

Procedure:

Safe and Timely Discharge of Patients from AMH Acute Inpatient Wards

Procedure Summary:

This procedure details clinical practice expectations to ensure that patients admitted to AMH acute inpatient wards are there for the minimum, safest and most effective time period.

Some key interventions are described that will provide a structural framework to improving the flow of patients through the acute wards. These are; the effective ward round, daily board reviews and MDT shared responsibility for patient discharge.

Parent policy: N/A

Related policies/procedures:

- 1.02 Observation & Engagement of Patients
- 1.03 Consent to Examination or Treatment Policy
- 1.04 Informal Patients to Take Leave from In-Patient Care
- 1.05 Care Programme Approach (CPA) Policy in Partnership with Social Services Departments in Nottinghamshire Adult Social Care & Health Departments
- 1.29 Transfer and Discharge Policy
- 4.05 Involvement of Service Users and Carers
- 8.05 Informing Patients of Their Rights Under Section 132 of MHA 1983 Policy
- 8.12 Deprivation of Liberty Safeguards (Mental Capacity Act 2005)
- 17.04 Safeguarding Adults at Risk

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Version Control Sheet

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1	September 2019	Michelle Malone	Edited	Minor amendments throughout and formatting to new template.
2	November 2020	Michelle Malone	Edited	Major amendments throughout

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1.0 Introduction

This document sets out clinical practice expectations to ensure that patients admitted to AMH acute inpatient wards are there for the minimum, safest and most effective time period.

For people in crisis, admission to an acute ward is likely to be a frightening and disempowering experience. The partial loss of control and autonomy which is an inevitable part of being in hospital may initially add to the emotional and social turmoil that led to the circumstances of admissions, and patients and their families will need assurance that the admission is purposeful and orientated towards the patients recovery and discharge home again within the safest and shortest timeframe possible. It is therefore essential that all opportunities are maximised within a person's stay in hospital for understanding their health and social needs, the views of their families and loved ones and the views and planned interventions from health and social care professionals.

It must also be considered how best the finite resources of AMH acute beds might be used. Whilst the use of AMH acute Out of Area beds has reduced significantly in the last 9 months, this remains an area of focus as we have also subcontracted additional local bed capacity. This has improved patient experience, allowed better engagement from families and community teams and helped to reduce costs. However, the NHS long term plan (2019) sets out a vision for transformation of the NHS over the next ten years and for mental health identifies additional resources to support both community and crisis services. Therefore, we need to ensure that all alternatives to admission are explored and that discharges happen in a timely way, as soon as the purpose of admission has been resolved. There can be many barriers to discharge, some of which will be known about early on in the inpatient stay, and therefore it is important that the wards have a systematic method of identifying these and seeking to resolve them proactively with the help of community teams, social care and other housing and third sector agencies as appropriate.

This procedure will describe the key interventions for use in the AMH acute wards which will enhance the processes and structures of clinical decision making and actions leading to safe and timely discharge. These are:

- **The effective ward round**
- **Daily board reviews**
- **MDT Shared responsibility for patient discharge**

2.0 Procedure Principles

Patients' length of stay on an acute admission ward should be an appropriate period of time in order to manage an acute phase of illness, assess, treat and plan future care. It is important that as part of recovery, the patient does not stay in hospital longer than is required. This procedure sets out clinical practice expectations to ensure that patients admitted to AMH acute inpatient wards are there for the minimum, safest and most effective time period.

3.0 Duties

It is the responsibility of the ward consultant and ward manager to ensure that there is a discharge plan in place at the earliest opportunity following admission. It is acknowledged that such a plan may be initially brief in its detail, but a plan must be established to allow for development with intended discharge dates established also.

When nurse led discharge is appropriate, it is the responsibility of the discharging nurse with support from their ward manager, or unit coordinator outside of normal working hours to ensure that the discharge summary is in place, that the risk assessment is up to date, and that the appropriate community teams are notified, in order to complete their 3 day follow up.

4.0 The Effective Ward Round

The weekly patient review is the very best opportunity on an admission ward to get the key people (the patient, their family and health and social care professionals) together in a formal meeting for the shared purpose of understanding the needs of the patient and carers and agreeing and planning care thereon. Effective discharge planning will consider community support and post discharge needs early into the patient's admission. Therefore, it is essential that:

The weekly ward round/patient review is considered as the main forum for the care and discharge planning of patients and as such is given the highest priority in terms of organisation and being effectively run.

The ward round is organised so that all key clinical and social information is known and disseminated effectively by the person leading the review.

Systems exist to ensure that tasks identified in the ward round are completed in a timely way.

The ward round is conducted in a supportive and sensitive way which best allows the patient and their family members to feel safe to discuss their needs, and jointly plan and agree care. (Please see appendix 2-4 for suggestions on how this might be achieved). Also please note that this section on making best and effective use of ward rounds has been strongly contributed to by volunteers and staff at the Trusts Involvement, Experience and Volunteering team. Extensive service development work by the Involvement, Experience and Volunteering team in co-production with patients, carers and staff, has identified the conditions in which the Ideal Ward Round must operate. This part of the policy is very much based on the spirit, intention and details of the outcomes from this work.

4.1 Implementation

Prior to a review taking place, and especially if this is the first time on admission that the patient and family members are attending a ward review, time must be spent with the patient (and their family if possible), to ensure that they understand the structure and purpose of the review, the day and time of the meeting and the agenda.

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The patient and their family should also be encouraged to prepare for the review by writing their own agenda prior to the meeting. Their views and wishes must be central to the subsequent conversations. This agenda will also include how the patient wishes the review to be conducted in terms of people in the room; information sharing, feedback following the meeting etc.

The role of an independent advocate must always be considered with and for the patient prior to a review. Where it becomes apparent that the patient is not in a position to advocate their needs in the review, and a family member or friend is not available, the nurse lead and/or the consultant will assume this advocacy role and create the conditions that allow as far as possible for the patient to feel safe to discuss their needs and concerns. (Following such a review, the future need and role of an independent advocate must be considered by and with the patient). This will include reducing the attendance of other professionals to a necessary minimum, explaining the roles of the remaining professionals, ensuring the room layout is inclusive, open and welcoming.

The structure of the conversation must revolve around the patient, rather than being a staff meeting with patient attendance. This means involving the patient in decision making, the discharge process and the action plan for progress. In practice this will not mean that all the patient's wishes will be met, but that conditions are created to ensure that the patient and their family member are able to make their needs and wishes known and be actively involved in agreeing the best decisions/actions wherever this is possible.

Where possible, drinks must be made available for the attendees, such as tea and coffee*.

***NB. The presence of hot drinks in the review meeting and decisions about room layout must be made on a case by case basis in consideration of risks of aggressive behaviour. However, such hospitality should be a normal part of the culture of a review. This policy encourages each acute ward to create conditions in which the balance between a safe but welcoming environment is achieved. Colleagues from Local Partnerships MV&A teams and the Trusts Involvement Centres will provide valuable advice for room layout planning.**

The ward off duty must be organised to ensure that attendance by a ward nurse to lead the review is planned in consideration of the nurses' preparedness for the review, (i.e. continuity of being on shift in the days leading to the ward round, ability and/or seniority of the review nurse to lead the review). **Any amendments to scheduled ward rounds due to leave, tribunals or any other reason must be communicated to the ward manager as soon as practicable to allow for roster review to support nurse attendance.**

The review meetings must be well organised and disciplined; starting on time, working to agreed time slots for patients and professionals and giving people as much notice and explanation as possible for delays to agreed time slots. A shared drive type system will be explored for sending out to LMHT's, details of forthcoming ward rounds.

Following each review, each patient must be given written feedback about what was discussed and agreed in the meeting.

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The weekly patient review must never be cancelled. The absence of a consultant or other key decision makers should be foreseen as far as possible and planned for. This may mean for example that a junior doctor at ST level plans with the consultant to deputise for them in their absence and that some decisions may need to be deferred until a consultant is available; however the review should still take place with the most senior team available to enable onward planning with other MDT staff involved in the patients pathway.

Where early discharge is indicated, it will not be necessary to wait for the weekly ward round to do this. It is essential that wards are responsive to opportunity for early discharges by involving the consultant in this decision as soon as possible.

4.2 Responsibility

The ward manager and consultant have overall responsibility for creating the resources for conducting the weekly patient ward review as described above.

The allocated review nurse is responsible for ensuring the layout of the room provided is safe and welcoming.

4.3 Target Audience

All multidisciplinary team members responsible for the safe and effective planning of patient care and hospital discharge pathways. Involvement, Experience and Volunteering staff who are supporting clinical services with advice and expert experience in improving services.

4.4 Procedure for Monitoring Compliance

Compliance will be monitored through audit of key compliance indicators. Such audits will be undertaken by service managers and matrons following self-audit by ward managers. Staff and volunteers from the Trust Involvement, Experience and Volunteering team will also be invited to audit compliance. Service User Carer Experience and [Care Opinion](#) feedback which is all collected publicly on the Trust's 'Your Feedback Matters' website will be further sources of compliance monitoring.

5.0 Daily Board Reviews

The daily board round process provides information on each service user within a ward. A key focus should be on discharge and identifying any potential barriers to discharge at an early point, making plans to address these, identifying who is responsible to action them and reviewing progress made.

The board rounds ensure accountability for resolving each barrier, and a real focus on follow-up, to ensure that those actions are completed. Through this daily process of review, allocation & follow up, patient barriers to discharge will be resolved at the earliest

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opportunity, allowing for timely discharge when the patient is clinically ready, rather than due to non-clinical issues.

5.1 Implementation

The essential attendees for every board round are the ward manager, nurse in charge, and a selection of the staff on shift at that time, depending on availability and other tasks being undertaken. If there are no other essential tasks being completed, then attendance is required for those staff. Attendance of the CRHT, Medics (Consultants or Junior Doctors), and therapies should be a minimum of once a week, in order to add their input, provide support and identify any patients that can be stepped down to the CRHT/community, in order to free up capacity for repatriation from private beds, step down from the PICU's, or for those currently requiring a bed in the community. Maximisation of bed flow has to be a key concern for all staff, whilst ensuring all patients receive the time and therapeutic input required on the ward. This can be a difficult balance to maintain but remaining on an acute inpatient ward longer than necessary can be damaging to longer term recovery and this must be weighed in the balance of decision making.

All barriers to discharge should be resolved prior to the patient being mentally fit for discharge/step down from the ward. If any of the barriers are out of the wards control, this should be escalated to the appropriate manager, following the escalation process.

The expectation is that this is an ongoing process, designed to minimise any potential delays, and allowing for solutions and action at all levels of the organisation, to minimise the delays to timely and safe discharge.

5.2 Responsibility

The ward manager has overall responsibility for ensuring that the board reviews takes place each day on their ward. The ward consultant and the ward manager should agree the required role of the consultant in these meetings and it will be the responsibility of the consultant to allocate the necessary agreed consultant or other medical time to the meeting.

The nurse in charge of the shift is responsible for ensuring that the review takes place.

5.3 Target Audience

All multidisciplinary team members responsible for the safe and effective planning of patient care and hospital discharge pathways.

5.4 Procedure for Monitoring Compliance

Monitoring of compliance is through use of RIO as all actions and discussions should be recorded there. Audits can be undertaken as required.

6.0 MDT Shared Responsibility for Patient Discharge

A decision to discharge a patient from an AMH inpatient ward should always be reached following a multidisciplinary team assessment of the patients' relevant clinical, social and historical information and formulation of the patients care plan.

It is usual that decisions to discharge patients are made at ward rounds and enacted the same day. This is best practice as there is a whole MDT together to support this decision. However, there will be occasions when the decision and discharge plan are achieved but the actual discharge is deferred pending completion of discharge preparation. In these circumstances it is essential that the discharge plan is clear and unambiguous to enable the patient to be discharged without the presence of a consultant to help avoid unnecessary time in hospital.

The consultant must be in agreement with the discharge plan and the discharge process will be led by the nurse in charge of the ward.

6.1 Implementation

The remaining tasks to discharge a patient will be identified and completed as part of the normal ward round/daily board reviews and follow up processes. When these are achieved the nurse in charge of the ward should discharge the patient with the usual final checks, (property, access to home, family/professional carer awareness, entry on RIO, etc) and the medic should complete the discharge summary for that patient. The bed management team should also be made aware of the availability of a bed.

Where there is disagreement within the MDT about the suitability of a patient for discharge this should first try to be resolved between the ward consultant and ward manager. (The opinions of the patient and their family are also central considerations). Where disagreements remain, these should be escalated through service and operational managers, matrons and the involvement of the general manager and clinical directors if necessary. Whilst the disagreement is not resolved the patient should not be discharged. However, such differences of clinical opinion should be highlighted, and resolution sought as soon as possible, and in the initial stages it is the responsibility of the ward manager and consultant to escalate to their managers situations where patients may be in hospital longer than is necessary.

The nurse in charge that is enacting an MDT agreed discharge plan should feel confident that they have the support through this policy to do so. Should they have any doubts about the safety of the discharge plan and/or wish to discuss the plan with a colleague or manager they are supported to do this. Options will include their clinical team lead, ward manager, matron, service or operational manager, ward doctors or consultant or the senior nurse on call. The underpinning principal being that patients are discharged in the shortest and safest timeframe and that nurses feel safe and supported with their role in this.

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6.2 Responsibility

It is the responsibility of the ward consultant and ward manager to ensure that there is a discharge plan in place at the earliest opportunity following admission. It is acknowledged that such a plan may be initially scant in its detail, but a plan must be established to allow for development with intended discharge dates established also.

It is therefore the continued responsibility of the ward manager and consultant to ensure that the MDT updates and enacts the key components of the discharge plan in a timely way.

When nurse led discharge is appropriate, it is the responsibility of the discharging nurse with support from their ward manager, or unit coordinator outside of normal working hours to ensure that the discharge summary is in place, that the risk assessment is up to date, and that the appropriate community teams are notified, in order to complete their 7 day follow up.

7.0 Exclusion Criteria

Bank and agency staff are excluded from the process, ensuring that the patients are well known to the nurse completing the discharge.

Unqualified staff are also excluded from completing the patients discharge.

7.1 Target Audience

All multidisciplinary team members responsible for the safe and effective planning of patient care and hospital discharge pathways.

7.2 Procedure for Monitoring Compliance

Nurse led discharge will be a routine line of enquiry in the day to day management of admission and discharge flow through the AMH acute wards. Service managers and matrons will provide additional advice and support to ward managers in instances of this policy not being used to promote timely discharge.

8.0 Training

As this procedure has already been implemented no implementation plan is required

9.0 Review Date

The use of the procedure will be reviewed by service managers and matrons on an ongoing basis. The procedure will be formally reviewed every 12 months unless needs arise before the due date.

10.0 Consultation

Review of updated procedure via AMH Quality and Risk meetings.

11.0 Relevant Trust Policies

- 1.02 Observation & Engagement of Patients
- 1.03 Consent to Examination or Treatment Policy
- 1.04 Informal Patients to Take Leave from In-Patient Care
- 1.05 Care Programme Approach (CPA) Policy in Partnership with Social Services Departments in Nottinghamshire Adult Social Care & Health Departments
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- 17.04 Safeguarding Adults at Risk

12.0 Monitoring Compliance

Most discharges will follow an MDT meeting. Therefore, spot checks by Matrons and Service Managers and Red2Green process will identify those exceptional cases where discharge is agreed from an MDT meeting but still not completed.

13.0 Equality Impact Assessment

An Equality Impact Assessment on this Procedure has been completed in line with the requirements of the Equality Act 2010. All staff will maintain an awareness of an individual's sexual orientation, race, gender, gender identity, religion and/or belief, disability, age, marriage or civil partnership throughout the process and be inclusive.

14.0 Legislation Compliance

- The Mental Capacity Act 2005 and Code of Practice (2008)

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- The Mental Health Act 1983 (as amended) and Code of Practice (2015)
- The Human Rights Act 1998

15.0 Champion & Expert Writer

The Champion of this procedure is the AMH Service Director. The Expert Writer is the Clinical Director and the Operational Manager .

16.0 References/Source Documents

MHA Code of Practice 2015, Mental Health Act (1983). Department of Health. UK

17.2 Appendix 2 – Attendance for Weekly Patient Review

To maximise the comfort of the patient, the attendance for the weekly patient review must be limited where possible to 4 healthcare professionals, who should all be fully up to date and involved in the patients' progress, in addition to any carers or advocates who are required to attend. This would include the consultant, ward staff involved in the patient's progress, and care coordinator. Any additional staff who would like to attend should be discussed with the patient and consulted on whether they are happy with additional attendees or would like to limit it to a minimum. NB. It is recognised that hospital wards provide a learning and teaching experience for medical, nursing and other health students and that the ward round is a suitable learning environment. Therefore, the patient's permission must always be sought for students to be in attendance in ward rounds.

Limiting the number of attendees, and having consistency regarding who attends, will help develop the relationships between the staff and patient, helping them move forward with their recovery in a more comfortable environment. The weekly patient review is designed to be for the patient, not a staff meeting with a patient present.

17.3 Appendix 3 – Layout & Location for Weekly Patient Review

The layout and location of the weekly patient review is vital to ensure full engagement of the patient, and the position of power in the review.

Firstly, drinks should be made available to patients, carers and staff. This should include tea, coffee and water. Ensuring every attendee is offered a drink prevents any subconscious power balances, which can occur if only staff have drinks. (See 3.1)

Having the room set up in such a way to ensure openness is key; so, where logistically possible, the chairs must be set up in a circle. This provides a feeling of openness and avoids any perception of power over the patient. This should also include avoiding having staff facing, or the patients having their back to, the door. This can cause anxiety if the patient can't see a way out or feeling trapped in the room.

Staff need to be aware of, and reflect on the imbalance of power, control and influence between the different people attending the review. As well as the imbalance in power between the service user, carers and staff, there are also imbalances in power between different members of staff. Whenever possible staff should try to identify and reduce such imbalances, in order to create the conditions which maximise the patient and carer voice and shared decision making, as well as encouraging all staff to contribute effectively to the review. Whilst a fuller discussion is beyond this document, there is currently online training being developed in connection with the involvement centre and academic colleagues which focuses on this area and will be circulated later this year.

The review should be in a relaxing environment, so avoiding any rooms with loud noises in the surrounding areas will support this. In the same respect, avoiding barriers such as the clinical staff having laptops open, or having the ward clerk sat out the way typing will promote an open, relaxing environment. The ward clerk should still be visible to the patient, rather than sat behind them, which can be distressing for the patient. It is acknowledged that the presence of staff taking notes or typing in the meeting may not be conducive to patients and their families feeling included. Whilst this is necessary to ensure that the process aspects of the ward round are managed effectively, the roles of people typing will be explained to the patient.

17.4 Appendix 4 – Follow Up of Weekly Patient Review

Following every review, time must be spent with the patient. This is to ensure that they are happy with the outcomes of the review, and are clear on the actions to be taken, and how this will help them progress towards discharge.

The follow up will also allow the patient to share any concerns from the review and allow staff to evaluate the effectiveness of it. This will then allow for improvements to be made if necessary, prior to the next weekly patient review.

The patients should also have access to a copy of the outcome sheet. This will give some power back to the patient and allow them to take ownership of their own progress on the ward.