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**Literature search results**

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<td>Richard Bridgen/Ann Darling</td>
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**Search details**

Approaches to discharge and in particular “planned dates of discharge”

**Resources searched**

NHS Evidence; HMIC; Health Business Elite; Medline; Embase; Cinahl; TRIP database; Emerald Management First; Google Advanced Search

Database search terms: Discharge; discharge planning; DISCHARGE PLANNING; DISCHARGE OF PATIENT; DISCHARGE PROCEDURES; plan*; date*

Google search string: "patient discharge" "planned date" healthcare (hospital or acute or "secondary care")

**Summary**

Quite a lot of information on discharge planning. In terms of specific dates of discharge, not so much. However what I have found, I have included in this summary.

**Guidelines**

Best-practice documents on discharge on the intranet

**NHS Institute for Innovation and Improvement**

Discharge planning

**Institute for Healthcare Improvement**
Schedule the discharge
Streamlining discharges

**Advanced Google Search**

Can clinical decision making improve the inpatient experience for cancer patients: phase 2

Effective discharge planning – clinical policy Salisbury NHS Trust c2008

The Discharge of Children and Young People Policy and Process Mid Cheshire Hospitals
NHS Foundation Trust 2008

Whole Systems Rapid Improvement for Tameside and Glossop Transfer Services 2008

Admission, transfer and discharge policy/guidelines Dartford and Gravesham NHS Trust 2008

Discharge and transfer policy and procedure Nottingham University Hospitals NHS Trust 2008

Discharge policy Royal Bournemouth and Christchurch Hospitals 2007

Discharge policy and procedure – Walton Centre for Neurology and Neurosurgery 2007

Discharge Including Inter-Hospital Transfer Stoke on Trent PCT 2006

Discharge patients when they are ready, not when the system is Department of Health 2006

FOCUS PROJECT: Palliative Care – A Regional Audit of Delays in Discharge Eastern Health & Social Services Board 2006

West of Somerset Discharge Policy Taunton & Somerset NHS Trust 2005

Nurse facilitated discharge St Mary’s NHS Trust 2002

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**Evidence based reviews**

Cochrane Database of Systematic Reviews

Discharge planning from hospital to home 2004

The objective of this study was to determine the effectiveness of planning the discharge of patients moving from hospital.

**Published research**

1. Making effective use of predicted discharge dates to reduce the length of stay in hospital.

Author(s): Webber-Maybank, M, Luton, H

Citation: Nursing Times, April 2009, vol./is. 105/15(12-3), 0954-7762

Publication Date: April 2009

Abstract: Nursing initiative in an orthopaedic department at Cardiff and Vale NHS Trust to improve discharge planning and reduce length of hospital stay by focusing on predicted discharge dates. The 'ticket home' scheme raises awareness of expected discharge dates and needs among all staff involved in the patient's care and keeps the patient informed. An
evaluation of the initiative is discussed. 5 refs.

Source: BNI

Full Text:
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

2. Making effective use of predicted discharge dates to reduce the length of stay in hospital.

Author(s): Webber Maybank, Melanie

Citation: Nursing Times, 2009, vol./is. 105/15(12-13), 0954-7762

Publication Date: 2009

Abstract: This article outlines an initiative by nursing staff in the elective orthopaedic department at Cardiff and Vale NHS Trust to improve discharge planning for all patients on the ward. It describes how renewed focus on the predicted discharge date among multidisciplinary teams and patients themselves increased the proportion of patients who went home by or before their target date and reduced the average length of stay. 1 table 5 refs. [Abstract]

Source: HMIC

Full Text:
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library


Author(s): Lees, Liz

Citation: Nursing Management - UK, 01 June 2008, vol./is. 15/3(30-35), 13545760

Publication Date: 01 June 2008

Abstract: The article presents an exploration of clinical, operational and patients' perspectives of estimation of discharge dates that was undertaken at Heart of England NHS Foundation Trust as part of an audit review of discharge practice on acute medical and elderly care wards. In order to explore these issues, an audit framework of accepted best discharge practice was devised. However, the need to inform organisations strategically about patients' movements and estimated dates for discharge is often poorly understood or communicated at ward level.

Source: HEALTH BUSINESS ELITE

Full Text:
Available in fulltext at EBSCO Host
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4. Facilitating an effective discharge from hospital.

Author(s): Lees, L, Delpino, R

Citation: Nursing Times, July 2007, vol./is. 103/29(30-1), 0954-7762

Publication Date: July 2007

Abstract: Development of a discharge project to improve multidisciplinary team communication and coordination of patients through the process. Information on the ward’s central patient location board was adjusted to include relevant discharge data, including estimated date of discharge. Staff attitudes to the patient boards were assessed. 5 refs.

Source: BNI

Full Text:
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

5. Introduction of estimated date of discharge is associated with reduced length of stay... British Geriatrics Society: Abstracts of papers presented at the Spring Scientific Meeting, 6-7 April 2006.

Author(s): Lockwood A, Tozer K, Cox E, Thomson F

Citation: Age & Ageing, 02 November 2006, vol./is. 35/(0-0), 00020729

Publication Date: 02 November 2006

Source: CINAHL

Full Text:
Available in fulltext at Highwire Press
Available in fulltext at Ovid
Available in print at Louth County Hospital Medical Library


Author(s): Lees L, Holmes C

Citation: Nursing Standard, January 2005, vol./is. 19/17(40-3), 0029-6570

Publication Date: January 2005

Abstract: BACKGROUND: Reimbursement is part of the government's strategy to reduce the level of delayed patient discharge from hospital. This article describes a pilot study, undertaken on one ward in a large NHS teaching trust, to involve clinicians in estimating a date of discharge for patients, to improve discharge practice and assist the reimbursement process. Since January 2004, if a patient is not fit for discharge within a day of being designated for discharge, social services has to reimburse the acute trust up to 120 pounds sterling per day for the delay, if the reasons for the delay were attributed to a delay in the
provision of service. The barriers to implementing this initiative at ward level are discussed and suggestions made for a pragmatic way forward to enable a process for estimating a date of discharge to work in practice. CONCLUSION: Estimating a date for discharge requires two fundamental steps: a clinical process to estimate and/or document a date of predicted medical fitness, followed by a communication process to document an estimated date of discharge. Effective discharge planning leading to a reduction in delayed discharges will not occur without these two steps.

Source: MEDLINE

Full Text:
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Available in print at Pilgrim Hospital Staff Library; Note: Username: library.lincoln@ulh.nhs.uk/Password: library


Author(s): Lees, L., Holmes, C.

Citation: Nursing Standard, 2005, vol./is. 19/17(40-43), 0029-6570

Publication Date: 2005

Abstract: BACKGROUND: Reimbursement is part of the government's strategy to reduce the level of delayed patient discharge from hospital. This article describes a pilot study, undertaken on one ward in a large NHS teaching trust, to involve clinicians in estimating a date of discharge for patients, to improve discharge practice and assist the reimbursement process. Since January 2004, if a patient is not fit for discharge within a day of being designated for discharge, social services has to reimburse the acute trust up to .120 per day for the delay, if the reasons for the delay were attributed to a delay in the provision of the service. The barriers to implementing this initiative at ward level are discussed and suggestions made for a pragmatic way forward to enable a process for estimating a date of discharge to work in practice. CONCLUSION: Estimating a date for discharge requires two fundamental steps: a clinical process to estimate and/or document a date of predicted medical fitness, followed by a communication process to document an estimated date of discharge. Effective discharge planning leading to a reduction in delayed discharges will not occur without these two steps. 24 refs. [Abstract]

Source: HMIC

Full Text:
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8. The effect of anticipatory discharge orders on length of hospital stay in staff pediatric patients.

Author(s): Sumer T, Taylor DK, McDonald M, McKinney V, Gillard M, Grasel K, Kaplan W, Kherellah N

Citation: American Journal of Medical Quality, 1997, vol./is. 12/1(48-50), 1062-8606

Abstract: Effective discharge planning should serve to reduce length of stay (LOS) and lower readmission rates. A combined prospective/retrospective study was undertaken to assess the effectiveness of anticipated discharge order forms in decreasing LOS for staff pediatric patients. Resident physicians provided advance notice of the planned discharge date to nursing staff and patient family members. Patient selection was random, and the data were collected prospectively. These subjects were matched with patients for whom the order form was not used, and the data was collected retrospectively. Matching variables included: diagnosis, age, gender, race, and method of payment. There were 103 matched pairs. LOS was collapsed into low and high categories. There was a significant difference when comparing subject groups (chi 2 = 8.5; P = 0.005). Whereas only 14% of experimental patients were categorized as high LOS, 32% of control patients were classified as such. Physician prediction of discharge date helped decrease patient LOS.

Source: MEDLINE

9. Enhanced length of stay management through monitoring of discharge planning parameters.

Author(s): Walsh CM, Coldiron JS

Citation: American Journal of Medical Quality, 1993, vol./is. 8/3(128-33), 1062-8606

Abstract: Traditional data collection in discharge planning programs has been largely retrospective, measuring the patient's length of stay and unnecessary hospital days at the point of discharge. Although the data collection is useful, it does not lend itself to corrective actions on a concurrent basis. Carney Hospital has developed a data base that monitors patient status daily in order to identify when a length of stay problem is developing and when corrective actions are succeeding. The Patient Tracking System is an interactive computer report utilized by Continuing Care staff, Utilization Review staff, and clinical managers on the patient care units. It is a caseload register that operates from the admission transfer discharge (A/T/D) system of the hospital and sorts inpatients by discharge planning status, length of stay, discharge planning worker, and nursing unit. It is the basis for a weekly management review that identifies numbers of patients and average length of stay to date of key groups of patients proven to impact the overall length of stay in the hospital. Carney Hospital has successfully utilized this system to alert managers to any length of stay "creep," to identify the sources of the length-of-stay problem, and to mobilize key personnel to take corrective actions. The system is easy to use and is an effective length-of-stay management tool.

Source: MEDLINE

10. Predicting inpatient rehabilitation length of stay.
Using standardized forms and predefined criteria, information was collected on all 1,238 patients admitted to the inpatient rehabilitation facility at our university hospital between August 1, 1980 and December 30, 1986. Data from 96% of these patients were used retrospectively to create a mathematic model, based on multiple linear regression, that predicts the patient's total rehabilitation length of stay (LOS). The model requires only information about the patient's admitting diagnosis, referral source, admission functional status, and date of admission. The model compared favorably with prospective estimates of LOS made independently by attending physicians at admission to rehabilitation. We conclude that such models could be used to facilitate management of rehabilitation units, forecast patient census, schedule unit personnel, set interim goals for LOS, and facilitate discharge planning. The delivery of rehabilitation services, like the delivery of other medical services, can be defined in part by objective, measurable patient characteristics.