

Facilitated Discharge Procedure

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1 Purpose and scope

1.1 Purpose

To provide operational guidance to staff within the St Pancras In Patient Rehabilitation Service with regard to the process to be used in completing discharges which are complex in nature due to refusal by patients, their family members, next of kin or powers of attorney to co-operate with the Multi – Disciplinary Team (MDT) in relation to discharge planning.

1.2 Scope

Once a patient no longer requires rehabilitation or other treatment, and is safe to be discharged to home or another care setting such as residential or nursing home, it is not appropriate for the patient to continue to occupy a hospital bed if an alternative location which can safely meet the individual's needs has been identified.

The engagement and involvement of the individual patient, their family members, next of kin or powers of attorney in all decisions is central to the delivery of rehabilitation and the planning of a safe discharge. The MDT will ensure that timely and clear communication is undertaken with patients, their family members, next of kin or powers of attorney in relation to decisions about discharge and future care planning in order to avoid confusion, complication and delay at the implementation of discharge.

It is a principle of rehabilitation that a reasonable level of individual choice is taken into account within the planning of care and discharge – these however must be balanced against the needs of all current and potential service users.

The circumstances where this policy is likely to be used are as follows:

- Patient refuses to be discharged home or family members, next of kin, powers of attorney refuse discharge. Patient or family members may feel unable to manage at home after a period of protracted illness due to anxiety
- Patients paying for their future care i.e. self funders. Relatives, next of kin or powers of attorney may have problems navigating the process of identifying an appropriate placement and making financial agreements with care home providers.
- Patient, family members, next of kin or powers of attorney refuse interim care arrangements. This is often on the basis of refusing for the individual to have an extra move before their final discharge destination.
- Patient, family members, next of kin or powers of attorney refuse to consider alternative to their choice of nursing or residential home. Having chosen a preferred placement location that has no available beds individuals, their family members, next of kin or powers of attorney may be unwilling to consider alternative settings for reasons described above.
- Homelessness / Housing Issues. It is imperative that the MDT work with both the adult social care and housing services for the borough concerned in order for a cross agency solution to be identified.

2 Responsibilities

Party	Key responsibilities
Multidisciplinary Team	<p>To agree that rehabilitation is complete or that the individual patient cannot benefit from further rehabilitation.</p> <p>To ensure that consideration has been given to reasonable personal choice, issues of mental capacity and adult safeguarding and that this is documented.</p> <p>To consult with, support and advise patient, family members, next of kin or powers of attorney on issues such as discharge planning, identifying suitable placements for self funders and working with other agencies on issues such as social care and housing requirements.</p> <p>To ensure that all interactions with patient, family members, next of kin or powers of attorney are accurately documented and shared with the individuals concerned.</p> <p>To ensure that standard discharge processes such as communication with other agencies, medicines and supplies to take away, transport bookings and any follow up appointments are completed in the normal way.</p>
Service Line Manager	<p>Ensure that systems are in place to ensure that Facilitated Discharge is discussed with every patient on admission.</p> <p>To formally communicate with patients, family members, next of kin or powers of attorney about the initiation and progress of the Facilitated Discharge process.</p> <p>To escalate appeals from patients, family members, next of kin or powers of attorney to the Associate Director, GP & Hospital Support.</p> <p>To ensure that all interactions with patient, family members, next of kin or powers of attorney are accurately documented and shared with the individuals concerned</p>
Associate Director, GP & Hospital Support	<p>Receive, consider and respond to appeals from patients, family members, next of kin or powers of attorney.</p>
All Staff	<p>To ensure that the safety of individual patients who may be at risk of abuse (particularly of neglect if placement at an inappropriate care location is agreed) is considered in all aspects of planning during the facilitated discharge process.</p>

3. Procedure

The process to be followed when circumstances requiring facilitated discharge are identified has been mapped in appendix 1 and should be the sole point of guidance for actions to be taken.

Arrangements for undertaking the case conference should ensure that every effort is made to include the patient, their family, next of kin or power of attorney; this includes reasonable re-arrangement at a more suitable date and time if requested.

If after reasonable re-arrangement of the date/time of the meeting the patient, their family, next of kin or power of attorney refuses to attend the case conference, then notes of the meeting must be forwarded to them at the earliest opportunity with a covering letter inviting comments on the decisions made at the case conference.

4. Mental Capacity

Where an individual is assessed as not having mental capacity to make decisions relating to future care locations and has no representative working on their behalf such as a family member, next of kin or power of attorney; the MDT should seek the involvement of an Independent Mental Capacity Advocate (IMCA).

The role of the IMCA is to ensure that the patient's best interests are represented throughout the decision making process. Both London Borough of Camden and London Borough of Islington commission IMCA's from Voiceability <http://www.voiceability.org>.

5. Media Coverage

It is possible that patients, family members, next of kin or powers of attorney may seek media coverage at any time during the implementation of this procedure. Staff within the In Patient Rehabilitation service should not answer any queries from the media themselves and all enquiries should be directed to Associate Director Business Development on 0207 685 5969

6. Monitoring, Audit, and Evaluation

The fair use of this policy will be monitored in 2 ways:

1. Appeals to the Associate Director of GP & Hospital Support.
2. Formal or Informal complaints which arise.

7. References

1. The Community Care Act (Delayed Discharges etc) 2003
2. Delayed Discharges Regulations 2003
3. The Mental Capacity Act 2005
4. Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse 2011

Appendix A

Facilitated Discharge Procedure Process flow chart (Updated June 2011)



