DISCHARGE PROCEDURE

Change to procedure	Reason for change	Date of Change
Page 6. Section 5 Discharge medications should not be given to patients who are being transferred to HMP Edinburgh or other prisons and are under escort. These should be given to the security staff. Good practice is to contact the prison healthcare team and inform them of the discharge.	To avoid prisoners from having access to controlled drugs or other prescription medication.	26th September 2012

Discharge Procedure

The aim of the procedure.

The aim of this procedure is to facilitate safe and timely discharges across NHS Lothian. The increase in pressure to discharge or transfer patients and release beds and shorter patient stays means that there must be a plan for discharge in place for all patients .

This procedure will give staff the tools and knowledge to improve discharge planning. There are six stages to effective discharge planning. These stages are shown below with the actions that are required to improve discharge and transfers within/from NHS Lothian

1. Before Admission to Hospital for Pre-Assessment or on Admission for Emergencies.

Action	Rationale
Identify whether the patient has a simple or complex discharge or transfer needs, involving the patient and carer in your assessment.	Identifying complexities early in the patient journey ensures the complications can be foreseen and overcome.
Identify the anticipated Length of Stay (LOS) with your patient, and where appropriate with relatives and carers.	Most patients want to know how long they are likely to stay in hospital, and to be provided with information about their treatment and when they are likely to be discharged. This helps them achieve their goals and plan for their own transfer.
Commence discharge planning by gathering appropriate information about your patient's pre-admission abilities in relation to potential discharge issues.	It is crucially important to identify any factors that would make a patient's discharge or transfer more problematic, so that action can be taken early to plan care. Failure to do this at the initial or admission assessment will have consequences for the patients transfer later in the care planning process.
Refer to other members of the Multidisciplinary Team (MDT) as appropriate.	Ward staff/ Pre Admission staff may need support from health and social care colleagues who have more specialist knowledge and a better understanding of the local community and choices available. The majority of complex discharges/transfers can be managed effectively by the local MDT.

Check to see if the patient has an advance /anticipatory care plan E.g. if the patient has complex needs, lives in a care home or is being proactively managed. More information is available from Anticipatory Care Planning Frequently Asked Questions	To ensure a record is kept of the patient's ongoing condition and how this and their care needs have changed over the course of the admission.
Is this patient at risk of harm? This means that they are at risk of • conduct which causes physical harm; • conduct which causes psychological harm (e.g. by causing fear, alarm or distress); • unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion); and • conduct which causes self-harm.	To ensure that the patient at risk of harm can be identified and given support and protection.

2. On Admission

Action	**Rationale**
All patients should have an agreed treatment plan within 24 hours of admission.	Therapies, diagnostic tests and other interventions can be planned to avoid delays.
Nursing staff to liaise with medical staff and the MDT to set an Estimated Date if Discharge (EDD). The EDD should be based on the anticipated time needed for tests and interventions to be carried out, and for the patient to be medically fit for discharge.	Most patients want to know how long they are likely to stay in hospital, and to be provided with information about their treatment and when they are likely to be discharged. This helps them achieve their goals and plan for their own transfer.
Discuss and confirm the EDD with the patient, and where appropriate relatives and carers. Carers have the right to an assessment of their needs and a patient should only be discharged with the agreement of a carer.	Always clarify goals and expectations with the patient and their family/ carer. A mismatch of expectations is often the result of poor communication early in the process.
Ensure the patient/carer has access to the leaving hospital: A guide to discharge planning for relatives and carers booklet	To ensure the patient and carer are fully informed of their rights and to allow them to understand the process which is taking place.

3. During Admission

Action	Rationale
Involve the patient and carer, and where appropriate relatives, in the discharge planning process.	So that all patients and their relatives/carers to be proactively involved in the discharge/transfer planning process.
The EDD should be proactively managed against the treatment plan on a regular basis and changes communicated to the patient and carers and where appropriate, relatives.	To ensure that all professionals, and the patient and relatives and carers are working towards the same EDD.
Nursing staff and the MDT to assess and agree the suitability of the patient for Criteria Led Discharge (CLD).	To increase the use of nursing skills and expertise. Decrease Patient LOS. Effective use of medical expertise, and to increase the number of discharges over weekends and on public holidays.
Discuss Transport arrangements with the patient, and where appropriate relatives and carers.	To ensure that patient transport, if required, is booked in a timely manner for discharge. Appropriate transport is provided.
Update or commence an anticipatory care plan and if appropriate, self management plan.	To ensure a record is kept of the patient's ongoing condition and how this and their care needs have changed over the course of the admission.

4. 24 Hours before Discharge

Action	Rationale
Confirm discharge arrangements with the patient, carers, relatives and service providers.	To ensure no delays in discharge.
Confirm transport arrangements with the patient, carers and where appropriate relatives	To ensure no delays in discharge.
Ensure immediate discharge document is completed and, if appropriate, order medication.	To ensure no delays in discharge.
Ensure medical (sick) certificate is written, if required.	To ensure no delays in discharge.
Ensure that all discharge medications have been ordered from pharmacy	To ensure no delays in discharge.

and will be available/ will have arrived in the ward by the time the patient is scheduled to be discharged.	
Ensure the patient has received and been educated in the use of any aids/equipment to be used.	To promote patient safety, empowerment and to aid recovery.
Complete relevant section of the discharge/transfer form.	To ensure no delays in discharge.
Book discharge lounge, if appropriate, and complete the front sheet of the discharge/ transfer form.	To minimise delays in discharge.
Consider if Lothian Unscheduled Care Service (LUCs) should be informed of the planned discharge. If so complete LUCs special note and or contact GP practice to request electronic care summary commenced/updated.	To ensure continuing care for the patients needs on discharge.

5. Day of Discharge

Action	**Rationale**
Confirm the patient is medically fit and safe for discharge/transfer and if applicable match their CLD	To ensure the patient is medically fit for discharge and has matched all the criteria set out previously.
Discharge medications should not be given to patients who are being transferred to HMP Edinburgh or other prisons and are under escort. These should be given to the security staff. Good practice is to contact the prison healthcare team and inform them of the discharge.	To avoid prisoners from having access to controlled drugs or other prescription medication.
Clinical staff must ensure that the patient is medically fit for the journey, taking the journey time, mode of transport, escort training and all other relevant factors in to account. For further information please refer to the procedure for the safe transfer/ escort of patients within and outwith NHS Lothian.	To ensure that the patient is transferred safely.
Ensure the discharge/ transfer form has been completed correctly. If the patient is being transferred to a non NHS Lothian facility or to the	To ensure all the correct steps have been taken in the process and that the patient has all the necessary equipment, support etc. that is

discharge lounge, all sections must be completed. If the patient is being discharged home then only the discharge checklist needs to be completed. Please see guidance notes.	required to facilitate a safe discharge.
Transfer patient to the discharge lounge (if appropriate)	To improve patient flows and to free capacity for admission to NHS Lothian.

6. Discharge against Medical Advice/ Abscond

Action	**Rationale**
All reasonable attempts are made to persuade a patient to stay. However patients may leave when they wish (unless detained).	A competent adult patient has the legal right to leave NHS Lothian's care whenever they choose.
The patient should discuss with the medical staff the reason(s) why they should remain in hospital.	The risks of discharge against medical advice should be explained to the patient.
Ensure that the discussions and reason(s) for discharge are accurately and legibly documented, signed, by the doctor and a witness and dated in the patient's healthcare record.	Procedures should be documented to protect the patient and the staff.
Ensure that the patient has no medical devices e.g. IV cannula.	Reduce risk of harm to the patient.
Encourage patient to sign Discharge against medical advice form, self discharge form. If the patient refuses to do so, the unsigned form should be filed in the healthcare record with an explanation.	Procedures should be documented to protect the patient and the staff.
Nursing staff should notify the primary care team (if applicable) that the patient has left the hospital against medical advice. Next of Kin should be informed if thought to be appropriate.	Patients who discharge against medical advice have the same rights as all other patients in the care of NHS Lothian.
If the patient is at risk of or a potential to self harm or harm to others staff may consider contacting the police.	All staff have a Duty of Care to the patient and the public.