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[Intervention Review]

Discharge planning from hospital

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ABSTRACT

Background

Discharge planning is a routine feature of health systems in many countries. The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital, and to improve the co-ordination of services following discharge from hospital.This is the third update of the original review.

Objectives

To assess the effectiveness of planning the discharge of individual patients moving from hospital.

Search methods

We updated the review using the Cochrane Central Register of Controlled Trials (CENTRAL) (2015, Issue 9), MEDLINE, EMBASE, CINAHL, the Social Science Citation Index (last searched in October 2015), and the US National Institutes of Health trial register (ClinicalTrials.gov).

Selection criteria

Randomised controlled trials (RCTs) that compared an individualised discharge plan with routine discharge care that was not tailored to individual participants. Participants were hospital inpatients.

Data collection and analysis

Two authors independently undertook data analysis and quality assessment using a pre-designed data extraction sheet. We grouped studies according to patient groups (elderly medical patients, patients recovering from surgery, and those with a mix of conditions) and by outcome. We performed our statistical analysis according to the intention-to-treat principle, calculating risk ratios (RRs) for dichotomous outcomes and mean differences (MDs) for continuous data using fixed-effect meta-analysis. When combining outcome data was not possible because of differences in the reporting of outcomes, we summarised the reported data in the text.

Main results

We included 30 trials (11,964 participants), including six identified in this update. Twenty-one trials recruited older participants with a medical condition, five recruited participants with a mix of medical and surgical conditions, one recruited participants from a psychiatric hospital, one from both a psychiatric hospital and from a general hospital, and two trials recruited participants admitted to hospital following a fall. Hospital length of stay and readmissions to hospital were reduced for participants admitted to hospital with a medical diagnosis and who were allocated to discharge planning (length of stay MD − 0.73, 95% CI − 1.33 to − 0.12, 12 trials, moderate certainty evidence; readmission rates RR 0.87, 95% CI 0.79 to 0.97, 15 trials, moderate certainty evidence). It is uncertain whether discharge planning reduces readmission rates for patients admitted to hospital following a fall (RR 1.36, 95% CI 0.46 to 4.01, 2 trials, very low certainty

evidence). For elderly patients with a medical condition, there was little or no difference between groups for mortality (RR 0.99, 95% CI 0.79 to 1.24, moderate certainty). There was also little evidence regarding mortality for participants recovering from surgery or who had a mix of medical and surgical conditions. Discharge planning may lead to increased satisfaction for patients and healthcare professionals (low certainty evidence, six trials). It is uncertain whether there is any difference in the cost of care when discharge planning is implemented with patients who have a medical condition (very low certainty evidence, five trials).

Authors' conclusions

A discharge plan tailored to the individual patient probably brings about a small reduction in hospital length of stay and reduces the risk of readmission to hospital at three months follow-up for older people with a medical condition. Discharge planning may lead to increased satisfaction with healthcare for patients and professionals. There is little evidence that discharge planning reduces costs to the health service.

PLAIN LANGUAGE SUMMARY

Discharge planning from hospital

Background

Discharge planning is the development of a personalised plan for each patient who is leaving hospital, with the aim of containing costs and improving patient outcomes. Discharge planning should ensure that patients leave hospital at an appropriate time in their care and that, with adequate notice, the provision of postdischarge services will be organised.

Objectives

We systematically searched for trials to see the effect of developing personalised plans for patients leaving the hospital. This is the third update of the original review.

Main results

We found 30 trials that compared personalised discharge plans versus standard discharge care. Twenty of those studies included older adults.

Authors' conclusions

This review indicates that a personalised discharge plan probably brings about a small reduction in hospital length of stay (mean difference − 0.73 days) and readmission rates for elderly patients who were admitted to hospital with a medical condition, and may increase patient satisfaction. It may also increase professionals' satisfaction, though there is little evidence to support this. It is not clear if discharge planning reduces costs to the health services.