

Transfer and Discharge from Care Policy

Version	V2.0
Name of responsible (ratifying) committee	Senior Management Team
Date ratified	April 2019
Document Manager (job title)	Clinical Governance Manager
Date issued	April 2019
Review date	March 2020
Electronic location	Shared Data/ Policies and Procedures

Contents

Purpose..... 3

Scope..... 3

Aims & Objectives 3

Policy Specific Content 4

Responsibilities 5

Related Policies 7

Related Legislation or Best Practice Guidance 7

Version Control 8

Purpose

HealthHarmonie recognises the importance of discharge as a key component of high-quality community care, and it is the organisation's responsibility to maintain and to implement a safe discharge policy. It is crucial that the patient is central to an individual customised pathway and not made to 'fit' a standard process. This policy is drawn up to meet the requirements of the patient, the patient's GP and the key stakeholders we work with (e.g. Hospitals).

Scope

This document is limited to all Policies and Procedures which are utilised within HealthHarmonie. This policy describes all stages of the discharge/transfer process. This policy is supported by detailed procedures and guidelines. The policy, guidelines and supporting procedures comply with currently available national guidelines and recognise local requirements.

Aims & Objectives

All patients experience well-organised, safe and timely discharge from services with an agreed, smooth transfer to community-based health and social services Discharge and Transfer Policy & Procedure Version 3, April 2010.

- Each patient is encouraged and supported in self-care activities and helped to achieve the highest possible level of independence.
- Patients, carers and staff are supported to set realistic expectations.
- There is effective and timely involvement of patients and relatives in discharge and transfer planning.
- There is effective and timely communication of relevant information re discharge and transfer plans to patients and their carers.
- Patients receive appropriate skilled and timely assessments of their care needs
- Carers are supported and assisted throughout the process
- There is continuity of care between HealthHarmonie and agreed discharge care environment, with seamless service transition
- Improved patient outcomes by promoting understanding of, and concordance with, follow-up arrangements and discharge medication

Policy Specific Content

Principles

Patient Discharge planning is an element of a patient's treatment and due consideration must be given to a patient's consent for the process.

- Patients should be discharged to a safe and adequate environment or accepted risks should be highlighted and recorded. However, competent patients have freedom to choose their discharge destination and care [see Mental Capacity Act Policy and the Consent to Examination or Treatment Policy].
- The aim of the organisation is to send all discharge letters through electronic means to speed up the discharge process.
- Patients' beliefs wishes and culture should be considered when planning discharge.
- Discharge planning must involve the patient and/or relatives/carers (subject to 5.1 re consent).
- A clear plan, including arrangements for services after discharge, will be prepared and agreed for each patient prior to discharge.
- Patients should remain in HealthHarmonie's care only for as long as is necessary to complete those aspects of their treatment, which require our specialist care.
- Necessary referrals for (and receipt of) specialist advice or services must be timely and should not unnecessarily delay discharge or transfer of care.
- Staff should work within a framework of integrated multi-disciplinary and multi-agency team working to manage all aspects of the discharge process.
- The process of discharge planning should be co-ordinated by a responsible, named person. This will usually involve liaison with those involved in the patient's care after discharge, and perhaps those who may need to be involved in the future.
- The discharge process must be underpinned by a timely Single Assessment Process (SAP) to identify a patient's continuing health and social care needs. Discharge And Transfer Policy & Procedure Version 3, April 2010 9
- The final decision for discharge remains with the Consultant responsible for the patients care.
- All HealthHarmonie staff will work to improve patient pathways (including the discharge process).
- There will be effective training on discharge policy and procedures for all staff involved.
- A significant number of people will require special considerations when planning discharge. These include;
- Patients with healthcare associated infections (HCAI). Staff should comply with the guidance outlined in HealthHarmonie's Infection Prevention and Control Policy and the twelve core clinical care protocols outlined in the Code of Practice for the Prevention and Control of HCAI (Department of Health 2006). Information about HCAIs and their management must be included in ALL discharge communications (e.g. GP, District Nurse or care home).
- Where patients are transferred to another healthcare provider, or to a nursing or residential home, such HCAI must be communicated in advance of the patient transfer or discharge.

Responsibilities

Discharge is a complex and team-based process. There are often joint responsibilities, notably around assessment and sharing information. Where procedures and processes are described in this section the responsibility includes necessary training for appropriate staff. All staff must adhere to the principles of confidentiality and consent.

The Medical Director has overall responsibility for ensuring that the Discharge and Transfer Policy is kept relevant and up to date. The Medical Director is responsible for ensuring that effective systems and processes are in place to allow Medical Staff to discharge the responsibilities described below.

The responsible Clinician is accountable for all medical aspects of the patient's pathway (including the discharge or transfer of care). S/he may delegate to appropriately competent medical or other staff. The Clinician is responsible for ensuring that after discharge a further summary (if necessary) is available within 48 hours.

Medical staff will:

- Assess, review, record (in the medical record) and communicate as soon as practicable to patients, relatives and MDT members the likely outcome of the admission, predicted discharge date, and level of support likely to be needed on discharge, based on a diagnostic formulation, and consideration of the impact of recuperation and rehabilitation.
- Make timely referrals to other specialist teams or services necessary to formulate comprehensive diagnostic, treatment (including rehabilitation) and discharge plans.
- Maintain written records of decisions made at MDT meetings (principally on the diagnostic, treatment and discharge plans).
- Ensure that appropriate and adequate written information (PRIDE Card, TTO appendix A) is available for dispatch to the GP at the time of discharge.

Team Leads will:

- Ensure implementation and systems to support this policy in their area of responsibility
- Take appropriate action when delays in patient pathways occur
- Review weekly discharge report and challenge performance
- Ensure that practice and an effective discharge planning process operates in the service area
- Ensure that ward staff are up to date with their training in support of discharge processes and internal and external transfers
- Ensure qualified clinical staff have the relevant competencies to promote safe and effective discharge
- Ensure appropriate communication and information sharing with patients and relatives/carers. This will include providing a copy of information about medicines upon discharge, treatment received during admission and any follow up plans, where appropriate.

Transport

As part of the discharge planning process an assessment should be made of how the patient is going to get home (or be transferred) when they are discharged. In most cases patients will not need assistance in travelling home but for some dermatology and ophthalmology procedures the patient may not be able to drive. This will be explained to the patient **before** the procedure.

Mental Capacity and Independent Mental Capacity Advocates

All professionals working with adults in health and social care must be aware of their duties under the Mental Capacity Act where there are any concerns that a patient may not be fully able to participate in discharge planning for reasons of mental incapacity. If a patient is deemed not to have capacity to make a decision (capacity is decision-specific) then a family member, carer (not statutory services), or friend acting in the patient's best interest can make the decision. Where there are no relatives, carers or friends willing to decide in the best interests of a patient who lacks capacity, the Mental Capacity Act places a legal duty on the NHS (and Local Authority) to refer patients to an Independent Mental Capacity Advocate (IMCA). The IMCA supports people who lack capacity to make important decisions (e.g. medical treatment and long term placements).

Training

On-going training will be offered to staff on discharge assessments and needs. Regular updates will also be provided to staff via internal governance meetings. Training on key aspects of the discharge policy. The training needed to implement this policy will be subject to Training Needs Assessment.

Implementation and Monitoring

Monitoring of the implementation and effectiveness of this policy is undertaken via the Audit process, with any recommendations being considered and actioned via the Clinical Effectiveness Committee and the Risk Management Committee. At Directorate level, each directorate must undertake appropriate audit of the discharge and transfer processes within its audit programme, which includes measurement of patient and carer experience and satisfaction. At corporate level a range of performance indicators, is monitored by the Head of Operations.

Equality and Diversity Statement

All patients, employees and members of the public should be treated fairly and with respect, regardless of age, gender, gender reassignment, marital status, civil partnerships, sexual orientation, colour, race, nationality, ethnic or national origins, religion, belief, pregnancy and maternity or disability

GDPR Statement

All parts of this policy have been reviewed to ensure that they comply with GDPR guidance and legislation.

Related Policies

- Mental Capacity
- Safeguarding – Adults
- Safeguarding – Children
- Infection Control

Related Legislation or Best Practice Guidance

- Discharge of patient's from hospital NHS 1989 and 1997
- NHS and Community Care Act 1990
- Hospital Discharge Work Book 1994
- Patients Charter Standards DOH 1995
- Better Services for Vulnerable People EL (97) 62
- Development and implementation of Single Assessment Process
- NSF's for older people and long-term conditions.
- Health Circulars (95) 8 'Responsibilities for meeting continuing health care needs' and (95) 9 'Discharge from NHS in-patient care of people with continuing Health care needs'
- The Health Act (2006), revised January 2008. Code of Practice for the Prevention and Control of Healthcare Associated Infections Discharge and Transfer Policy & Procedure Version 3, April 2010 5 2.2. NHS and Community Care Act 1990
- The Health and Social Care Act of 2012
- Equal Pay Act (1970 and amended 1983)
- Sex Discrimination Act (1975 amended 1986)
- Race Relations (Amendment) Act 2000
- Disability Discrimination Act (1995)
- Employment Relations Act (1999)
- Rehabilitation of Offenders Act (1974)
- Human Rights Act (1998)

Version Control

Version	Date	Amendment(s)	Approved By
V1.0	30/09/2015	This is the first version of the document	Andrew Jackman, Head of Business Development
V1.1	01/09/2016	No key changes made	Andrew Jackman, Director of Business Development
V1.2	04/10/2017	Only minor formatting changes	Andrew Jackman, Commercial Director
V1.2	04/10/2018	Reviewed, no changes	Andrew Jackman, Managing Director
V2.0	15/04/2019	New format and a statement around GDPR	Andrew Jackman, Managing Director