

# Planning discharge from hospital

A guide to providing community equipment on discharge from hospital.



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## *Introduction*

The purpose of this Protocol is to help support effective communication between Hospital and community based staff around the provision of community equipment to ensure the best outcomes for patients being discharged from hospital.

The key theme is to support discharge by clarifying responsibilities and processes in equipment provision, ensuring that the focus can be on determining appropriate equipment to meet the patients' needs and streamlining the process of provision. The context for the provision of the equipment needs to be fully considered, with appropriate balancing of risk with the need to maximise the functional potential of patients and minimise over-prescription.

## *Roles and responsibilities*

A **named person** should be identified by the multi-disciplinary team (MDT). This will be the person most appropriate to lead on the co-ordination of the provision of the equipment. This should be the most appropriate person relevant to the needs of the patient, and could be:

- An Occupational Therapist (OT),
- A Physiotherapist (PT),
- A Nurse.

## *Key Principles*



The principle of **minimum intervention, maximum independence** should be applied and the risks balanced to avoid over prescription of equipment.

The person responsible for the assessment and provision of the equipment should be **determined based on the needs being met**, and **not dependent on historical professional arrangements**.

The protocol should **support the identification of a named person** (identified by the multi-disciplinary team) who will co-ordinate the assessment, order, and where necessary, follow up on equipment provision.

The protocol should **simplify and streamline equipment provision** and provide ownership and accountability for the way in which needs will be assessed and met.

The protocol will support staff to **achieve the best outcome** for the patient.



The role of other staff e.g. Discharge facilitators/co-ordinators, Community Equipment Service Professional Advisers etc. will be to offer support and advice to the relevant staff involved in this process.

Hospital OT & PT staff should assess and order equipment where they are actively working with the patient. This will either be as part of ongoing rehab or following a referral where the requirement for OT/PT intervention has been confirmed as appropriate. Where they are involved, they will order equipment for any needs identified, including where formal care services will be provided.

OT/PT staff will be able to assess for and order all mattress products which address low to medium risk needs. The exception will be where a patient has significant tissue breakdown, ongoing nursing care may be required, and specialised mattress provision is necessary e.g. specialised cell mattresses. In these cases, the need for tissue viability solutions requires to be referred to community nursing services, and all other relevant equipment needs will be assessed and ordered by them (e.g. bed, hoist) to ensure a single and seamless process.

Where a patient requires equipment and there is no OT or PT input, then the ward nurses will identify the patient's needs and will link with community nurse colleagues at the earliest point. Appropriate information to assist the community nurse in concluding the assessment, and the ordering and follow up of the agreed equipment should be provided by the ward nurse. The exception will be where equipment requires to be provided to support the provision of formal care services. In those circumstances if hospital OT/PT or community nursing have no existing input to the patient, then the ward staff should refer to community based teams to provide.

It is important that any staff identifying equipment needs in the hospital environment, reflect on whether the identified equipment is essential at the point of discharge or whether an assessment for this equipment within the home environment by relevant community staff on discharge, could facilitate more effective identification of wider needs balanced by the anticipated risks.

### Ward Nursing Staff

Where a member of the ward nursing staff has been identified as the 'named person', they will confirm and communicate the need for all relevant equipment to appropriate community services. This may either be to community nursing colleagues, or social care colleagues where formal carer's services are involved and neither hospital OT/PT nor community nursing have input to the patient.

Consideration needs to be given to assessments which would be more appropriately carried out post-discharge. In order to identify appropriate equipment needs this may include liaison with other professionals such as the Discharge Facilitators, Equipment Service Professional Advisers, AHP's, Tissue Viability (TV) advisor, Moving and Handling specialists. Family and carers should also be consulted.



**With reference to the 'Discharge Check List' (Appendix 1), the ward nurse will communicate the following information to support the effective provision of equipment:**

- Relevant clinical/ medical information and personal information [incl. GP] e.g. including weight, Waterlow.
- The current method by which patients are being assisted to transfer on/off bed/ chair/ toilet/ shower on the ward, if relevant.
- The equipment used with patients on the ward i.e. hoist/ slings/ walking aids/ wheelchair/ any physical assistance.  
**N.b.** ward equipment may not be suitable in the home environment and appropriate alternatives must be considered which will meet the need.
- List of the equipment required, and confirmation that the patient and family understand the reasons for the equipment and are in agreement with its provision.
- Confirmation that statutory care providers understand the reason for the provision and are in agreement with the equipment to be provided.
- Provide any relevant known information about the home environment – as identified from discussion with patient/family.
- Provide information about discharge arrangements including the access arrangements for equipment delivery e.g. to be coordinated with a family member? Etc.
- Confirm who will use the equipment

**\* Additional information may be required as per the 'Discharge Checklist'**

### Hospital Occupational Therapy Staff

Where an OT, has been identified as the 'named person', they will confirm and communicate the need for all relevant equipment. Consideration needs to be given to assessments which would be more appropriately carried out post-discharge. In order to identify appropriate equipment needs this may include liaison with other professionals such as the Discharge facilitators, other AHP's, TV advisor, Moving and Handling specialists. OT's should also refer to the 'Checklist for Equipment provision' (Appendix 1) as a useful prompt. Family and carers should also be consulted.

- When an OT is the 'named person' they will order all the equipment assessed as essential for a safe discharge including:- Moving and Handling equipment, beds and mattresses (excluding alternating cell) or equipment to aid independence in daily living.
- OT staff will order and be responsible for confirming that the home environment is suitable and the follow up check for the equipment they have prescribed, unless there are community staff who have agreed to fulfil this role as part of ongoing intervention.
- Where equipment is being provided to support the provision of formal care services, OT staff will ensure that care providers understand the reason for the provision and are in agreement with the equipment provided.



### Hospital Physiotherapist Staff

Where a Physio, has been identified as the 'named person', they will confirm and communicate the need for all relevant equipment. Consideration needs to be given to assessments which would be more appropriately carried out post-discharge. In order to identify appropriate equipment needs this may include liaison with other professionals such as the Discharge facilitators, other AHP's, TV advisor, Moving and Handling specialists. Physio's should also refer to the 'Checklist for Equipment provision' (Appendix 1) as a useful prompt. Family and carers should also be consulted.

- When an physiotherapist is the 'named person', they will order all the equipment assessed as essential for a safe discharge including:- Moving and Handling equipment, beds and mattresses (excluding alternating cell) or equipment to aid independence in daily living
- Physiotherapy staff will order and be responsible for confirming that the home environment is suitable and the follow up check for the equipment they have prescribed unless there are community staff who have agreed to fulfil this role as part of ongoing intervention.
- Where equipment is being provided to support the provision of formal care services, Physiotherapy staff will ensure that care providers understand the reason for the provision and are in agreement with the equipment provided.

### Community Nursing Staff

Where a ward nurse is the 'named person' they will link with their community nursing colleagues to arrange the provision of suitable equipment for discharge. This may include circumstances where the patient is already known to community nursing, or a confirmed referral has been made to community nursing, or where the ongoing care will be provided by informal carers and the patient may not already be known to the community nursing team.

Consideration needs to be given to assessments which would more appropriately be carried out post-discharge, in order to most effectively clarify the service user's needs.

Community nursing staff will discuss the proposed equipment with the ward nursing staff and agree the provision jointly, as per the 'Discharge checklist' (Appendix 1)

Community Nursing Services must be provided with the following essential information:-

- Relevant clinical/ medical information and personal information [incl. GP].
- The current manner in which patients are being assisted to transfer on/off bed/ chair/ toilet/ shower on the ward, if relevant.
- The equipment used with patients on the ward i.e. hoist/ slings/ walking aids/ wheelchair/ any physical assistance.

N.b. ward equipment may not be suitable in the home environment and suitable alternatives must be considered which will meet the need.

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- A list of the equipment required and confirm that the patient and family understand the reasons for the equipment and are in agreement with its provision.
- Information that confirms that statutory care providers understand the reasons for the provision and are in agreement with the equipment provided.
- Relevant Information about the home environment where known
- Information about discharge arrangements including the access arrangements for equipment delivery
- Confirmation about who will use the equipment.
- Community nursing staff will carry out follow up check where appropriate, dependent on the risk associated with the provision.

### *Training*

These arrangements will be supported by training and awareness in best practice in the identification of equipment needs, and also by a commitment to effective joint working across all the service areas to achieve the best outcomes for patients.

### *Useful Resources*

The Community Equipment Services Improvement Framework includes a range of resources to help local partnerships review and develop their equipment services. The framework can be found at:

<http://www.scotlandshousingnetwork.org/health-social-care/community-equipment-services-improvement-framework/>.

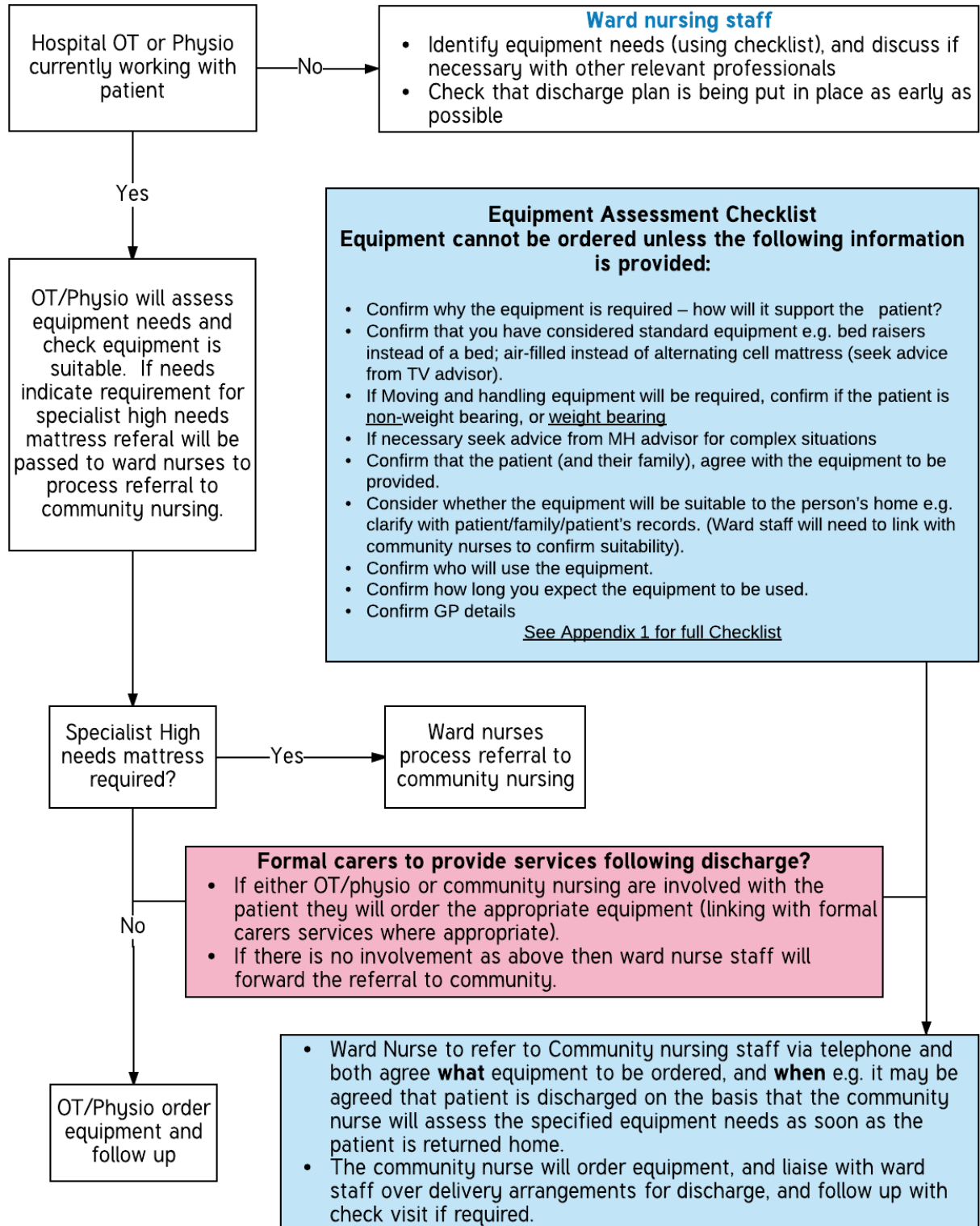
Further guidance and advice is also available on the Scottish Government website at

<http://www.gov.scot/Topics/Health/Support-Social-Care/Independent-Living>.



## Equipment for Discharge flowchart

### Ordering Process





**Discharge Information Checklist for Equipment Provision**

To be used by referrers

- The sharing of this information will help ensure effective equipment provision
- Referrer (ward staff) and Assessor (e.g. community nurse) to discuss and confirm all of the information requirements:

1. Why is the equipment needed?	
2. When is the equipment needed?	
3. What is the equipment? E.g. hoist, bed etc	
4. Who will use the equipment?	
5. Have the patient and family agreed to this equipment?	
6. Do you know if the house is suitable?-If 'yes', provide details which explain how you know this e.g. following discussion with patient/ family/colleagues.....?	
7. If an environmental visit is required, who will do this? <i>*note: this will not always be required if adequate information has been gathered in an alternative way e.g. via other staff or family</i>	
8. Is the patient able to consistently weight bear?	
9. If requesting a sling what size and type?	
10. For Moving & handling equipment - please confirm the patient's current weight?	
11. Are there current identified risks that should be highlighted to staff?	
Delivery notes :-	
12. Do family need to be notified for access?	
13. If so what phone number is to be used?	
14. Do you know if there are stairs inside or outside the house/issues with internal/external access?	
15. Are you aware of any issue the equipment delivery driver should be made aware of?	



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<b>16.</b> Name of the member of staff who has referred the patient for this equipment?	
<b>17.</b> Expected delivery date?	
<b>18.</b> Name of ward staff informed?	
<b>19.</b> Date of visit to check equipment if required?	