Hospital Discharge workflow guidance

Summary:

All hospital practitioners use the workflow step **Hospital Discharge**. This step is used to detail the current circumstances, potentially propose a care plan/ services, and send a task to Purchasing to ensure these are arranged for discharge.

This step can be created from scratch (from 'Start', as a stand-alone step), however it will then consequently link in with other Three Conversation workflow steps, if required.

This step is also to be used by any practitioner facilitating the discharge, such as an allocated worker in the community*.

This workflow step is kept open while planning the discharge, and also 24 hours after the individual has returned home, to ensure the follow up section is completed before being finished.

It's important for the worker completing the Hospital Discharge workflow step, to check which existing workflow steps are already open/ pending, to avoid any duplication.

*The current process is that when an adult is admitted to hospital, the hospital social worker will lead and co-ordinate the discharge planning in most cases. Where there is an allocated social worker, they should liaise with the hospital social worker and agree who will lead on the discharge. The allocated SW must not deallocate a case because the person has been admitted to hospital and nor should they cancel any care package until full admission to a ward is confirmed. Once the discharge from hospital has taken place the review will return to the primary allocated social worker or locality to complete.

1. Starting the Hospital Discharge workflow step

- Using the person's toolbar, select 'Start', 'New' and then **Hospital Discharge**, to open this workflow step:

2. Completing the Hospital Discharge form

- Check the prepopulated details in **Section 1: Basic Details** to ensure all are correct:

- Please ensure the NHS number is recorded on the person's main record, to assist in the sharing of data with and from Health partners.
- Complete the *What Matters* section, noting the link to the Ethnical Framework for ASC. If this section has been completed in a previous workflow step, the information will pull through here to be helpful and can be amended/ added to:

- If you answer 'Yes' to whether the person is already in receipt of services prior to admission, then it will inform you when the last review was completed. If it's blank, then a Review has not yet been completed for the person.
- Please note the list of current or pending workflow steps already in place for the person in the ***Pending/scheduled work*** table. This is for information only, to highlight what workflow is already in existence so you are aware of the current ASC involvement, but also to support you to not create workflow duplication as an outcome of this *Hospital Discharge* step:

- Complete the remaining information required in Section 1, including:
- Next of Kin/ Key contacts
- GP information (if the GP does not pull through here, please manually add it)
- Consent
- Capacity (note the guidance around the current MCA and BIA process).
- Covid-19 status
- Admission details
- Medical information (post op instructions, medication, weight bearing and skin integrity)
- Accessibility (note the guidance around key safe codes- not to be recorded anywhere other than a secure case note).
- If there is a key safe (do not record the code in your form/ workflow- this needs to be recorded securely in case notes: Key safe recording guidance).

- In **Section 2: Reablement only**, you can detail any reablement services being put in place for discharge.
- The ***Reablement Goals and Plan*** table is to detail the reablement goals and outcomes.
- ***Reablement ONLY - Provisional care timetable*** is to detail the reablement support that will be provided for discharge.
- Please note, these tables are not mandatory, so for instance if outcomes cannot be detailed at this stage, or no reablement is going to be put in place; these do not need to be completed.
- Once this Hospital Discharge workflow is finished, these tables will also then pull through to any future Three Conversation workflow steps.

Reablement Goals and Plan

Goal	Action	By whom	When	
				Add

Reablement ONLY - Provisional care timetable

Activities	No. of carers	Frequency	Day	Hours	Time of day	Start time (if specified)	Weekly hours	
								Add

Reablement - Total Hours 0

- Underneath the reablement tables, you will find an enhanced reablement authorisation section available, if this is required:

Reablement ONLY - Provisional care timetable

Sections	Activities	No. of carers	Frequency	Day	Hours	Time of day	Start time (if specified)	Weekly hours	
1. Basic Details									Add

Sections
1. Basic Details
2. Reablement only
3. Ongoing care only
4. Discharge details
5. Manager decision
6. Follow up
7. Actions Taken

✔ indicates completed section

Reablement - Total Hours 0

Request for enhanced reablement services 🤔

Reablement services required

☐ 30 hours or above   ☐ Double carer support   ☐ Night care

☐ Extension past 4 weeks

- You'll note enhanced reablement means a reablement package of care that is over 30 hours, includes double handed care, any night time support, or an extension past the usual maximum of 4 weeks. If the reablement care you're proposing includes any of these, you will need to send a different authorisation task to the enhanced reablement team via the request icon in the toolbar (please go to authorisation section of this guide).

- In **Section 3: Ongoing care only**, you can detail any ongoing services being organised for discharge.
- The ***Support Plan- purchased support*** table is to detail the person's outcomes.
- The ***Provisional care timetable*** is to detail the ongoing support that will be provided.
- Please note, these tables are not mandatory, so for instance if outcomes cannot be detailed at this stage, or no ongoing support is going to be put in place; these do not need to be completed.
- If either of these tables have been completed in a previous workflow step (in a *Conversation 3* step or a *Support plan updates/ Review* step for instance), the details will pull through here, and you can amend if required (if an increase in care is being implemented etc).

- Once this Hospital Discharge workflow is finished, these tables will also then pull through to any future Three Conversation workflow steps.
- If organising discharge for a person who already draws on care, and changes are required to the existing ongoing service, you will be detailing any amendments also in this section (**Section 3. Ongoing care only**), before tasking this to your manager for authorisation.

- In **Section 4: Discharge details**

- Complete the discharge details underneath the support plan: detailing the date of discharge, the date support is required from, the type of support from the drop down, and the discharge pathway from the drop down:

4. Discharge details

Discharge

Name of worker*	Efioawan Glover
Team	HASC

☐ Please tick if person deceased before discharge process completed

Date of discharge [   ] 🔳 ⬅

Date support required [   ] 🔳 ⬅

Adult Social Care support required on discharge: [-- Please Select -- ▼] ⬅

-- Please Select --
Virtual ward
Reablement
On-going care
Residential care home
Nursing care home
Reablement flat – Henderson Court
No support required

Discharge pathway

☐ Section completed

💡 Note, if you click the **?** icon, guidance will open providing details for each pathway:

Date support required [26/12/2023] 🔳

Adult Social Care support required on discharge: [On-going care ▼]

➡ Discharge pathway [-- Please Select -- ▼] ⓘ

-- Please Select --
P0
P1
P2
P3

- **Pathway 0:** Discharge with n~~~~ ~~~~g arranged.
- **Pathway 1:** Discharge with a~~~~ ~~~~and support. This includes new reablement or ongoing care and the reinstatement of any existing non-residential package of c~~~~ ~~~~ted.
- **Pathway 2:** Discharge to short term residential and nursing care – in effect 'interim' care.
- **Pathway 3:** Discharge to long term residential or nursing care.

☐ Section completed

- If the person passes away before this discharge process has been completed, you can select the tick box here, which will hide the discharge information which is no longer required:

4. Discharge details

Discharge

Name of worker*	Efioawan Glover
Team	HASC

➡ ☑ Please tick if person deceased before discharge process completed

3. Sending Authorisation Requests

For standard reablement or ongoing care authorisation:

- Once you have completed either the reablement plans (**Reablement Goals and Plan** and **Reablement ONLY - Provisional care timetable)** in Section 2, or the ongoing care plans **(Support Plan – purchased support** and **Provisional care timetable)** in Section 3, you will need to send an authorisation task to your manager, via the request icon in the toolbar:
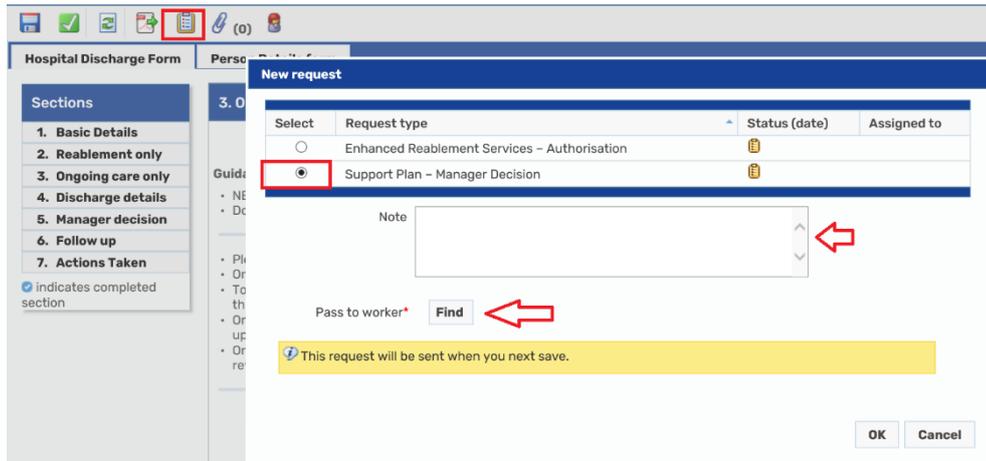
- Select *'Support Plan – Manager Decision'*, put a note and send to the manager (click 'Find' by *Pass to worker* and search for your manager), before selecting 'Ok'.
- You can now 'Save and Close' your workflow and wait for your manager to authorise the workflow.
- Your manager will resume your workflow step and complete **Section 5: Manager decision**, authorise and 'complete' the task under the request icon that you've sent them.
- Once authorised, you can resume and proceed with your workflow step.

For Enhanced Reablement authorisation:

If organising an enhanced reablement package for discharge, you will need to task this to the **Virtual Reablement Lead** for authorisation (instead of your manager).

April 2024
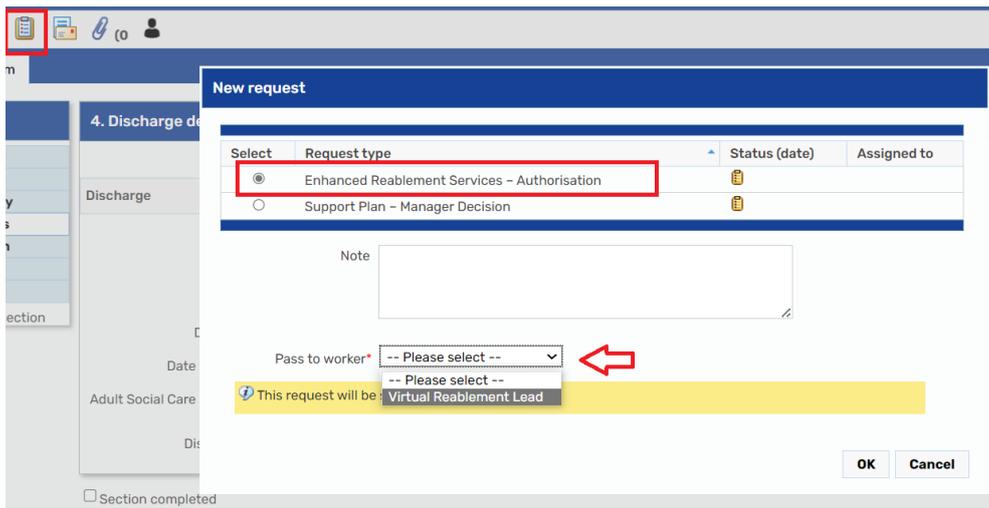
- Using the request icon in the toolbar, select '*Enhanced Reablement Services- Authorisation*' and send to **Virtual Reablement Lead.**
- You can now 'Save and Close' your workflow and wait for the Reablement Lead/s to pick this up.
- Based on the information you have provided in your hospital workflow step, and having discussed this with Reablement Lead, they can then make a decision whether enhanced reablement can be agreed.
  - If agreed, the Reablement Lead will resume your workflow step and 'complete' the task (via the request icon) that you've sent them.
  - The Reablement Lead will also complete the authorisation text box that opened when you chose the relevant enhanced reablement options in Section 2. They will detail their decision and tick the authoriser box:
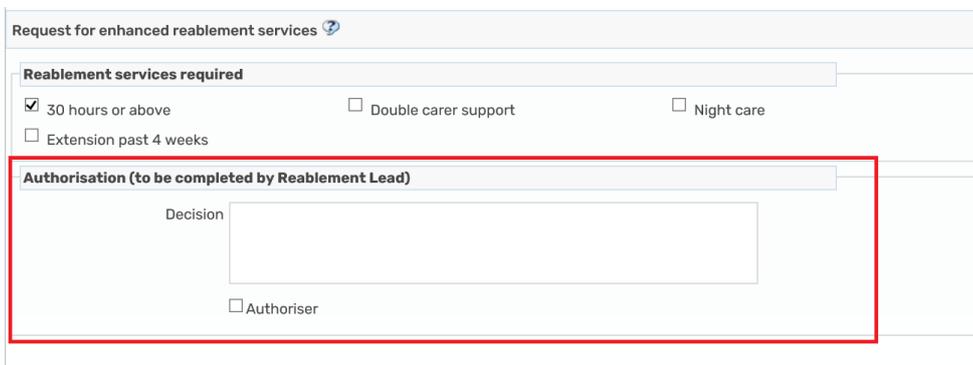
- Once completed, you can resume and proceed with your workflow step.

4. Manager Authorisation

- As the authorising manager, this authorisation request will appear in your **Incoming request** folder under Current work.

- Click on '*Support Plan – Manager Decision: Hospital Discharge'* and select **Resume**:
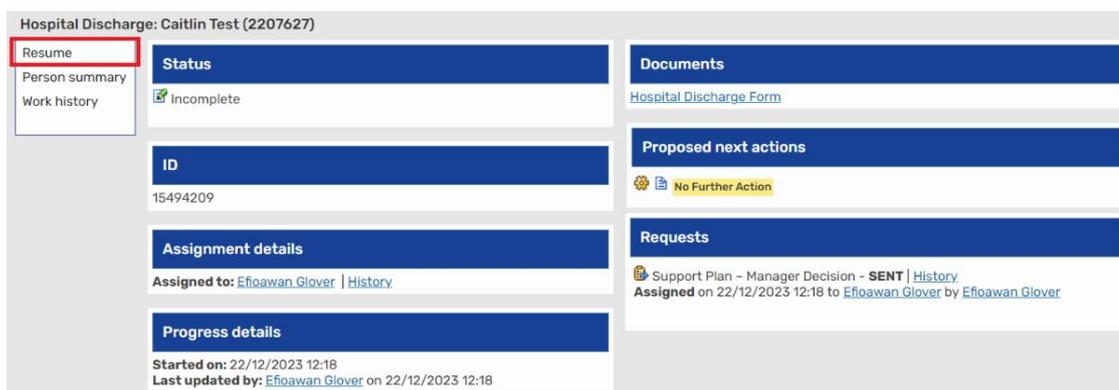
- Read Section 1 – 4 of the Hospital Discharge workflow, completed by the practitioner.
- Complete **Section 5: Manager Decision**:
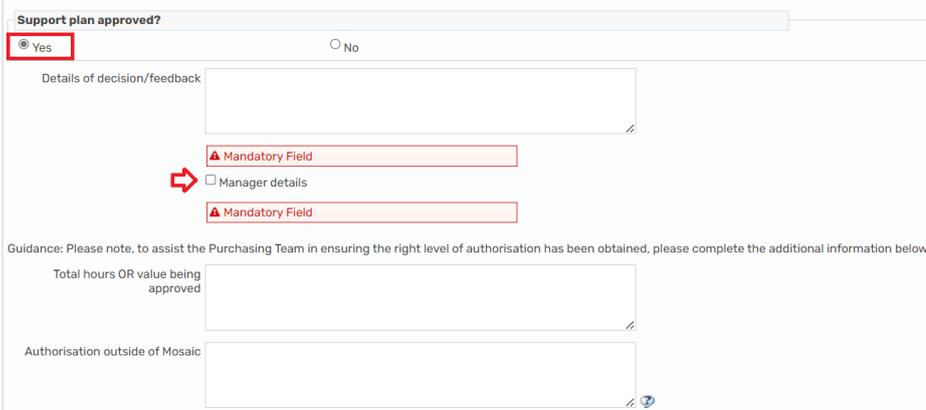
- **Details of decision/feedback –** manager to complete this section.
- **Manager details** – tick this box to display your name as the authoriser.
- **Total hours OR value being approved** – detail the hour or value agreed.
- **Authorisation outside of Mosaic** – not relevant when you are the manager. authorising in the step; this can be left blank (some practitioners would use this text box to copy and paste an authorisation email for instance from a manager, when the manager is unable to update Mosaic).

- To authorise the request/ task sent, click on the Requests icon and select **Support Plan – Manager Decision,** highlighted in red.
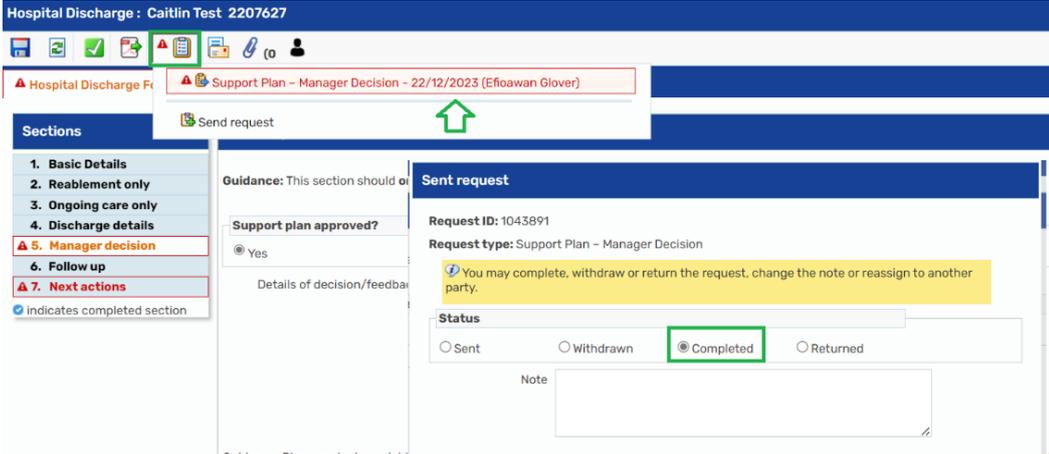
- **Select Completed** and then OK. You do also have an option to return this task to the practitioner if you feel more work/ information is required (select 'Returned' and add a note). If you opt for this response, the practitioner will need to send you another request task to authorise again, to be able to proceed.
- **Save and close** the workflow and let the practitioner know the request has now been authorised.
- The practitioner will complete the 'Follow up' and 'Next actions'.

5. Next actions

- Under **Section 7: Next actions**, there are several options you can select, depending on the outcome for discharge.

- If you require new services to be set up or existing services to be amended for discharge, you will need to select the relevant purchasing workflow step as an outcome.
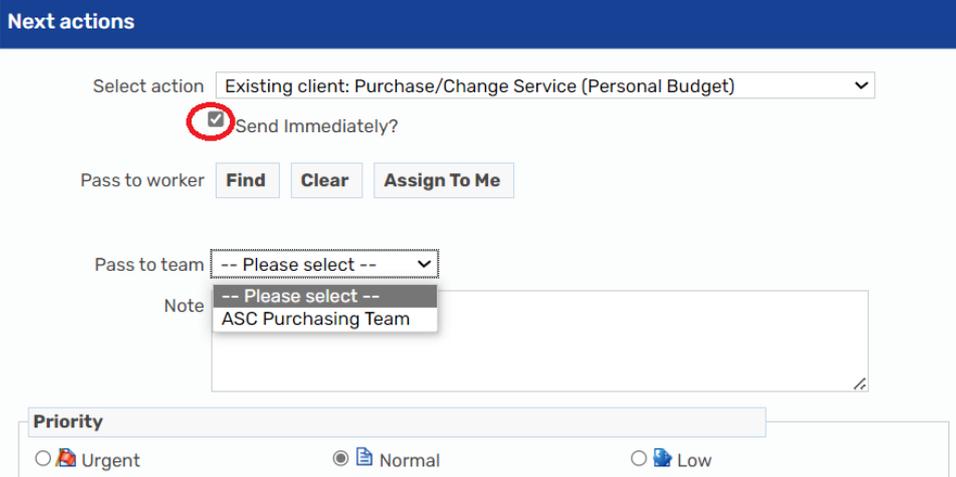
- Select 'Send immediately' to ensure it is sent at the point of saving the workflow.
- For the majority of services, you are passing this purchasing step to the **ASC Purchasing Team**, from the drop down. However, if you are increasing a Direct Payment for discharge for instance, the *Purchase Service (Personal Budget)* step will need to be assigned to yourself for you to amend this on the system as usual- not the Purchasing Team.

! **It's important to ensure the correct actions are selected, alongside any purchasing step. Please note the different titled steps for mental health, new clients and existing clients:**

MENTAL HEALTH: Reablement

- **If you are organising reablement support for discharge for a person whose primary need is mental health (they are under MH services),** then the following two actions need to be selected together.
  The *Mental Health only: Purchase Service (Reablement)* step to be sent to the Purchasing team, and the *Mental Health only: Work transferred to Mental Health (outside of Mosaic)* action which is for information purposes, because it does not get assigned (they complete their reablement reviews/ follow up outside of Mosaic). You will also need to email the allocated Mental Health team separately to make them aware.*

*When a person is admitted to hospital and is open to MH services, the hospital worker will contact the relevant service and ask them to lead on the discharge. ASC SW at this point have no access to MH funding streams so are unable to set up care or placements on behalf of MH services. We can advise and link with hospital discharge teams only.

NEW CLIENTS: Did not have any formal services prior to admission

- **If you are organising reablement support for discharge,** then the following two actions need to be selected together.
  The *Purchase Service (Reablement)* step to be sent to the Purchasing team, and the *Conversation 2* step to be assigned to you to complete:

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- **If you are organising new ongoing services for discharge,** then the following two actions need to be selected together.
The *Purchase Service (Personal Budget)* step to be sent to the Purchasing team, and the *Conversation 3* step to be <u>assigned to you</u> to complete:

Next actions

Select action | -- Please select --

-- Please select --
Mental Health only: Purchase Service (Reablement)
Mental Health only: Work transferred to Mental Health (outside of Mosaic)
New client: Purchase Service (Reablement)
New client: Conversation 2 – progress reablement
New client: Purchase Service (Personal Budget)
New client: Conversation 3 – progress ongoing service
New client: Purchase Service (Residential/nursing)
New client: Conversation 3 – progress residential/nursing service
Existing client: Purchase Service (Reablement)
Existing client: Purchase/Change Service (Personal Budget)
Existing client: Purchase/Change Service (Residential/nursing)
Existing client: Contact relevant team to bring review forward
No Further Action

Priority
○ 🅰 Urgent

Note, the Conversation 3 needs to be completed to detail eligibility etc, before it can progress to a Support Plan Updates/ Review (which is passed to the relevant neighbourhood team).

- **If you are organising a placement for discharge,** then the following two actions need to be selected together.
The *Purchase Service (Residential/nursing)* step to be sent to the Purchasing team, and the *Conversation 3* step to be <u>assigned to you</u> to complete:

Next actions

Select action | -- Please select --

-- Please select --
Mental Health only: Purchase Service (Reablement)
Mental Health only: Work transferred to Mental Health (outside of Mosaic)
New client: Purchase Service (Reablement)
New client: Conversation 2 – progress reablement
New client: Purchase Service (Personal Budget)
New client: Conversation 3 – progress ongoing service
New client: Purchase Service (Residential/nursing)
New client: Conversation 3 – progress residential/nursing service
Existing client: Purchase Service (Reablement)
Existing client: Purchase/Change Service (Personal Budget)
Existing client: Purchase/Change Service (Residential/nursing)
Existing client: Contact relevant team to bring review forward
No Further Action

Priority
○ 🅰 Urgent

Note, the Conversation 3 needs to be completed to detail eligibility etc, before it can progress to an Initial Placement Review (you will be passing this to the Placement Reviews team- the **Virtual Initial/Unscheduled Placement Reviews (unallocated)** folder.)

Next actions

Select action | Initial Placement Review ⬅
Scheduled Date | 02/02/2024
Pass to worker | Find | Clear | Assign To Me

Pass to team | -- Please select --
Note
-- Please select --
CLDS Integrated Team - Health Funded
CLDS Integrated Team - In Borough Communities
CLDS Integrated Team - In Borough Supported Living
CLDS Integrated Team - Out of Borough
Flex 360 - Adult Social Care Team
Virtual Initial/Unscheduled Placement Reviews - Central Neighbourhood
Virtual Initial/Unscheduled Placement Reviews - North Neighbourhood
Virtual Initial/Unscheduled Placement Reviews - North/East Neighbourhood
Virtual Initial/Unscheduled Placement Reviews - South Neighbourhood
Virtual Initial/Unscheduled Placement Reviews - West Neighbourhood
Virtual Initial/Unscheduled Placement Reviews (unallocated) ⬅

Priority
○ 🅰 Urgent

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| Add | Add and close | Close |

EXISTING CLIENTS: Has formal services in place prior to admission

- **If you are organising reablement support for discharge,** then the following two actions need to be selected together.
  The *Purchase service (Reablement)* step to be sent to the Purchasing team, and the *Contact relevant team to bring review forward* outcome- which isn't a step, but for information purposes, so therefore:
  - Once you have finished this *Hospital Discharge* step, you need to pick up the existing Review in place and review the reablement support in that workflow step (under Section 3 of the Review form). If the ongoing arrangement needs to be amended after reablement, it can all be detailed and organised in the Review.

- **If you are amending the existing ongoing community support for discharge,** then the following two actions need to be selected together.
  The *Purchase/ Change Service (Personal Budget)* step to be sent to the Purchasing team (or to yourself if a Direct Payment is in place), and the *Contact relevant team to bring review forward* outcome- which isn't a step, but for information purposes, so therefore:
  - Once you have finished this *Hospital Discharge* step, you need to start the Review workflow to review the changed ongoing support.

- **If you are changing the existing community support to a placement or need to amend the existing placement service already in place,** then the following two actions needs to be selected together.
The *Purchase/ Change Service (Residential/nursing)* step to be sent to the Purchasing team, and the *Contact relevant team to bring review forward* outcome- which isn't a step, but for information purposes, so therefore:
    - If you are a hospital worker, and a placement was already in place, you need to email the relevant team outside of Mosaic to request for the existing Placement Review workflow to be picked up.
    - If you are a hospital worker, and you are changing the community support to a placement, then you will need to pick up the existing *Support plan updates/ Review* step, document the Review you have completed, and then send an *Initial Placement Review* step to the Placement Reviews Team, emailing them to inform them.
    - If you are a community worker allocated to the case, then you need to start whichever Review workflow is in place to review the changed ongoing support.

NO FURTHER ACTION

- If you are not setting up any services for discharge, or are not making any changes to the existing support in place, then select the action **No Further Action**- selecting a 'Reason' from the drop-down:

- If the person has passed away, and you need to generate a purchasing workflow step to terminate services, you won't be able to do so from this step. This can however be actioned in the *ASC Case Closure* workflow step (Case Closure Guidance).

6. Follow up section (day after discharge)

- After 24 hours from discharge, you will need to 'Resume' this **Hospital Discharge** workflow step to record the welfare check.

- Under **Section 6: Follow up**, you can record the date you made contact, tick the 'completed by' box to ensure your details pull through to indicate who completed this follow up, and enter details of the follow up discussion in the 'Details' text box:

Hospital Discharge Form

Sections	6. Follow up
1. Basic Details	*indicates required field
2. Reablement only	**Guidance:**
3. Ongoing care only	• Once any support has been purchased and the person has been discharged, please ensure you attempt to contact the person the next day to confirm everything is in place and use this section to record the details
4. Discharge details	• After the follow up is recorded, please do not keep this workflow step open but progress accordingly using the Actions Taken section and finish using the green tick
5. Manager decision	
6. Follow up	Date contact made
7. Next actions	☐ Completed by
✔ indicates completed section	Details

! **Please note**, this section is mandatory, unless the person has passed away (and you have stated so in Section 4, under 'Discharge details').

7. Finishing the Hospital Discharge workflow step

- Once all mandatory sections have been completed, and the correct actions have been selected, you can FINISH this workflow step. To do so, click the green tick icon in the toolbar:
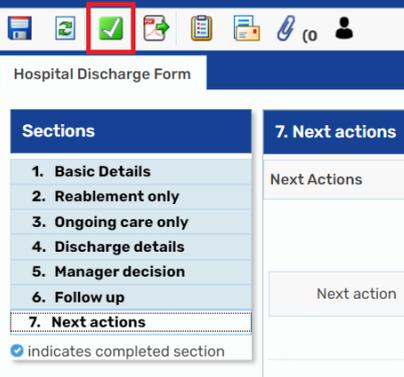
Hospital Discharge Form

Sections	7. Next actions
1. Basic Details	Next Actions
2. Reablement only	
3. Ongoing care only	
4. Discharge details	
5. Manager decision	
6. Follow up	Next action
7. Next actions	
✔ indicates completed section	

! **Please note**, once the person has been discharged and the 24 hour follow up has been completed, this step needs to be finished- it should not be kept open past this period.

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