# Increasing Service User Confidence Upon Discharge QI Project



### Emily Kobelis | Clinical Lead Occupational Therapist at Cygnet 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.

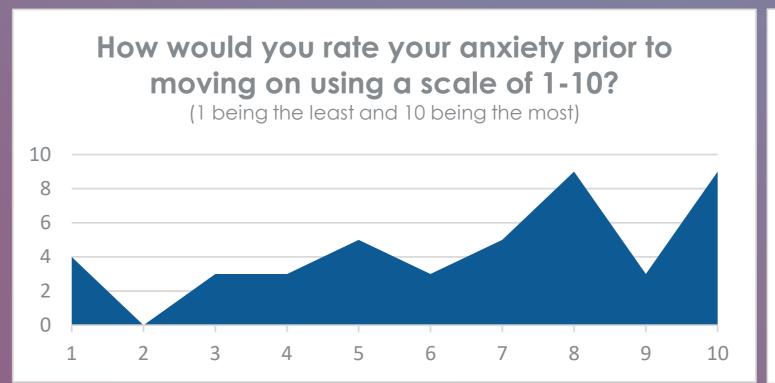
#### Transition and Discharge

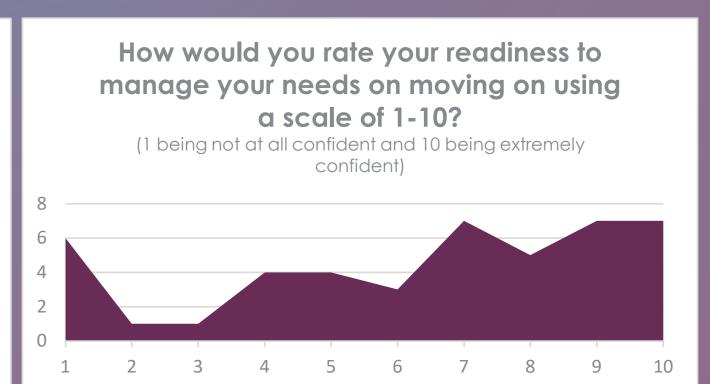
Moving house is recognised as one of the most stressful life events as it requires adapting to a new environment and potentially leaving behind established support networks. This is no different from people transferring from hospital to a step-down service and/or to the community, especially if admission 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.

#### Method

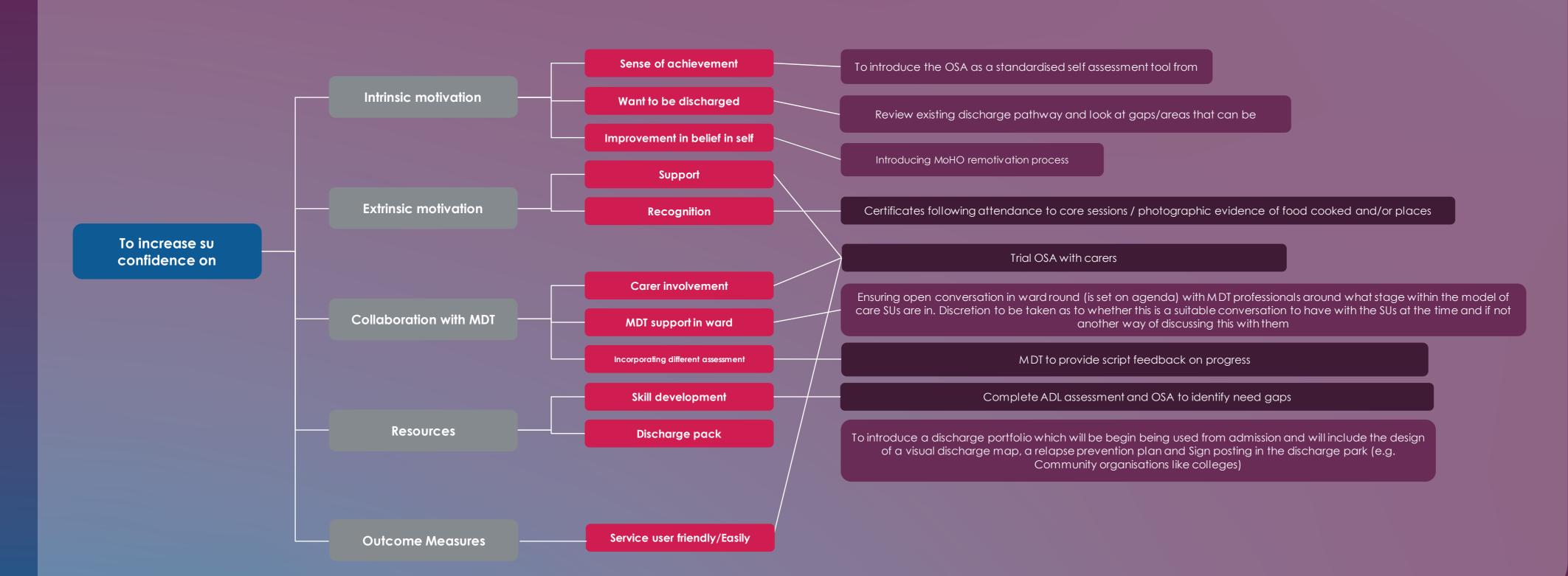
**Baseline data collection:** A random sample of participants was selected across 12 sites within Personality Disorder wards and asked to complete a SurveyMonkey questionnaire gathering quantitative and qualitative data on goals for discharge, concerns for discharge, support networks and confidence in ADL areas. A process mapping tool was also completed to review our current discharge process from admission to discharge on the Personality Disorder wards.





#### Driver Diagram

Following review of the baseline data and setting our SMART aim we came together to identify the key drivers that will influence improvement for confidence on discharge. See driver diagram below.



#### Change Ideas

We have chosen to initially focus on two change ideas:

- 1. Family/Friends outcome tool based on the OSA
- 2. 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





#### REMEMBER!

- Talk to the team about how I am feeling
- I've got this
- I deserve this

## Cygnet

#### Special thanks to:

Haley Williams, Deputy Head of Quality Improvement Amy Pennington, Quality Improvement Content Designer Dawn Miller, CBT/DBT Psychotherapist Victoria Wisniewski, Director of Occupational Therapy (North)

#### Feedback on the Project so far:

"As parents, we needed support through the process as our daughter had been in hospital for many years.

We are confident that when people are actively involved in discharge planning, it leads to a better outcome."

John and Gertie Hendle

unpredictation to us. People at the pathway, years.

pathway, years.

plan as we were planning, it leads to a better outcome."

NR, LS, RR, G

"Care teams in the community can be unreliable and unpredictable, and to have this support is really important to us. People assume that when you are on the discharge pathway, you need less support, but this is when you need it the most. We really like the idea of a visual discharge plan as we like to see our progress."

NR, LS, RR, CJH from Cygnet Beckton