

Title: Somerset Reluctant Discharge Policy

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Accepted by: Clinical Governance Group (Sompar)
Ratified by: Senior Management Team (Sompar)

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Applies to: All staff involved in the care of patients
 18 years old and older

Exclusions: Children

Purpose: To manage the safe and timely discharge/transfer of patients who may be delayed due to the patient and/or their representative being unable or unwilling to support or arrange discharge/safe transfer from hospital.

VERSION CONTROL - This document can only be considered current when viewed via the Policies and Guidance database via the Trusts intranet. If this document is printed or saved to another location, you are advised to check that the version you use remains current and valid, with reference to the active date.

Key points for achieving timely reluctant discharge include:

- The hospital will acknowledge and offer reasonable support with any concerns; however, this will not delay or prevent discharge. This destination may not be the patient's preferred destination of choice.
- If the patient's preferred choice of accommodation is not available they will be required to accept an alternative location or care provider whilst they await the availability of their preferred choice.
- Patients who are self-funding their care will be provided with the same advice, guidance and assistance on choice as those fully or partly funded by the Local Authority.
- Patients and/or their representatives should be given a key contact to answer questions and support them through the process; they should also be informed of how to contact PALS.

DOCUMENT CONTROL

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PROCESS FLOW CHART

The patient and/or their representative have declined the option/s offered. The Somerset Reluctant Discharge Policy comes into effect.

Within 2 days of the patient and/or their representative declining the option/s offered an informal mediation discussion is to take place with the patient and/or their representative. At the meeting their concerns/anxieties will be discussed and encouragement given to reconsider. Clarification on rationale for safe discharge/transfer to an alternative or interim option if their preferred option is not available is to be given. On the same day the discussion took place a letter is to be given/sent clarifying what has been discussed, any agreements reached and what follow up arrangements have been made. The mediation discussion will take place with the attendance of a member of the MDT or matron.

If the patient and/or their representative are still declining the option/s offered at the first mediation discussion then the organisation in line with the Somerset Reluctant Discharge Policy will send Formal letter 1 on the same day of the first mediation discussion (APPENDIX A).

If the patient and/or their representative accept the option/s offered at the first mediation discussion then the Somerset Reluctant Discharge Policy is terminated.

Within 3 days of Formal letter 1 being sent the patient and/or their representative will be invited to a second mediation discussion which will follow the same process as the first one. The mediation discussion will take place with the attendance of the patient and/or their representative

The MDT/Discharge team will inform Social Care/CHC of the new actual date of discharge.

If the patient and/or their representative accept the option/s offered at the first mediation discussion then the Somerset Reluctant Discharge Policy is terminated.

If the patient and/or their representative are still declining the option/s given to them continuing disputes are to be referred to the Chief Operating Officer and Director of Nursing who will confirm that Formal letter 2 is to be sent out (APPENDIX B). Once confirmation has been received from the Chief Operating Officer the Formal letter 2 is to be sent to the patient and/or their representative no later than 7 days from the date of sending Formal letter 1. Formal letter 2 will explain discharge to the identified alternative or interim option will go ahead within 7 days from the date of Formal letter 2

Discharge/transfer agreed and completed.

Any form of continuing disputes are to be referred to the Chief Operating Officer and Director of Nursing who will consult with their legal advisors. Each organisation will ensure all related agencies are briefed and are aware of all outcomes and discussions and of the legal process that will take place.

Prepare external message/lines to take place with communications and legal teams.

1.0 INTRODUCTION

Delays in discharge can have a negative effect on patient recovery and wellbeing, and stretch limited NHS resources.

When patients have completed the required assessment or treatment at their current inpatient setting, they will not remain there due to lack of clarity about the need to accept an alternative care provider and/or location if their preferred option is unavailable.

The process of deciding the care provider and/or discharge destination will be followed in a fair and consistent way, and there will be a clear documented audit trail of choices offered to the patient and/or representative.

Where a patient is unable to express a preference, an advocate will be consulted on their behalf.

2.0 PURPOSE

To ensure that all appropriate staff are aware of the action to be taken in the event of

- Difficult adult patient discharges (adults in the context of this Policy are aged 18 and over)
- Patients or their relatives being reluctant to accept the planned discharge arrangements

A Reluctant Discharge is experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is reluctant to do so for one or more reasons. Timely transfer and discharge arrangements are important to ensure the NHS effectively manages emergency pressures. The arrangements for transfer to a more appropriate care setting (either within the NHS or in discharge from NHS care) will vary according to the needs of each patient, but can be complex and sometimes lead to delays. This Policy focuses solely on Reluctant Discharges. Please refer to specific organisations' policies on discharge for guidance regarding the discharge process in each Trust:

Somerset Partnership NHS Foundation Trust

- Admission, Discharge and Transfers policy

Taunton and Somerset NHS Foundation Trust

- Discharge of the Adult Patient policy

Yeovil District Hospital NHS Trust

Effective use of this policy is dependent upon clear escalation processes being in place when patients remain in a hospital longer than is needed and where the patient and/or their representative is unable or unwilling to accept discharge to an appropriate care setting at the estimated date of discharge or actual date of discharge. See Flow Chart at the front of this policy.

3.0 RATIONALE

Reasons for reluctant discharge due to Patient Choice can be various but may include delay due to the patient and/or their representative being unable or unwilling to support or arrange discharge/safe transfer from hospital. Clear communication and documentation is central to the process of managing choice on discharge.

The consequences of a patient who is ready for discharge or safe transfer remaining in an in-patient setting can be:

- The needs of the person can be more appropriately met in a lower-acuity setting, including a non-hospital setting
 - Exposure to an unnecessary risk of hospital acquired infection¹;
 - Physical decline and loss of mobility / muscle use²;
 - Frustration and distress to the patient and relatives due to uncertainty during any wait for a preferred choice to become available;
 - Increased patient dependence, as the hospital environment is not designed to meet the needs of people who are medically fit for discharge;
 - Severely ill patients being unable to access services due to beds being occupied by patients who are medically fit for discharge.
-
- The increased pressure within the health care system, due to the inappropriate use of inpatient beds.

4.0 PROCESS

Patients do not have the right to remain in hospital longer than required³. Once a patient is deemed clinically ready for discharge by the Multi-Disciplinary Team they cannot continue to occupy an inpatient bed

The hospital will acknowledge and offer reasonable support with any concerns; however, this will not delay or prevent discharge. This destination may not be the patient's preferred destination of choice.

If the patient's preferred choice of accommodation is not available they will be required to accept an alternative location or care provider whilst they await the availability of their preferred choice.

Patients who are self-funding their care will be provided with the same advice, guidance and assistance on choice as those fully or partly funded by the Local Authority.

Patients and/or their representatives should be given a key contact to answer questions and support them through the process; they should also be informed of how to contact PALS. This detail is included in formal letter 1 (**APPENDIX A**)

5.0 INTERIM CARE

Patients may be required to be transferred to an alternative in-patient setting or discharged to a care setting other than the area the patient and/or their representative have requested.

¹ Hassan, M. et al, 2010. *Hospital length of stay and probability of acquiring infection*. International Journal of Pharmaceutical and Healthcare Marketing. 4(4):324-338.

² Kortebein, P. et al (2008). *Functional impact of 10 days of bed rest in healthy older adults*. J Gerontol A Biol Sci Med Sci. 63(10):1076-81.

³ Barnet PCT v X [2006] EWHC 787. A patient has no right to demand / the NHS has no obligation to provide something not clinically indicated, (*R (Burke) v GMC* [2005] EWCA Civ 1003), including provision of an inpatient bed and a patient who lacks mental capacity for the relevant decisions has no greater right to demand this (*Aintree University Hospitals NHS Foundation Trust v James* [2013] UKSC 67).

The reasons for this will be explained. Patients and/or their representatives need to understand that they do not have the right to remain in their current in-patient setting longer than is deemed necessary. If the patient and/or their representative choose to decline the offer(s) made, discussions will commence on the options for the patient/representative about their discharge from NHS care.

6.0 MONITORING

The effectiveness of the reluctant discharge policy will be reviewed and monitored by the respective contributing organisations following each individual use of the policy and results and action plans will be reported to the Urgent Care Programme Board annually.

In Somerset Partnership this will be monitored operationally on a day to day basis and also reported through the Delayed Transfer of Care (DTC) work streams. The DTC project board and urgent care programme board will provide oversight of the system wide process.

Review

This policy will be formally reviewed in 3 years, or earlier depending on the results of monitoring, changes in legislation, recommendations from National bodies, or as a result of incident or accident, complaints or claims data analysis or investigation.

APPENDIX A

Patient's Address

Date:

Delivered by hand

FORMAL LETTER 1 - DATE OF DISCHARGE OR TRANSFER TO ALTERNATIVE CARE

Dear

Following on from discussion you have had with XXXXXX, we are pleased that your acute care is complete, you have received appropriate treatment and arrangements have now been made to discharge you from Trust Name. You are now ready for transfer/to be discharged/as you no longer require acute care.

As we are sure you will appreciate, it is important that you are able to leave hospital as soon as the team feel you are ready, so that you do not risk further medical complications caused by a prolonged hospital stay. It also enables the hospital to provide treatment for other patients who need urgent acute hospital care.

We appreciate that this may be a difficult time for you and your family, as the home of your choice/care package/community hospital/other may not be available for you immediately. We are therefore offering to work with you to arrange temporary accommodation, which has been assessed as suitable to meet your short-term needs whilst you wait for a vacancy/care package to become available. We will discuss the funding of this placement with you based on your individual needs

You and your family will be supported throughout this time to ensure that the transfer is made as smoothly as possible. Please be assured that placement in alternative accommodation will hopefully be of a short term nature and that when a vacancy does arise, arrangements will be made for you to transfer with the transportation costs incurred by us.

Throughout this period, the XXXXXXXX will be available to help you and answer any of your questions. You can also talk to our Patient Advice and Liaison Service (PALS) on XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

The Team will arrange your transfer and ongoing care. I would like to take this opportunity to offer you my best wishes for the future and to thank you for your co-operation.

Yours sincerely

BY EITHER:

- Senior Therapist
- Ward Sister
- Discharge Team Lead

AND:

- Matron/Associate Director of Nursing
- Head of Operations
- Consultant in charge of care

APPENDIX B

Patient's Address

x
x
x
x

Date:

Delivered by hand

FORMAL LETTER 2 - FINAL NOTIFICATION – DATE OF DISCHARGE OR TRANSFER TO ALTERNATIVE CARE

Dear

I am writing further to the letter you were recently sent, informing you of proposed arrangements for your discharge. This Acute/Community Hospital or Intermediate Care Setting** [delete as appropriate] has offered you all the necessary support and guidance to enable your safe and appropriate discharge. You have been informed of your responsibility to finalise other arrangements if you would prefer not to accept what has been proposed.

As outlined in the notification letter, we will now instigate safe transfer to the location below, which has been assessed as suitable to meet your needs. Should this transfer be refused, this Acute/Community Hospital or Intermediate Care Setting** [delete as appropriate] will take legal advice to facilitate discharge.

You will be informed if you are responsible for paying care fees. If you are appealing a Local Authority or NHS decision regarding funding, the fees you pay may be reimbursed if your appeal is upheld.

If you would like further information or support regarding discharge arrangements please speak to a member of the Multi-Disciplinary Team caring for you. If we do not hear from you, we will assume that you are happy with the content of this letter and that we continue to arrange safe transfer.

You and your family will be supported throughout this time to ensure that the transfer is made as smoothly as possible. Please be assured that placement in alternative accommodation will hopefully be a short term nature and that when a vacancy does arise, arrangements will be made for you to transfer with the transportation costs incurred by us.

Throughout this period, the XXXXXXXX will be available to help you and answer any of your questions. You can also talk to our Patient Advice and Liaison Service (PALS) on XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

The Team will arrange your transfer and ongoing care. I would like to take this opportunity to offer you my best wishes for the future and to thank you for your co-operation.

Yours sincerely

BY EITHER:

-Director of Nursing/Patient Care

-Director of Operations