



Effective Health Care

Family Involvement in Hospital Discharge Planning Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Family involvement in hospital discharge planning for mental health services is not feasible for a full systematic review due to the limited data available for a review at this time. No further activity will be undertaken on this topic.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in a specialized hospital discharge planning program that involves the training of family members to become part of the aftercare. He is particularly interested in patients with psychiatric illness and other related health conditions. Further, the nominator would like to see a comparison of discharge models that include family involvement versus those that do not.

Population(s): Patients with psychiatric illness or other related health conditions.

Intervention(s): "Traditional" hospital discharge planning programs/models.

Comparator(s): Discharge planning programs/models that include family involvement.

Outcomes(s): Reduced hospitalization, reduced readmissions, patient satisfaction, improved (medication) compliance, and cost containment.

Key Questions from Nominator: None

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- There is limited research on hospital discharge interventions for mental health in general, and specific research on family involvement in psychiatric and mental health patient discharge is especially lacking. No systematic reviews were identified on the effectiveness of family involvement in hospital discharge planning or on discharge interventions for psychiatric or mental health patients exclusively. A literature scan for primary research identified very little on the subject of family involvement in hospital discharge planning. Most studies identified were published in the late 1970s to late 1980s. This data is likely too outdated to generalize to today's patient population, especially given the changes in the hospital environment (e.g., reduced length of stay and increased discharge rates). Therefore, the topic of family

involvement in hospital discharge planning is not feasible for a full systematic review due to the limited data available for a review at this time.