

# School of Health Sciences

## Management Workbook

Name: .....

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## **Discharge Planning**

One of the less rewarding aspects of nursing is having to inform a patient who has just been told by their consultant that they can go home, that the TTOs are still in pharmacy, that their door key has not been brought in by their neighbour, or Meals on Wheels will not be able to visit until next Monday and that the discharge will therefore be delayed.

The Department of Health (2004) believes that up to 80% of discharges are simple and should be carried out by nurses, but ensuring patients get home safely is not always as simple as it appears.

As the Government continues to drive healthcare in the UK towards shorter hospital stay and increased patient choice, the emphasis on discharge planning is increasing. Nurses have to improve and develop their discharge planning skills in order to meet the accelerating demands of simple and complex discharge issues. In order to do this nurses need to understand that discharge planning begins at admission. Nurses also need to have the skills and confidence to anticipate length of stay and predict discharge dates so that requirements can be addressed in a timely manner. Nurses should also be exploring ways of discharging patients at weekends, bank holidays etc, and should recognise the importance of liaising effectively with the MDT and families/carers.

# Discharge Planning

## Policies and Procedures

Discharge Planning Folder  
Trust Policy on Leaving Hospital

## NMC Proficiencies

Domain: Care Management: Outcome:  
3.2, 3.4 (3.2.1, 3.2.2, 3.2.3)  
Domain: Care Delivery: Outcome:  
2.1, 2.3 (2.2.3, 2.3.3, 2.5.1, 2.7.1)

## References

Department of Health (2004) 'Achieving a Timely, Simple Discharge from Hospital-a toolkit.'  
DoH : London

## Mentor/Student comments

Mentor sign .....

Student sign .....

# Discharge Planning

## Scenario 1

You have a patient going home tomorrow, she lives alone and requires no social services involvement. You need to ensure the patient has a safe and timely discharge.

1. When should discharge planning have been commenced?
2. Who would you need to inform/discuss discharge arrangements with?
3. What would you need to check is in place prior to discharge?

## Scenario 2

Mr Brown has been admitted to your ward with a fractured radius and has developed a pressure sore to his sacrum. He has not previously required social services but will do so on discharge. He has also been commenced on Warfarin this admission.

1. What documentation will need to be completed for social services referral?
2. Who will need to follow Mr Brown up at home?
3. What action needs to be taken with regard to the Warfarin?
4. Mr Brown has to attend fracture clinic 1 week after discharge, but has no transport, what do you do?
5. What aids might this patient require at home and how would you organise this?