

UHSM's response to Trafford Health Scrutiny Committee Member's Questions

- Could it become standard practice for the hospitals to inform Nursing Homes/Carers at least 24 hours before a discharge is expected to take place so adequate arrangements can be made?
 - Yes absolutely, our discharge nurses provide updates to both residential and nursing homes of the status of their resident often taking place 24hrs prior to discharge. This has been agreed with our Heads of Nursing and Matrons as good practice.
- Could copies of the standard discharge procedures and what steps are being taken to ensure that these are followed be provided for the meeting?

Yes, currently UHSM have the following:

- Discharge Checklist (Appendix 3)
 - Discharge Policy (Appendix 4)
 - Discharge Destination Policy (Appendix 5)
 - Discharge Lounge Protocol (Appendix 6)
- We have had concerns that patients care plans which are sent into hospitals when people need to be admitted urgently do not “follow” the patients when then are admitted into a ward and remain in A & E. Is there any way that care plans could remain with the patients and be sent back on discharge with hospital comments/changes added?

Should a patient be admitted with a plan of care then this usually follows the patient to the ward. Sometimes patients do not present with a plan of care. UHSM have their own discharge documentation but there is no reason why, following a discussion with those who have sent in the plan of care, comments/changes cannot be added.

UHSM are currently trialling a “Patient Passport” (Appendix 7) on the acute admission wards initiated by the acute discharge nurses. A Patient Passport is a document that is populated by medical staff, discharge nurses, social workers, ward nurses, therapists, the patient and/or their relatives/carers. The Patient Passport remains with the patient on discharge and provides an overview of their stay in hospital and contains details of each and every intervention.

- What is being done to ensure that patients admitted into hospital do not lose any of their life skills/mobility and are encouraged to do things for themselves i.e. try and wash/dress themselves – walk to the toilets etc...?

Patients are assessed on admission around their activities of daily living, which includes assessing their safety. All patients are encouraged to be independent if assessed as being able; in some cases this can be a multidisciplinary assessment which would include therapy input.