socio-demographics profile of the patients.
- F. Category of Patients i.e., cash or insurances

Declaration by Authors

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