

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

Findings from this study resulted in the discharge planning protocol for CCU Maharaj Nakorn Chiang Mai Hospital and the changing of the process of discharge planning development. This change in practice revealed the on-going interaction between theoretical knowledge of discharge planning practice and the experiential knowledge of co-researchers in the specific context of the critical care setting. Since the process was dynamic, issues raised from practice became the direct feedback to the practice through the cycle of participatory action research. During the discharge planning development process, strategies of practice from the concept were gradually integrated into traditional practice.

Conclusion

Investigating the process of discharge planning development and setting up the protocol for use in coronary care unit, Maharaj Nakorn Chaing Mai Hospital were the main aims of this study. The research question of this study was "How can the research team develop discharge planning which is suitable for coronary care unit?". The PAR method was used. Data were collected through several methods which were generally common to the qualitative research paradigm. The methods used included keeping a research journal, document collection and analysis, participant observation

recording, questionnaire surveys, and semi-structured and unstructured interviews. Data collection was done during April 2000 – December 2001.

Data were analyzed using the researcher's self-reflection in the practice role of clinical instructor in CCU. The data analysis was the processing of conceptual and theoretical evidence, mapping the data, interpreting the evidence and presenting the results. Observing events, selecting observations within the event on which to focus, interpreting or drawing conclusion about the perceived situation and critically examining were the methods for drawing the conclusion.

The major findings from data analysis were the basis for initiating discharge planning in CCU and the discharge planning protocol. The discharge planning protocol consists of three phases of activities to be carried out during CCU admission.

Phases 1. Assessment of discharge planning needs phase. The activities consist of assessment of the patient's health care needs and establishing the patient's problems, investigation of the patient for recognition of the recent causes of admission, identifying factors relating to the difficulties after discharge and transfer, identifying relevant caregivers, and reassessing patient's progress using expected date of discharge for CCU patient. This assessment and problem identification will be completed within 48 hours of admission.

Phase 2. Treatment and critical care phase. The activities include providing usual critical care, planning activities to solve problems after discharge, collaborating with other groups of healthcare providers to ascertain potential patient discharge problems, collaborating with other units for specific problems, and preparing the family for patient care including patient teaching.

Phase 3. Discharge/transfer phase. The activities include assessment of patient's status for provision of continuing care and provide prescription for patient and family, informing caregivers and any other consultants to clarify follow up, reviewing likely patient compliance to treatment regimen, reviewing the plan for discharge/transfer, completing transfer/discharge summary, and transferring the patient to other units.

Recommendations and implications of the findings

This study is a practice based development of knowledge. The findings lead to more understanding of the way the nurse accepts and pursues discharge planning. The study revealed the process of care service in which nurses were stimulated to think and act by themselves. The discharge planning in this study, therefore, is the nurse driven discharge planning protocol.

Concerning nursing practice

1. The finding from this study supports the need for discharge planning protocol in a critical care setting like CCU. It should be developed with full participation by all stakeholders. The discharge planning concept needed to be clarified before implementation and with strong support from administrators.
2. Since discharge planning needs to be organized by the person who is knowledgeable and skillful in care management that is the advance practice nurse who needs to be prepared for discharge planning role.

3. Other care strategies which will facilitate discharge planning practice need to be developed, especially the critical pathway for each type of cardiovascular patients and a recording form which the interdisciplinary team can share.

4. To further strengthen the discharge planning protocol, implementing and refining this protocol should be continuously performed, and a successful partnership in collaborative team practice should be established.

Concerning nursing education

Interestingly, this study's findings showed that most nurses did not understand clearly about discharge planning. Therefore, nurse educators should integrate this concept of practice, both theoretically and practically, in their educational program. Also the nurse educator should assist the practitioner in developing guidelines.

Concerning nursing research

With the aim of doing effective discharge planning, research needs to examine and to be conducted in various aspects. The following are recommendations for further research.

1. The discharge planning protocol should be tested for its effectiveness and outcomes, such as length of stay, readmission rate, and satisfaction of all stakeholders.
2. Discharge planning should be developed further by the PAR method in the different units for feasibility in the hospital.
3. Research in the area of developing the role of 'discharge planner' should be undertaken.

4. Discharge planning practice should be studied further in order to confirm the sustainable practice.

Limitations

This study was conducted in a specific context of CCU Maharaj Nakorn Chiang Mai Hospital, the process and practicality cannot be generalized to other settings.

This study did not evaluate discharge planning outcome scrupulously, because the study was viewed by the research team as it just the beginning of the long process of protocol development. It needs to be refined further.

This discharge planning protocol developed by monodisciplinary action which may not cover all aspects of care needed.