



ANMF (Vic Branch) Policy

Admission and discharge (** under review – July 2020 **)

Preamble

Admission and discharge procedures, along with appropriate nurse/midwife to patient ratios, are fundamental to ensuring appropriate clinical nursing/midwifery care is provided to clients receiving care from health agencies which provide inpatient and/or community facilities.

This policy is intended to provide a minimum requirement guideline across all sectors of Victorian inpatient health services.

Consultation and forward planning are essential elements of all admissions and discharges.

Where the term “nursing/midwifery staff” is used, it includes all registered classifications including but not limited to, registered nurse, registered midwife and nurse practitioner.

It is the Australian Nursing and Midwifery Federation (Victorian Branch) policy that:

1. All Victorian public and private health services should have an admission/discharge protocols in place. Such protocols are fundamental in guiding safe, adequate and continuing care across health delivery contexts and to ensuring the effective use of resources.
2. Admission and discharge planning is an interdisciplinary process which should include all relevant health professionals as well as the person receiving care and their carers.
3. Admission of people to health services should only occur where there is an appropriate level and skills mix of nursing/midwifery staff who are rostered and available to provide care, including specialist nursing and/or obstetric care.
4. The director of nursing/midwifery or the nurse/midwife manager of the health service or unit must have the discretionary power to refuse admissions if staffing levels, skills mix and resources in general including the physical environment are not adequate to provide safe care for the person.
5. Any discharge from health services of people requiring nursing/midwifery care should only occur when appropriate nursing services or midwifery/domiciliary services are available in the community to meet the person's care needs as assessed by the community nursing/midwifery/domiciliary service.

Policy

It is the policy of the ANMF (Vic Branch) that the following guidelines must be included in all Admission and Discharge Policies:

1. Admission and discharge processes are managed by the multidisciplinary team. However, nurses/midwives are in the best position by definition of their role and function, to lead this process which includes a comprehensive patient assessment, planning and scope of practice to co-ordinate the implementation and evaluation of such procedures.

2. Discharge planning should commence prior to the admission of elective patients and upon admission of emergency patients.
3. Admission and discharge policies should include at least the following elements:
 - 3.1 a clear role statement for the health agency;
 - 3.2 procedures for monitoring workload capacities, including staff patient ratios, skill-mix and nursing staff availability for the ensuing 24 hour period;
 - 3.3 a process in relation to emergency department direct and elective admissions which must adhere to these principles;
 - 3.4 admission and discharge monitoring mechanisms;
 - 3.5 evaluation or quality management criteria;
 - 3.6 recognition of the co-ordinating role of nurses in wards and community settings; and
 - 3.7 provision made to involve patient/consumer in the discharge process.

4. Monitoring

To ensure effective use of hospital and community resources, admission and discharge procedures should be monitored by a specifically convened committee which will review all unplanned discharges/admissions incident reports forwarded to it and make recommendations to the appropriate service head for corrective action. Processes should be in place for assistance from the area manager/s if Service Heads are unable to resolve the matter.

- Admission and Discharge Policy procedures must have a reporting mechanism via a specific incident report which will be provided to the monitoring committee.

5. Admission and discharge committees should:

- 5.1 be multidisciplinary;
- 5.2 establish clear terms of reference;
- 5.3 have delegated authority to investigate and regulate all admission and discharge procedures;
- 5.4 include nurses from clinical and management areas;
- 5.5 include nurses/midwives and other staff with knowledge of community resources and services;
- 5.6 be integrated with utilisation review mechanisms including casemix funding and quality management procedures;
- 5.7 ensure all relevant staff are educated in admission and discharge planning including pre admission clinics;
- 5.8 include both ANMF and management representation to monitor effectiveness of policy implementation; and
- 5.9 report via formal mechanisms on a regular basis to the Chief Executive Officer, the Director of Nursing/Midwifery and the Medical Director.

6. Priorities for admission

Emergency admissions must take precedence over elective admissions when bed availability is limited.

7. Elective admissions

- 7.1 Each admission should only occur on the basis of available beds including consideration of the number and experience of nurses in each shift and their current workload.
- 7.2 Elective patients must not be admitted directly to the operating suite if there is not an appropriately designated bed available at the time of admission.
- 7.3 If sufficient human resources are not available at unit level, the Nurse/Midwife Manager will contact the nursing/midwifery coordinator (however titled) on duty at that time regarding the availability of suitably qualified and experienced nurses/midwives from elsewhere.
- 7.4 If there are insufficient human resources available, a decision to close the bed is made in conjunction with the Nurse/Midwife Manager and the nursing/midwifery coordinator (however titled).
- 7.5 The final agreed unit decision regarding elective admissions should be conveyed to the Admitting Officer and the Bed Allocation Co-ordinator as soon as practicable each day.

8. Emergency admissions

- 8.1 The Charge Nurse/Midwife Manager will contact the nursing/midwifery coordinator (however titled) requesting extra staff resources 8.2. If adequate nursing/midwifery resources cannot be provided, the ward will not accept the emergency patient.
- 8.3 Where the appropriate ward has no beds or cannot accept the patient due to insufficient nursing/midwifery resources, the designated officer responsible for admissions (however titled), will admit the patient as a boarder/outlier to a ward with unused capacity. If the selected ward does not have the specialised nursing/midwifery expertise for patient care, the admissions person will ensure the appropriately experienced Medical Registrar attends the ward to advise nursing/midwifery staff.

9. Discharge procedures

- 9.1 Discharges (other than day surgery cases) should not occur without at least 8 hours' notice and up to 24 hours' notice if the discharge is to occur on a weekend.
- 9.2 Community Nursing Services or HITH must be available at the time of discharge or within an acceptable timeframe if in the judgement of the nurse and/or doctor discharging the patient – those services are deemed necessary for successful discharge.

10. Discharge procedures require a checklist that must be activated 8 hours prior to discharge. Where the duration of the admission is expected to be less than 8 hours, it must be activated immediately upon admission. The checklist must include the following:

- 10.1 discharge prescriptions written and sent to pharmacy;
- 10.2 referrals to HITH, District Nursing or other community nursing or domiciliary service processed;
- 10.3 referrals to Maternal and Child Health nurses where appropriate;
- 10.4 referrals to Mental Health/Psych community services/teams where appropriate;
- 10.5 all allied health aid requirements assessed and supplied eg: crutches, frames, etc;
- 10.6 wound dressings supplied or patient provided with written information regarding needs;
- 10.7 all community service referrals completed eg: meals on wheels, etc;
- 10.8 referrals to domiciliary care completed;
- 10.9 all relevant outpatient appointments made;

- 10.10 relatives notified of impending discharge;
- 10.11 suitable transport arrangements made;
- 10.12 ensure written patient education is addressed;
- 10.13 referral to GP completed; and
- 10.14 the patient is not discharged into homelessness.

All of the above should be completed where possible during normal business hours so that clerical staff can assist where appropriate.

- 11. Discharge of individuals from in-patient health agencies should occur only when appropriate community nursing services or other appropriate community resources including transport and carers are available to meet the individual's assessed needs.