

RAPID DISCHARGE PATHWAY FOR PATIENTS
IN THE LAST FEW DAYS OF LIFE

Patient identification sticker
Name:
Hospital No :

Address:-

Preferred place of death:

COMMENCE THIS PROCESS AT EARLIEST OPPORTUNITY

OBJECTIVES OF PATHWAY:

To ensure timely and efficient discharge of patients wishing to spend their last few days at home.

N.B If this is being commenced in a community hospital consider prescribing TTA's on a FP10 to prevent a delay in discharge

PLEASE PHOTOCOPY THIS DOCUMENT

KEEP ORIGINAL IN NOTES.

SEND PHOTOCOPY WITH PATIENT

Name (print)	Signature	Initials	Professional title	Date

Patient identification sticker Name: Hospital No :
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Pathway commenced by:
NAME:
DATE:
TIME:

NHS CONTINUING HEALTHCARE FAST TRACK TOOL TO BE COMPLETED/STATEMENT REQUIRED FOR EVIDENCE OF PATIENT'S MEDICAL CONDITION (CAN BE COMPLETED BY DR/NURSE OR MEMBER OF PALLIATIVE CARE TEAM)

1. DOES CARER FULLY UNDERSTAND LEVEL OF CARE TO BE PROVIDED? HAVE THE CARER'S NEEDS BEEN ASSESSED? What will carer's role be in provision of care? What level of care is needed i.e. HOW OFTEN ?		NUMBER OF CARERS
<u>WARD DISCHARGE CO-ORDINATOR INFORMED OF PLANS FOR RAPID DISCHARGE</u> YES/NO		
DISCHARGE TEAM CONTACTED	Yes " No "	Date:
In the acute setting; Complex discharge team Tel: 01803 654727 Email: tsdft.hadt@nhs.net		
In the community hospitals; Torbay area GP's CHC dept. Tel: 01803 210738 email: chcteam.tct@nhs.net		
Devon area GP's CHC dept. Tel: 01803 210630 email: chc.southernteam@nhs.net		
New Devon GP's CHC dept. Tel: 01752 434231 email pchcic.chcfnplymouth@nhs.net		
WHAT CARE CAN BE PROVIDED? HOW OFTEN ?		NUMBER OF CARERS

<p>Patient identification sticker</p> <p>Name:</p> <p>Hospital No :</p>
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2.			
G.P. CONTACTED AND ACCEPTS CARE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of G.P.			
Treatment Escalation Plan (TEP) completed and discussed with patient or family/carers. Include narrative regarding decisions in free text box (Original to go with patient & photocopy in notes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rowcroft Hospice at Home contacted: (01803 217620)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Community Nurse contacted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Community Matron/Case Manager contacted: (N.B. available Monday-Friday 0900-1700)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Marie Curie contacted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hospital Specialist Palliative Care Team contacted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Community Specialist Palliative Care Team contacted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3 PHOTOCOPY MANUAL HANDLING ASSESSMENT

Patient identification sticker
Name:
Hospital No :

4. ARRANGE TRANSPORT Name : Booking Number:

Alert crew if any access difficulties to property.
Inform transport of DNR status.
Original TEP form to go with patient NOT photocopies.
Access to property i.e. how many steps-It may be necessary for Transport to assess the patient

NB: Ideally patient will be cared for on the ground floor BUT if there is no other option than for the patient to be cared for upstairs the patient will need to be transferred in a wheelchair. In order for this to be possible the patient MUST be able to support their own upper body weight
Please tick 'end of life discharge' box if arranging transport on line

5. EQUIPMENT NEEDS:

Nursing staff can request hospital bed, commode etc if needed
Discuss with Community Nurse

NB Repose mattress available from the Medical Devices library in an emergency

LIST OF ESSENTIALS THAT MAY BE NEEDED:

COMMUNE

Yes " No " Not required " Date obtained:

SLIPPER PAN

Yes " No " Not required " Date obtained:

HOSPITAL BED

Yes " No " Not required " Date obtained:

AIRWAVE MATTRESS

Yes " No " Not required " Date obtained:

Should any equipment NOT be available, ENSURE carer and patient realise that this may take time to organise or may not be met in the home setting.

NB IF THE PATIENT IS LIVING IN TORBAY THE HOSPITAL IS RESPONSIBLE FOR ORDERING ANY NECESSARY EQUIPMENT ON DISCHARGE. THIS CAN BE DONE BY WHOEVER HAS RECEIVED THE RELEVANT TRAINING.

NB IF THE PATIENT LIVES IN SOUTH DEVON THE COMMUNITY MATRONS/COMMUNITY NURSES ARE RESPONSIBLE FOR ORDERING THE NECESSARY EQUIPMENT ON DISCHARGE.

If all necessary equipment is not available this need not delay discharge and will have to be discussed with the patient, carers, community nurses or community matron.

6. WHAT NURSING INPUT IS REQUIRED?

Contact Community Nurse. – Invite into hospital if practical. Date contacted

Has the patient a yellow folder/ Individualised End of Life Care Plan/Personalised plan of care or is one to be commenced?

Yes No

Management of:

Syringe pump Yes No

ME Number

Stoma care Yes No

Tracheostomy Yes No

Wound Yes No

Catheter Yes No

Pressure areas Yes No

Nasogastric tube Yes No

Oxygen Yes No

(Contact THORT team:Bleep#6928 or
01803 655199 to organise)

Rowcroft Hospice at Home 01803 217620 –Supplementary care and support can be arranged through this option. They can be contacted 24 hours/day

Marie-Curie Nurses can be contacted through Community Nurses/Hospice at Home Team. If appropriate, inform Hospital Palliative Care Team or Community Palliative Care Team of the patient's desire to go home.

Hospital Palliative Care Team: 01803 655042/3

Community Palliative Care Team: 01803 210811

Contacted on: Date Time

7. ARE OCCUPATIONAL THERAPISTS/ PHYSIO/
SOCIAL WORKER INVOLVED IN
CARE/ASSESSMENT OF PATIENT?

Yes .. No ..

(NB:NOT ALWAYS ESSENTIAL)

Name.....

Date.....

Outcome:

8. DRUGS REQUIRED ON DISCHARGE

Dr to prescribe TTA's of prn 'Just In Case' s/c medication for pain, nausea, chest secretions and agitation as per Just in Case SOP (policy 1994), plus oral morphine/oxynorm (if patient able to swallow)

COMPLETE SYRINGE PUMP AUTHORISATION FORM if appropriate
(AVAILABLE ON THE INTRANET policy 1609)

Please mark TTA's:

"RAPID DISCHARGE"

When ordering TTA's -syringe pump medications should be prescribed and enough drugs dispensed to cover problems with drug availability over the weekends and bank holidays. 7 days supply of drugs should be sent with the patient along with water for injection.

Patients and carers MUST be reassured that if the patient needs to return to hospital for any reason this is NOT considered a failure or a problem.

It is vital that both patient and carers are aware of any limitation in the service as a result of assisting the patient to be at home at this time.

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9. HAS ADVANCED DIRECTIVE TO REFUSE TREATMENT (ADRT) BEEN COMPLETED
AND COPIED TO GP SURGERY? Yes No

HAS THE PATIENT'S NAME BEEN ADDED TO THE ELECTRONIC PALLIATIVE CARE
CO-ORDINATION SYSTEM (EPaCCS): YES/NO

OUT OF HOURS NUMBERS GIVEN FOR ADVICE: Yes No

Community Nursing service contacted Yes No

Rowcroft Hospice at Home Service: 01803 217620 Yes No

Community Palliative Care Nurses: telephone advice only on Saturday, Sunday and Bank
Holidays, 0900-1300 – 01803 210812

24 Hour TELEPHONE advice from Rowcroft Hospice, 01803 210800

Marie Curie service contacted Yes No

Signature:

Print Name

Date and Time:

Please photocopy this document
Keep original in notes. Send photocopy with patient

Date and time of discharge

ESSENTIAL EQUIPMENT NEEDED FOR A SUCCESSFUL DISCHARGE

- 2ml, 5ml Syringes, needles (orange, green) water for injection
- Mouth care Trays
- Incontinence sheets
- Sharps bin
- Yellow plastic bags
- Plastic gloves
- Aprons
- Wipes
- Gauze swabs
- Dressing packs if appropriate
- Catheter pack and catheter passport if appropriate
- Spare O2 masks if appropriate

Protocols & Guidelines – Document Control

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Ref: CP015	Title: Integrated Care Pathway for Rapid Discharge for Patients in the Last Few Days of Life		
Date of Issue:	8 February 2018	Next Review Date:	8 February 2021
Version:	11		
Author:	Palliative Care CNS Team Leader Consultant in Palliative Medicine		
Index:	Care Pathway		
Classification:	Care Pathway		
Applicability:	As indicated		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief.		
Evidence based:	Information not supplied		
References:			
Produced following audit:	Information not supplied		
Audited:	Information not supplied		
Approval Route:	See ratification	Date Approved:	2 February 2018
Approved By:	Care and Clinical Policies Group		
Links or overlaps with other policies: 1065 – Advanced Care Plan, Treatment Decisions for Patients with Life Limiting Conditions 1609 – Authorisation Form for the administration of Sub-Cutaneous Drugs in the Community			
All TSDFT Trust strategies, policies and procedure documents.			

PUBLICATION HISTORY:

Issue	Date	Status	Authorised
1	1 October 2003	New	No ratification
2	1 April 2007	Revised	No ratification
3	1 July 2007	Revised	No ratification
4	30 May 2009	Revised	Consultant
5	22 July 2010	Revised	Consultant
6	9 February 2012	Revised	Consultant
7	9 January 2014	Prescription form revised	Consultant Palliative Care CNS Team Leader
8	16 January 2014	Revised	Consultant in Palliative Care

9	29 January 2016	Revised	Consultant in Palliative Care
10	3 June 2016	Revised	Care and Clinical Policies Group
11	8 February 2018	Amended (phone numbers and wording)	Clinical Director of Palliative Care

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme

Quality Impact Assessment (QIA)

<i>Please select</i>			
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives <input checked="" type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups <input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs <input checked="" type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police <input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers <input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies <input type="checkbox"/>
	Others (please state):		

Does this document require a service redesign, or substantial amendments to an existing process? No	<input checked="" type="checkbox"/>
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If you answer yes to this question, please complete a full Quality Impact Assessment.

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? No	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		

If you answer yes to any of these strands, please complete a full Quality Impact Assessment.

If applicable, what action has been taken to mitigate any concerns?	
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Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (please state):			



Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	RAPID DISCHARGE PATHWAY FOR PATIENTS IN THE LAST FEW DAYS OF LIFE				
Policy Author	Consultant in Palliative Care				
Version and Date (of EIA)	Version 11 , 05/01/2018				
Associated documents (if applicable)					
RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?					
· Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
· Advance equality of opportunity between people from different groups					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
· Foster good relations between people from different groups					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the policy affect service delivery or business processes?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
RESEARCH AND CONSULTATION					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
Review due date					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pf.d.sdhct@nhs.net

ACTION PLAN: Please list all actions identified to address any impacts			
Action		Person responsible	Completion date
AUTHORISATION			
Name of person completing the form	Consultant in Palliative Care	Signature	
Validated by (line manager)		Signature	

This form should be published with the policy and a signed copy sent to your relevant organisation.

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.