



PRACTICE

WHAT YOUR PATIENT IS THINKING

What I wish I'd known before my hospital discharge

Carolyn Thomas, a Canadian heart patient, discusses how communication to prepare her for discharge could have been improved

Carolyn Thomas

If I'd had my heart attack in the 1950s, I would have stayed in the hospital for a month. Today, heart attack survivors can be back home in 3-5 days.

Going home

I couldn't wait to go home, to sleep in my own bed, amid familiar surroundings, family, and friends. But when I was sent home from the coronary care unit at my local heart hospital, I was also scared that every twinge I felt meant another heart attack. I'd left behind the constant monitoring of professional experts for a home where nobody in my family knew anything about cardiology.

Life at home

I had some written instructions about wound care and healthy diets. I also had a six week follow-up appointment with a cardiologist, but none of the conversations I had with health professionals prepared me for reality when I got home. They did not seem interested in learning about what kind of home life I was returning to. For example, nobody asked me if I had anybody living at home who could help take care of me during my recuperation (or if I had anybody at home I'd need to take care of). I was lucky. I had both family and friends. Many patients do not. I wasn't asked if I could take enough time off work to recuperate, or if I'd be returning to a stressful workplace that would jeopardise my safe recovery. It was my family doctor who recognised how much I was struggling and prescribed an extended medical leave from work.

Dealing with depression

When I began to sink into a deep depression, I thought I was losing my mind. It was only through discovering the [WomenHeart](http://www.womenheart.org) online patient support community (www.womenheart.org) that I learnt that this kind of situational depression in patients who have just received a diagnosis of heart disease is common.

I wasn't asked if I'd be able to afford the fistful of expensive cardiac drugs that I was expected to take each day (some for

the rest of my life), or offered resources on how to get financial aid to purchase them. I had to go online myself to find financial support programmes such as the Partnership for Prescription Assistance (www.pparx.org).

The stress of figuring these things out on my own caused me insomnia and anxiety. It would have been helpful if my doctors had understood my worries about transferring from hospital to home and helped assuage them.

Reassurance is needed

I would especially like to have been reassured that, although this had been a frightening event in my life, there were community and online resources that could improve my quality of life—and might even help prevent a readmission to hospital.

What you need to know

- Ask questions: learn about the home and work environment that you are sending your patient back to
- Talk to your patient's visitors: a short chat with visiting family or friends may reveal issues that they too are worrying about. No visitors may indicate the patient may lack support at home
- Reviewing a list of helpful resources such as the hospital social worker, cardiac rehabilitation programmes, online patient support communities, and depression screening tools would be useful before discharge

Education into practice

- How does discharge planning work in your health organisation? Does the article offer you ideas on how your organisation might better prepare people for discharge?
- What role do you play in discharge planning? Does this article offer ideas on how you might better prepare patients for home?
- Is there anything you will consider doing differently as a result of reading this article?

Competing interests: CT blogs at Heart Sisters (<https://myheartsisters.org/>), and is the author of *A Woman's Guide to Living with Heart Disease* (Johns Hopkins University Press, 2017).

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