

**Bahrain Defense Force Hospital
Policy and Procedures Guidelines**



Policy No. ACC/004

Initial Released Date: 25 April 2007

Last Reviewed Date: 24 April 2010

Next Revision Date: 23 April 2013

TITLE: Discharge Planning

1. Statement of purpose:

1.1 These policy and procedures guidelines are formulated to direct the staff of the BDF towards planning the discharge of inpatients from inpatient departments.

2. Responsibility:

2.1. Hospital Director, Chief of Medical Staff and Director of Nursing: Responsible for approving and disseminating this policy.

2.2. Chairpersons / Heads of Department / Services, Assistant Director of Nursing and Unit Supervisors: Responsible for disseminating and implementing this policy and for monitoring staff compliance.

2.3. Healthcare Providers and Staff Nurses: Responsible for complying with this policy and having a validated competency if applicable.

3. Policy:

3.1. Discharge Planning starts from admission in conjunction with discharge risk assessment.

3.2 Discharge Planning is an Interdisciplinary effort.

3.3 Discharge planners include the patient, the attending physician and other relevant healthcare providers.

3.4 Discharge planning procedures shall be followed to ensure patients are discharged effectively and efficiently, allowing for optimal utilization of available resources at the BDF hospital.

3.5. The staff nurse in charge of the patient will develop a discharge plan and document this on the patient's medical record.

3.6. The staff nurse may conduct Interdisciplinary case conferences to discuss and address the discharge plans of patients with complex situation.

3.7. The multidisciplinary team members determine when the patient is ready for discharge from their services.

3.8. The multidisciplinary Discharge Plan will remain part of the patient's Medical Record.

4.0. Procedures:

4.1. The Discharge Plan should be completed within 24 hours of admission of the patient by the nurse in charge of the patient.

4.2. The Discharge Plan should be signed by the attending physician within 24 hours of admission of the patient except for long-term / chronic patients (longer than 30 days) who should be reassessed every 7 days.

4.3. Discharge plan should be reassessed by the nurse in charge of the patient every 24 hours before 10:00 hours, except for long-term / chronic patients (longer than 30 days) who should be assessed every 7 days.

4.4. Discharge plan should be reassessed by attending physician or hid designee and the staff nurse in charge of the patient once per month for chronic / long-term patients exceeding 6 months.

4.5. The Discharge plan should be reassessed by other members of multidisciplinary teams every 48 hours until problem is resolved, except long-term / chronic patients who should be reassessed every 7 days.

4.6. Problems or needs to be addressed in the Discharge Plan:

4.6.1. Any health problem which is anticipated to be present at the time of discharge.

4.6.2. Any unresolved issues addressed in the Nursing Care Plan.

4.6.3. Long-term problems, i.e. problems for which resolution cannot be achieved prior to discharge.

4.7. Any problems identified on review are to be added as necessary.

4.8. Once any part of the discharge plan is completed, the date and time should be entered in the Medical Records.

4.9. In the event of identified multiple needs on discharge, the head nurse will arrange a weekly meeting with the concerned disciplines to assess the progress and re-evaluate the patient's readiness for discharge. Authorized family members may be requested to attend as well. A summary of these meetings should be documented in the patient record.

Approvals

Director of Nursing: ----- Date: -----

Chief of Medical Staff: ----- Date: -----

Hospital Director: ----- Date: -----

Director of RMS: ----- Date: -----