

20180928 FOI ref 383-1819

Dear Sir/Madam,

Request for information on hospital discharge checklists

I am writing on behalf [REDACTED] as part of a patient flow research project we are undertaking across the UK.

We are looking to update a dataset created by [REDACTED] via FOI relating to hospital discharge checklists.

Under the Freedom of Information Act 2000 please provide the data to fill out the four questions on the next page.

Under the Act I understand that we are entitled to a response within 20 working days of your receipt of this request. I therefore expect responses by a **deadline of October 26th, 2018.**

Please feel free to get in touch with me if you have any questions about this request.

I would prefer to receive the information electronically, sent via email to [REDACTED] under the subject:

Thank you for your assistance.

Kind regards,

QUESTIONS	RESPONSES
<p>1. Do you have a discharge checklist document available for staff to use when patients are leaving your hospital?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>2. If so, when is this discharge checklist completed?</p> <ol style="list-style-type: none"> At point of discharge Within 12 hours before discharge 12 to 24 hours before discharge 25 to 48 hours before discharge More than 48 hours before discharge Other 	<p>Please tick as appropriate:</p> <ol style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If 'Other' please specify: It is used during the course of admission
<p>3. Was this check list developed using guidance issued by Department of Health or NHS England? If so please tick the applicable guidance:</p> <ol style="list-style-type: none"> Achieving timely 'simple' discharge from hospital: A toolkit for the multi-disciplinary team. (NHS) Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care. (DH) Discharge from hospital: pathway, process and practice (DH) Other - please provide the name 	<p>Please tick as appropriate:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If 'Other' please provide the name:
<p>4. If you have a written discharge checklist, does it contain any of the following:</p> <ol style="list-style-type: none"> Method of transport for the patient post discharge If relatives or carers have been informed of the discharge, prior to the discharge If new medicines have been prescribed during the hospital stay If the home environment (where an individual is discharged to) is a suitable place for the patient to recuperate in. If essential food, water, heating are available in home environment If written or verbal advice has been given to the patient If the patient requires a mobility aid (including a wheelchair) 	<p>Please tick as appropriate</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <p>Patients who have continuing care needs also have a check list / hand over form for other health professionals which contains some of the information</p>