

Good Practice Guidance O - Discharge of residents from hospital to care homes

Key points:

- When a patient is ready to be discharged from an Oxfordshire acute NHS hospital back to a care home, the ward nurse or pharmacist should contact the care home to discuss the discharge and the current supply of medicines.
- On discharge from an Oxfordshire acute NHS hospital, the resident should also have a discharge letter detailing: any changes in care needs; any changes in the patients' conditions / new diagnosis; any changes, additions or removal of medicines.
- If a supply of medicine has not been sent but is required, it is essential to contact the ward or the hospital pharmacy immediately for a further supply to ensure required doses are not missed.

Background

The failure to transfer appropriate information effectively can lead to misinformation, confusion, and the potential for medication errors. Guidance on medicines information required by hospitals when a resident is admitted to hospitals is covered in the 'Guidance on the admission of residents from care homes to hospital' and should be referred to if a patient is to be admitted to hospital.

This guidance covers information that should be provided to the care home when a patient is discharged from hospital and what to do if the information is missing.

Oxfordshire Hospitals Discharge Process

Communication

When a patient is ready to be discharged from an Oxfordshire acute NHS hospital back to a care home, the ward nurse or pharmacist should contact the care home to discuss the discharge and the current supply of medicines. However, this is often difficult as it is not always clear from the information sent with the patient that they are from a care home. It is therefore important to use the 'Oxfordshire Care Home Admissions Alert' template, or something similar so all the necessary information is available to the ward nurses and pharmacists.

Medication

The Oxford University Hospitals NHS Trust (OUH) is contracted to provide a minimum 21 days supply of any previous medicine and supply of newly

initiated prescriptions on discharge unless this is clinically not appropriate. This includes where appropriate supplies of dressings and appliances.

On discharge from hospital a patient will be individually assessed if they require an MDS and so medicines administered by care home staff will not necessarily require the supply of an MDS system. Care homes may therefore receive any new medicines dispensed in bottles and boxes. Should an MDS be supplied by the hospital it will not have a Medicines Administration Record (MAR) sheet supplied with it. When a Monitored Dosage System (MDS) is required then the length of supply will be agreed between the hospital pharmacy, GP and community pharmacy. MDS are supplied for a minimum of 7 days at discharge (unless individually negotiated with community pharmacists and GP practices) and provision should be made to ensure continued supplies are available through a community pharmacy.

The hospital may therefore contact the care home to see if they need further supplies of medicines to ensure that they would use medicines dispensed in bottles or boxes to prevent wastage. Medicines supplied in bottles/boxes from the hospital cannot be re-packaged into MDS by a community pharmacist. If they are not used, they have to be disposed of.

Administration by District Nurses

If a patient is having medicines administered by a district nurse e.g. insulin then the ward nurse should contact the district nursing team to alert them the patient is being discharged back to a care home. However for this to happen, the ward nurse needs to know that a medicine is administered by a district nurse. It is therefore essential this information is included on either the MAR chart or on the 'Oxfordshire Care Home Admissions Alert' form. Ideally it would be documented on both of the above documents if a district nurse administers a medicine.

Discharge Letters

On discharge from an Oxfordshire acute NHS hospital, the resident should also have a discharge letter detailing:

- Any changes in care needs
- Any changes in the patients conditions / new diagnosis
- Any changes, additions or removal of medicines

The majority of discharge letters are sent electronically to the patients GP; the exceptions to this are Obs and Gynae and Day Case patients. A hard copy of the discharge letter should also be sent with the resident.

The hard copy of the discharge letter is now in a traditional letter format on white paper and will usually be in a sealed white envelope with the residents name on. This is the only information that will come with the patient.

Obs and Gynae and Day Case patients still use the old forms and so the patient will be sent with either a yellow or green copy of the discharge information.

Common OUH Abbreviations used on Discharge Information

PODW	<ul style="list-style-type: none"> The drug was labelled for the patient on the ward and should be returned home
PODF	<ul style="list-style-type: none"> The drug was in the ward fridge and should be returned home. It must be transferred to the care home drug's fridge immediately
PODCD	<ul style="list-style-type: none"> Patients own controlled drugs labelled with directions that will be returned to the patient at discharge
PODP	<ul style="list-style-type: none"> Patients own drugs that are in pharmacy but will be returned to the patient at discharge
Supply or a number	<ul style="list-style-type: none"> Means the OUH have supplied it from pharmacy so the home should receive it

Care Homes Process

Care homes should have a procedure for the discharge of a resident from hospital back to their care home. This should include:

- Residents discharged back to the care home
- New residents discharged to a care home

The discharge procedure should include:

- Who will review the discharge letter and ensure any necessary changes are implemented.
- If there are changes to the residents care / condition / medication who will contact the GP to discuss this, where they will document that the conversation has been had with the GP and any outcomes from the conversation.
- Who will contact the Community Pharmacist to inform them the resident has been discharged, discuss any medicines changes and where this will be documented. Currently Community Pharmacists do not receive information on residents when they are discharged from hospital and so they need to be made aware of a resident discharge as soon as possible to ensure a correct and regular medicine supply continues.
- If any medicines are administered or care is received via the district nursing service who will contact the District Nursing Team to ensure they are aware of the residents discharge. This should be done as soon as possible after the residents return to the care home to ensure doses of the medication are not missed.

- If the resident is part of the Oxfordshire Care Home Support Service ensure the residents named lead is informed of their discharge.
- If the resident receives care from the Palliative Support Team or Macmillan Nurse ensure the residents named lead is informed of their discharge.
- For contacting the GP, Community Pharmacist and if applicable the District Nursing Team, the Oxfordshire Care Home Support Service and the Palliative Support Team/Macmillan Nurse the procedure should also include what to do if any of the above cannot be reached.
- What to do if the discharge letter is missing (see section below) and who is responsible for sorting this.
- When the care home is contacted by the hospital about the resident's medication it is important to document the conversation including what was agreed regarding the supply of further medicines.
- If the resident's medicines are not sent home with the resident (see below) who is responsible for ensuring a supply is received.
- If the resident is at the end of their life and if they are on an Integrated Care Pathway, that anticipatory drugs have been organised with the GP and Out of Hours notified of the patients condition.
- For residents with learning disabilities please contact the Community Learning Disability Teams for further advice and support if required
Oxford City: 01865 323357
South: 01865 897974
North: 01295 257727

All staff should be aware of the procedure and comply with it when a resident is discharged from hospital.

It is also advised that a list of useful and up-to-date telephone numbers are included with the care homes discharge procedure that include the GP practice, OUH, Community Pharmacy etc.

What to do if Information is not sent with the Resident

Discharge Letter Missing

If on arrival back to the care home the resident does not have a discharge letter, the care home should contact the ward the patient has been discharged from and ask one of the ward nurses to send this information. The care home needs to ensure that when receiving such information they conform to Information Governance and Data Protection requirements.

If it is not known which ward the resident has been on, the care home should contact the OUH switchboard and ask for "Admissions".

Medication / Appliances Missing

If a supply of medicine has not been sent but is required, it is essential to contact the ward or the hospital pharmacy immediately for a further supply to ensure required doses are not missed. The discharging ward should then complete an incident form which will ensure that incidents are logged and reviewed.

In an emergency, if medications are not received and you are unable to contact the relevant ward, please contact your GP to ensure that the resident is not without medication.

Further information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#).
- Further information on [The handling of medicines in Social Care](#) can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; www.nmc-uk.org including;
 - [The code: Standards of conduct, performance and ethics for nurses and midwives](#)
 - [Standards for medicines management](#)
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

CHUMS Working Group & Medicines Management Team NHS Oxfordshire