

PROMPTS FOR AGREEING PURPOSE OF ADMISSION AND EXPECTED DATE OF DISCHARGE



created with input from the NW Mental Health Acute Care Delivery Group and Dr Ian Davidson, National GIRFT Lead for MH Acute Care



Wherever possible people should be able to access the right care & support for their Mental Health needs in the community. If a hospital admission is needed, this should only be for as long as necessary & a clear purpose of admission & expected date of discharge (EDD) should be agreed with them. Being able to discharge someone as soon as they are clinically ready & reducing the length of time people spend in hospital has increased benefits for all, including more local bed capacity for those that need it & more people being able to receive care closer to home.

PURPOSE OF ADMISSION

- What needs assessing that is not already known or cannot be assessed just as well in the community?
- What is the treatment that is required?
- Was previously successful treatment ceased or no longer working?
- Is this a known type of relapse and, if so, what usually helps the person back to remission quickly?
- Any known new or recent factors in the person's life that may be contributing to this need for admission and needs urgent attention?
- Why is it that the necessary assessment and support cannot be delivered in the community?
- What treatments need to be delivered now in hospital and which can wait until discharge?

PREPARING FOR DISCHARGE ON ADMISSION

- Any other necessary steps required for the person to be able to return to the community as soon as clinically ready?
- Do they need a Care Act assessment and/ or a Section 117 aftercare plan?
- Have they got a residence to return to or do they need new accommodation or support?
- Do they have financial issues which need addressing?
- Do they have other health conditions/disabilities to take into account?
- Do they need reasonable adjustments for anything & are these documented where they are accessible to the inpatient team?

EXPECTED DATE OF DISCHARGE

- The EDD is based on when it is estimated the person should be clinically ready for discharge
- Is the EDD person centred & agreed with the person & their supporters?
- If the person is known is the EDD based on estimated recovery time from identified patterns from previous admissions?
- If the person is unknown what is the usual length of stay for people with similar needs in that service?
- If the person has an EDD of over 60 days escalate on admission as there is a very high risk of the person becoming stranded.
- Don't worry if the discharge date is earlier or later than the original EDD, it isn't a performance measure but collecting this information will help improve individual patient journeys and bed availability