Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg Caring for Health / À l'écoute de notre santé **WRHA Critical Care Program Guideline**	Practice Guideline: **Safe Patient Discharge**	
	Approved By: WRHA Critical Care Program Joint Council	**Pages:** 1 of 7
	Date Approved: April 28, 2017	**Revised Date:**

1.0		**INTRODUCTION**
	1.1	Discharge planning is a process which begins upon admission to the Intensive Care Unit (ICU).
	1.2	The discharge plan is considered throughout the patient's stay to ensure the coordination of all necessary services when discharge orders have been received.
	1.3	Discharge teaching helps patients and their families understand what happened during the patient's stay in ICU.
	1.4	Discharge instructions provide specific details about the discharge plan and the resources that are available to families when patients return to the community.
	1.5	Documentation of the discharge plan provides an accurate and detailed record of the patient's plan of care upon transition.
	1.6	Utilization of the discharge checklist promotes safe patient discharge.
		In addition to the discharge checklist, individual site Discharge Information sheets are to be completed per facility policy.
2.0		**PURPOSE:**
	2.1	To optimize a safe discharge process for patients discharged from Adult Intensive Care Units and returning to the community. 2.1.1 For patients being transferred to another Acute Care site, the Patient Discharge Checklist is not required. Rather follow site processes and complete an inter-facility transfer form.
	2.2	To improve patient/family safety and satisfaction with discharge process.
3.0		**DEFINITIONS:**
	3.1	**Allied Health:** Occupational Therapy, Physiotherapy, Home Care, Social Work, Dietician, Pharmacy
	3.2	**Complex Discharges:** Patients who have increased health and/or social care needs and meet at least one of the following criteria:
		3.2.1 Additional support services are required for mobility, transferring, toileting, feeding, or medication administration.
		3.2.2 Social problems or physical/mental disability exist.
		3.2.3 Under the influence of prescribed medications, alcohol and or controlled substances which impair physical/cognitive abilities.
		3.2.4 A history/evidence of cognitive and/or communication impairment that affects the patient's ability to understand the reason for the hospital visit, their health problem, and discharge instructions, including medications and when to seek medical care.
		3.2.5 There is a recent history of falls.
	3.3	**Clinical Consults**: Medical specialties such as cardiology, internal medicine, surgery etc.
	3.4	**Discharge**: The transition of a patient from an acute care site to the community (includes

		Personal Care Homes and other non-acute care facilities).
	3.5	**Family:** The adult relative being of whole blood is preferred to relatives of the same description of half-blood. The elder or eldest of two or more relatives described in any clause is preferred to the other of those relatives, regardless of gender: • Spouse or common-law partner; • Son or daughter; • Father or mother; • Brother or sister; • Grandfather or grandmother; • Grandson or granddaughter; • Uncle or aunt; • Nephew or niece 3.5.1 A friend when family is unavailable or non-existent, or if the patient requested while competent. 3.5.2 On occasion, an existing power of attorney may be most appropriate to fulfill this role, since such an individual, although limited to property decisions, has obviously been placed in a position of trust.
	3.6	**Left Against Medical Advice (AMA):** A patient who refuses treatment and leaves the ICU, despite receiving medical advice from the ICU physician, that doing so could be detrimental.
	3.7	**Vital Signs:** Includes temperature, heart rate, respiratory rate, blood pressure, pain score and oxygen saturation.
4.0		**USED BY:**
	4.1	WRHA staff involved in the discharge of patients from the ICU.
5.0		**GUIDING PRINICPLES:**
	5.1	Discharge planning is a patient/family centered process and begins upon admission.
	5.2	Discharge during the day time hours would be optimal, however may occur at any time of the day or week.
	5.3	Patients and their families are partners with the health care team.
	5.4	Discharge constitutes a clinical judgment based upon the assessment of a patient's medical and psycho/social needs.
	5.5	Effective discharge plans incorporate risk assessment and address patient safety as the primary concern.

	5.6	Discharge teaching and clear communication are essential components of a safe discharge process.
6.0		**GUIDELINE:**
	6.1	The following concerns are addressed prior to discharge as it applies to the patient and their pre-admission baseline: 6.1.1 Mobility 6.1.2 Activities of Daily Living 6.1.3 Cognition 6.1.4 Communication 6.1.5 Transportation home 6.1.6 Patient disposition 6.1.7 Social situation 6.1.8 Pain management 6.1.9 Any other issues or concerns should be addressed on an individual basis prior to discharge.
	6.2	Safe discharge requires a written/electronic order by the ICU attending physician, or designate in consultation with the ICU attending physician after considering the following:
		6.2.1 All available labs and diagnostic results have been reviewed by the ICU attending physician or designate. 6.2.2 All required clinical and allied health consultations have been completed with appropriate documentation and the patient does not require further stay in the hospital for assessment, monitoring, investigations or treatments. 6.2.3 If any consultations have not been completed, consider if they can safely be performed on outpatient basis. 6.2.4 Date, time and location of appointment(s) and/or contact information of out-patient clinical and allied health consultant(s) should be given to the patient prior to discharge, whenever possible.
	6.3	The patient must be able to safely manage at home either on their own or with identified assistance that is readily available to them. This includes mobilizing, toileting, transferring, feeding, and medication administration.
	6.4	Any changes in a patient's status or concerns raised during ICU stay have been assessed.
	6.5	The patient has the ability to purchase prescriptions or alternative arrangements have been made.
	6.6	Consideration of the safety of the patient's home situation and any required resources have been arranged and are available.
	6.7	Vital Signs taken and documented within one (1) hour of discharge are acceptable relative to patient's baseline and health concern.

	6.8	All vascular access devices to be removed unless required for outpatient management. Ie PICC or Dialysis catheters.
	6.9	When a language or cultural barrier exists between the patient and care provider, appropriate available resources (translation services) should be utilized to assist with effective discharge planning. See WRHA Interpreter Services-Language Access policy 10.40.210 for more information.
	6.10	The decision to discharge is a clinical judgment. Extra caution should be used with complex discharges.
	6.11	Arrangements to any outside agencies, including but not limited to a community shelter should be prepared prior to discharge.
	6.12	Document any refusal of consent to the release of information regarding their ICU visit with their named Primary Care Provider in the community.
	6.13	Patients who require assistance with transportation, getting into their home and need assistance with activities of daily living are to have a readily available support person identified, contacted, confirmed and documented by the ICU nurse or ICU physician before discharge.
	6.14	For patients who are transferred back to a Personal Care Home or other non-acute Health Care Facility, ICU staff will provide a telephone report prior to transferring the patient.
		6.13.1 Include copies of relevant lab work and other documentation for the receiving facility.
7.0		**DOCUMENTATION**
	7.1.	Documentation occurs on the patient's health care record in the IPN, on site specific Discharge Information Sheets and the WRHA Critical Care Unit Discharge Checklist.
	7.2	Document the following for all patients discharged to the community:
		7.2.1 In the IPN or ICU flowsheet: 7.2.1.1 Indicate time of discharge, any concerns or follow up required and instruction to refer to WRHA Critical Care Discharge Checklist. 7.2.2 On site specific ICU flowsheet: 7.2.2.1 Vital signs. 7.2.2.2 Pain control. 7.2.3 On site specific discharge information sheets: 7.2.3.1 Information related to the discharge, procedure or surgery including follow up appointments and post procedure/surgery care instructions. 7.2.4 On the WRHA Critical Care unit discharge checklist: 7.2.4.1 Indicate discharge order has been generated by ICU attending physician/designate. 7.2.4.2 Indicate vital signs taken within one hour of discharge. 7.2.4.3 Indicate if patient can safely mobilize? If no, provide details in the note section

		on the discharge checklist. 7.2.4.4 Assessment of any cognitive status concerns and/or changes during the ICU admission. If concerns or changes in cognition describe and document in the notes section of the discharge checklist or on the IPN. 7.2.4.5 Indicate invasive lines have been removed. If required for outpatient management such as a PICC or Dialysis catheter, it should not be removed. 7.2.4.6 Transportation arrangements confirmed. 7.2.4.7 Indicate that the patient has their personal clothing and keys to enter their home. If arrangements have been made for the patient to get these items, then indicate this on the form and provide detailed information in the notes section. 7.2.4.8 Specify any teaching provided to the patient/family at discharge. 7.2.4.9 Indicate if any written discharge instructions were provided to the patient/family at discharge. 7.2.4.10 Indicate whether medication reconciliation completed. 7.2.4.11 Prescriptions given to the patient and/or family, if the prescription was faxed to a pharmacy. 7.2.4.12 Any follow-up out-patient appointments that have been arranged for the patient while in the ICU or any referrals/consults that have been sent or plan to be sent based on site processes. Patients/families should be notified of any arrangements for follow-up care in the community. 7.2.4.13 Document who was notified of the patients discharge, include the name and relation to patient. If the patient does not want anyone notified, indicate this on the Discharge Checklist. 7.2.4.14 Document how patient left the ICU, accompanied by family, friend or self. 7.2.4.15 Specify any caregiver support upon arrival home, or indicate if no support is required upon discharge to the community. 7.2.4.16 Ensure the patient has their valuables and document on the checklist what was given to the patient and if not document why in the notes section with plan for their return. 7.2.4.17 Checklist signed by the staff member responsible for completing the checklist at the time of discharge.
	7.3	Patients who leave the ICU prior to discharge AMA or other similar circumstances, staff will document the circumstances surrounding the event as per the site's processes.
		REFERENCES:
		Alper, E., O'Malley, A., &Greenwald, J. (2011). *Hospital Discharge*. Retrieved from http://www.uptodate.com/contents/hospital-discharge?source=preview&anchor=H25#H25http://www.uptodate.com/contents/hospital-discharge?source=preview&anchor=H25#H25
		American Medical Directors Association, (2010). *Transitions of care in the long-term care continuum clinical practice guideline*, Columbia. Retrieved from: http://www.amda.com/tools/clinical/toccpg/

		Calder, L. A., Forster, A. J., Stiell, I. G., Carr, L. K., Perry, J. P., Vailancourt, C., Brehaut, J. (2012).Mapping out the emergency department disposition decision for high-acuity patients. *Annals ofEmergency Medicine, (60)*5, 567-574. doi. org/10.1016/j.annemergmed.2012.04.013
		Collaborative Model of ED Services, (2009). *A collaborative model for service delivery in the Emergency Department.* Retrieved from: http://gem.rgp.toronto.on.ca/files/Collaborative%20model%20of%20ED%20services%20Final.pdf
		Engel, K. G., Heisler, M., Smith, D. M., Robinson, C. H., Forman, J. H., Ubel, P. A. (2009). Patient comprehension of emergency department care and instructions: Are patients ware of when they do not understand? *Annals of Emergency Medicine, (53)*4, 454-461. doi. 10.1016/j.annemergmed.2008.05.016
		Family Caregivers & Health Care Professionals Working Together, (2009). *How are we doing. A hospital self assessment survey on patient transitions and family caregivers. Retrieved from http://www.nextstepincare.org/uploads/File/Surveys/CHHA/CHHA_Provider_Survey.pdf*
		Health Sciences Centre, (2014). Adult emergency: Patient discharge.
		John Dempsey Hospital-Department of Nursing, (2010). *Discharge from emergency department.* The University of Connecticut Health Center. Retrieved from: http://nursing.uchc.edu/unit_manuals/emergency_dept/docs/Discharge%20from%20ED.pdf
		Tadique, M. (2009). *Gem RN role at St. Joseph's lends a helping hand to seniors*. St. Joseph's HealthCenter, Toronto http://www.stjoe.on.ca/about/publications/features_detail.php?id=24
		Terrell, K.M., Hustley, F.M., Hwang, U., Gerson, L. W., Wenger, N. S., Miller, D. K. (2009). Quality indicators for geriatric emergency care. *Society for the Academic Emergency Medicine (16)*5, 441-449. doi: 10.1111/j.1553-2712.2009.00382.x
		Mercy Hospital Dunedin (2013). Discharge of patients, Nursing Services Policy Manual. Retrieved from http://www.mercyhospital.org.nz/files/dmfile/DischargePolicy.pdf.
		Muir, H, (2005). *West of Somerset discharge policy.* Taunton & Somerset NHS Trust. Retrieved from http://www.wales.nhs.uk/sitesplus/documents/829/Example%20Discharge%20Policy%20-%20Taunton%20and%20Somerset.PDF
		National Transitions of Care Coalition, (2009). *Improving Transitions of Care: Emergency department to home.* Insight Therapeutics, LLC. Retrieved from: http://www.ntocc.org/Portals/0/PDF/Resources/ImplementationPlan_EDToHome.pdf

		Society of Hospital Medicine, (2005). *Ideal discharge for the elderly patient: A hospitalist checklist.* Retrieved from: http://www.innovations.ahrq.gov/content.aspx?id=1963
		Urgent Matters. Retrieved from: http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2006/rwjf55023
		Winnipeg Regional Health Authority (2006). SAFE discharge. A regional guide to discharge planning. Retrieved from http://home.wrha.mb.ca/pmo/files/SAFEDISCHARGEMAnualOctober3006Final.pdf
		Winnipeg Regional Health Authority Regional Program Policy (2007). Informed consent (for procedures, treatments, and investigations). Retrieved from http://home.wrha.mb.ca/corp/policy/files/110.000.005.pdf
		Winnipeg Regional Health Authority Regional Program Policy (2012). Assessment and Reassessment of Emergency Department Patients (excluding Triage). Retrieved from http://home.wrha.mb.ca/prog/emergency/files/AssessmentReassessment.pdf
		Winnipeg Regional Health Authority Emergency Program (2014) Safe Transportation Guideline. Retrieved from http://home.wrha.mb.ca/prog/emergency/files/PatientTransport.pdf