

Commentary: Discharge planning in day-care cataract patients

The incidence of cataract is increasing worldwide because of the growing and aging population. Cataract surgery especially phacoemulsification is increasingly performed as a day care procedure with fewer follow-ups.^[1] Day surgery is now widely accepted as a fast and safe therapeutic regimen.^[2] The rate of day care cataract surgery is almost 100% in Denmark.^[3] It is crucial to develop day care cataract surgery programmes as they use fewer hospital resources, are cheaper, and more efficient than conventional hospitalization. International Association for Ambulatory Surgery defined day surgery in the UK and Ireland as: The patient must be admitted and discharged on the same day, with day surgery as the intended management.^[4] There are no absolute contraindications for day surgery patients. Patients with stable chronic medical conditions are considered suitable for day surgery.^[5]

Authors have highlighted an essential aspect of day care surgery, namely discharge planning which is imperative for day care programme to succeed in totality.^[6] Purpose of discharge planning is to ensure continuity of quality care between the hospital and the community. It is pertinent to remember that discharge planning is a process, not a single event. *Readiness for hospital discharge* is one part of discharge planning and provides an estimate of patients' and their family members' ability to leave an acute care facility, to carry out self-care management regimens. Availability of social support and access to the health care system and community resources are also part of readiness for discharge

evaluation.^[7] This study indicates that group education may lead to insufficient guidance and inaccurate explanations resulting in poor understanding of the discharge knowledge by patients, affecting readiness for discharge. *Discharge teaching* is another vital constituent of discharge planning service. As mentioned by the authors, high-quality discharge teaching is likely to improve the cure rate and prevent complications. In a day care setting, this teaching is usually imparted in group education sessions, akin to one size fits all dictum, which is unlikely to meet patient needs. *Post-discharge outcome* assessment among cataract patients usually includes measurement of visual acuity and complications and can be used as a tool to rate day surgery concept. Health-related compliance behavior is another element to assess postdischarge outcome which relates to the occurrence of complications. This compliance, in turn, is affected by the quality of discharge teaching.

Discharge planning reduces hospital length of stay, unplanned readmission to hospital, improves the coordination of services following discharge from the hospital, boosts patients' self-care ability, prevent complications and promote patients' rehabilitation. The structure of discharge planning can be (a) *informal* (ordinary) discharge planning without following any discharge planning procedure and guidelines and without any discharge planning record or (b) *formal* (specialized, structured) discharge planning conducted by hospital's discharge planning staff with the record.^[8] Unfortunately, discharge planning is an ill-defined and poorly standardized process in most acute care settings and the time available to a healthcare team to adequately prepare patients for discharge has reduced drastically with decreasing lengths of hospital stay.^[9] Benefits can accrue if information sharing and communication occur as

part of an efficient and effective discharge planning process such as organization's benefit in terms of efficient resource utilization and higher quality of life, better health outcomes for patient, caregiver's benefits are strengthened, relationship and feeling valued as partners, and precise role delineation and effective discharge planning for health care providers.^[10]

Published literature mentions about day care programmes for patients undergoing phacoemulsification, while in India and elsewhere, manual small incision cataract surgery (SICS) forms a large chunk of surgeries with day care pattern being followed. It seems safe but there is a need for systematic studies to find any differences vis-a-vis., phacoemulsification and to formulate guidelines. Interestingly, the concept of day care surgery for cataract was advocated by Ingram *et al.*^[11] for intracapsular cataract extraction! Day care surgery may well be an accepted norm in the present scenario but cannot be adopted in all patients with coexisting morbidities and those coming from far-flung areas. Problems of discharge planning exist internationally. Impediments towards achieving goals of discharge planning are poor compliance of patient/family members, deep-rooted myths, and poor ability to comprehend discharge advice. Poor compliance behavior and discharge teaching appear to be weak links in the whole chain. Despite these shortcomings, it is observed in practice that the outcome of uneventful cataract surgeries is gratifying. Moreover, in the government facility in the Indian context where most of the care is free, it is difficult to enforce day care option to all.

How to achieve the desired level of discharge plan? Role of paramedics especially nursing staff is paramount and dedicated staff needs to be allocated for effective discharge planning. The staff involved in discharge planning need not only good training but must have a high motivational level as dealing with geriatric populace can be demanding and frustrating. Rotation of staff, the involvement of young trainees and the use of spiritual material can reinforce caring attitude in a monotonous setting. Innovative and improvised education methods, preferably customized, need to be developed based on the existing level of knowledge in patients, domestic situations, prevalent local customs/beliefs/myths, and urban/rural setting. To give an example, in the Indian context, many a discharge planning fail with patients reporting with backache on follow-up because they were only allowed to lie straight, by family members/friendly neighbors for days after surgery! Elderly people are likely to forget instructions about postoperative care where comes the handiness of printed instructions including pictorial depictions albeit in a concise format. Postoperative care and rehabilitation require individual attention if the quality of life is to be maximally improved. Use of a mobile phone application for evaluation of postoperative recovery in day surgery patients has also been reported and helps to identify key areas for improvement in perioperative care.^[12]

Of all parameters of discharge planning, quality of discharge teaching is the backbone through which much can be achieved in terms of planned discharge leading to quality care at home and rehabilitation. Despite hindrances, plenty can be accomplished by adopting a structured discharge plan.

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