



**Admission to and Discharge from Hospital – CSP046**

Policy and Procedure



<b>Document Title</b>	Admission to and Discharge from Hospital – CSP046
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<b>Author Title &amp; Issuing Department</b>	Head of Quality and Compliance – Care and Support
<b>Target Audience</b>	Care and Support staff team

<b>Approved By</b>	
<b>Date Approved</b>	
<b>Review Date</b>	24 months from issue date of approval

<b>Links to Regulatory Standards – Economic/ Consumer Standards</b>	The procedures set out below conform with Health & Social Care Act 2008 (Regulated Activities) Regulations 2010
<b>Outcomes for Customers</b>	
<b>How were tenants, residents and service users involved in the review/development of this document</b>	No further consultation was carried out for this review – management consultation and approval completed
<b>Training Provision</b>	The managers of the relevant service areas within Care and Support will be responsible for cascading the policy to their teams.
<b>Links to the Business Plan</b>	
<b>Links to Key Values</b>	

## Version Control

Version	Revision Date	Author: Job Title	Change Description
V1			

## **1. Introduction**

- 1.1 This policy aims to indicate the protocol to be followed by emh care & support staff in the event of a service user admission or discharge from hospital.
- 1.2 EMH Care and Support recognises that admission to hospital, or discharge from hospital, may be a worrying time for the service users concerned, their relatives and carers.

## **2. Definitions and Scope**

- 2.1 This policy applies to all people who receive support from EMH Care and Support.

## **3. Specifics of the Policy**

- 3.1 This protocol is designed to ensure that any anxiety and disruption are kept to a minimum, that relevant parties are given all the information they need, and that all aspects of admission and discharge processes are dealt with promptly and effectively
- 3.2 Registered Managers, Assistant Managers, Care Coordinators, and Team Leaders will ensure that following a service user admission or discharge from hospital they shall.
  - 3.1.1 Make immediate efforts to inform the service user's relatives or carers of the situation
  - 3.1.2 Gather information associated to the service users care – hospital passport and health action plans and provide to the receiving organisation.
  - 3.1.3 Ensure all interested parties are kept informed with updates/developments of the situation.
- 3.3 During Hospital stay and emergency admission, contact will be maintained with the client's family and throughout the stay to monitor progress and understand the expected discharge date in order that regular staff can be rescheduled for the return home of the client, ensuring continuity of care

## **4. Implementation**

- 4.1 This policy applies to all EMH Care and Support providing support within our services.
- 4.2 All staff should be aware that failure to comply with this Policy, including any processes, procedures or arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken

## 5. Responsibilities

- 5.1 Registered Manager(s), Assistant Manager(s), Team Leader(s) and Care Coordinator(s) shall ensure all staff providing support in our services are aware of this policies contents and supporting procedures.

## 6. Associated Documents

- ▶ Hospital passport – CSF403
- ▶ Incident, Accident and Medication form – CSF514
- ▶ Admission to hospital protocol – Appendix 1
- ▶ Discharge from hospital protocol – Appendix 2
- ▶ Safeguarding Adults at Risk Policy
- ▶ Safeguarding Children and Young People Policy
- ▶ Professional boundaries policy
- ▶ Mental capacity policy
- ▶ Accident and incident reporting policy
- ▶ Medication policy
- ▶ Health and Safety Policy – emh group
- ▶ Support Planning, Risk Assessment and Review
- ▶ The Mental Capacity Act 2005
- ▶ Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20
- ▶ PHE/Department of Health and Social Care COVID 19 guidance

## Process and Procedures

### 7. Admission to hospital

- 7.1.1 If we are made aware that a service user or tenant is admitted to hospital, the person on call/service manager/area manager must be informed in addition to the next of kin.
- 7.1.2 EMH Care and Support staff should follow the protocol set out in **Appendix 1**: 'Admission to hospital'
- 7.1.3 The service manager/area manager should inform the End of Life link nurse of the admission, if appropriate.

## 8. Discharge from hospital

- 8.1 EMH Care and Support staff should follow the protocol set out in **Appendix 2:** 'Discharge from hospital'
- 8.2 A discharge meeting/discussion should take place so that any additional support needs are identified, and strategies can be put in place to support the service user appropriately on their return home.
- 8.2 When the service user/tenant is discharged from hospital, the care and support required from support staff must be reassessed. This must involve the individuals family/stakeholders/social worker/Local Authority/Occupational Therapist/appointed EMH staff member such as a Registered Manager, Assistant Manager, Team Leader or Care Coordinator/Support staff.
- 8.3 To support the discharge process in line with Covid19, EMH Care and Support will;
- Ensure PPE stock is sufficient
  - Ensure regular COVID19 testing is taking place in line with government testing policy and procedure
  - Staff have received training regarding PPE, COVID19 testing and infection control.
  - Nursing home discharge, will be done as per the government guidance below:

<https://www.gov.uk/government/publications/designated-settings-for-people-discharged-to-a-care-home/discharge-into-care-homes-designated-settings>

## Appendix 1 – ‘Admission to hospital protocol’

**If at any stage the staff reviewing this policy and procedure need further advice or support their Service Manager should be contacted immediately**

Hospital admission – in the event that a service user/resident is admitted to hospital this process should be followed

### Step 1

The person on call/service manager/area manager must be informed in addition to the next of kin.

### Step 2

Relevant care information must be made available to staff at the receiving organisation (e.g the service users hospital passport and emergency grab card which will include a list of health conditions and current medication, if any)

### Step 3

Any medication should accompany the service user, labelled and in its original packaging (as less common medications may not be immediately available in the hospital). Medication will need to be signed out prior to leaving the scheme.

### Step 4

The service manager/area manager should inform the End of Life link nurse of the admission, if appropriate.

Point of discharge – see Appendix 2

**During Hospital stay and emergency admission, contact will be maintained with the client’s family and throughout the stay to monitor progress and understand the expected discharge date in order that regular staff can be rescheduled for the return home of the client, ensuring continuity of care**

## Appendix 2 – ‘Discharge from hospital protocol’

Hospital Discharge – in the event that a service user/resident is admitted to hospital this process should be followed

**Step 1** - A discharge meeting/discussion should take place so that any additional support needs are identified and strategies can be put in place to support the service user appropriately on their return home.

**Step 2** - When the service user/tenant is discharged from hospital, the care and support required from support staff must be reassessed. This must involve the individuals family/stakeholders/social worker/Local Authority/appointed EMH staff member such as an assistant manager, team leader or care coordinator/Support staff.

**Step 3** - Following discharge from hospital service user medication (if any) will need to be signed in once the individual returns to the scheme.

**Step 4** - If additional funding is required. This reassessment will consider the contents of the discharge letter. Measures put in place may take the form of: -

1. 24/7 support
2. Support at meal times
3. Administering medication
4. Moving and handling
5. Personal Care
6. Mental health and wellbeing

**Step 5** - Rotas and support plans should be adjusted as necessary to meet the service users revised needs once the funding is agreed.

**Step 6** - Risk assessments shall be updated/completed where applicable in line with the service users reassessed needs.

**Step 7** - Risk assessments shall be updated/completed where applicable in line with the service users reassessed needs.