CONTROLLED DOCUMENT

University Hospitals Birmingham NHS
NHS Foundation Trust

Discharge and Transfer of Care Policy

CATEGORY:	Policy
CLASSIFICATION:	Clinical
PURPOSE	To set out the process requirements and staff responsibilities to support well-organised, safe and timely discharge for all patients
Controlled Document Number:	028
Version Number:	007
Controlled Document Sponsor:	Executive Chief Nurse
Controlled Document Lead:	Director of Partnerships
Approved By:	Board of Directors
On:	March 2017
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Distribution: • **Essential Reading for:**	All clinical staff involved in the discharge of patients.

Contents

1. Policy Statement

1.1 The purpose of this policy and its associated documents is to provide a framework that delivers safe, effective and timely discharge or care transfer for all patients. It aims to fully involve patients and where the patients agrees, their carers/relatives in the discharge process and ensure that patients receive appropriate assessment, planning and information about their discharge and after care.

1.2 For the purpose of this policy the term discharge will refer to the discharge of patients from the Trust to their own home or permanent place of residence and to transfers of care to another care setting such as a nursing or residential home or hospital.

1.3 The aims of the policy are to ensure that:

1.3.1 All patients experience well-organised, safe and timely discharge from hospital with an agreed, smooth transfer to community-based health and social services;

1.3.2 Each patient is encouraged and supported in self care activities and helped to achieve the highest possible level of independence;

1.3.3 Patients, carers and staff are supported to set realistic expectations of hospital stays;

1.3.4 Patients, carers and families are prepared, physically and psychologically for transfer home or to an agreed alternative environment;

1.3.5 There is effective and timely involvement of patients and relatives in discharge and transfer planning;

1.3.6 There is effective and timely communication of relevant information re discharge and transfer plans to patients and their carers;

1.3.7 Patients receive appropriate skilled and timely assessments of their care needs;

1.3.8 There is continuity of care between hospital and the agreed discharge care environment, with a seamless service transition;

1.3.9 There are improved patient outcomes by promoting understanding of, and concordance with, follow-up arrangements and discharge medication; and

1.3.10 There is effective and efficient use of the hospitals' inpatient bed capacity by reducing unnecessary delays in discharge.

2. Scope

2.1 This policy applies to all individuals employed by the Trust including students, locum and agency staff and staff employed on honorary contracts who are involved in Trust business on Trust premises.

2.2 It applies to all patients registered as in-patients or ambulatory care patients and those attending the hospital for emergency/urgent assessment and being discharged following a decision not to admit the patient.

2.3 This policy does not apply to patients attending as out-patients to out-patient areas.

3. Framework

3.1 This section describes the broad framework for the Discharge and Transfer of Care Policy. The operational instructions for the processes required when undertaking a patient discharge are described within the associated Discharge and Transfer of Care Procedures.

3.2 The Executive Chief Nurse shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3 Patient discharge falls under five groups:

3.3.1 **Simple discharge:** a discharge is deemed to be simple if the patient is discharged to their own home or permanent place of residence. It can be facilitated with simple planning and/or will not require a significant change in support offered to the patient or their carer in the community.

3.3.2 **Complex discharge:** a discharge is deemed to be complex when several members of the Multi-disciplinary Team (MDT) are required to carry out comprehensive assessments in order to facilitate safe, appropriate and timely discharge of the patient. This will involve coordination between Primary and Secondary and Community Care Services and may require home or site visits to assess and plan for equipment needs. The term complex may be used to describe discharges to Nursing or Residential care homes, bed based re-ablement facilities, other hospitals or where a patient will be discharged home with a complex care package.

3.3.3 **Front door discharges:** Patients attending the hospital for emergency/urgent assessment in the Emergency Department (ED)/Clinical Decisions Unit (CDU)/Surgical Assessment Unit (SAU) or other designated assessment unit and being discharged following a decision not to admit.

3.3.4 **Criteria/Nurse Led Discharge:** in agreed areas, patients can be discharged by registered nurses competent in criteria/nurse-led discharge in line with the Trust Standard Operating Procedure for Criteria Led Discharge Instruction or an approved Expanded Practice Protocol with general and specific discharge criteria.

3.3.5 **Patient self discharge:** related to patients wishing to self discharge against medical advice.

3.4 The Trust will ensure that all patient discharges take place appropriately by ensuring that:

3.4.1 Irrespective of which patient group a patient is in, throughout the process, consideration is given to the needs of the individual, and their carer, with regard to any particular additional support they may need to assist them with the process of discharge and transfer;

3.4.2 Consideration is given to the possible eligibility of the patient for continuing health care;

3.4.3 Preparation for discharge begins prior to or immediately on admission;

3.4.4 The decision to discharge a patient is made by an appropriate registered practitioner;

3.4.5 The Ward Viewer is updated to reflect planned discharge dates and times;

3.4.6 All patients are discharged safely to an appropriate destination;

3.4.7 The patient has been provided with information, medication and adequate equipment as necessary;

3.4.8 Suitable patients are discharged through the Trust Discharge Lounge;

3.4.9 Appropriate discharge documentation is given to the patient and/or carers; and

3.4.10 Correct Trust discharge documentation is completed.

Efforts will be made to apply the above principles when a patient decides to self discharge.

3.5 The Trust Complex Discharge Team is available to provide support to ensure safe, effective and timely discharges for individuals with complex needs.

3.6 Specialist Registered Nurses within the clinical divisions will facilitate and organise some aspects of individual patient discharges.

3.7 Property of patients being discharged will be transferred in accordance with the Policy for the Handling of Patients' Cash, Valuables and Property.

3.8 In the event that a patient is discharged inappropriately and a ward/ department are notified of this, an incident form must be completed in accordance with the Incident Reporting Procedure.

4. Duties

4.1 Executive Chief Nurse

The Executive Chief Nurse has assigned responsibility for overseeing the compliance with this policy, will provide assurance to the Board of Directors on compliance and raise matters of concern with the relevant Division/ Department.

4.2 Complex Discharge Team

Members of the Complex Discharge Team will deal with complex discharges following submission of a Transfer of Care referral and ensure that they:

4.2.1 Provide appropriate and timely support to ward staff

4.2.2 Progress referrals effectively and efficiently

4.2.3 Liaise with internal and external agencies as required.

4.3 Managers

Anyone Who Has Responsibility for Staff involved in the process of patient discharge must ensure that:

4.3.1 All staff have access to this policy and associated procedural documents;

4.3.2 All staff adhere to and implement this policy and associated procedural documents;

4.3.3 The appropriate staff, equipment and stationary are available to enable this policy to be followed; and

4.3.4 Staff have the necessary training to enable them to implement this policy.

4.4 All staff involved in the process of patient discharge

All staff involved in the process of patient discharge are required to familiarise themselves with all relevant Trust policies and procedures referred to within this document. They must ensure that they comply with them in their areas of work at all times.

5. Implementation and Monitoring

5.1 Implementation

This policy will be available on the Trust's Intranet site. The policy will also be disseminated through the management structure within the Trust.

5.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

6. References

Care Act 2014
www.legislation.gov.uk/ukpga/**2014**/23/contents/en**act**ed

The Care and Support (Discharge of Hospital Patients) Regulations 2014
http://www.legislation.gov.uk/uksi/**2014**/2823/pdfs/uksi_**2014**2823_en.pdf

Department of Health (2012 revised) **The National Framework for NHS Healthcare and Continuing NHS Funded Nursing Care**. Department of Health, London.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf
[Accessed 30.01.17]

Department of Health (2010) **Ready To Go. Planning the discharge and transfer of patients from hospital and intermediate care.** Department of Health, London

http://www.thinklocalactpersonal.org.uk/_assets/Resources/Personalisation/EastMidlands/PandEI/Ready_to_Go_Hospital_Discharge_Planning.pdf
[Accessed 30.01.17]
NHS England 2015, Monthly Delayed Transfer of Care Situation Reports
https://www.england.nhs.uk/statistics/wp-content/.../mnth-Sitreps-**def**-dtoc-v1.09.pdf

National Audit Office 2016 Discharging Older Patients from Hospital
https://www.nao.org.uk/report/**discharging-older-patients-from-hospital/**

National Institute for Health and Care Excellence (2015) **Transition between inpatient hospital settings and community or care home settings for adults with social care needs.** National Institute for Health and Care Excellence, London.
https://www.nice.org.uk/guidance/ng27
[Accessed 30.01.17]

Parliamentary and Health Service Ombudsman (2016) A report of investigations into unsafe discharge from hospital. Parliamentary and Health Service Ombudsman. http://www.ombudsman.org.uk/reports-and-consultations/reports/health/a-report-of-investigations-into-unsafe-discharge-from-hospital
[Accessed 30.01.17]

West Midlands Quality Review Service (2016) Quality Standards for: Transfer from Acute Hospital care; Intermediate Care. West Midlands Quality Review Service
http://www.wmqrs.nhs.uk/quality-standards/published-standards
[Accessed 30.01.17]

7. Associated Policy and Procedural Documentation

Discharge and Transfer of Care Procedures

Expanded Practice Protocol for the Registered Nurse Led Discharge of Patients Following Short Stay Procedures

Patient Internal Transfer Policy and Procedures

Policy for the Reporting and Management of Incidents including Serious Incidents Requiring Investigation

Standard Operating Procedure for Criteria Led Discharge Instruction

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Complaints	Head of Patient Relations	Discharge Steering Group	Report detailing complaints that relate to discharge by Division and split into complaint themes.	Quarterly
Plans for patient discharge from wards is clearly documented	Documentation audits are facilitated by the Risk and Compliance Unit.	Divisional Care Quality Groups Associate Directors of Nursing	Documented plans for discharge will be monitored through the Nursing Documentation Audits which are facilitated by the Risk and Compliance Unit. Action plans are developed for each clinical area.	Every 6 months
Criteria led discharge	Identified Divisional Lead on Discharge Steering Group	Discharge Steering Group	Progress with implementing criteria led discharge is fed back to the Discharge steering Group by the Divisional Lead.	Quarterly
Detailed patient experience feedback	Patient Experience Team	Discharge Steering Group	Collected throughout the year.	Quarterly
Discharge related Key Performance Indicators (KPI)	Associate Directors of Nursing	Care Quality Group Divisional Performance Review Packs	Informatics provide reports which are discussed at care Quality and included in the Divisional Performance Review Packs.	Monthly at Care Quality Group