Transferring Patients to the Next Appropriate Level of Care

1. Introduction

1.1. Purpose

The purpose of this policy is to ensure that;

- Patients are matched with the most appropriate service for their health care needs
- Health Care resources are allocated appropriately and based on need
- Ensure Providence Health Care (PHC) compliance with the Ministry of Health Acute Care Policy

1.2. Scope

This policy applies to all Providence Health Care (PHC) staff and physicians working in PHC acute care facilities

2. Policy

When a patient no longer requires health care services in an acute care facility, they will be transferred to the next appropriate care setting or service. PHC recognizes that in some cases, patients, their family or their substitute decision maker (SDM) may dispute or refuse discharge or transfer. In these cases, Health Care Teams should endeavor to have clear and transparent conversations with the patient, family and/or SDM to ensure they fully understand the rationale for the discharge or transfer and the implications of refusal which are;

- The patient may be responsible for paying the current standard interprovincial rate for an acute care bed and;
- PHC may take appropriate steps to arrange the patient's transfer to a more appropriate setting

2.1. Discharge and Transfer Planning

Discharge planning in partnership with patients and families should begin as soon as possible after admission to acute care. Part of a discharge plan may involve the transfer to the most appropriate care setting or service. Care teams should consider the following when creating a discharge or transfer plan:

- If possible, discuss with the patient the reason they are being discharged or transferred to the most appropriate care setting or service
- Review of any home health services that have previously been utilized by the patient and family
- Assessment of any required home or community support services and referral to home health if indicated

- Ensuring the patient and family will receive safe and appropriate care for their level of need after discharge or transfer from acute care
- If possible, provide the patient and family with any follow up information and/or appointments

2.2. Patient/Family Dispute or Refusal of Discharge Plan

Once a discharge/transfer plan is in place, if the patient, family or SDM refuses to be transferred or discharged, the Care Team will make every effort to sensitively and compassionately gain a full understanding of the reasons for the refusal.

If there are concerns that the patient/family are refusing the discharge/transfer due to violence, abuse or neglect, the Care Team will ensure a Designated Responder is immediately contacted to assist with further assessment and discharge planning.

Provided there are no significant barriers, the Care Team will request the support of the Patient Care Manager, who will collaboratively work towards a resolution between the patient, family and Care Team. The Patient Care Manager will ensure that the Program Director is alerted to the situation and provided with updates.

If no resolution can be reached, the Patient Care Manager will review this policy with the patient, family and/or SDM, and explain that the patient will be responsible for payment of the standard interprovincial acute care rate from the date of refusal until they are discharged or transferred to a more appropriate setting

Patients, families and/or SDM should be provided with a written letter that includes the date and time of the meeting, a summary of the discussion, a clear outline of the financial cost of remaining in acute care and the date on which the charges will commence. The Patient Care Manager (or delegate) will document the discussion, outcomes and include a copy of the letter in the patient's chart.

The Patient Care Manager will notify the PHC Finance and BC Clinical and Support Services ("BCCSS") Revenue Services to initiate billings with the patient family and/or SDM.

If the patient is capable of making decisions and continues to refuse transfer or discharge, it may be necessary to consider involuntary removal from the acute care facility. In these cases, the Care Team will take the appropriate action below:

- If the patient is medically cleared to be safely discharged and is refusing to leave, following Patient Care Manager intervention as described above, the patient will be given the option of leaving voluntarily or may be escorted off the premises by security personnel
- If the Care Team has identified the need for the patient to be transferred to a Shelter and there is a secured place, the patient will be transferred to the front door of the shelter

- If the patient requires ongoing care in a care setting other than hospital, the patient will be provided with the options of a) transportation to the arranged destination or b) discharged and asked to leave the hospital
- Notify MRP, document in Interdisciplinary Notes (or appropriate place in Patient Chart) that 'Patient Initiated Discharge' has occurred, circumstances, communication, alternate medical treatment, and follow up.
- If the patient is not capable of making decisions and it becomes necessary to plan for involuntary removal of the patient from hospital, the Care Team and Patient Care Manager will revisit all the available alternatives with their Program Director and engage Patient Relations and Risk Management to support a resolution.

3. Responsibilities

3.1. Care Teams

- making patient discharge or transfer plans;
- if the patient, family or SDM refuses to transfer or discharge, discussing with the patient, family and/or SDM the reason for such refusals;
- escalate issues to Patient Care Manager as appropriate; and
- aid in the removal or the patient from the facility as appropriate and as directed by this policy.

3.2. Patient Care Managers

- if the patient, family and/or SDM refuses to be transferred or discharged, working towards a resolution as directed by this policy;
- monitoring and ensuring compliance in managing day to day patient flow
- notifying PHC Finance and BCCSS Revenue services to initiate billings as soon as the patient, family or SDM are notified of financial obligation.

3.3. Program Directors

- ensuring the application of the Policy, effective communication between Staff and patients and families, and optimized access to appropriate care for patients.

3.4. BCCSS Revenue Services

- Explaining the charges and being available to meet with the patient, family and/or SDM
- Initiating the billings and collection of the billings.

3.5. Most Responsible Physician

- assessing patients in their care and identifying suitability for patients to be transferred to a more appropriate care setting.

4. Supporting Documents

4.1. Related Policies

Family Presence (visitation)
Patient Initiated Discharge
Ministry of Health First Available Bed policy

5. Definitions

"Acute" means acute hospital, including sub-acute and rehabilitation facilities.

"Care Team" means the Staff responsible for Clients receiving care at a particular facility or unit.

"Patient" means all patients receiving Acute care.

"Designated Responder" means Staff who conduct investigations and inquiries into situations of suspected adult abuse or neglect and who carry out PCH's legislated mandate under the *Adult Guardianship Act*.

"SDM" means Substitute Decision Maker as defined under the *Health Care (Consent) and Care Facility (Admission) Act*.

"Staff" means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, students, volunteers, contractors and other service providers engaged by PHC.

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