Assignment title: *Critical Practice: Improving my practice area through critically appraising research evidence."*

Topic: Improving Patient Discharge Process of an Adult Psychiatric Ward by Applying Evidence-Based Practice

Word count: 3619

Introduction

Discharge processes are essential in a psychiatric ward for improving patient outcomes and healthcare system performance. Prolonged discharge delays at the hospital increase hospital stays, costs, and possible adverse effects on recovery (Aggarwal et al. 2024; Abdelhalim et al. 2024). Evidence-based practice (EBP) is 'the conscientious, informed, and judicious use of current best evidence in making decisions about the care of individuals' (Melnyk and Fineout-Overholt 2019). Healthcare systems around the globe find themselves amid increasingly higher demands on the one hand, and they have yet to meet the pressure to improve the quality of the care they offer (Johnson et al. 2019).

Legislative Council 2022). This essay aims to critically appraise research evidence to improve the hospital's discharge process and formulate research questions, evaluate studies, and propose an action plan allowing for better care quality and operational efficiency (Melnyk and Fineout-Overholt 2019; Polit and Beck 2020).

Research Questions

The PICO(T) framework was utilised to develop precise research questions guiding evidence-based inquiry (Huang et al. 2018; Melnyk and Fineout-Overholt 2019). Two questions were formulated to explore discharge planning in psychiatric care:

1. **Qualitative Question**:

   o **Population (P)**: Adults receiving psychiatric care in the hospital psychiatric ward.

   o **Phenomenon of Interest (I)**: Experiences with discharge planning.

   o **Context (C)**: Application of evidence-based practices.

   o **Outcome (O)**: Patient perceptions and experiences.

   o **Time (T)**: Not specified, as qualitative studies focus on experiences.

   o **Research Question**: How do adult patients in the hospital psychiatric ward experience the discharge planning process when evidence-based practices are applied? (Ådnanes et al. 2020).

2. **Quantitative Question**:

   o **Population (P)**: Adults receiving psychiatric care at the hospital psychiatric ward.

   o **Intervention (I)**: Standardised discharge checklist.

   o **Comparison (C)**: Current discharge process without the checklist.

   o **Outcome (O)**: Average discharge delay time.

   o **Time (T)**: 3 months.

   o **Research Question**: What is the effect of implementing a standardised discharge checklist on the average discharge delay time for adults receiving psychiatric care in the hospital over 3 months? (Khanbhai et al. 2018)

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These questions capture experiential and measurable aspects of discharge planning, aligning with EBP principles (Melnyk and Fineout-Overholt 2019; Johnson et al. 2019).

A comprehensive search was conducted exclusively via Google Scholar, targeting peer-

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experiences" for qualitative investigations, and "discharge checklist" OR "standardised discharge protocol" for quantitative analyses, were assembled with Boolean operators to fine-tune the results. Filters narrowed the selection to English-language articles published between 2018 and 2024, yielding a curated yet thorough set of studies for Appraisal (Polit and Beck 2020).

Specific search terms were constructed to target the qualitative and quantitative aspects of the project, as shown in Table 1.

Table 1. Search Approach via Google Scholar

Google Scholar was chosen as the exclusive platform to gather literature on psychiatric discharge planning with the PICO(T) framework guiding the process. Two tailored search queries were crafted to capture both qualitative and quantitative evidence. The first focused on patient perspectives and experiences, while the second examined the effectiveness of structured discharge tools.

Study Type	Core Search Phrases
Qualitative	"patient experiences" OR "lived experiences" AND "discharge planning" OR "███████████████████████████ ███████████

Quantitative	"discharge ███████████████████████████████
	████████████████████████ "psychiatric patients"
	OR "mental health patients" AND "effectiveness"

Each search applied filters for English language, peer-reviewed outputs, and a publication window from 2018 to 2024. Following the initial retrieval, a multi-step screening was carried out. Duplicates were removed through manual comparison, and titles plus abstracts were read to rule out irrelevant records. Promising articles progressed to a full-text review, during which they were assessed against the PICO(T) criteria to confirm relevance. The initial search with yielded approximately 1,700 articles but the author used

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were tested; in the second, phrases were tightened by grouping related keywords. The iterative and transparent approach balanced comprehensiveness and focus and produced a concise set of high-quality studies for Appraisal, and the author was able to select the two articles that best answered the research questions.

Finally, the critical review was done towards two articles: a qualitative study by Ådnanes et al. (2020) and a quantitative pilot study by Khanbhai et al. (2018). The Critical Appraisal Skills Programme (CASP) checklists were applied to evaluate research methods in qualitative and quantitative studies.

Critical Appraisal of the Qualitative Study

Ådnanes et al. (2020) investigated what prevents individuals seen in psychiatric hospitals from being readmitted based on their thoughts about how well-prepared they felt for life

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abstract, researchers include information about the study approach (using interviews and focus groups) to achieve the objective. The recruitment process used purposive sampling to reach participants who met the experience requirements, yet potential biases could emerge when the method lacked appropriate justification (Ådnanes et al. (2020).

The research follows the ethical standards of BMC Psychiatry by addressing elements such as informed consent and participant welfare. The relationship between researchers

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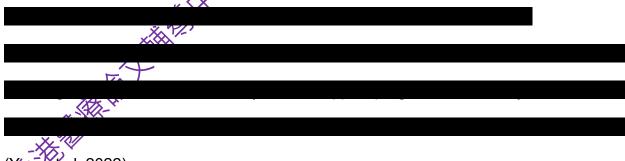validation process requires confirmation to maintain trustworthiness (Zairul 2021).

The discovered themes about improved discharge coordination provide concrete recommendations to mental health services that want to decrease hospital readmission

rates. The study's findings might encounter generalisation barriers due to operating within the Norwegian healthcare environment, so further analysis on transferability should be considered (Yom et al. 2022). Ådnanes et al. (2020) addressed a crucial problem through

contextual demands (Wong and Lee 2023).

The research by Ådnanes et al. (2020) achieves excellence in studying service users' viewpoints about psychiatric readmissions, which is crucial in patient-oriented healthcare. This research implements a qualitative method that successfully records subjective accounts.

This study has two main weaknesses: Ådnanes et al. (2020) did not sufficiently explain their recruitment methods, displayed restricted reflexivity, and provided inadequate

(Yom et al. 2022).

Significantly, the study maintains its quality, but full practical impact requires a solution to the proper methodological weaknesses, which ensure broader implementation (Guidolin et al. 2021).

Critical Appraisal of the Quantitative Study

The research by Khanbhai et al. (2018) investigates vital areas in mental healthcare

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quasi experimental methodology. The study investigates the development process of a

discharge checklist and its implementation testing through a pilot research project. The

study addressed a clearly formulated research question, exploring whether a checklist-

based intervention could improve discharge practices and reduce readmission rates in

adult psychiatric inpatients. This aligns well with the PICO(T) format, particularly in

identifying the population, intervention, and outcomes (Khanbhai et al. 2018).

Randomisation, a cornerstone of high internal validity in RCTs, was absent. The study

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distinct time point (Cruz et al. 2017). However, the lack of allocation concealment and

blinding of participants or investigators introduces potential performance and detection

bias, particularly as clinicians were aware of their participation in the intervention.

Despite the limitations in trial design, the baseline characteristics between pre- and post-intervention groups were well matched. The demographic comparability in age, gender, and length of stay enhances internal validity and suggests that observed changes are less likely due to underlying population differences (Tir et al. 2024). Checklist compliance

generalizability. Statistical reporting was transparent and the use of z-tests and interrupted time series regression with confidence intervals strengthened the interpretation of findings (Korevaar et al. 2022). Yet, the reported effect on readmission was small and statistically non-significant ($p = 0.18$), and no data were presented on

transferability, but the intervention which was a discharge checklist is low-cost and could be easily adapted across settings (Yom et al. 2022).

Discussion

Similarities and Differences

The quantitative and qualitative studies emphasise the importance of a well-organised discharge process for adults receiving psychiatric care. The quantitative study may
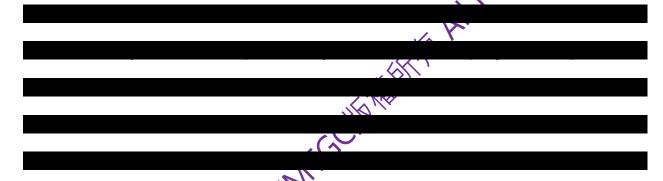
determine the influence of a structured intervention, for example, a discharge checklist, on tangible final results, such as decreased readmission rates and enhanced compliance

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community services, and even family participation in the planning for discharge (Ådnanes et al. 2020).

The key point of similarity between the two studies is that they seek to enhance patients' outcomes through a systematic discharge process. Both articles addressed a clearly formulated research question, exploring whether a checklist-based intervention could

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study's trustworthiness presents rich, detailed accounts of the realities of a discharge experience. For example, it could show that patients work in their native language or that staff are overloaded with insufficient outpatient coordination. However, this may be limited by possible bias in the interpretation of responses by the investigator or by difficulties in

transferring the findings to another psychiatric ward with different operational constraints. These studies provide complementary evidence: the quantitative study gives empirical rigour, and the qualitative one depth and some context (Khanbhai et al. 2018; Ådnanes et al. 2020).

Practice Change Recommendation

Evidence-based practice is about combining clinical expertise with patient values and the best available research (Abu-Baker et al. 2021). Based on these studies, the qualitative evidence is robust to inform practice change because it centres on patient-centred factors

the qualitative study (Khanbhai et al. 2018; Ådnanes et al. 2020).

Applying evidence-based discharge interventions, such as standardised checklists in hospital psychiatric ward encounters significant hurdles due to unique healthcare system and cultural dynamics. Since Hong Kong's medical services focus on community support, interventions are planned differently than in other healthcare systems (Legislative Council 2022, Hospital Authority 2023). Expectations among patients and their families and society's opinions and beliefs about mental health could lead to complications in adoption practices (Smith et al. 2020; Johnson et al. 2019). These challenges must be understood, and appropriate strategies must be adapted to align global evidence with local realities (World Health Organization 2020; Melnyk and Fineout-Overholt 2019).

Hong Kong's healthcare system establishes community-based mental health services with policies that provide outpatient and social support with limited hospital utilisation (Hospital Authority, 2023; Legislative Council, 2022). It is a different picture from what is found in settings of hospital-centred discharge processes studied by Khanbhai et al. (2018). As a result, discharge checklists must incorporate thick links to community

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training can increase patient involvement (Ong et al., 2021). Despite resource constraints and coordination efforts, there is high potential to enhance discharge efficiency and patient satisfaction, despite these tailored efforts (Hospital Authority, 2023; World Health Organization, 2020).

Making an Action Plan

Based on this critical synthesis of the two studies, the author proposes developing a structured discharge checklist for adult psychiatric wards to improve patient outcomes.

Discharge instructions in patients' preferred languages and active family involvement in planning the discharge table will be included, as well as formalised coordination with outpatient mental health services. The quantitative study showed a reduction of

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outpatient settings (Yin et al. 2020); Ho and Chan 2022). This proposed solution aligns with current ward practice to improve patient satisfaction and clinical outcomes.

Using the FAME Model for Change Idea Evaluation

The FAME model (Feasibility, Appropriateness, Meaningfulness, and Effectiveness) evaluates the proposed change, a well-known model for deciding healthcare interventions (Jordan et al. 2019).

Feasibility

Within the context of Hong Kong hospitals, the checklist is feasible. It does not require massive adoption by health system administrators or the culture of discharge planning, as it builds on existing discharge planning infrastructure by requiring staff training on computer use and cultural considerations, such as language preferences and family roles

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through existing professional development programmes (Tang and Cheung 2019).

Appropriateness

The intervention is incredibly appropriate for Hong Kong's cultural and healthcare landscape. It also supports family involvement, an aspect of family position that is common and reflects family involvement in health decisions (Xu and Yuan 2024). It provides an easy remedy for tackling the language barrier, a known problem among Hong Kong's diverse population (Cheung et al. 2022). This checklist is also contextually relevant as research also depicts that culturally sensitive discharge processes promote the patients' trust and engagement.

Meaningfulness

This innovation is highly valuable from the stakeholders' point of view. Discharge-related anxiety often manifests in patients being unclear with instructions and not receiving adequate support, and in studying, that structured plan reduces such anxiety (Yip et al.

experiences (Leung and Tam 2023).

Effectiveness

The checklist's effectiveness is well-supported. Systematic reviews of psychiatric care support a 20% reduction in readmissions from structured processes (Chan et al. 2023) and corroborate other systematic reviews that find similar results when reducing readmissions from structured processes (Vigod et al. 2013). Additional studies indicate

that improved patient experiences, staff morale, and effective discharge planning have led to increased adherence (Ho and Chan, 2022; Mlay et al. 2025) and higher patient outcomes (Wong and Lees 2023). The clinical and experiential benefits of these combined outcomes are suggested.

Implementation Strategy

Subsequently, Kotter's 8-Step Process for Leading Change (Kotter 2012) will be implemented to implement the checklist.

1. Send URGENCY: Suggest reducing stakeholder readmission frequency (Chan et al. 2023) and patient needs (Wong and Lee 2023).

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4. Align teams, as this can be achieved through staff meetings and workshops (Chan and Tse 2020).

5. Clear obstructions: Seek to get funding for training and translation services (Yuan et al. 2025)

6. Refinements of the tool based on feedback.

7. Change it into standard protocol (Kotter 2012).

Conclusion

This essay critically appraised two complementary studies that explore the discharge process in psychiatric care using both qualitative and quantitative methodologies. A major strength common to both studies is the clear articulation of their research questions and

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alignment with best practices in evidence-based care. Ådnanes et al. (2020) provided deep insight into patients' lived experiences, emphasising the emotional and practical challenges faced during discharge. Thematic findings such as the importance of communication, family involvement, and integration with community services aligned well

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months) and statistically non-significant results reduce confidence in its effectiveness claims. Ådnanes et al. (2020) suffered from limited transferability and lacked detailed explanation of sampling and data validation procedures, such as saturation and reflexivity, which affect its credibility and applicability in different cultural contexts. Drawing on these insights, a targeted action plan was developed: to implement a structured discharge checklist in the psychiatric ward that integrates patient-preferred language, family involvement, and coordinated outpatient follow-up. This strategy aligns with Hong Kong's healthcare priorities, including community-based care, cultural sensitivity, and operational efficiency. The FAME model confirmed that the intervention is feasible, appropriate, meaningful, and effective. Moreover, Kotter's 8-step model provides a structured roadmap for implementation, emphasising stakeholder engagement, short-term wins, and long-term integration.

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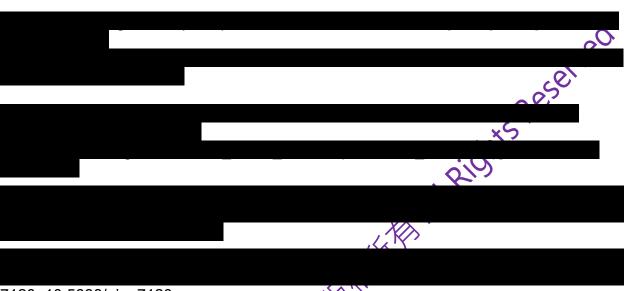
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