



Dressed with dignity: the provision of clothing for patients being discharged from hospital



Introduction

Many patients tend to be admitted to hospital in unplanned circumstances with no opportunity to pack a bag of personal items to bring with them in hospital.

Patient's having no clothes to wear on discharge from hospital is a problem often referred to social work to resolve.

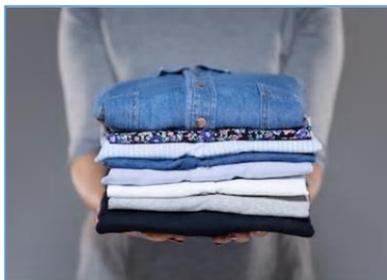
Currently the Royal Melbourne Hospital Social Work Department receives a small amount of funding from the hospital volunteer department. This enables new clothing and essential items to be purchased for patients by a hospital volunteer. In 2016 clothing was provided to 74 patients at an approximate cost of \$1243. From 2016 to 2018 a total of 319 patients have accessed clothing.

Aims

To explore the circumstances surrounding patients needs for clothing from a hospital perspective, the impact on funding, discharge planning and respecting patient dignity.

Method

- Literature Review
- Benchmarking with other hospitals
- Records of clothing supplied to patients : collated and analysed
- File audits for patients who received clothing in 2016



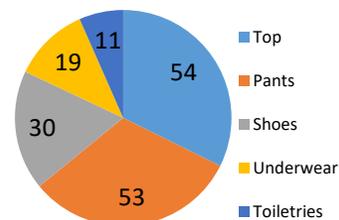
Results

Benchmarking: Eighteen hospitals from Victoria and interstate were contacted by phone to ascertain their experiences supporting patients needing to access clothing and all indicated they encounter situations where patients require or ask for clothing.

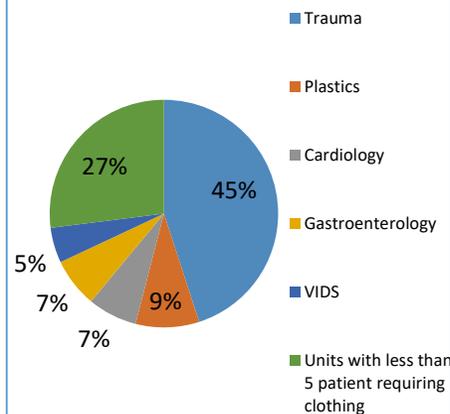
Interviewees reported that clothing was commonly required due to patients clothing being removed in the emergency department and due to homelessness which is consistent with findings from RMH file audits.

Other factors included patients having no family, inter-hospital transfers, stained clothing, elderly, trauma, family violence, financial hardship, rural residence, lives alone, sexual assault, bariatric and newborn baby.

Number of clothing items provided, 2016



Number of patients per clinical area requiring clothing, 2016



Results continued...

File audits: Demographically, this group of patients had an age range from 16 to 87 years of age with an average age of 44 years.

The sample was overrepresented by males who accounted for 79% of patients requiring clothing and females at 21%. Social supports included family (38%), family overseas (4%), friends (7%), neighbours (3%), case manager (5%) and some had no support (8%) and no data available (34%).

The majority of patients who required clothing had this need identified and received clothing before their discharge date (54%) however on many occasions the need for clothing was identified on the day of discharge (30%) and no data available (16%).

Conclusion

- There is an ongoing need for the provision of clothing and funding
- Continued support from the volunteer service to maintain clothing supplies is recommended
- Asking the question "do you need clothes for discharge?" should be a shared team responsibility
- Identifying the need for clothes early on in admission can prevent delayed discharge
- A hospital policy will be developed to guide processes relating to the clothing program

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