THE SOCIETY FOR ACUTE MEDICINE

Principles for discharge from Acute Medicine Units (AMU)

Introduction

A systematic Scoping Review of the current national health and social care policies related to patient discharge and transfer from hospital was undertaken in 2016 as part of PhD work (Lees-Deutsch et al, 2016). It was established that existing Policies did not specifically address the discharge of patients from an AMU. Hence, the aim was to develop a set of core principles for discharge which are specifically for AMUs. The core framework of seven principles embodies and updates work from national policy guidelines (NICE: NG 27, 2015, DH, 2010). These have been developed in collaboration with multidisciplinary staff working in five AMUs; a public and patient user group and feedback from members of the Society for Acute Medicine during 2017.

Scope

These discharge principles are intended for adult patients admitted to and discharged from acute medicine units in England.

1. Patients, next of kin, family, carers and those important to the family will be involved in the planning, relevant communications and decisions made regarding discharge from AMU.
2. Assessment for discharge from Hospital will be commenced during the initial assessment / admission process in AMU.
3. A provisional discharge plan will be documented early in the patients stay in AMU.
4. The discharge plan will be coordinated / communicated in AMU.
5. The plan will be revisited, communicated and clarified prior to discharge or transfer from AMU.
6. Essential information will be provided on Discharge from AMU.
7. Staff in AMU will assist the hospital bed capacity through timely discharges.

1	**Core principle:** **Patients, next of kin, family, carers and those important to the family will be involved in the planning, relevant communications and decisions made regarding discharge from AMU:** (a) Provide regular timely, verbal information regarding the discharge plans after daily reviews, on ward rounds, or as information becomes available. (b) Briefly review (recap) the discharge plans each day and update these, to provide adequate information regarding the discharge or transfer date.
2	**Assessment for discharge from Hospital will be commenced during the initial assessment / admission process in AMU:** (a) Establish if there are any language barriers, e.g. need for interpreter services to obtain information for discharge. (b) Proactively seek information regarding the home environment, current support network, home care and other services as applicable e.g., homeless status. (c) Establish the name and contact number for any social worker / key worker. (d) Notify any relevant care agencies involved in the patient care, of the patient's admission to AMU. (e) Gather further defining information (as indicated) from GP, District Nurses, Care Homes and Service Providers. (f) Identify concerns / risks, which might impede discharge from hospital and share any concerns with multidisciplinary team. (g) Screen patients as appropriate for referral to Physiotherapy, Occupational Therapy and Discharge to Assess/Intermediate Care teams. (h) Make referrals to specialist teams as indicated, such as mental health. (i) Gather information regarding current medications and medication regime. Establish if there are any issues regarding medications (non-adherence/effectiveness) and if anyone other than patient is involved in medication management. (j) Provide timely information to alert care agencies of additional support

	potentially required on discharge.
3	**A provisional discharge plan will be documented early in the patients stay in AMU:** (a) Identify the category of discharge e.g. simple, intermediate or complex. (b) Within 24–48 hours of admission, estimate a provisional date for discharge. (c) Document early discharge decisions & referrals made. (d) Ensure medication management, as appropriate is part of the discharge plan e.g. blister packs. (e) Check issues, which relate to the patient's ongoing self-management. (f) Communicate any concerns, sharing information.
4	**The discharge plan will be coordinated/communicated in AMU:** (a) Allocate the coordination of the patient's discharge to a Nurse and Coordinator* (should be a named contact person). (b) Handover the discharge plan between shifts to ensure continuity of communication to the point of discharge. (c) Ensure the discharge takes place within safe timeframes agreed by the patient, carers and with reference to any service providers. * Depending on the size of the AMU a **'Coordinator'** maybe the nurse in charge
5	**The plan will be revisited, communicated and clarified <u>prior to discharge or transfer from AMU</u>:** (a) Reiterate diagnosis and ongoing management plan for discharge. (b) Discuss and provide written instructions regarding medications for discharge, ensure patients and carers are aware of any changes (new/discontinued medications). (c) Clarify all services arranged to include existing services to be reinstated prior to discharge. (d) Communicate the decisions regarding discharge plans and discharge destination. (e) Communicate all patient transfers (including moves to discharge lounge). (f) Identify within the plan any arrangements in place/planned concerning

	safeguarding issues and onward management.
6	**Essential information will be provided <u>on Discharge</u> from AMU:** (a) Provide GP discharge summary/letter (ensuring patient details are correct/up to date). (b) Provide District Nursing letter (as appropriate). (c) Complete a discharge checklist prior to discharge, giving a copy to the patient/carer. (d) Provide a copy of the discharge plan* for the patient/carers, with contact numbers and names of service providers. ***Discharge Plan** should be a minimum of a list of services organized and key contact names/numbers.
7	**Staff in AMU will assist the hospital bed capacity through timely discharges:** (a) Forward plan patient discharges over seven days of the week. (b) Participate in early identification of appropriate patients suitable for supported discharge (discharge to assess) to expedite discharge from AMU. (c) Provide timely and ongoing communications with patients, relatives and carers to promote early (in the day) discharges from AMU. (d) Where the patient discharge is very simple, ask the patient to initiate their transport needs following the ward round/review. (e) Or, ensure the timely arrangement of transport needs from hospital. (f) Identify patients suitable to transfer to a discharge area* when their discharge from hospital is imminent. * **Area** maybe a discharge lounge or dedicated space on the AMU

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Lees-Deutsch, L., Yorke, J and Caress, A. L (2016) Principles for discharging patients from acute care: a Scoping review of Policy. British Journal of Nursing, 25 (20) pp. 1135-1143.