What are the barriers to timely discharge after elective orthopaedic surgery? A qualitative service evaluation

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5. Anju Jaggi, Consultant Physiotherapist
1. Background

Differences in reputation

Ward 1

Ward 2
1. Background

- 1 patient/6 days delayed discharge
- Avoidable
- Range of ages & procedures

LOS between orthopaedic wards
1. Background

- Anecdotal experience
- Verbal behaviours positively associated with health outcomes (Beck et al. 2001 JABFP)
- Empathy applied to discharge scenarios can reduce potential litigation (Smith et al. 2017 Emerg Med J)
- Caring defined as ‘the work or practice of looking after those unable to care for themselves, especially on account of age or illness’ (Oxford Dictionary)
2. Justification

• Growing demand on NHS beds
• The cost of an excess bed day is £222 (2015/16 Enhanced Tariff Option)
• Drive for efficient, early discharge planning
• Patients should not stay in hospital any longer than required
3. What’s the question?

What are Ward 1 service users perceptions of a safe hospital discharge?
4. What did we do?

- 2 x clinical vignettes
- 5 x focus groups
  - Huddle staff (n=4)
  - Patients (n=5)
  - Nursing staff a (n=2)
  - Nursing staff b (n=2)
  - Nursing staff c (n=2)
- Audio recorded
- Open thematic analysis to identify themes
5. What did we find?

Caring | Team Roles | Fear
---|---|---

• “ Patients stay longer to feel less uneasy, hesitant and completely better”  (nurse1)
• “1st impression of a patient important”  (nurse2)
• “I came out that general hospital environment, as not in my nature to push patients out the door. It knocked my care side off. With no A&E demand, we can sit pretty a bit more”  (nurse3)
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- “Patients bring intentions to stay, they don’t help our discharge process” (ward manager)
- “As far as I know, we’re not supposed to discuss discharge plans early on” (nurse1)
- “It’s left to the physio to decide when I go home. They haven’t chopped me around. Doctors sign off is important, even just for a moment” (patient2)
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- “Nurses cannot force patients to walk, we will be reported” (nurse2)
- “Challenging conversations negatively impact our nurse-patient relationship. We see patients all shift, compared to therapists who come and go” (nurse3)
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6. Main theme

What does ‘caring’ mean to these professionals?
7. Conclusion

• Health professionals perceptions of caring differ
  – may be embedded within ward culture
• Different perspectives
  – expectations of surgery
  – time in hospital
• Communication is key within a MDT
8. Impact

- Findings disseminated to MDT, matrons & Directors
- Realisation that culture is an influence on LOS
- It’s not just about type/complexity of surgery
- Informed further research – qualitative/observational
9. Limitations

- Snapshot service evaluation
- Data saturation was not achieved
- Only sampled patients/staff on one day, one ward, one organisation
- Not representative
10. Final thought...

Patients asked to recognise caring... but what do we mean by caring?
Thank you for listening!

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