



Study of Unplanned Discharge in In-Patient Psychiatric Ward

Wong YM, Mak IWC, Yip KW, Yiu GC, KY Lee,
Cheng YLC, Ng CC, Chu HC

**Department of Psychiatry,
United Christian Hospital**

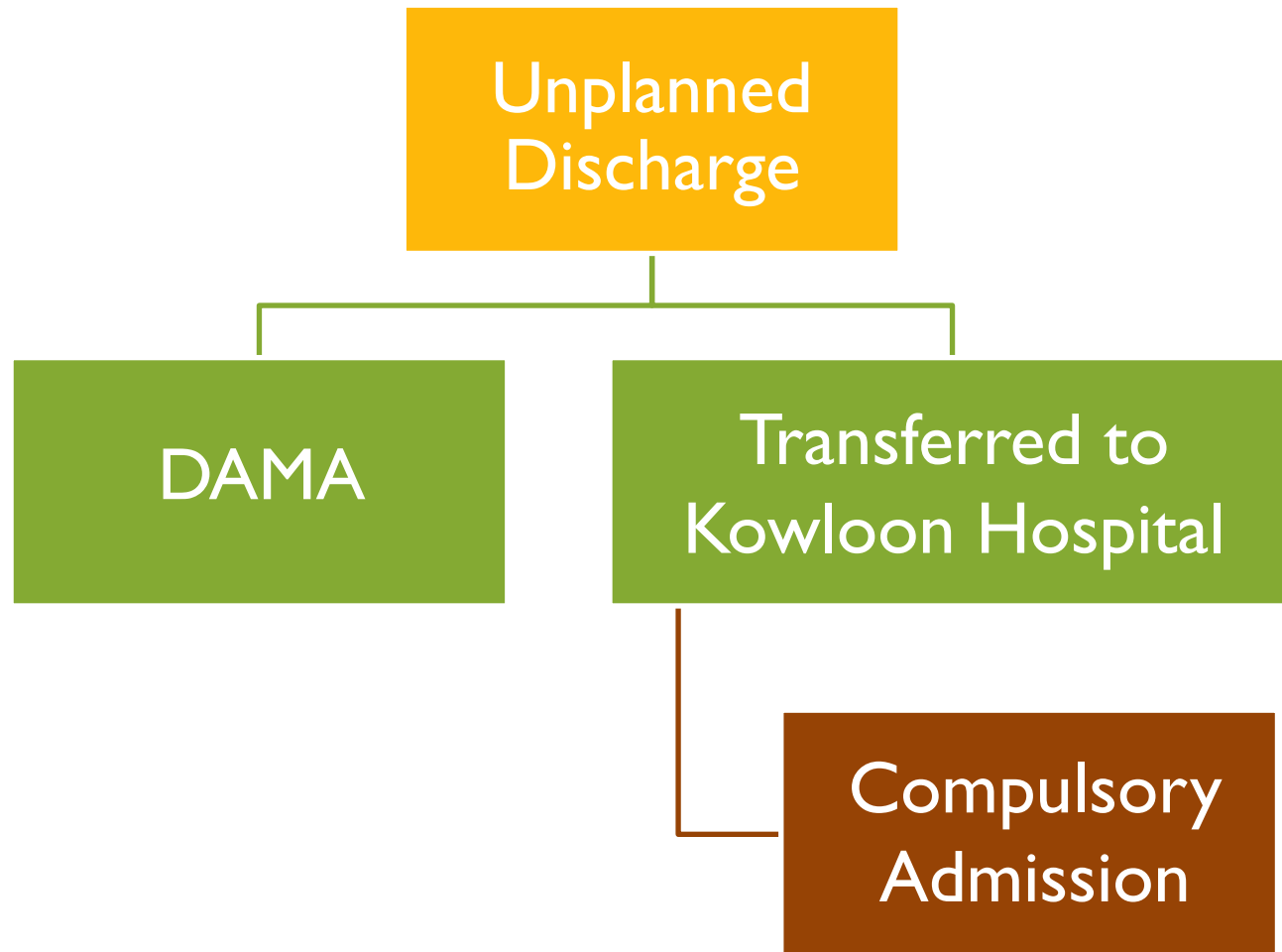
Content

- Background
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Unplanned Discharge

- The premature discharge of a patient when the psychiatrist deems further in-patient psychiatric care necessary

Unplanned Discharge



Unplanned Discharge



Objectives

- To examine the incidence rate of unplanned discharge from United Christian Hospital in-patient psychiatric ward
- To elucidate the risk factors associated with unplanned discharge

Methodology

1/10/2012-
30/9/2013

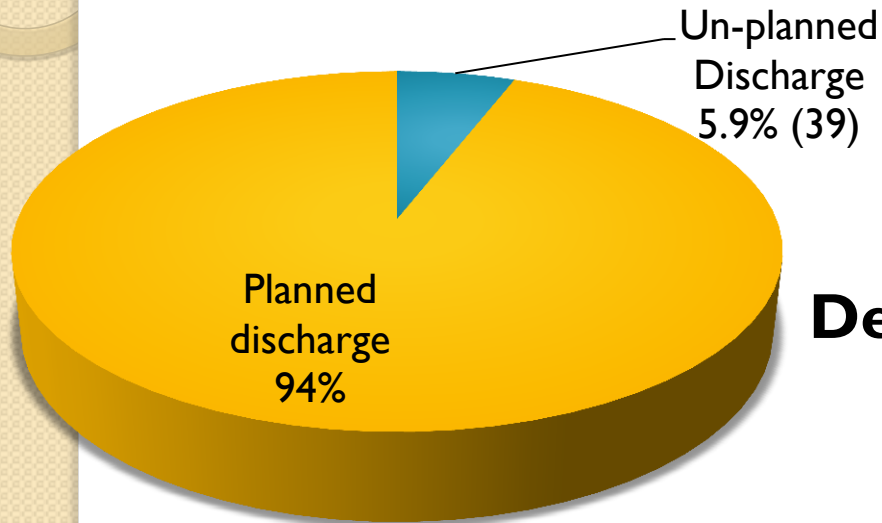
All 662 inpatients

Unplanned discharge
VS planned discharge

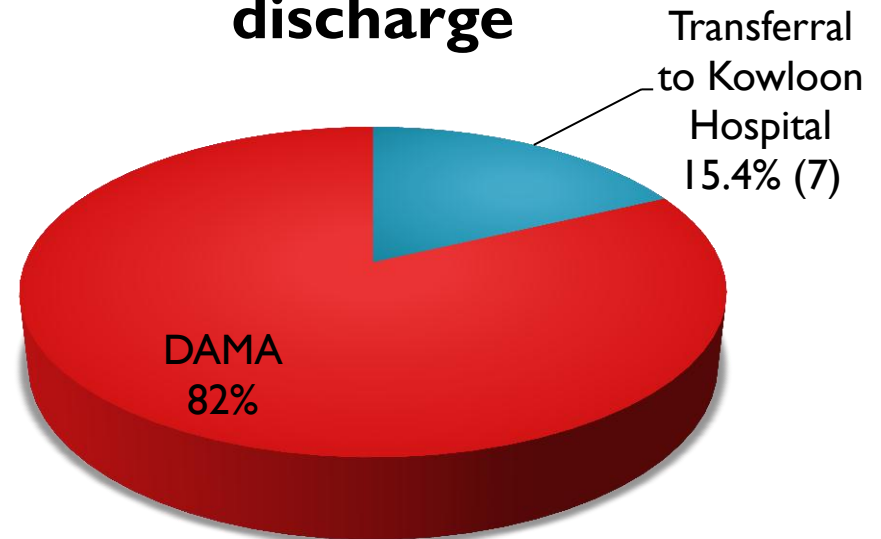
T-test, Chi-square,
Fisher's exact test

Results

Annual Incidence Rate

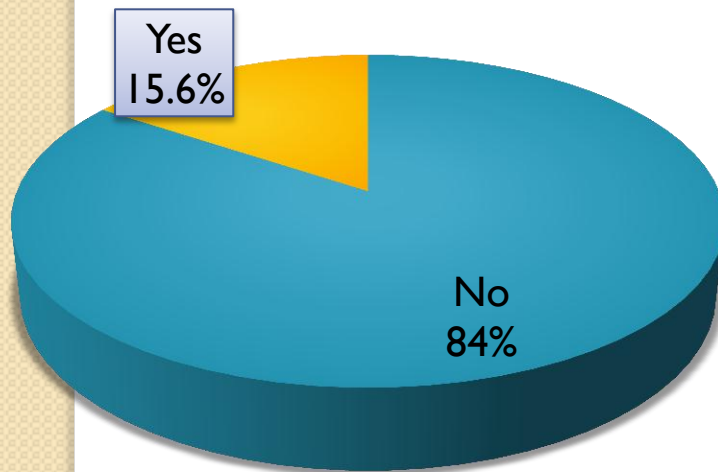


Destination for unplanned discharge

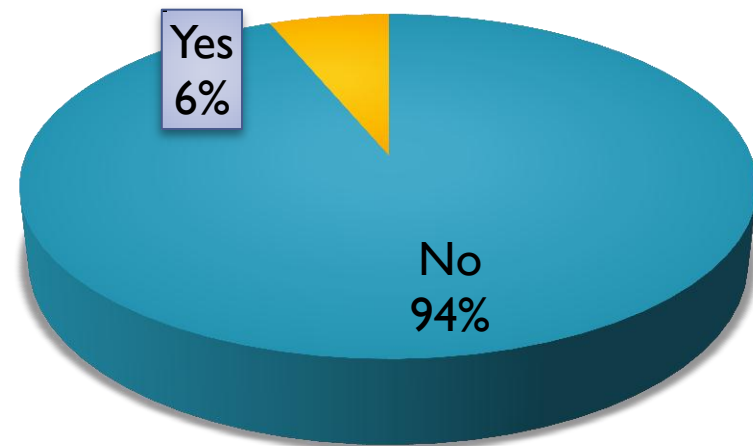


Characteristics of DAMA

Suicidal precaution



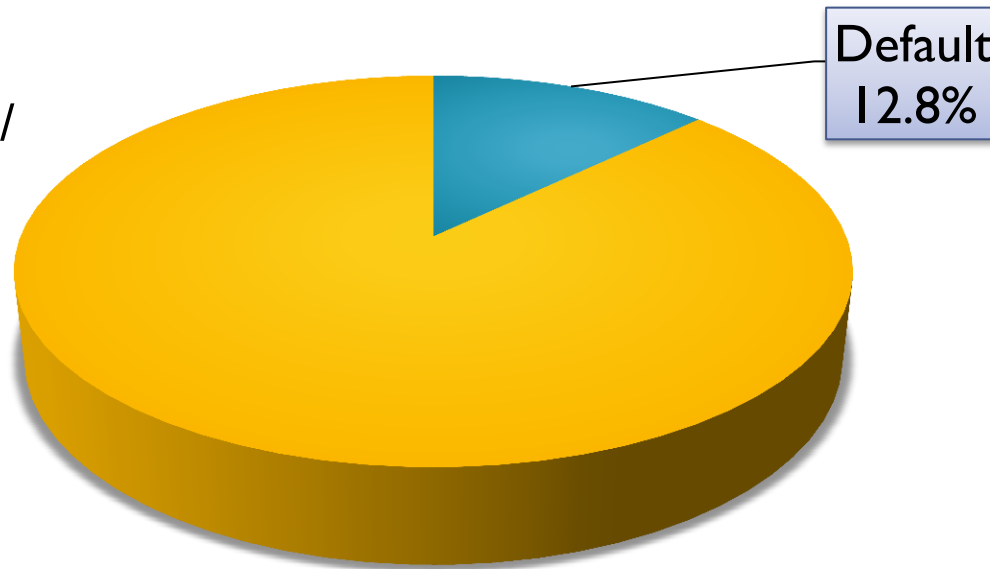
Physical restrain



Characteristics of DAMA

Default rate

FU in MHS/
private
87%



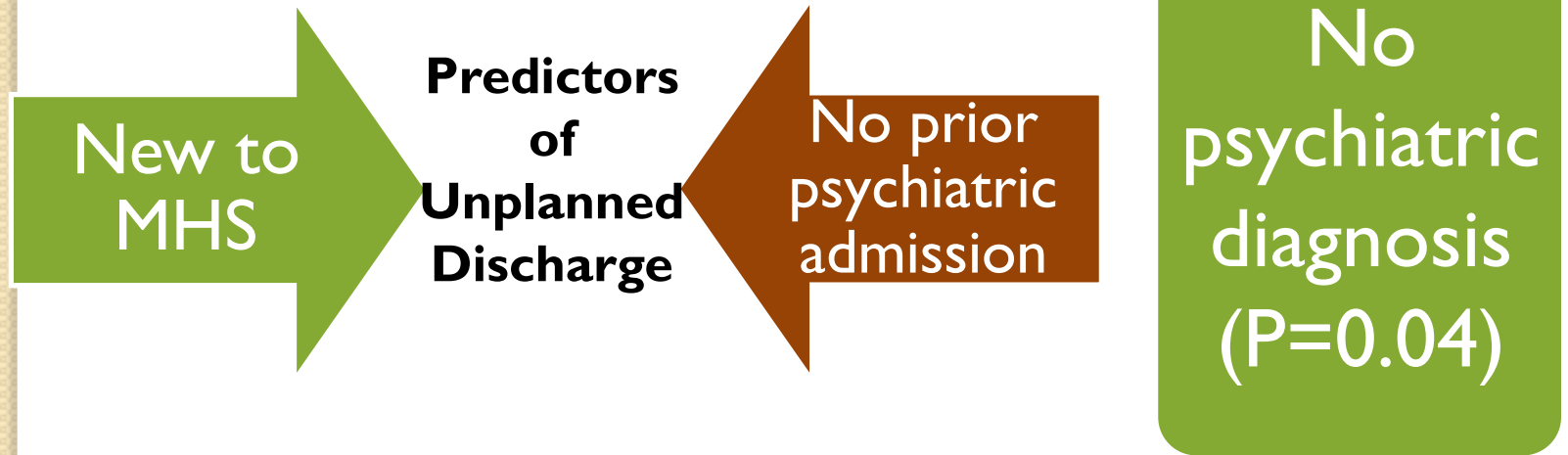
Unplanned VS Planned Discharge

No prior psychiatric admission
($P=0.031$)

2.7 years less of psychiatric care($P=0.032$, CI 95% 0.5-5.1)



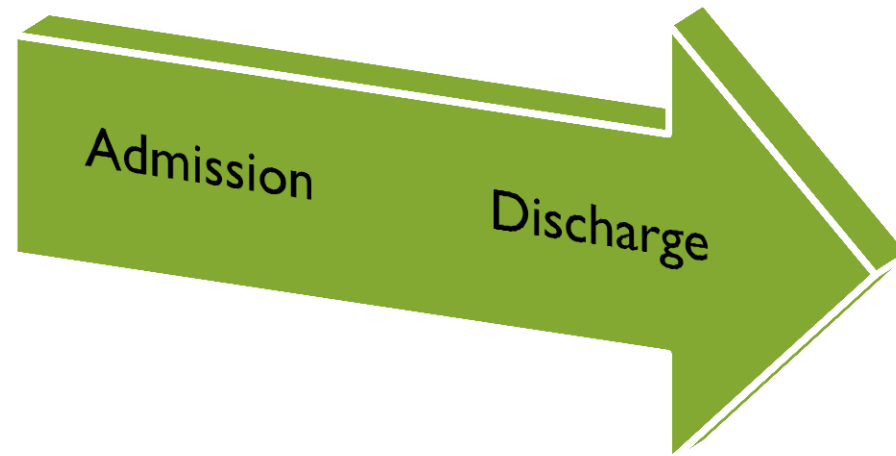
Unplanned Vs Planned Discharge



Suggestions



Risk Assessment



Risk Assessment

Revised: 26-3-13
Effective from : 1-4-13

Department of Psychiatry
United Christian Hospital

Please stick
Full Gum Label

Psychiatric Ward Admission Note

Assessing Doctor: _____ Date: _____

Preliminary Risk Assessment:

Suicidal Risk: Low Intermediate High Very high (consider gazetted setting)

Violent Risk : Low Moderate High (consider gazetted setting)

Fall Risk : Low High (known history of fall in recent 3 months)

Violent Risk : Low Moderate High (consider gazetted setting)

Fall Risk : Low High (known history of fall in recent 3 months)

Infection Control Precaution: No Yes, please Specify : _____

Basic Care Need:

ADL : Independent Require Assistance Dependent

Mobility : Walk Unaided Require Walking Aid Require Assistance
 Chair-bound Bed-bound

Wound Care : No Yes

Precaution/ Remarks:

(e.g. other disturbing behaviors, special confidentiality issue, designated contact person for admission, PFU status of immediate clinical significance, BP/P or unstable physical conditions)

Patient Expectations

Explanation of ward environment:

- 1. admission to *psychiatric* ward
- 2. presence of other psychiatric co-patients
- 3. mixed gender and age ward setting
- 4. restricted access for protection of patients
- 5. hospital non-smoking policy
- 6. restricted use of mobile or IT device with camera function
- 7. collaboration with inpatient CMO on treatment plan

Patient Expectations



Photos of
Ward
Environment



Pamphlets of
Ward
Policies



Patient
Satisfaction
Survey

Post Discharge Care

- To minimize default rate
- Service package based on clinical needs and risk
 - Early follow up
 - Tele-care
 - Liaison with community psychiatry nurse and social worker



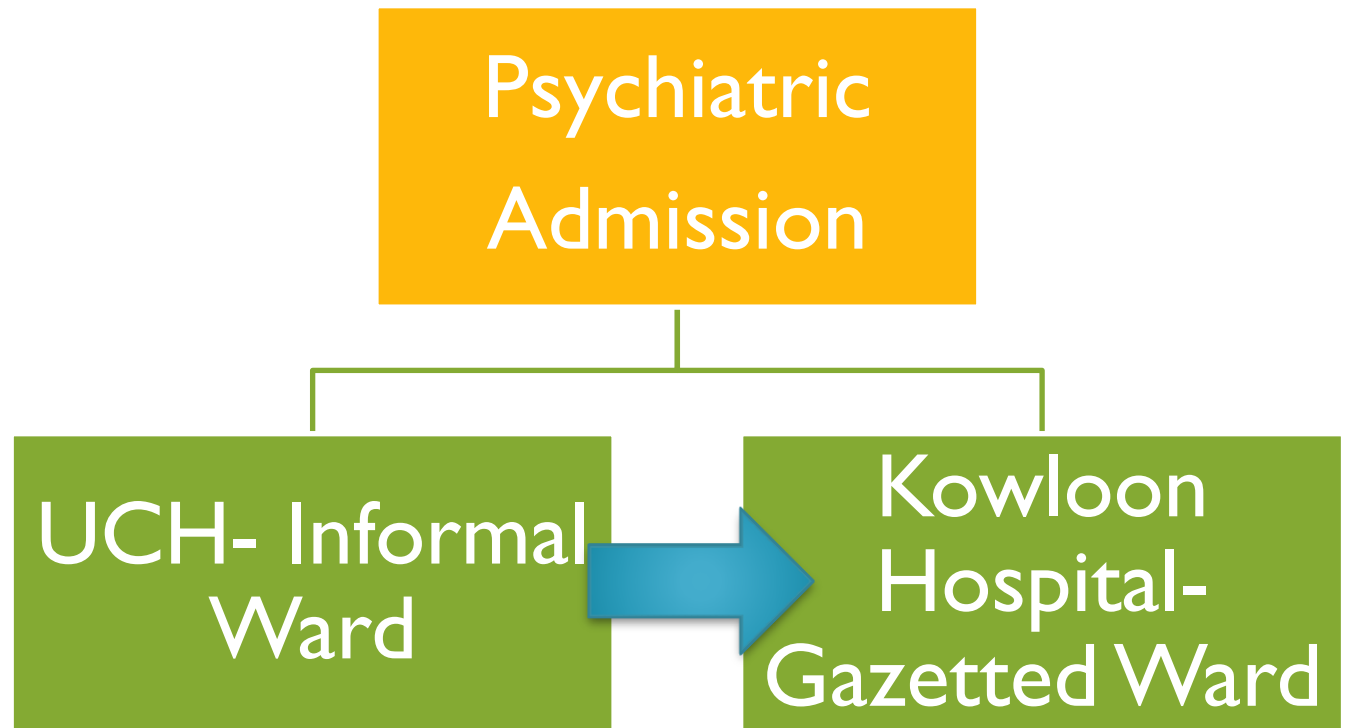
Conclusion

- Unplanned discharge is undesirable and risky
- High risk group for unplanned discharge
 - No prior experience of psychiatric hospitalization
 - New to the mental health service
- Design and refinement of clinical service hopefully can reduce the rate of unplanned discharge
 - Risk
 - Quality of service delivery and staff morale



ACKNOWLEDGEMENT S

Unplanned Discharge



Summary

