NHS Grampian

Standard Operating Procedure for utilisation of Discharge Planning Criteria and Documentation

Lead Author/Co-ordinator:	Reviewer:	Approver:
Name: Karen Richardson Job Title: Programme Manager	Name: Serena Venegoni	Name: **J McNicol** Job Title: Acute Director Nursing and Midwifery
Signature:	Signature:	Signature:
Identifier: (to be provided after sign-off)	**Approval Date:** **27th January 2021**	**Review Date:** **10th November 2022**

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Version 2.0

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Contents

Standard Operating Procedure for the
Utilisation of the Discharge Planning Criteria and Documentation

1. Outline of Procedure

This procedure indicates how services use the discharge planning documentation required to optimise patient's journey through the system, reducing any delays. The process will identify the category of discharge for each patient against a traffic light system.

2. Area of application

This Standard Operating Procedure applies to all in-patients within any hospital across NHS Grampian.

3. Objective

This process is supported by the use of a traffic light system previously implemented in NHS Highland and Dr Gray's Hospital. The objective is to embed this across all hospital settings within NHS Grampian.

The core principle of the process is to facilitate the patient's journey of care. It is also to support the efficient and effective discharge or transfer of care of patients who are identified as being ready to leave the hospital setting but require a transition of care or additional support at home. By achieving this the aim is to reduce length of stay and minimise variation in practice.

This process is patient centred and must include their preferences in the decision making. The paperwork enables the categorisation of discharge needs on admission to facilitate early identification of where additional activity, resources and multidisciplinary input is required.

- Green – Uncomplicated discharge
- Amber – Some consideration required and may need Multidisciplinary Team (MDT) input
- Red – Complex discharges where MDT input will be required and the potential for delay without this additional input

4. Stages of the process for Completion of Traffic Light Discharge Documentation

Stage 1**.** Complete Traffic Light Discharge Form

All patients should have the initial sections of the Traffic Light Discharge Form completed, Annex A, at the time of admission including Planned Discharge Date (PDD).

PATIENT AND MDT GOALS FOR DISCHARGE				PDD 1. 2.	
Please use your professional judgement alongside guide below to select likely type of discharge for this patient – tick those that apply					
Independent with activities of daily living		Care package in situ prior to admission		Likely to require increase in care package – assessed by discharge team	
Cognitively alert				Likely to require new care package	
Returning to own home		Returning home to same level of care or within timeframe for discharge to assess		Patient and or family expressing concern about discharge	
Able to communicate with family /friends independently		Mobile with walking aid Detail:		AWI in place	
Patient has no concerns about discharge		On 6+ medications			
UNCOMPLICATED DISCHARGE		**CONSIDER MDT DISCUSSION BEFORE DISCHARGE**		**COMPLEX DISCHARGE email details to Commence complex discharge plan**	

All those classed as Amber should be considered for MDT input.

Complex discharges should be highlighted to the MDT and Discharge Hub with current documentation for the Discharge Hub continued until an electronic version is available. Agreed pathways for referral to Discharge Hub and support from allied health professionals (AHPs) should be used to ensure the patient receives all required care in a timely fashion in preparation for discharge. A Complex Discharge document should be completed, Annex B.

Stage 2. **Completion of Complex Discharge Documentation for Red Pathway Patients**

COMPLEX DISCHARGE- Select reason from below – Notify				
Likely to require an increase in care package – reason : Current package: Current care provider: Contact no:				
Likely to require a new care package – reason:				
Patient and or family expressing concerns about discharge—details:				
ACTIONS REQUIRED TO SUPPORT DISCHARGE				
What needs to happen so that this patient can leave hospital	**Who is responsible**	**By when**	**Date completed**	**Signature**

Patients whose discharge is deemed complex may require an increase in their care package or have new care provision requirements in order to facilitate discharge to home or a homely setting.

The patient, their family or significant others may express concern about the patient in relation to their discharge. This should be recorded on the Complex Discharge Document. Any actions required and put in place should be recorded.

5. Preparation for Discharge

- All patients identified as fit for discharge to be discussed at Safety Brief on daily basis. Any outstanding actions confirmed and completed.

- Patient Assessed Fit for Discharge

Using the discharge documentation it must be ensured that all AHP and other care providers involved in care provision for the patient have assessed the patient as fit for discharge.

- Discharge Hub

Regular communication should take place utilising identified pathways and standard operating procedures, for patients who require input from the Enabling Transfer Hub to facilitate an effective discharge at the earliest opportunity.

- Discharge Lounge

The discharge lounge is available to facilitate the flow of patients throughout ARI to support efficient discharge of patients in a suitable location away from the ward environment. All patients who are fit to be discharged should be considered for the discharge lounge unless they fit the exclusion criteria. Please refer to the Discharge Lounge SOP for referral guidance and exclusion criteria.

Standard Operating Procedure for the Disc

"Nurse Managers (NMs) and Senior Charge Nurses (SCNs) can email referrals by 16:00 the day prior to discharge of patients who are likely to be suitable for the Discharge Lounge the following day. Confirmation of these patients will be provided by 09:00 every day by email on the proposed day of discharge. An email can be sent by the ward staff for the attention of Discharge Lounge staff by emailing gram.ARIDischargeLounge@nhs.scot. The discharge lounge will liaise with Site and Capacity to identify areas where flow is challenging and follow up with these wards to support early identification and movement of patients.

Patients identified as suitable for the lounge after the email has been sent and throughout the day should be referred directly to the Discharge Lounge calling Ext 55780 or ascom 52308. Once accepted by the Discharge Lounge the parent ward should transfer patients on PMS to discharge lounge."

If the patient is being collected from the discharge lounge, the family can be given the 'Discharge Lounge – information for patients and relatives' document (where possible) prior to the patient being moved which contains information for them on the facility and how they can make contact with the team in that area.

ARI LOUNGE Patient Leaflet 2020 updated

- Transport

All patient transport including SAS and ABC Ambulance should be booked at the earliest opportunity using existing protocols and documentation. All booking reference numbers

should be recorded on the discharge form, in the event that the patient is moved there will be robust transfer of information.

When identifying transport requirements to take the patient to their onward destination the ward should communicate with next of kin to confirm details. It should be stipulated that the patient should be collected as close to the time they are ready for discharge as possible.

- Project “Pick Me Up”

NHS Grampian has launched a project in collaboration with local businesses. By signing up to the project the businesses are supporting their employees, where possible, to be released from work to collect relatives from hospital as close to the time they are ready for discharge as possible.

- Core Discharge Document

The Core discharge Document (CDD) should be viewed as an integral part of the process as close to the point of admission as possible. It should be viewed as an evolving document. The patient must receive an accurate summary of their discharge medication prior to discharge i.e. CDD patient copy. A patient can be transferred to the discharge lounge prior to receiving a CDD if it is deemed clinically acceptable, and the medication section has been completed and checked off by pharmacy. The parent ward must ensure that the document is redirected to the discharge lounge as soon as it has had medical sign off. The CDD can be can be printed off in the discharge lounge prior to discharge.

6. Definitions/Abbreviations

Aberdeen Royal Infirmary	ARI
Core Discharge Document	CDD
Intelligent Bed Placement Model	IBPM
Patient Management System TrakCare	PMS
Multidisciplinary Team	MDT
Scottish Ambulance Service	SAS
Standard Operating Procedure	SOP
Planned discharge Date	PDD

7. References

Traffic Light Discharge Document
Complex Discharge Document
Discharge Lounge SOP
Project “Pick Me Up”

Replaces: Version 1

Lead Author/Co-ordinator:	Fiona Robertson, Chief Nurse USC Division
Responsibilities of the Lead Author/Co-ordinator	• Ensuring registration of this document on Document and Information Silo • Disseminating document as per distribution list • Retaining the master copy of this document • Reviewing document in advance of review date
Key word(s):	Acute / discharge / documentation
Document application:	NHS Grampian
Purpose/description:	Discharge Lounge SOP

Policy statement:

It is the responsibility of all staff to ensure that they are working to the most up to date and relevant clinical process documents.

Responsibilities for implementation:

Organisational:	Operational Management Team and Chief Executive
Sector	Chief Officer , Medical Leads and Nursing Leads
Departmental:	Nurse Managers, UOMs
Area:	Senior Charge Nurses

Review frequency and date of next review:	6 monthly

Revision History:

Revision Date	**Previous Revision Date**	**Summary of Changes (Descriptive summary of the changes made)**	**Changes Marked (Identify page numbers and section heading)**
11th May 2022	31st March 2021	Changed reviewer from Cathy Young to Serena Venegoni Updated links to discharge lounge SOP and patient leaflet	Title page Page 4, Discharge Lounge

Annex A

PATIENT AND MDT GOALS FOR DISCHARGE	**PDD** **1.** **2.**

Please use guide below to select likely type of discharge for this patient – tick those that apply

Independent with ADLs		Care package in situ prior to admission		Likely to require increase in care package	
Cognitively alert				Likely to require new care package	
Returning to own home		Returning home to same level of care		Patient and or family expressing concern about discharge	
Able to communicate with family /friends independently		Mobile with walking aid Detail:		AWI in place	
Patient has no concerns about discharge		On 6+ medications			
UNCOMPLICATED DISCHARGE		**CONSIDER MDT DISCUSSION BEFORE DISCHARGE**		**COMPLEX DISCHARGE email details to** **Commence complex discharge plan**	

Free text notes

	Date	**Time**	**Initials**
Agreed medically fit for discharge:			
PT assessed safe for discharge:			
OT assessed safe for discharge:			
Care provider / District Nurse notified if applicable: Person spoken to:			
NOK notified:			
Transport arranged: Own/ ambulance/public transport Ambulance ref:			
CDD and medications given and explained			
Venflon removed:			

Date and time of discharge:	Nurse signature:
Draft version 1.1 Sam Thomas, Chief Nurse Moray	Review 31.12.2020

Annex B

Free text notes

COMPLEX DISCHARGE- Select reason from below – Notify
Likely to require an increase in care package – reason : Current package: Current care provider: Contact no:
Likely to require a new care package – reason:
Patient and or family expressing concerns about discharge—details:

ACTIONS REQUIRED TO SUPPORT DISCHARGE

What needs to happen so that this patient can leave hospital	**Who is responsible**	**By when**	**Date completed**	**Signature**

Pre discharge checklist		Date	Time		Initials		
Agreed medically fit for discharge							

PT assessed safe for discharge							
OT assessed safe for discharge							
Care provider notified							
Free text notes							
NOK notified							
Transport arranged Own/ ambulance Booking no:							
CDD and medications given and explained							
Venflon removed							