

OCCUPATIONAL THERAPY CLINICAL GUIDELINES FOR COMPLETION OF SAFER MOVING AND HANDLING DISCHARGE SUMMARY FOR PATIENTS LEAVING HOSPITAL AND RETURNING TO THEIR USUAL RESIDENCE

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

“effective use of equipment promotes self management and enables people to perform and participate in their daily occupations.” RCOT 2018

Introduction

This guideline has been developed to support the implementation of the occupational therapy Safer Moving and Handling Discharge Summary for use with patients with a significant moving and handling need who are leaving hospital and returning to their usual residence. *(This guideline has been agreed with the OT Manager for Worcestershire Acute Hospitals NHS Trust)*

This guideline is supported by the Trust Manual Handling Policy, located on the Trust intranet, and should be used in conjunction with local OT department moving and handling training. It is the responsibility of all qualified Trust OT staff to be aware of the existence of this guideline and how to locate it.

This guidance applies to the document entitled “Safer Moving and Handling Occupational Therapy Discharge Summary.”

NB: Where the Health and Safety Executive (HSE) and The Medical and Healthcare Products Regulatory Agency (MHRA) has been referred to later in this guideline it should be noted that they have used the term “manual handling.” For the purposes of this guideline we have adopted the phrase “moving and handling” throughout to refer to specific equipment and techniques used during patient transfers and when assisting the patient to move or reposition in a bed or chair etc.

This guideline is for use by the following staff groups:

All occupational therapy staff working with patients that have been admitted to the Worcestershire Acute Hospitals Trust who have been identified as having a significant new or changing moving and handling need that requires provision of specific equipment upon discharge following appropriate assessment. These patients will require a detailed summary regarding the use of the prescribed moving and handling equipment.

This guideline will support OTs in understanding and meeting their obligations as accountable clinicians when they use and provide equipment for patient moving and handling activities. All Trust OT’s must ensure that they have appropriate training on use of such equipment, (MHRA Devices in Practice: Checklists for using medical devices June 2014).

Lead Clinicians

Charlotte Jack	Occupational Therapy Manager
Natalie Morris	Strategic Clinical Lead OT, Medicine
Rachel Latham	Clinical Practice and Education Lead OT
B7 OTs	Clinical Specialist OT's/Team Leads
B6 OTs	Clinical Specialist OT's
OT Dept Manual Handling Trainers	various

Approved by Therapy Management Clinical Governance on: 15th November 2023

Review Date: 15th November 2026

This is the most current document and should be used until a revised version is in place

This guideline should not be used after end of: *first 6 month period and then every 12 months for review.*

Key amendments to this guideline

Date	Amendment	Approved by:
June 2022	New document	Therapy Management Clinical Governance
November 23	Amendments made to Document	Occupational Therapy Manager

OCCUPATIONAL THERAPY CLINICAL GUIDELINES FOR COMPLETION OF SAFER MOVING AND HANDLING DISCHARGE SUMMARY FOR PATIENTS LEAVING HOSPITAL AND RETURNING TO THEIR USUAL RESIDENCE

Introduction

The moving and handling of patients forms part of the daily living routines and activities that enable individuals to engage in meaningful and valued occupations. This guideline has been written to enable Trust occupational therapists to minimise risks to patients, family members and carers when undertaking specific moving and handling tasks using equipment assessed for and prescribed by Trust OT's in order to facilitate safer discharges from Trust premises.

It is intended that the creation of an OT Safer Moving and Handling Discharge Summary for individual patients will ensure the best possible outcome for that patient and reduce the risk of harm or injury to carers to "the lowest reasonably practicable level." The OT Safer Moving and Handling Discharge Summary is to be considered as guidance which is being offered to partner organisations, such as Care Agencies, Local Authority staff or a service user's family. The document can be considered to be a "handling plan" which is likely to include guidance on specific methods of handling, safety precautions, advice regarding specific behaviours and care needs etc. This is in line with the College of Occupational Therapists 2009 Manual Handling Guidance document. It must be noted, however, that the occupational therapist is NOT responsible for the provision of formal training to care staff and this remains the responsibility of the carer's employer.

Purpose of the Guideline

To ensure that Trust occupational therapists know the expectations placed upon them when assessing for and prescribing moving and handling equipment to support transition of care for those patients with a new and significant change in their manual handling. The guideline is designed to support the OT in determining the most appropriate course of action when creating an OT Safer Moving and Handling Discharge Summary.

The Case for Change:-

Background and Scoping Activities:

Initial scoping work regarding moving and handling equipment prescribing and care planning was carried out in February 2020. Concerns were identified about the variable quality in clinical reasoning, decision-making and documentation for patients requiring specific moving and handling equipment. The clinical documentation review highlighted the following OT practice issues:-

1. no embedded standards or guidelines in place to support what is acceptable OT practice in relation to moving and handling with a medical device
2. no readily identifiable baseline or framework to support clinical reasoning and decisions when working with moving and handling needs
3. clinical reasoning, options appraisal and the demonstration of an OT focus was poor or missing in the notes for patients requiring moving and handling equipment
4. in relation to Health & Safety requirements and MHRA guidance, the OT service has limited and weak processes in place to support confidently discharging our duty of care to those patients with significant moving and handling needs
5. no formal OT paperwork that supports our practice in moving and handling re: clinical reasoning and decision-making. The creation of such paperwork would ensure that moving and handling is person centred, occupationally focused and promotes patient and carer safety.

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6. no clear written instructions or guidance in the form of an OT moving and handling careplan to support the assessments and recommendations made for our patients at the point of transfer back into the community.

All of the above findings have made the OT service vulnerable to challenges around patient safety where clear communication about our moving and handling recommendations has not been as robust as it might otherwise be.

Benchmarking against Legislation and National Guidance

1) Health and Safety Executive Guidance:-

HSE have stressed the importance of identifying the risks to staff, carers and patients when undertaking manual handling tasks. This information should be included within the OT Safer Moving and Handling Discharge Summary. The HSE list the following activities as examples of those that may increase the risk:

- assisting in person transfers
- aiding treatment
- assisting in carrying out daily activities (such as bathing) with individuals who will have specific needs

The HSE have directed that Individual patient risk assessments, *“should be person-centred and, where possible, involve the service user or their family in decisions about how their needs are met. This can reassure them about the safety and comfort of the equipment, and how it and the methods used will ensure their safety and the safety of staff.”*

A risk assessment and care plan should be recorded to include detail on the individual's manual handling needs, day and night, specifying:

- what the individual is able/unable to do independently
- whether the individual can support their own weight
- other relevant factors, for example pain, disability, spasm, fatigue, tissue viability or tendency to fall; agitation
- the extent to which the individual can participate in/co-operate with transfers
- whether the individual needs assistance to reposition in bed/chair and how this will be achieved, eg provision of an electric profiling bed
- the equipment needed – including bariatric where necessary – e.g type of bed; type of hoist and sling; sling size and attachments
- the assistance needed for different types of transfer, including the number of staff needed

Please note the above is not an exhaustive list.

HSE Summary Checklist: Carrying out a Manual Handling Risk Assessment

Ensure that your assessor is suitably trained and competent
Carry out a moving and handling assessment to include the person’s needs and ability; task load and environment
Identify what is needed to reduce the risks for all identified tasks - include appropriate techniques, training, equipment and accessories, number of staff
Review the assessment and care plan periodically and when the person’s needs changes
Ensure you have arrangements to monitor handling activities
Review your procedures to ensure that suitable arrangements are in place to include competence of staff; equipment provision and management arrangements.

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2) The Medical and Healthcare Products Regulatory Agency (MHRA)

MHRA Devices in practice Guidance, June 2014, has a checklist to ensure that users and carers are fully aware of their responsibility for medical devices:-

- Has the user or carer been trained to use the device and assessed as competent?
- Have they been given written guidance on using the device?
- Does the guidance cover:-
 - the name of the device
 - how to use the device and any accessories
 - their responsibility for checking the device while in use
 - the maintenance required and its frequency
 - recognition of device failure and fault
 - action to be taken in the event of a device failure or fault
 - their responsibility for reporting problems with the device to the supplier of the equipment
 - contact telephone numbers to use in an emergency, including out of hours
 - their responsibilities if they have bought the device themselves.

The above advice and guidance has been consulted to create the Occupational Therapy Safer Moving and Handling Discharge Summary.

GUIDANCE FOR COMPLETION OF OT SAFER MOVING AND HANDLING DISCHARGE SUMMARY

When is completion of an OT Safer Moving and Handling Discharge Summary indicated?

Following completion of OT assessments (ward and community based, as required), where there has been an identification of a new or changing moving and handling need that requires provision of equipment upon discharge to support high level /significant moving and handling needs.

The OT should clinically reason the need for completing the document based on the patient's needs, rather than as a prescription based upon the equipment provided. Completion of the document is not specific to the equipment being provided e.g. provision of a transfer board does not necessarily indicate a need for a Safer Moving and Handling Document if the individual using it is able to do so independently. If unsure the clinician should discuss with a senior member of the OT service.

Patients who are considered to have high level or significant moving and handling needs are those who might require the following items of equipment in any combination, this may also include patients with complex handling needs as identified in the "additional specific guidance" and "consideration of risk" sections within the Safer Moving and Handling Discharge Summary document. Please note the below list is not exhaustive:-

- Hoist and slings
- Molift / standaid
- Sara Steady
- Hospital bed and bedlevers

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Any existing risk assessment documentation specific to the prescribed equipment should still be completed in line with current processes

The OT Safer Moving and Handling Discharge Summary document should be completed using the prompt sheet which has been designed to support the use of assessment skills, clinical reasoning and risk management to underpin the care-planning of significant moving and handling activities.

The OT Safer Moving and Handling Discharge Summary has been divided into sections to provide the maximum information and is a working document which should be detailed and accurate at the point of the patient's discharge back into the community. All sections must be completed.

Use of the OT Safer Moving and Handling Discharge Summary should be considered once all identified OT assessments and goal planning have been completed.

The chart below (figure 1.0) outlines the process from this point forwards.

OT Safer Moving and Handling Discharge Summary Process

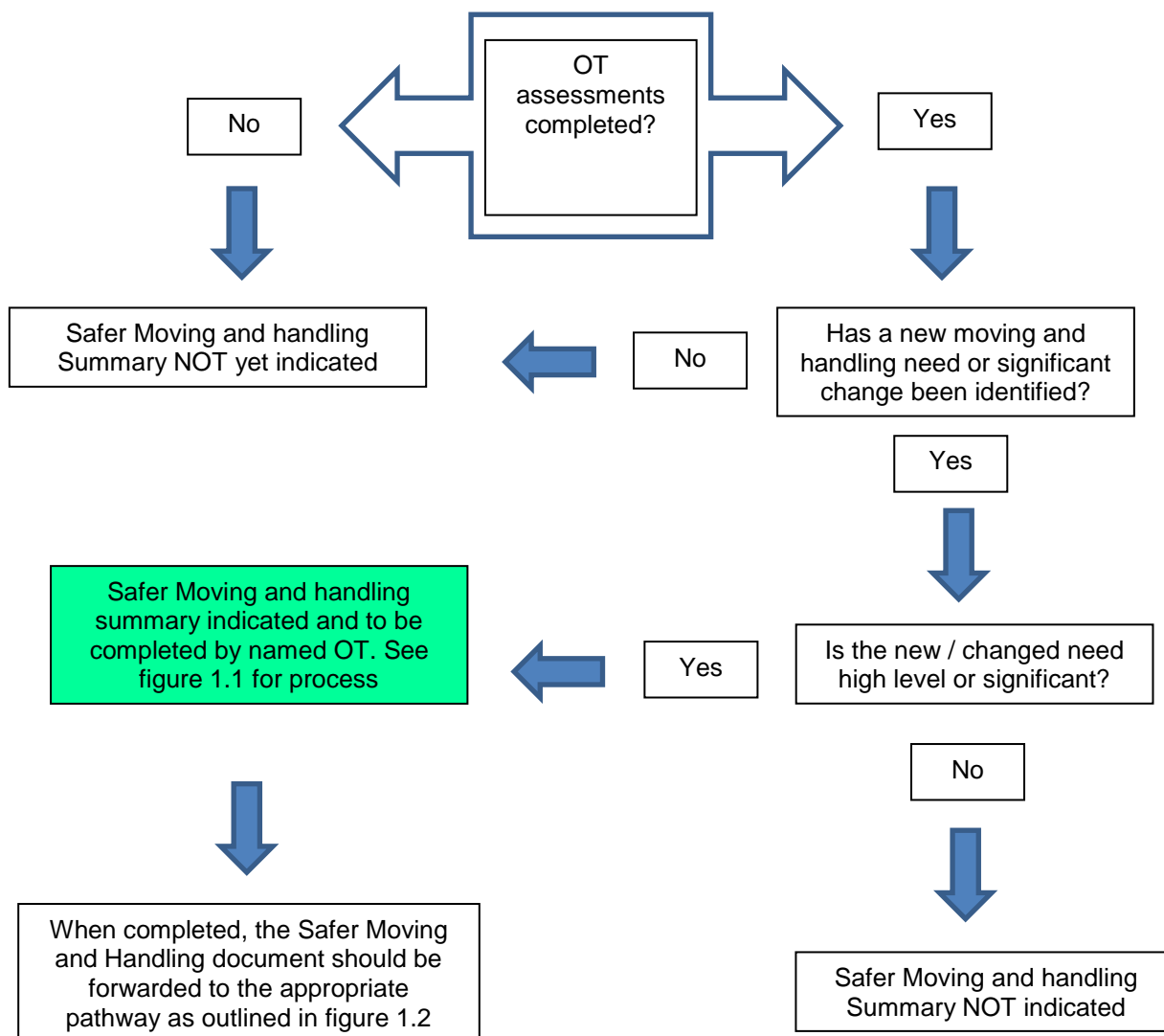


Figure 1.0 – Process for identification of safer moving and handling discharge summary.

Process to be followed when working on the document:-

Once the decision has been made to commence an OT Safer Moving and Handling Discharge Summary document it must be worked upon and saved in the “Moving and Handling Discharge Summaries” folder within the shared drive (each team will have a designated folder within this) which can be accessed by following the outlined route below (figure 1.1). This process avoids duplication and ensures that the document is always available in the case of staff absence so that completion, or the sharing of accurate information, can be undertaken by an alternative therapist. When actively working on the document, it should only be stored in the assigned shared folder and not be kept in staff personal H drives.

Once the document has been completed and received by the partner organisation, a follow-up phone call is to be completed within 24 hours of discharge from the ward (see figure 1.2). If discharge is on a Friday then follow up phone call is to be completed on the next Monday in the absence of weekend working. This then closes your duty of care (please see final paragraph of the guidance “Closing your duty of care” page 11).

Once the document is no longer ‘active’, it should be moved from the individual ‘Teams’ folder into the ‘Audit folder’ no more than 48 hours after the completion of the required follow-up phone call / contact (see figure 1.2). It should be noted that the document will have been shared with the relevant partner organisations prior to patient discharge.



Figure 1.1 – Process for saving completed Moving and handling document

How to complete the Safer Moving and Handling Discharge Summary

Once an OT Safer Moving and Handling Discharge Summary has been indicated the following sections on the form will need to be completed. This is in line with the 2009 Manual Handling guidance from the College of Occupational Therapists which states that, “any assessment format that is used should allow sufficient detail, breaking down manual handling operations into sub tasks where appropriate.”

Please see below for examples of recommended information to be included in each named section:-

Brief description of the person

Consider the PEO model (person / environment / occupations) when describing the individual’s needs. Indicate the type of accommodation; patient’s health and social village; package of care to be provided/discharge pathway; micro-environment recommendations and meaningful occupations i.e. self-care, work and leisure in relation to moving and handling tasks.

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Also consider access requirements when undertaking valued occupations i.e. if person is going outside.

Ensure that there is consultation with the patient, their family members and carers when gathering the above information.

Environment

This two part section will need to be completed in relation to 1) new equipment issued from the current admission and 2) equipment already in situ at the patient's usual address.

1) List here equipment you are proposing as necessary to support transfers when patient is discharged home. Through clinical reasoning, how did you identify this equipment as most appropriate for this individual? Identify outcomes from your assessment process which supports this. How and where will equipment be used in the home to assist transfers/participation in occupations?

2) Outline here equipment that was in situ at the patient's usual residence pre-current admission. Note where this information was obtained from i.e. patient, relative, carer, ELMS/ Millbrook systems. How does use of the existing equipment support their discharge from this admission? If your assessments indicate that the pre-existing equipment is no longer suitable to meet the patient's needs, determine the actions to be taken i.e. equipment needs to be returned to stores and the patient/carers informed of this advice and the reason for it. Patients and relatives must also be given contact details for the relevant equipment stores.

Guidance for family on how to facilitate transfers

If family members will be assisting with transfers, detail who will be assisting and who has assisted previously. It is important that any advice given to family members is clearly recorded on the document and dates are given of when techniques may have been demonstrated and practiced.

Document in this section if you are requesting Pathway 1 to demonstrate in the home.

Transfers

List here the specific details of the moving and handling equipment and techniques recommended to support transfers. Consider individual's specific limitations, for instance trunk instability. Record how patient is able to contribute to the moving and handling process.

e.g. hospital bed and specific mattress - how is bed positioned/moved to support transfers and carers?

e.g. Hoist transfers from chair to wheelchair. What is the recommended technique?

Personal Care Needs

Following assessment of patient's needs consider the moving and handling techniques required to facilitate these functional tasks.

Wheelchair required (Yes/No)

Note the wheelchair type and the provider. What specific activities / occupations does it support? Also include considerations around position of wheelchair during and following transfers.

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Additional specific guidance

Include in this section information regarding skin integrity, type of communication, specific method of arranging the environment, pain related behaviours, muscle tone or spasm and hemiplegia. Please note this is not an exhaustive list.

Consideration of Risks (unpredictability)

Include in this section any risks that the carer needs to be alerted to prior to undertaking the transfer. Note specific cognitive deficits; communication needs; agitation and record specific methods to support these. Such behaviours are often unpredictable and the OT can only give information that is accurate at the time the document is completed.

Follow Up Procedures

“Full information must also be given to the patient and carers with reference to the fitting, use and maintenance of any equipment provided, including any possible risks... This information must be accurate, comprehensive and easy to understand.” RCOT 2020.

Any information leaflets given to patient re: equipment and its maintenance should be documented on the form.

If there are concerns about the safety of the equipment or if the strategies being used to support the individual become unsuitable (this could relate to equipment failure/ change in individual's performance due to ill-health etc but will depend on the specific situation), the therapist should record specific information regarding points of contact e.g. phone number or emails such as Community Equipment Store / Neighbourhood Team for re-assessment.

This information will enable carers to address concerns directly with the relevant party.

After completion

In the final section note who the Discharge Summary has been / will be shared with and on what date.

The Document can be uploaded into the Patient Tracker electronic system to be accessed by Pathway 1 if patient is being discharged via this pathway.

Note: If the Safer Moving and Handling Discharge Summary is updated more than once prior to discharge i.e due to changes in patient's function, each version is to be filed in the patient's notes and only the final version is to be sent out to relevant partner organisations / agencies.

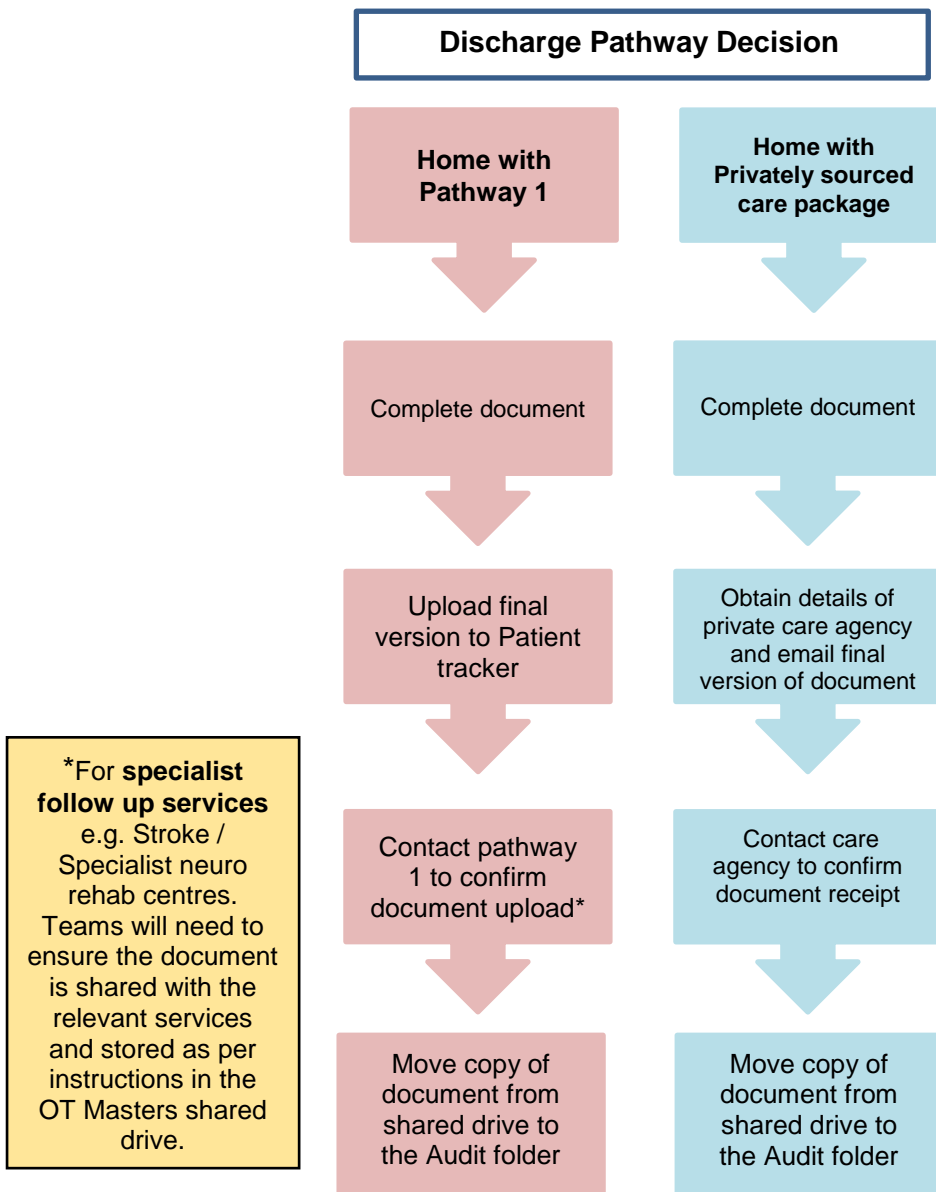


Figure 1.2 Process for transferring OT Safer Moving and handling Discharge Summary to partner organisations

In the event of patients (with capacity) being discharged home via Pathway 0 with family support but with significant moving and handling needs, who require a moving and handling discharge summary, it is strongly advised that a referral to Pathway 1 for “therapy follow up only” is initiated. This would enable ongoing assessment of the patients’ needs in their own environment once discharged from Acute care. This would then close our Duty of Care.

Completion of Occupational Therapy Duty of Care

The following information is taken from the “Professional Standards for occupational therapy practice, conduct and ethics” version 2, RCOT (2021) and supercedes all previous editions of the Code of Ethics and Professional Conduct and the Professional Standards for Occupational Therapy Practice.

You will have fulfilled your duty of care when the patient is discharged from the Trust if you:-

- Ensure patient is aware of any possible risks arising from self-discharging or choosing not to follow your recommendations
- Take reasonable action to ensure patient safety
- Refer the individual to or provide information about an alternative agency, (service) if appropriate
- Inform relevant others, with consent if possible, especially if there is an element of risk remaining
- Arrange for a follow-up, if required and consented to e.g phonecall within 48hrs of discharge
- Comply with all necessary local discharge procedures
- Record the above in the relevant patient care record / documentation, together with any assessment of mental capacity if required.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out? Notes audit to include moving and handling documentation

Who will monitor compliance with the guideline? Senior occupational therapists

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
ALL	Quality of OT clinical documentation evidencing assessment and clinical reasoning re; moving and handling.	Informal and formal documentation audits	3 sets of notes of each therapist to be audited twice per year	Team leaders of each speciality and/or Clinical Leads	Reporting to Clinical Leads and OT Manager	2 times per year
ALL	Initial training on moving and handling documentation followed by yearly update.	Supervisor to observe therapist performing assessment and review of moving and handling interventions and recommendations.	Reviewed against attendance registers at moving and handling training.	Team leaders of each speciality	Clinical Lead and OT Manager	
ALL	Clinical Supervision	Specific case discussion and reflection in supervision	Agreed supervision frequency of the staff member	Clinical Supervisor	Clinical Lead and OT Manager	When required
ALL	Annual Service quality and performance reviews	Quality auditing	Annual	Clinical Leads and Team Leads	OT Manager	Annual

References

- All Wales NHS Manual Handling Passport Scheme – Revised 2020
- Backcare (2011) The Guide to The Handling of People: a systems approach 6th edition Editor: Smith, Jacqui Teddington:Backcare ISBN 13: 9780953058211
- College of Occupational Therapists (2006) Manual handling (Guidance 3). London: College of Occupational Therapists. 363.11 COL <https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/posturalmanagement-and-manual-handling>
- HSE (2016) Manual handling: Manual Handling Operations Regulations 1992 Guidance on Regulations L23 (fourth edition) ISBN 9780717666539
- MHRA (2014) Devices in Practice: Checklists for using medical devices
- RCOT (2020) Equipment briefing
- RCOT: Prescribing Beds for a Domestic Setting Sept 2023 (updated from June 2023)
- RCOT (2017) Keeping Records: Guidance for occupational therapists Third Edition ISBN 978-1-905944-65-1
- Moving and handling <https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/moving-and-handling> accessed 31.01.2022
- What you need to do - Moving and handling <https://www.hse.gov.uk/healthservices/moving-handling-do.htm> accessed 31.01.2022

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Therapy clinical Governance group
clinical specialist occupational therapists at occupational therapy team leads

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance 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 including lesbian, gay and bisexual people	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?	no	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	No	

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 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	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
	Other comments:	N/A

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.