Study of Unplanned Discharge in In-Patient Psychiatric Ward

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Content

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Unplanned Discharge

- The premature discharge of a patient when the psychiatrist deems further inpatient psychiatric care necessary
Unplanned Discharge

- DAMA
- Transferred to Kowloon Hospital
- Compulsory Admission
Unplanned Discharge

- Risky
- Staff Morale
- Continuity of Patient Care
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

- Planned discharge: 94%
- Un-planned Discharge: 5.9% (39)

Destination for unplanned discharge

- DAMA: 82%
- Transferral to Kowloon Hospital: 15.4% (7)
Characteristics of DAMA

Suicidal precaution
- Yes: 15.6%
- No: 84%

Physical restraint
- Yes: 6%
- No: 94%
Characteristics of DAMA

Default rate

FU in MHS/private 87%

Default 12.8%
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

New to MHS

Predictors of Unplanned Discharge

No prior psychiatric admission

No psychiatric diagnosis (P=0.04)

No psychiatric diagnosis (P=0.04)
Suggestions

- Patient Expectations
- Risk Assessment
- Post Discharge Care
Risk Assessment
Risk Assessment

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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 ☐ Dependest
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, PPU status of immediate clinical significance, BP? or unstable physical conditions)

P.T.O
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
ACKNOWLEDGEMENTS
Unplanned Discharge

Psychiatric Admission

UCH - Informal Ward

Kowloon Hospital - Gazetted Ward
Summary

- Default
- Risk
- Suicidal and Violent Risk
- Uncertain Psychiatric Diagnosis