

# Nursing Practice

## COMMENT

### “Cottage industry could end delayed discharge misery”

**M**uch has been written on the cost implications of delayed discharge of patients in acute settings. Less documented are the health implications for these pejoratively titled bed blockers, the majority of whom are older people.

Obviously, illness and its treatment are the main issues affecting patients' health. But hospitalisation is not benign and prolonged stays, particularly for older people, can result in many complications. Studies have documented declines in functional ability, increased risk of adverse events (including drug errors, falls and pressure ulcers), hospital acquired infections and malnutrition.

Anyone who has witnessed these frequenters of busy acute wards will not be surprised to know that symptoms of depression and loss of cognitive function are common. As well as being inconvenient and expensive, delayed discharge presents grave health risks.

The older people/acute care system interface is not a happy place. Working under pressurised conditions, acute staff – who often have no specialist training in the care of older people – inevitably fail to meet their needs. High demands on staff time make rehabilitation and communication secondary considerations. Dignity, autonomy and sometimes even basic human rights are denied and witnessed by a workforce that is aware and keen but inevitably struggling.

The 2004 Community Care Act was set up to encourage the timely provision of services for people ready for discharge

from acute care. But, despite this and other attempts to tackle the causes of delay, problems with insufficient care home places, delivery of care in the community, funding issues and rising admission rates, delayed discharge remains a stubborn problem.

Is there an answer?

Comparisons with other settings do not indicate a clear alternative. Elderly long stay wards or hospital-at-home initiatives are often labelled Cinderella services, are poorly resourced and, despite the efforts of those involved, not delivered well.

Units providing acute care for older people with specialist elderly care nurses do perform well but are few and far between. Yet this approach may direct us to a solution already staring us in the face.

Could community hospitals, with their longstanding experience in this area, take up the slack? Under attack by administrators but loved by their local communities, cottage hospitals already specialise in the care of older people.

Maybe it is a simple idea – the best ones usually are – but surely money wasted on inappropriately filled acute beds could be used to fund more of these much-loved and perfectly situated and staffed institutions.

The current situation is unsustainable in any measure of cost, financial or human. Using community hospitals to resolve the problems of delayed discharge could reverse attitudes towards cottage hospitals from expensive luxuries we can't afford to vital services we can't afford to lose. **NT**

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## HIGHLIGHTS

**Palliative care in Parkinson's disease** *p22*

**Preventing errors in insulin administration** *p16*

**What minimises drug errors in nursing homes?** *p14*



## SPOTLIGHT

### Nightclub drug can have lifelong effects

Bladder problems are not uncommon, but are mainly found in certain groups of patients such as older people, those with neurological conditions and women after childbirth. However, nurses may find a new group presenting with these problems – otherwise healthy young adults.

Ketamine bladder syndrome is a potentially irreversible result of using the veterinary anaesthetic that is increasingly used as a recreational drug. As our review on page 18 explains, it is tough to treat, particularly if not addressed at an early stage. Sadly, the embarrassing nature of symptoms and fear of admitting to illegal drug use means patients often present when the problem is advanced.

While patients need specialist urology care, many will present in A&E or GP practices. Nurses who come across young people with bladder problems should consider this cause. Prompt referral and sensitive questioning may help prevent youthful mistakes having lifelong consequences.



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