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Discharge Planning – Medical Subacute Unit and Aged Care and Rehabilitation Unit, Long Bay Hospital

Policy Number 1.142

Policy Function Continuum of Care

Issue Date 28 September 2018 (*eMeds minor update 19 July 2022*)

Summary This document provides guidance to staff on JH&FMHN specific policies and procedures on discharge planning for patients leaving Medical Subacute Unit and Aged Care and Rehabilitation Unit of Long Bay Hospital whilst implementing Ministry of Health Policy Directive PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals.

Responsible Officer ED Clinical Operations

Applicable Sites

- ☐ Administration Centres
- ☐ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- ☐ Health Centres (Adult Correctional Centres or Police Cells)
- ☐ Health Centres (Juvenile Justice Centres)
- ☒ Long Bay Hospital
- ☐ Forensic Hospital

Previous Issue(s) Policy 1.142 (May 2015; Nov 2011)

Change Summary

- *Minor grammatical changes and updating of titles.*

HPRM Reference POLJH/1142

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

This document provides guidance to staff on JH&FMHN specific policies and procedures on discharge planning for patients leaving Medical Subacute Unit (MSU) or Aged Care and Rehabilitation Unit (ACRU) of Long Bay Hospital (LBH) whilst implementing Ministry of Health Policy Directive PD2011_015 *Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals*.

Effective discharge planning needs to commence on the day of admission and is essential for ensuring a continuum of care for patients leaving MSU or ACRU either to return to the correctional environment or on release to the community. JH&FMHN must provide appropriate multidisciplinary discharge planning for each patient in accordance with the Ministry of Health Policy Directive PD2011_015 *Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals*.

2. Policy Content

2.1 Mandatory Requirements

A completed discharge form advising that the patient is now fit for discharge must be given to Corrective Services NSW (CSNSW) with all other accompanying documents as required.

A copy of the discharge summary must also be given to the patient as a record of health problems and treatment to be given to the community General Practitioner (GP) on release where indicated, or to be kept with the patient.

The patient's health record is kept in both paper and electronic formats. To obtain a comprehensive clinical view of the patient's health status, staff must review both the paper based and electronic health records (clinical applications).

Forensic patients must only be discharged from Long Bay Hospital if they have the appropriate order from the Mental Health Review Tribunal and in accordance with Ministry of Health Policy Directive PD2012_050 *Forensic Mental Health Services*.

2.2 Implementation - Roles & Responsibilities

A multidisciplinary team meeting is held weekly in MSU and monthly in Aged Care and Rehabilitation Unit (ACRU) which includes planning patients' discharge and transfer of care.

3. Procedure Content

3.1 Transfer of Care to Correctional Centres

- Prior to a patient being discharged to a correctional centre with possible discharge risks, a multidisciplinary case management meeting including a member of Integrated Care Service (ICS), CSNSW Classification Officer and the Nursing Unit Manager (NUM) or delegate from the receiving Health Centre must be convened. This meeting will include the possibility of reclassification of the patient to an alternative correctional centre and/or a decision by the treating Medical Officer (MO) to place the patient on a medical hold to attend future appointments and treatment in accordance with

JH&FMHN policy 1.263 *Medical Hold*.

- A *Health Problem Notification Form* (HPNF) (JUS065.001) must be completed on Patient Administration System (PAS) for all patients indicating cell placement recommendations based on clinical needs. See JH&FMHN policy 1.231 *Health Problem Notification Form (Adults)*.
- If a patient requires special transport considerations upon discharge, a *Medical Certificate Consideration for Special Transport Form* (JUS200.035) must be completed and sent for authorisation in accordance with JH&FMHN policy 1.395 *Transfer and Transport of Patients* (This form must be given to CSNSW with the original copy filed in the patient's Health Record) or 1.407 *Transport of Forensic Patients from MRRC and SWCC*.
- Staff must notify the receiving centre when medically discharged if equipment and/or specific supplies are required and should be available prior to patient transfer.
- Nursing staff should inform the Pharmacy Department at least 48 hours, where possible, prior to the patient's discharge to ensure medications that are not stocked at the receiving centre can be sent with the patient to the designated correctional centre. Patients prescribed more than five medications should be referred to the Pharmacy Department at least five working days beforehand (or as soon as discharge date becomes known) to facilitate clinical medication review by the Pharmacist. Refer to the *JHFMHN Medication Guidelines*.
- On the day of discharge, nursing staff must contact the receiving Centre's NUM or delegate by phone to give a clinical handover. The Medical Officer (MO) may also contact the receiving Centre's MO by phone or e mail to give a handover. The MO must review current medications charted in the electronic Medication Chart and update the medication management plan as needed
- A *Medical Discharge Summary* must be completed on Patient Administration System (PAS) within 24 hours of a documented decision to discharge a patient. The Nursing Discharge Summary and referrals must be completed on the *LBH Nursing Discharge Summary Form* (JUS010.004) and filed in the patient's health record.
- Nursing staff must complete *LBH Inpatient Discharge Checklist* (JUS010.815) *(Return to Correctional Centre)* and place in patient's health record.

3.2 Discharges to the Community on Release

- All patients discharged from MSU or ACRU and released from custody must have a multidisciplinary team case management meeting.
- Additionally, patients with a communicable disease being released to the community must have a Public Sexual Health Nurse (PSHN) consultation prior to discharge. Patients with a history of drug and alcohol problems may also be referred to the Connections Program to assist with reintegration into the community and linkage with appropriate services. The Guardianship Board must also be informed of patient's being released back into their care.
- To assist the patient's integration into external health services and form links with appropriate community service providers, where appropriate, the patient's CSNSW case manager, a member of the Integrated Care Service (ICS), community service providers, carers or legal guardians should be invited to attend a case management meeting. This can be facilitated via teleconference if required. A copy of discharge summaries must be given to the patient and where possible, copies should be forwarded to

the patients GP, followed by a phone call from the discharging MO.

- A Release Summary and Transfer of Care Form located in Justice Health electronic Health System (JHeHS) must be completed by all disciplines involved in the patient's care. A copy is to be forwarded to the patient's GP or provided to the patient on release.
- The Pharmacy Department must provide patients with a clinical medication review and profiling prior to discharge. Patients should be provided a *Release Summary and Transfer of Care eForm* from JHeHS, which includes information regarding their medications. Further information such as education around the medications can be provided. Patients should be advised to present this list to their community GP or Aboriginal Community Controlled Health Service (ACCHS) and local Pharmacist. One week's supply of regular medications on release. For patients being released on HCV treatment liaison must occur with the Clinical Nurse Consultant (CNC) or Transitional Nurse Practitioner (TNP) Hepatitis so a decision can be made whether the patient is given the balance of the rest of their treatment or just the current months treatment and a script to be filled at their local public hospital pharmacy. A copy of the script will be sent to the public hospital pharmacy by the CNC /TNP. For patients being released on Human Immune Deficiency Virus (HIV) treatment enough anti viral medication must be supplied so that treatment is continued until their next follow up appointment.
- For patients on continuing treatment for HIV, Hepatitis B or Hepatitis C, the PSHN, TNP or CNC must liaise with ICS and community service providers to make an appointment and forward a copy of the completed Release Summary and Transfer of Care Summary eform (which includes pathology results and a list of prescribed medications) and a letter detailing ongoing treatment or recently completed treatment.
- Staff must refer to the JH&FMHN *HIV/AIDS Clinical Management Guidelines* and the *Hepatitis Clinical Management Guidelines* for discharge guidelines for patients with HIV and / or Hepatitis.
- Patients who identify as HIV positive must be offered a referral to ICS as a part of the PSHN review post reception. A referral to Aids Dementia and HIV Psychiatry Service (ADAHPS) which incorporates the Persons in Custody Project will be offered to the patient by the PSHN post reception. This paper based referral is sent to ADAHPS through the Sexual Health/Hepatitis CNC. ADAHPS will either visit or contact the patient prior to release to commence their linkage back into health care and support services in the community prior to release.
- Nursing staff must complete *LBH Inpatient Discharge Checklist* (JUS010.815) and place in patient's health record.
- The Medication Order and Medication Administration Chart must be stopped upon release.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Medication Chart

Refers to a paper-based (Long Stay Medication Chart, National Inpatient Medication Chart) or electronic medication order.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient.

5. Legislation and Related Documents

NSW Health Policy Directives, and Guidelines	PD2011_015 *Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals* PD2012_050 *Forensic Mental Health Services* PD2007_059 Aboriginal Mental Health and Well Being Policy 2006-2010 PD2012_066 NSW Aboriginal Health Plan 2013-2023
JH&FMHN Policies and Guidelines	1.231 *Health Problem Notification Form (Adults)* 1.263 *Medical Holds* 1.395 *Transfer and Transport of Patients* 1.407 *Transport of Forensic Patients from LBH, MRRC and SWCC* *Hepatitis Clinical Management Guidelines* *HIV/AIDS Clinical Management Guidelines* *Medication Guidelines*
JH&FMHN Forms	JUS010.004 *LBH Nursing Discharge summary* JUS010.810 *LBH Inpatient Discharge Checklist (Release to Community)* JUS010.815 *LBH Inpatient Discharge Checklist (Return to Correctional Centre)* JUS065.001 *Health Problem Notification Form* JUS200.035 *Medical Certificate Consideration for Special Transport Form* POP621 *Release Letter to General Practitioner GP- Hepatitis C Virus (HCV)*