

Freedom of Information Request: 0476

QUESTIONS	RESPONSES
<p>1. Do you have a discharge checklist document available for staff to use when patients are leaving your hospital?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>2. If so, when is this discharge checklist completed?</p> <ul style="list-style-type: none"> a. At point of discharge b. Within 12 hours before discharge c. 12 to 24 hours before discharge d. 25 to 48 hours before discharge e. More than 48 hours before discharge f. Other 	<p>Please tick as appropriate:</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. If 'Other' please specify:
<p>3. Was this check list developed using guidance issued by Department of Health or NHS England? If so please tick the applicable guidance:</p> <ul style="list-style-type: none"> a. Achieving timely 'simple' discharge from hospital: A toolkit for the multi-disciplinary team. (NHS) b. Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care. (DH) c. Discharge from hospital: pathway, process and practice (DH) d. Other - please provide the name 	<p>Please tick as appropriate:</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c. <input checked="" type="checkbox"/> d. If 'Other' please provide the name: Nice Guidance Transition To Home
<p>4. If you have a written discharge checklist, does it contain any of the following:</p> <ul style="list-style-type: none"> a. Method of transport for the patient post discharge b. If relatives or carers have been informed of the discharge, prior to the discharge c. If new medicines have been prescribed during the hospital stay d. If the home environment (where an individual is discharged to) is a suitable place for the patient to recuperate in. e. If essential food, water, heating are available in home environment f. If written or verbal advice has been given to the patient g. If the patient requires a mobility aid (including a wheelchair) 	<p>Please tick as appropriate</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c. <input checked="" type="checkbox"/> d. <input type="checkbox"/> e. <input checked="" type="checkbox"/> f. <input checked="" type="checkbox"/> g. <input checked="" type="checkbox"/>