New study on self discharge from Alice Spring Hospital offers critical insights

The study was conducted at ASH between July 2006 and August 2007, but has only just been published (Australian Health Review, 2013; 37, 239-245 http://www.publish.csiro.au/?paper=AH11087). The team wanted to find out more about why Aboriginal patients self discharge from hospital and what were the likely concerns and perceptions that lead to patients making this decision. Integral to the study was the role of the Aboriginal Liaison Officers of ASH, who conducted all the interviews with patients in language as well as being very involved in all stages of the study development and implementation. The ALOs interviewed medical patients at ASH about their understanding of their diagnosis and care, alcohol consumption, history of self-discharge, use of a traditional healer, social problems and loneliness, and a questionnaire about perceptions of the hospital and its surroundings.

While only 6% of the patients interviewed complained of poor communication, 73.4% did not have a good understanding why they were admitted and 82% were unable to estimate their length of stay. The hospital surroundings the features that gave patients the most concern were the asphalt surroundings, lifts and being on the second floor. Over half of the patients were worried about being transferred to Adelaide or Darwin.

Self discharge was not associated with increased rates of re-presentation, readmission, or death. Risk factors derived from the characteristics of those in the study who self-discharged included desire to drink alcohol, possible transfer to a tertiary referral centre, past history of self discharge, male gender and a past history of alcohol dependence. Self discharge rates also varied between different treating teams.

This study reminds us that the reasons behind self discharge are complex and there is definitely more room for improvement in how medical teams and hospital staff communicate with patients. We should also consider what can be done at a Primary health care level to better prepare patients for hospitalisations, as established rapport and trust can facilitate meaningful conversations about patient concerns and misunderstandings better than unfamiliar people from the hospital talking from the end of the bed. The pivotal roles of the ALOs, the use of language and the culturally safe elements of the study design are also good lessons to be learnt from this insightful study.