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WHOLE SYSTEM TRANSFORMED: MAKING DISCHARGE EVERYONE'S BUSINESS

Lucy McNally^{1,2}, Julie Mardon¹; ¹NHS Forth Valley, Larbert, United Kingdom, ²University of Glasgow, Glasgow, United Kingdom

Correspondence: lucy.mcnally@gmail.com

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Background and aim: Delayed discharges are a challenge in every hospital. The Scottish Government are 'committed to significantly reducing the number of people who are waiting to move from hospital wards to more appropriate settings [1]. This transformative simulation has been designed for all multidisciplinary team members involved in a patient's care to engage in discharge planning; and to 'respond to health service needs [2]. This simulation was created to break down barriers between acute and community care, reduce silo mentality and share the decision-making and risk around discharge.

- **Aims:** Empower any member of staff to have discharge conversations.
- Emphasis on early discharge conversations.
- Join up acute and community staff involved in the discharge process.

Activity: The simulation involves a three-hour session with three scenarios. The session has run in both acute and community hospitals. Participants are multidisciplinary, and have included doctors, nurses, allied-health professionals (AHP), flow team, carers representatives, social workers, social care staff, home care staff and NHS Education for Scotland (NES) staff. The participants, in pairs, have a simulated conversation with a patient's relative about discharge. The learning objectives from the scenarios are around realistic medicine, managing risk and dealing with anxious families. To assess the immediate impact of the simulation, participants complete a pre-simulation questionnaire on arrival and a post-simulation questionnaire at the end of the session.

Findings: The results were from the pilot session pre and post simulation questionnaires in March 2023. Participants ($n = 10$) were asked 'How would you rate your willingness to have discharge conversations with patients/family members?' before the simulation the mean rating was 3.8 out of 5. Following the simulation, the participants were asked 'To what extent does this training empower you to have discharge conversations?' and the mean rating was 4.7 out of 5. This demonstrates that the simulation increased willingness and empowerment to have discharge conversations.

Prior to the simulation participants were asked 'What makes it difficult to have these conversations?' Themes from the qualitative answers were family expectations and managing uncertainty, both of which were learning objectives in the scenarios.

Conclusion: Our participant feedback has shown that this Discharge without Delay Simulation has 'made discharge everyone's business.' This simulation can provide transformative change to help healthcare professionals have early discharge conversations. This provides better patient-centred care by returning the patient to a homely

environment, to reduce delayed discharges and increase patient safety.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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CONTENT

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APPLYING THE MENTAL CAPACITY ACT THROUGH MULTI-DISCIPLINARY SIMULATION - A SUCCESSFUL PILOT

Sebastian Gonzalez¹, Jennie Wood¹, Lisa Stevens¹, Christiane Plaum¹, Sini John¹, Eric Opoku¹; ¹Homerton Healthcare NHS Foundation Trust, London, United Kingdom

Correspondence: sebastian.gonzalez@nhs.net

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Background and aim: An assessment of mental capacity involves determining if a person can make a decision, or whether this needs to be done in their best interests [1]. The Mental Capacity Act (MCA) 2005, provides a legal framework that protects people who might not be able to make decisions for themselves and guides professionals during their practice. Research has shown inconsistencies on how the Mental Capacity Act is applied in health and social care settings [2], therefore ensuring that professionals have are provided with the right support to confidently apply the act should be a priority. Simulation has been effectively used in healthcare education [3] and could also be implemented to support this area of practice. The Homerton Healthcare NHS Foundation Trust's Simulation Team and Adult Safeguarding Team, jointly worked in developing a simulation-based session which focused on mental capacity assessments in different situations. The aim of these sessions was to increase participants' confidence to assess mental capacity and to manage challenging conversations during assessment.

Activity: Scenarios were designed for hospital and community settings, the topics covered included consent to treatment, self-discharge, compliance with treatment, substance misuse, mental health problems, dementia and learning disability. The target audience was senior healthcare professionals that are regularly involved in making decisions related to mental capacity. Scenarios were designed to be flexible and adaptable according to the attendants' needs, for example the learning disability scenarios involved the use of easy read information that was specifically provided or created. Actors were used for the role of patients or relatives, and members of the adult safeguarding team were part of the faculty to support or lead the debrief process.

Findings: Between January 2023 and February 2023, the faculty delivered 3 sessions, with a total of 20 participants from different professional groups including doctors, nurses