NHS
Worcestershire
Acute Hospitals
NHS Trust

Critical Care Unit Discharge Policy
Worcestershire Acute Hospitals NHS Trust

Policy for the discharge of patients from the critical care units to the ward

Key Document code:	WAHT-KD-022
Key Document Owner:	Clinical Director ICM – Sian Bhardwaj
Approved by:	Intensive Care Forum
Date of Approval:	24th January 2024
Date of review: This is the most current document and should be used until a revised version is in place	24th January 2027

Key Amendments

Date	Amendment	Approved by
20th March 2020	Document extended for 6 months during current COVID-19 pandemic	Dr Burtenshaw
28th January 2021	Document approved for 3 years with no amendments.	ICM Forum
24th January 2024	Adjustments to the discharge communication to reflect ICCA process Change in ownership to Clinical Director ICM	ICM Forum

INTRODUCTION

Discharging patients from the critical care area to the general ward involves the handover of an often complex episode of care. This is often a time of uncertainty and anxiety for patients who have survived a serious illness, but who do not yet feel fully recovered. There have often been many changes to the patient's chronic medication, and other care processes, such as rehabilitation, physiotherapy and psychological support need to continue in a seamless manner.

The patient remains at the centre of care, and discharge processes should cause the minimum of disruption to on-going medical care (both acute and chronically). The patient should also feel supported and reassured throughout.

Structured, formalised, handover remains the gold standard (NICE, Royal College of Physicians, Faculty of Intensive Care Medicine), and it is the responsibility of both the discharging team and the receiving team that this handover occurs (NICE CG50). Handover and discharge processes have been identified as an area where patients may come to harm if effective transfer of care does not occur, and is being monitored nationally as a quality standard.

DETAILS OF GUIDELINE
Scope of the policy

This policy covers all critically ill inpatients on critical care units throughout the Worcestershire Acute Hospitals NHS Trust.

Definitions

Duties and Responsibilities

Board of Directors

Be aware of the policy as it feeds into the Trust Quality Assurance Procedures.

Medical Director
Be aware of the policy.

Divisional Director
Be aware of the policy.
Support the implementation of the policy by helping co-ordinate inter-divisional processes.

Lead Clinician
Be aware of the policy.
Support the implementation of effective processes to facilitate the policy e.g. improved paperwork.

Consultant on duty covering the intensive care unit
Be aware of the policy.
Ensure timely decisions are made regarding discharge.
Communicate decision to discharge to the patient and/or family.
Ensure ICCA discharge paperwork completed to satisfactory standard.
Ensure prescriptions transcribed onto ward based prescription chart and that non-ICU medications have been stopped.
Liaise with senior critical care nursing staff to make sure it is clear what patient's ongoing medical needs are.
Liaise with receiving team consultant/nursing staff where appropriate.
Ensure that ICCA discharge summary has been uploaded to the EPR.
Complete incident reports where discharge processes do not run smoothly.

Junior Medical staff
Be aware of policy.
Complete ICCA discharge summary form
Ensure prescriptions transcribed onto ward based prescription chart and that non-ICU medications have been stopped.
Ensure contact is made with receiving medical team.

Senior nursing staff on the intensive care unit
Be aware of policy.
Liaise with bed management team to find appropriate bed to meet patient's needs.
Ensure discharge paperwork is satisfactory and patient does not leave unit until process is complete.

Nursing staff on the intensive care unit
Complete ICCA discharge paperwork to a satisfactory standard
At the point of ward handover, ensure ICU discharge document is generated in Sunrise (See ICCA discharge process)

Dieticians
Ensure forward plan for nutrition documented in clinical notes.

Pharmacists
Ensure changes to chronic medication are documented on drug chart.

Physiotherapists
Ensure documented Physiotherapy goals and plans are up to date on discharge.
Ensure any issues around suitability of discharge destination from a Physiotherapy/ Rehabilitation perspective are raised in a timely manner.
Give verbal handover to physiotherapist on receiving ward.

Equality statement

Worcestershire Acute Hospitals NHS Trust is committed to maintaining equality & diversity for the benefit of all users and patients as well as the whole organisation.

Policy detail

Discharge decisions

- Decisions should be made as early as possible to facilitate safe transfer of the patient within normal working hours (NICE 50).
- The consultant on duty for the intensive care unit should identify any patient needs that affect the type of bed, or the destination to which the patient might most safely be discharged to e.g. coronary care unit, surgical high care units.
- Identifying the correct bed and level, provision and location of care often requires the input of the parent medical/surgical team, and these teams should be involved in the discharge decision and planning process.
- It is recognised that preparing patients for discharge is a process that may occur over days and weeks before the actual decision to discharge is made. Parent medical and surgical teams MUST be part of this process (NICE CG50), and ideally this should happen at consultant level (GPICS)
- The patient should be discharged to the ward within 4 hours of the decision to discharge from the critical care area (GPICS).
- The decision to discharge the patient should be communicated to the patient and/or their relatives when it is made, and their views sought. If the patient has any concerns these should be sensitively addressed.
- Patients should no longer be requiring level 3 critical care input at the point of decision to discharge. If the patient still requires level 1 or 2 input e.g. NIV, cardiac rhythm monitoring, this should be clearly documented.
- If there are any concerns about whether or not a patient's care needs may be met on a particular ward, the ward staff and/or medical team should be invited to review the patient on the critical care unit and help plan care. (NICE 50)
- If the patient is being discharged to facilitate end of life care, this should also be clearly documented, and the relevant care pathways completed.

Discharge process

- Once the decision to discharge has been made, a bed should be identified by senior nurses liaising with the capacity team.
- In normal working hours admitting medical team should be informed of the decision to discharge the patient from the intensive care unit. This should ordinarily be to the registrar or consultant of the admitting team. They should be given the opportunity to review the patient on the intensive care unit.
- For discharges occurring out of normal working hours, the duty medical or surgical registrar should be informed.
- Discharges between 2200h and 0700h should be avoided as this group of patients suffer an increased rate of adverse events and mortality. Any patient discharged from the critical care areas in this time frame should have this event recorded on Datix. (NICE 50, GPICS)

Recording discharge processes

- Patients should receive a standardised handover process to minimise variation and error.
- The ICCA discharge process is detailed in Appendix A
- The ICU ward clerks should check that the ICCA discharge summary form for patients who have been discharged in the preceding 24 hours are uploaded to the EPR.
- Any missing EPR discharge summaries should be flagged to the duty ICU Consultant.

- The process of uploading to the EPR will also send a copy to the registered GP.

Follow up of discharged patients

- All patients discharged by the critical care units will be followed up by the critical care outreach service within 24 hours of discharge.
- Critical care outreach will continue to support patients and ward staff if there are any continuing issues related to the critical care stay (e.g. management of tracheostomies, central venous catheters) in accordance with trust policy.
- Unexpected deterioration of patients who have been discharged from the critical care unit should prompt re-referral to the critical care medical team.
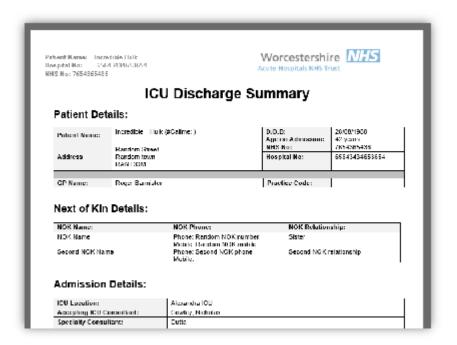
Appendix 1:

ICCA discharge process

PowerPoint Presentation (worcestericu.com)

Creating a Discharge Letter in ICCA
Quick Flowchart

REFERENCES

Guidelines for Provision of Intensive Care Services (GPICS). Faculty of Intensive Care Medicine and Intensive Care Society. 2015

Clinical Guideline 50. Acutely ill patients in hospital. National Institute for Health and Care Excellence (NICE). 2007

Clinical Guideline 83. Rehabilitation after critical care. National Institute for Health and Care Excellence (NICE). 2010

MONITORING AND COMPLIANCE				
This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance				
What	**How**	**Who**	**Where**	**When**
These are the 'key' parts of the process that we are relying on to manage risk.	*What are we going to do to make sure the key parts of the process we have identified are being followed?*	*Who is responsible for the check?*	*Who will receive the monitoring results?*	*Set achievable frequencies.*
Two consultant decision to use $ECCO_2R$	Audit	Dr Bhardwaj	ICU Forum	Annually
All $ECCO_2R$ patients included in ELSO registry	Audit	Dr Bhardwaj	ICU Forum	Annually
Each patient should have complete sets of observations and a NEWS2 score calculated	Compliance with NEWS2 will be monitored by audit of patient observation charts on Sunrise	Ward Managers	Director of Nursing, Matrons	Weekly
Transfers from critical care should avoided between 22:00 and 07:00	Compliance with avoidance of out of hours transfers will be monitored via ICNARC data	ICNARC clerk	Consultant Clinical Lead ICU	Monthly
Patients transferred from critical areas should have a formal documented structured handover of care	Compliance with transfer documentation will be monitored by audit of patients notes	Outreach Team/FY1	Matron for ICU Clinical Director	Once Yearly
Critical Care Nutrition guidelines	Observation and chart reviews	Sr Julie Share, Nutrition Link Nurse Critical Care ALX, Sr Andrea Carn, Nutrition Link Nurse, WRH		Six monthly intervals
Management of patients with tracheostomy tubes	Audit	Critical Care outreach teams and physiotherapists at Alex and WRH		All tracheostomy patients

SUPPORTING DOCUMENT ONE – EQUALITY IMPACT ASSESSMENT TOOL	
To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.	
	Yes/No
1. Does the treatment pathway affect one group less or more favourably than another on the basis of:	
Race	**NO**
Ethnic origins (including gypsies and travellers)	**NO**
Nationality	**NO**
Gender	**NO**
Culture	**NO**
Religion or belief	**NO**
Sexual Orientation	**NO**
Age	**NO**
2. Is there any evidence that some groups are affected differently?	**NO**
3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	**NO**
4. Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	**NO**
5. What alternatives are there to achieving the policy/guidance without the impact?	**NO**
6. Can we reduce the impact by taking different action?	**NO**
7. Other comments	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

SUPPORTING DOCUMENT TWO – FINANCIAL IMPACT ASSESSMENT		
To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.		
		Yes/No
1.	Does the implementation of this document require any additional Capital resources	**NO**
2.	Does the implementation of this document require additional revenue	**NO**
3.	Does the implementation of this document require additional manpower	**NO**
4.	Does the implementation of this document release any manpower costs through a change in practice	**NO**
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	**NO**
6.	Other comments	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval