

## SOP33

# The Verification Process to Ensure that the Correct Patient is Discharged to the Correct Destination Standard Operating Procedure

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## 1.0 Standard Operating Procedure Statement (Purpose / Objectives of the standard operating procedure)

### Background to this Standard Operating Procedure (SOP)

The Royal Wolverhampton NHS Trust has a responsibility to ensure that patients are discharged in timely, effective and safe manner, and to avoid reoccurrence of untoward incidents whereby patients have been discharged to the incorrect discharge destination.

This Standard Operating Procedure (SOP) defines the process that is to be followed to ensure that the correct patient is discharged to the correct destination.

This SOP is to be implemented by the Emergency Department (ED), Same Day Discharge Centre (SDDC) and all inpatient wards at New Cross Hospital, West Park Hospital and Cannock Hospital

In adhering to this SOP, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

## 2.0 Definitions

**Care Home:** Residential or Nursing Home

**Discharge:** Conclusion of a patient care spell

**ED:** Emergency Department

**PAS:** Patient Administration System

**PTS:** Patient Transport Service

**RN:** Registered Nurse

**Same Day Discharge Centre (SDD):** a specified area within the New Cross Hospital site to facilitate a timely discharge from the wards. If a patient has been medically or criteria led discharged, they will transfer to the lounge whilst awaiting final arrangements to be made. The centre will also facilitate administration of final treatment doses prior to discharge.

## 3.0 Accountabilities

### 3.1 Matrons

Matrons are responsible for ensuring that all nursing staff within their remit comply with this SOP.

### 3.2 Senior Sister /Charge Nurse

The Senior Sister / Charge Nurse is responsible for:

- Ensuring that the SOP is understood and implemented.
- Ensuring that appropriate processes are in place to ensure the safe and timely discharge of patients from the ward ensuring there is full communication with the patient, the patients' carer/relative, relevant agencies and services.
- Ensuring that any temporary nursing staff, including bank staff are competent to undertake and respond appropriately during the discharge from hospital process following this SOP.
- Auditing practice and SOP compliance within their own clinical area
- Ensure correct discharge address is verified and handed over to all relevant agencies/departments. This may differ from their permanent address if being discharged to a temporary placement therefore PAS will need to be updated and patient labels updated. ([CP04 Discharge Policy Appendix 14](#))

### 3.3 Registered Nurse

- The Registered Nurse (RN) is responsible for ensuring that the actions detailed in the SOP are undertaken prior to discharging the patient and releasing them into the care of the PTS service.

### 4.0 Standard Operating Procedure Detail

4.1 The operational procedure relevant to the department the patient is being discharged from is set out as below:

[Appendix 1: The Verification Process of the Correct Patient Discharged to the Correct Destination: Patients Discharged from Inpatient wards](#)

[Appendix 2: The Verification Process of the Correct Patient Discharged to the Correct Destination: Patients Discharged from the Same Day Discharge Centre](#)

[Appendix 3: The Verification Process of the Correct Patient Discharged to the Correct Destination: Patients Discharged from the Emergency Department \(ED\)](#)

- 4.2 Where there is any discrepancy in the information relating to the patients discharge destination and the RN cannot safely verify that the patient is expected at the discharge address the patient is not to be released into the care of the PTS crew and the discharge deferred until positive verification of the patients discharge address occurs.
- 4.3 The verification process is to be documented in the patients' case notes or relevant patient documentation record (if not discharged from an inpatient area) by the RN signing and placement of the sticker (MI 13049414).
- 4.4. Where it is reported that a patient has been discharged to the incorrect discharge destination the patient must be brought back to the Trust immediately, returning to the ward/department the patient was discharged from. This incident must be reported to the Capacity Team and the Matron for the area or the On-Call Manager (out of hours) If a bed

is not available on the discharging ward or the department has closed the Capacity Team will advise where the patient is to be placed.

The patients discharge will be rearranged once verification of the correct discharge destination has taken place and taking into account the time of day, care home cut off times or package of care call times.

Duty of candour must be undertaken with an explanation of what has happened made to the patient or next of kin.

The discharging ward /department must complete a DATIX and commence an investigation.

## 5.0 Quality Assurance & Monitoring

The quality of care will be monitored through:

- a) Datix Incident reporting
- b) 'My Assurance' suite of audits will be completed as per clinical area guidelines
- c) Feedback from ward areas, colleagues and multi professional team
- d) External visits i.e. Care Quality Commission
- e) Patient and Public Initiative involvement
- f) Patient Safety Team and Senior Matron for Capacity and Patient Flow undertaking a thematic review of discharges
- g) Audits and Complaint: Complaints regarding the operation of the Standard Operating Procedure may be progressed through the Trust's normal complaints/grievance procedures.

## 6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

## 7.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

## 8.0 Maintenance

This SOP will be the responsibility of the Senior Matron for Capacity and Patient Flow It will be reviewed in line with Trust Policy OP01 every 3 years or following any significant changes to the way patients are discharged from hospital.

## 9.0 Communication and Training

- An electronic copy of this policy will be available on the Trust intranet.
- All staff will be notified of a new or renewed policy.

## 10.0 Audit Process

What will be measured to monitor compliance	How will compliance be monitored	Monitoring lead	Frequency
No. of DATIX incidents related to incorrect discharge destination.	Datix	Senior Matron Capacity and Patient Flow	Monthly
The sticker confirming that the Process to verify the Correct Patient to the Correct Discharge Destination has been undertaken and has been placed in notes (MI 13049414)	Matrons	Audit of checklist/patient case notes	Annual

## 11.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

- Discharge Planning – Emergency and acute medical care in over 16's: service delivery and organisation, NICE (2017)  
[<https://www.nice.org.uk/guidance/ng94/documents/draft-guideline-35>]
- Discharge Lounge: Best practice principles. NHS England London Region Discharge Improvement Programme Emergency Care Improvement Support Team (2022)
- Government Legislation (2007), Safeguarding Vulnerable Groups Act

Part A - Document Control

<b>SOP number and SOP version:</b>  <b>SOP33</b>  <b>V1.0</b>	<b>SOP Title:</b> The Verification Process to Ensure that the Correct Patient is Discharged to the Correct Destination	<b>Status:</b>  <b>Final</b>		<b>Author:</b> Senior Matron Capacity and Patient Flow  <b>Chief Officer Sponsor:</b> Director of Nursing
Version / Amendment History	Version	Date	Author	Reason
	1.0	June 2024	Senior Matron Capacity and Patient Flow	New Procedure
<b>Intended Recipients:</b> All departments and inpatient areas discharging patients with the Patient Transport Service (PTS) following an in-patient stay or emergency assessment				
<b>Consultation Group / Role Titles and Date:</b> Matron Group 16/6/24				
<b>Name and date of Trust level group where reviewed</b>		Trust Policy Group – August 2024		
<b>Name and date of final approval committee</b>		Trust Management Committee – September 2024		
<b>Date of Policy issue</b>		September 2024		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		August 2027 - 3 yearly or as required		
<b>Training and Dissemination:</b> As and when required by staff involved in discharge of patients. This will be disseminated via Heads of Nursing, Matrons and all users.				
<b>To be read in conjunction with:</b> <ul style="list-style-type: none"> <li>• CP04 Discharge Policy</li> <li>• CP05 Transfer of patients between wards, departments, specialist Units.</li> <li>• and Other Hospitals</li> <li>• OP67 Patient Escort Policy and OP07 Health Records Policy</li> </ul>				
<b>Initial Equality Impact Assessment (all policies):</b> <b>Completed Yes</b> <b>Impact assessment (as required):</b>				
<b>Monitoring arrangements and Committee</b>		Monitoring Discharge Incidents		
<b>Document summary/key issues covered.</b> All departments and inpatient areas discharging patients with the Patient Transport Service (PTS) following an in-patient stay or emergency assessment at New Cross. West Park or Cannock Hospital.				
<b>Key words for intranet searching purposes</b>			Discharge Verification of Discharge Address Patient Transport Service	

## **Verification of the Correct Patient to the Correct Discharge Address: Patients Discharged Using Patient Transport Service**

### **Appendix 1: Patients Discharged from an Inpatient ward**

**Author: Senior Matron for Capacity and Flow: January 2024**

**Last Review and Update June 2024**

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This process has been developed to ensure that the correct patient is released into the care of Patient Transport Service (PTS) and conveyed to the correct discharge destination

#### **Prior to booking PTS**

- If the patient is to be discharged to their home address the RN will confirm the address with the patient. If the patient lacks capacity the RN will contact the patients next of kin/carer to confirm the address
- If the patient is to be transferred to a care home the RN will contact the care home to check that they are expecting the patient and to confirm the cut off time for the discharge. The confirmation from the care home is to be documented in the case notes.
- If the patient is being discharged to a temporary address PAS must be updated and new labels printed

#### **Upon PTS Crew arrival to collect the patient**

- The ambulance crew will present upon arrival to the department reception desk and inform the staff who they have come to collect.
- The crew will be escorted to the patient they have come to collect by the RN
- The RN will check the patients ID on the patient's wristband.
- The RN will check the patients discharge destination stated in the case notes or relevant departmental patient documentation against the discharge destination provided to the crew. Where there is a discrepancy, the patient is not to leave the department and the difference is to be investigated.
- Once the patient and discharge destination is verified as correct the member of staff can release the patient into the care of the PTS crew
- The RN will complete the 'Verification of Correct Patient to Correct Discharge Address Sticker'. (MI: 13049414) and place in the patient's case notes (or SDDC proforma if patient was received from ED

## **Verification of the Correct Patient to the Correct Discharge Address: Patients Discharged Using Patient Transport Service**

### **Appendix 2: Patients Discharged From the Same Day Discharge Centre**

**Author: Senior Matron for Capacity and Flow: January 2024**

**Last Review and Update June 2024**

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This process has been developed to ensure that the correct patient is released into the care of Patient Transport Service (PTS) and conveyed to the correct discharge destination

#### **On verbal handover to Same Day Discharge Centre (SDDC):**

- The Registered Nurse (RN) will receive patient handover from the ward including discharge destination and document on the verbal handover sheet
- If the patient is being discharged to a temporary address PAS must be updated and new labels printed by the ward prior to transfer

#### **Upon patients' arrival to the Same Day Discharge Centre**

- The RN will check the discharge destination documented on the SDDC Proforma and patient Case notes against the discharge destination address provided on handover.
- Where there is a difference, the RN will contact the transferring ward to clarify.

#### **Prior to booking PTS**

- If the patient is to be discharged to their home address the RN will confirm the address with the patient. If the patient lacks capacity the RN will contact the patients next of kin/carer to confirm the address
- If the patient is to be transferred to a care home the RN will contact the care home to check that they are expecting the patient and to confirm the cut off time for the discharge. The confirmation from the care home is to be documented on the SDDC proforma.

#### **Upon PTS Crew arrival to collect the patient**

- The ambulance crew will present upon arrival to the department reception desk and inform the staff who they have come to collect.
- The crew will be escorted to the patient they have come to collect by the RN
- The RN will check the patients ID on the patient's wristband.
- The RN will check the patients discharge destination stated in the case notes or relevant departmental patient documentation against the discharge destination provided to the crew. Where there is a discrepancy, the patient is not to leave the department and the difference is to be investigated.



- Once the patient and discharge destination is verified as correct the member of staff can release the patient into the care of the PTS crew
- The RN will complete the 'Verification of Correct Patient to Correct Discharge Address Sticker'. (MI: 13049414) and place in the patient's case notes (or SDDC proforma if patient was received from ED

## **Verification of the Correct Patient to the Correct Discharge Address: Patients Discharged Using Patient Transport Service**

### **Appendix 3: Patients Discharged from the Emergency Department (ED)**

**Author: Senior Matron for Capacity and Flow: January 2024**

**Last Review and Update June 2024**

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This process has been developed to ensure that the correct patient is released into the care of Patient Transport Service (PTS) and conveyed to the correct discharge destination.

#### **Prior to booking PTS**

- If the patient is to be discharged to their home address the RN will confirm the address with the patient. If the patient lacks capacity the RN will contact the patients next of kin/carer to confirm the address
- Where the patient has a care package in place the RN is to confirm that the care package has been reinstated and documented in the patients notes (This can be done by the RN/ Patient/NOK/Discharge Facilitator)
- Where an admission avoidance care package has been put into place the RN must confirm that it is documented in the case notes (by the duty Social Worker or Discharge Facilitator)
- If the patient is to be discharged to a care home the RN will contact the care home to check that they are expecting the patient. The confirmation from the care home is to be documented in the case notes.
- If the patient is being discharged to a temporary address PAS must be updated and new labels printed

#### **Upon PTS Crew arrival to collect the patient**

- The ambulance crew will present upon arrival to the department reception desk and inform the staff who they have come to collect.
- The crew will be escorted to the patient they have come to collect by the RN
- The RN will check the patients ID on the patient's wristband.
- The RN will check the patients discharge destination stated in the case notes or relevant departmental patient documentation against the discharge destination provided to the crew. Where there is a discrepancy, the patient is not to leave the department and the difference is to be investigated.
- Once the patient and discharge destination is verified as correct the member of staff can release the patient into the care of the PTS crew
- The RN will complete the 'Verification of Correct Patient to Correct Discharge Address Sticker'. (MI: 13049414) and place in the patient's case notes (or SDDC proforma if patient was received from ED)

Date:..... Time .....

Patient ID verified with  
Transport Service

Discharge destination verified as  
correct with Transport Service

Verified by:.....

Pin No:.....