This article addresses an issue which is very much on the agenda of all staff working in the elective orthopaedic area. The importance of achieving an individualised but efficient length of stay for all our patients is imperative. This is particularly significant in this setting which has one of the longest waiting periods for surgery.

Efficiencies with discharge planning have a ripple effect through the health service. An appropriate length of stay has a positive impact for the patient and the service. For the patient, it allows reduced length of time waiting on a list. It reduces a prolonged length of stay in the hospital and therefore avoids exposure to hospital care associated infections. By appropriately discharging patients, it avoids cancellations that occur due to lack of bed availability. For the patient and their family, having a predicted length of stay allows them to make the necessary plans facilitating a smooth transition from home to hospital and back to home again. For the service, it allows for efficient use of the hospital services, reduces waiting list times and promotes patient satisfaction with the service provided.

The very nature of predictive discharge dates or estimated length of stays does not allow for the individual assessment based on the particular and unique needs of all patients. However as nurses, we are keenly aware that the patient’s needs must always be met but one must also be aware of the service needs.

Our colleagues in Cardiff have identified a novel way in addressing this challenge. Their use of the ticket system individualises patient care, focusing all team members on the discharge plan and the importance of their role in relation to the overall plan. The ideas presented are very clear; the concept is a great idea. Most importantly it gives all the information to the patient and their family which allows them to plan their discharge giving control to them. In the outcome, it describes there had been a reduction in the average length of stay but how was this audited? It would appear that the aim is to cut the length of stay of the patient and get them home early but there is no mention of getting them home safely. It would also be interesting to note if there was an increase in readmissions? The patient’s views on the discharge information /planning is another way in which this process can be evaluated and this article included comments from the patients which clearly demonstrate that the process is working well.

More information on the actual tool or a diagram depicting same would be useful for others to have a clearer picture of how it might work.
From an Irish perspective, this ticket process follows the principles of H.S.E. Code of practice for integrated discharge planning (2008).

Reference