Providing patients and their carers with adequate discharge information should be part of routine discharge processes. Often, the rhetoric of good discharge planning does not match the reality of practice. This article emphasizes this mismatch and reveals that stroke patients and their carers required substantially more information than they received on discharge from hospital.

The findings from this study also highlight a number of service delivery issues that require attention: the need for better communication and coordination of care within the multidisciplinary team.

One explanation for the lack of information given to patients and their carers could be that there is a lack of clarity between disciplinary roles and that each professional group felt that it was not within their usual responsibility to provide the patient and their carer with general information about stroke and stroke prevention.

Additionally, it is of concern that no patient or carer mentioned receiving information from a nurse or a doctor – professionals who are directly involved in the delivery of care 7 days a week.

It is well documented that stroke survivors suffer severe multidimensional physical and emotional effects that have a profound impact on their lives and on carers’ lives for many years after the stroke (O’Connell et al, 2001). The need for patients and carers to be given ongoing follow-up information cannot be overstated, as these individuals struggle to manage their day-to-day issues living with the disability after having a stroke.

The wellbeing and health status of carers should also be a consideration for health-care professionals. Research indicates that on measures of self-rated health and wellbeing, carers reported significantly lower health ratings and were found to have significantly less life satisfaction, less positive affect, more negative affect and greater overload than non-carers (Schofield et al, 1998). One cannot deny the deleterious effect this can have on the health of carers and their ability to continue in their caring role.

As the demand for acute care hospital services increases, there will be growing pressure for health-care professionals to decrease the length of stay of patients and to discharge patients earlier where family members will be responsible for attending to their needs at home.

The points raised in this article support the literature and provide further evidence that this issue of appropriate and ongoing patient and carer information is lacking and deserves urgent attention. One could question whether we, as health-care professionals, are short sighted in our approach to care by focusing on immediate issues and not taking responsibility for addressing the long-term health-care needs of this group. This neglect could result in burdening an already overburdened health-care system.

Bev O’Connell
Chair in Nursing
Deakin University
 Cabrini Hospital
Nursing Professional Unit
Malvern
Victoria 3144
Australia