

Increasing Service User Confidence Upon Discharge QI Project



Emily Kobelis | Clinical Lead Occupational Therapist at Cygnets Hospital Beckton

Emotionally Unstable Personality Disorder

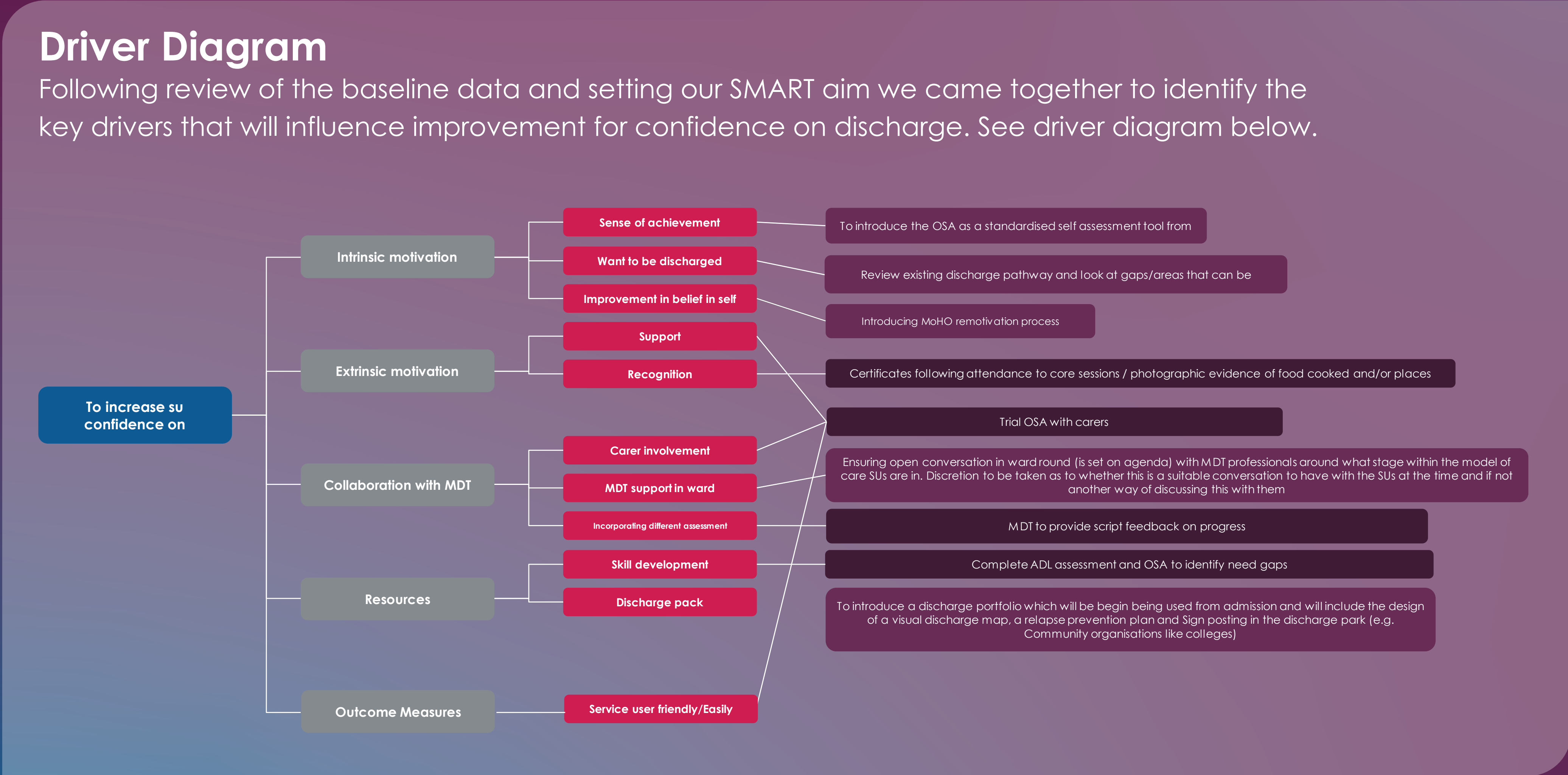
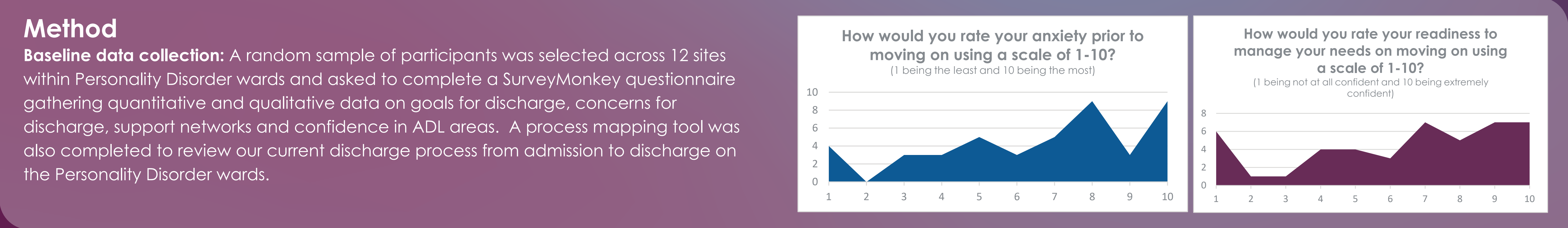
Emotionally Unstable Personality Disorder (EUPD) is characterised by difficulties in behavioural, emotional and cognitive instability and dysregulation. These difficulties can lead to deficits in managing emotional responses, in particular anger, engaging in chaotic and intense relationships with frequent efforts to avoid abandonment, impulsive behaviours aimed at problem solving and tolerating distress, and an incomplete sense of self. Due to these difficulties, we often find that those diagnosed with EUPD are admitted to inpatient services for extended periods of time. These admissions can provide a helpful space in which to learn new skills and can provide a sense of safety and containment.

Aim of the Project

To reduce service users' anxiety prior to moving on. It focuses on those who report moderate to high levels of anxiety (6-10 on the scale), with a change from 66% to 30% aimed for by October 25.

Transition and Discharge

Moving house is recognised as one of the most stressful life events as it requires adapting to a new environment and potentially leaving behind established support networks. This is no different from people transferring from hospital to a step-down service and/or to the community, especially if admission has been lengthy. People with a diagnosis of personality disorder are the most likely diagnostic group to be readmitted to hospital within 90 days of discharge (Tulloch et al., 2016). Some of the factors making readmission more likely include: High risk of relapse and self-harm, change in relationships, co-occurring disorders, stigma and limitations of services in the community. All of these are linked to a reduction in support. Undeniably, this process is difficult and can lead to increased anxiety. The transition from hospital to home has been described by service users as moving from a sheltered environment to feeling vulnerable in the community (Owen-Smith et al., 2014). Research also indicates that the risk of nonfatal self-harm is greatly increased following discharge from hospital (Gunnell et al., 2008). Thus, it feels imperative that we address the concerns about discharge and the associated anxiety as part of the discharge process.



Change Ideas

We have chosen to initially focus on two change ideas:

- Family/Friends outcome tool based on the OSA
- Visual Discharge Plan

Anticipated Results

We aim to identify and implement further change ideas as we move through the project. It is then anticipated that we will achieve the following results:

- Reduce service user anxiety for discharge
- Increase friends and family confidence for discharge
- Create resources to support the discharge planning process

