

Policy for the Discharge of Patients to Residential Homes, Care Homes or Community Hospitals prior to TTO Medicines being available

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Trust Lead:	Leila Bahadur - Principal Pharmacist Professional Development and Clinical Assurance
Board Director Lead:	Medical Director
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

KEY WORDS

TTO (TO TAKE OUT), Discharge, Medicines, Medication, Transport, Drugs

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the Discharge of Patients to Residential Homes, Care Homes or Community Hospitals prior to TTO (To Take Out) Medicines being available.

Standard practice within UHL is for patients to be discharged from hospital with an accurate TTO letter and all of the medicines required for their continued care. This ensures that patients have all the information they require when they go home and no delays with medications or omitted doses.

It is recognised that the discharge process is a complicated multifactorial process. In some patients the TTO is a part of a larger package of care which ensures a safe discharge. In exceptional circumstances patients may need to leave UHL prior to the medicines part of their TTO being ready to avoid complex Residential Home, Care Home or Community Hospital placements being lost due to delays to discharge.

With correct discharge planning, good communication about the TTO letter and discharge cut off times the need to utilise this policy should be exceptionally rare.

2 POLICY SCOPE

- 2.1 This policy applies to all employees of UHL involved in the patient discharge process. All staff must adhere to this policy including bank and agency staff.

This policy is intended to be used when UHL are choosing to discharge a patient that meets the inclusion and exclusion criteria prior to their TTO medication being ready.

This policy is intended to be used for UHL in-patient ward areas only. Triage areas e.g. CDU, ED or GPAU are excluded from this policy

This policy is **not** intended to be used when a patient doesn't want to wait for their medicines. In this instance they need to come back to collect their medication later.

2.2 Patient exclusion criteria:

The use of this policy is **not** permitted for any patient on any of the following groups of medications:

- Insulin
- Time critical medicines (e.g. parkinsons medication, anti-epileptic medications)
- Frequent PRN medications which would be required during the wait for the TTO medicines to be delivered
- Highly complex medication regimes which require significant patient counselling and information
- Controlled Drugs and End of life medication regimes
- Antibiotics for an active infection
- Patients going to a location other than listed in the inclusion criteria

23 Patient inclusion criteria:

The TTO letter **must** be written prior to the patient being discharged.

The use of this policy is for a limited patient group within the Trust where there is an urgent need to discharge the patient prior to the TTO medicines being physically available to ensure placements are not lost due to the delay in discharge. These are limited to discharge to a:

- Residential Home
- Care Home or
- Community Hospital

24 Transport provider:

A range of transport options are available to support this policy. The preferred option is established UHL transport e.g. NHS patient transport or Volunteer Drivers.

A family member or carer is also able to collect the TTO medication, as an alternative step within the policy to utilising other transport providers identified by UHL. All inclusion and exclusion criteria must still be met for this policy to be used in this situation. The patient must be being discharged to a Residential Home, Care Home or Community Hospital and the family member or carer's support would avoid loss of placement or delays in medications.

In exceptional circumstances, after discussion and agreement with the Duty Manager, a UHL approved Taxi provider may be utilized. In this situation all appropriate safeguards must be in place and the best practice outlined within the policy must be followed to ensure safety.

3 DEFINITIONS AND

ABBREVIATIONS TTO's –
medicines 'to take out' OOHs –
Out of Hours
ID - identification

4 ROLES AND RESPONSIBILITIES

4.1 The Executive Lead for this Policy is the Medical Director

4.2 Chief Pharmacist/Deputies

- To ensure this policy complies with the Trust Medicines Code and is in the best interest of patients medicines management needs.
- To support Pharmacy staff to operationalise this policy to support safe discharge of patients and support any issues or concerns raised.

4.3 Site Duty Flow and Capacity Managers

- To be familiar with the policy and procedure.
- To ensure that this policy is complied with and only patients who meet the

inclusion criteria are approved.

- To ensure that all patients approved through this policy are recorded and followed up for assurance that the TTO was delivered and arrived as intended in a timely manner.
- To monitor compliance and support clinicians with any issues or concerns that may be raised.

4.4 CMG Clinical Directors and Head of Operations/Deputies

- To be familiar with the policy and procedure
- To review use of the policy with individual CMGs and support clinicians to improve practice to reduce use of the policy or address any issues or concerns.

4.5 Heads of Nursing/Matron

- To support Nursing staff to operationalise this policy to support safe discharge of patients and support any issues or concerns raised.

4.6 Nursing Staff

- To challenge inappropriate requests to discharge patients without TTO medications and champion the patients best interest.
- Ensure that the relevant information is given to the patient and/or carer regarding the TTO delivery arrangements.
- Report any errors or incidents which occur as a result of the use of this policy.

4.7 Pharmacy Staff

- As in section 4.6 for Nursing staff
- To support the ward team to complete TTOs in a timely manner to aim to avoid the use of the policy where possible.

4.8 Medical Staff

- As in section 4.6 for Nursing staff
- To write TTOs in a timely manner and prioritise those with complex discharges to minimise the need for the use of this policy.
- Maintain responsibility for the care of the patient till the TTO medicine is delivered and the discharge process is complete.
- Act on any request for changes to the TTO to facilitate this policy in a timely manner, especially Out Of Hours (OOHs).

4.9 Discharge Co-ordinators

- To discuss all patients approved through this policy with the relevant clinical teams and liaise with them to facilitate the process of a safe and efficient discharge.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

All requests must follow the process outlined in the flow diagram in appendix 1

Key points:

- Ensure the patient meets the inclusion and exclusion criteria
- The TTO must be written prior to the patient being discharged
- All requests must be formally approved and booked through the Site Duty Flow and Capacity Management Team.
- Confirm the delivery address and inform them of the estimated time

5.1 Requests for Discharge Medications to be delivered

All requests must be formally approved and booked via the Site Duty Flow and Capacity Management team following the process outlined in the flow diagram.

Pharmacy must be informed that the TTO is to be delivered via the transport provider and to send it to Discharge Lounge once complete.

There is no Discharge Lounge at the LGH, the TTO must be sent directly to the discharging ward.

The TTO must be collected from pharmacy ready for the transport collection.

5.2 Confirmation of delivery address

Once it has been agreed that the transport provider will be delivering the patients TTOs the following **must** be confirmed:

- Delivery address
- Contact telephone number
- Person who will accept delivery they must be over 18 and have ID
- Estimated time of delivery will be confirmed once the transport has been arranged.

Important note for patients being discharged to places OTHER than pre-admission place of residence

For patients being discharged to a **new address** (New Residential home, New Care home or a Community Hospital) it is essential to confirm the delivery address as this will be a different address to the address listed on Addressographs and, Nerve Centre. It is essential that the new address is updated on these systems.

5.3 Safe Storage, Collection and Return

All TTOs must be placed in a secure, locked cupboard (separate from ward stock

drugs) until required for collection by the transport provider.

TTOs will be collected by the transport provider from the following locations:

- LRI – Discharge Lounge
- GH – Discharge Lounge
- LGH – Direct from the discharging ward

Any TTOs which are unable to be delivered refer to section 5.5.

5.4 TTOs containing Fridge Items

All requests for delivery of TTOs which contain a Fridge Item must be clearly labelled as such and must be highlighted to the transport provider when making the request.

- Yellow FRIDGE ITEM stickers must be placed on the TTOs

5.5 Unable to deliver items

If the transport provider is unable to deliver a TTO they must phone the Site Duty Management Team (Contactable via switchboard).

An attempt must be made to contact the Residential home, Nursing home or Community Hospital to inform them that the TTOs are at the nominated address awaiting delivery.

If contact is made and a nominated address is available within a reasonable time frame advise the transport provider to wait, re-deliver at a specific time or return to the TTO to the Trust (professional judgement must be used).

Any TTOs which are unable to be delivered must be returned to the Duty Management Team at the respective site. They must then return the TTO to the discharge lounge (LRI/GH) or discharging ward (LGH) for safe secure storage until such point that it can be re-delivered or collection can be arranged.

If the discharge lounge is closed or there is no safe secure storage available the TTO must be returned to the discharging ward for safe secure storage until such point that it can be re-delivered or collection can be arranged.

5.6 Discrepancies or errors on the TTO prior to delivery

Any identified discrepancies or errors with TTOs must be escalated to the Site Duty Management Team (Contactable via switchboard) for immediate attention to prevent further delays.

These must then be addressed as a priority by the nurses, clinicians and pharmacy team.

All incidents to be reported via the Trusts 'DATIX' reporting system.

5.7 Incidents or errors after leaving UHL premises

Any identified incidents or errors that occur once the TTO has left UHL premises must be escalated to the Site Duty Management Team for immediate attention to prevent harm.

During working hours the ward Doctor, Nurse and Pharmacist can be contacted

to resolve any TTO errors.

Out of hours the discharging ward must be contacted in the first instance. Depending on the problem the on-call pharmacist can be contacted via switchboard or the Responsible Medical Team can be contacted via Nerve Centre.

These incidents must then be addressed as a priority by the nurses, clinicians and pharmacy team.

All incidents to be reported via the Trusts 'DATIX' reporting system.

5.8 Inappropriate use of the policy

All staff must comply with the inclusion and exclusion criteria listed within this policy at all times. Under no circumstances should staff feel under pressure to discharge patients without their TTOs if this policy has not been followed.

If any member of staff is concerned about the request being made then this must be escalated to their line manager through to the relevant senior managers to discuss at operational command.

A DATIX must be completed and these will be reviewed, as per section 7, to understand the reasons and rational for such requests to avoid future incidents.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 There are no formal education and training requirements for the implementation of this policy.
- 6.2 This policy is on INSite, Trust Reference B19/2018

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 It is the responsibility of the Head of Patient Flow to ensure compliance with this policy and procedure through the following key performance indicators/audit standards:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Number of patients using policy	Head of Patient Flow	Booking Records	Monthly for initial period	Medoc Monthly report for assurance
No. of medication incidents related to patients discharge without their TTOs not meeting inclusion criteria	Medication Safety Pharmacist	DATIX Reporting	Monthly for initial period	Medoc
No. of failed deliveries using process	Head of Patient Flow	Booking Records	Monthly for initial period	Medoc

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

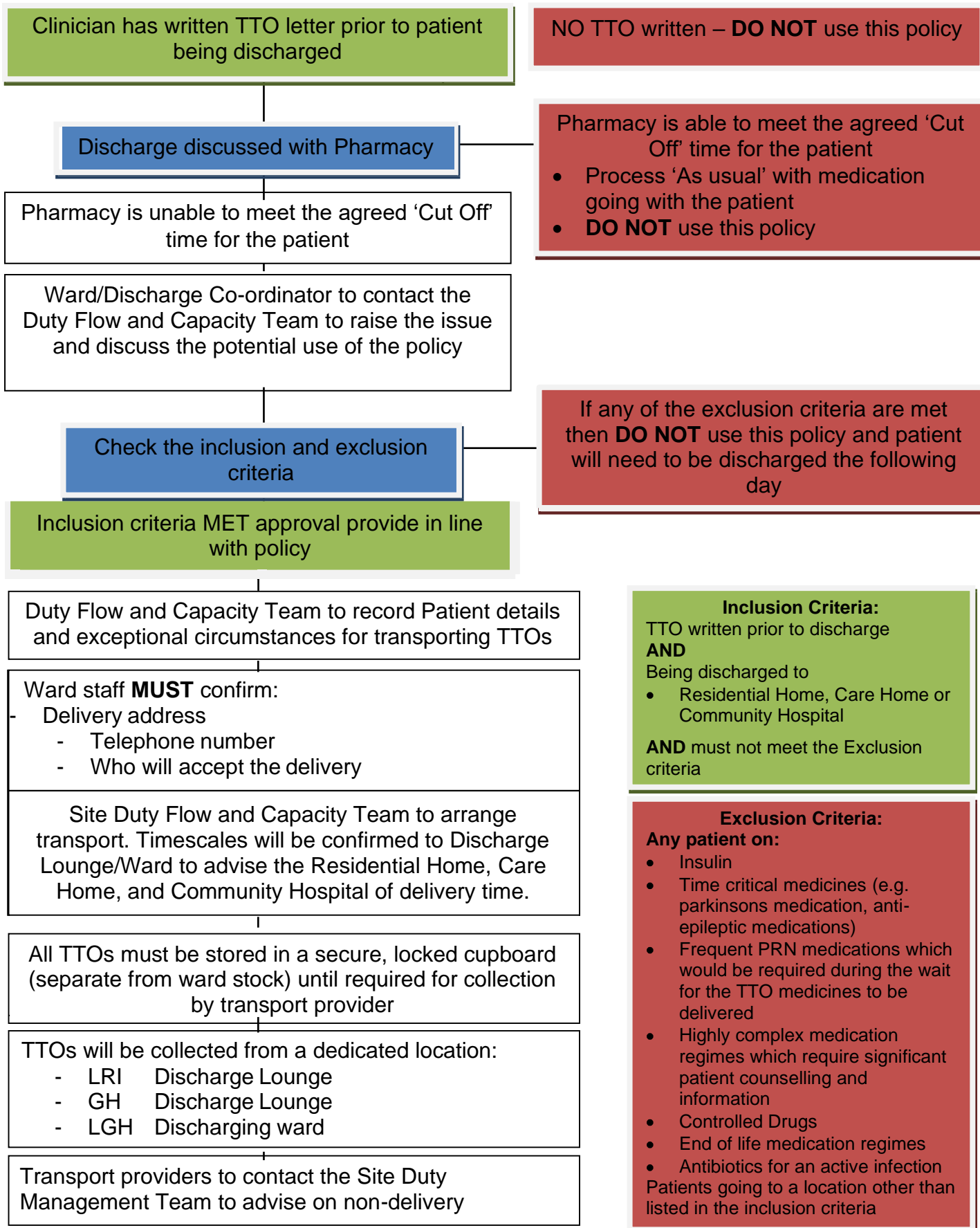
- Leicestershire Medicines Code (Available on INSite)
- NMC Standards for Medicines Management (2007)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 The operation of this policy and its supporting procedure will be subject to joint review at regular intervals, no more than three years apart.
- 10.2 The updated version of the Policy will be uploaded and available through INSite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.

Appendix 1

Flow Chart: Discharge of Patients prior to TTO Medicines being available



Non-compliance with this process and policy must be escalated to avoid omitted doses of time critical medicines. A Datix must be completed.