University Hospitals of Leicester NHS
NHS Trust

Policy for the Discharge of Patients to Residential Homes, Care Homes or Community Hospitals prior to TTO Medicines being available

Approved By:	Policy and Guideline Committee
Date of Original Approval:	21 September 2018
Trust Reference:	**B19/2018**
Version:	V3
Supersedes:	V2 – August 2020
Trust Lead:	Alison Davis, Clinical Quality Lead Discharge Improvement
Board Director Lead:	Medical Director
Date of Latest Approval	16 August 2024 – Policy and Guideline Committee
Next Review Date:	**March 2028**

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW.

V3 - Addition of Updated Outlying flow chart at front of policy. Additions to roles and responsibilities. Change to audit responsibilities. Strengthening of consideration to risks in line with OPEL triggers for policy to be implemented.

KEY WORDS

TTO (TO TAKE OUT), Discharge, Medicines, Medication, Transport, Drugs, ID – Identification, OPEL – Operational Pressures Escalation Level

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Discharge of Patients prior to TTO Medications being Available

Clinician has written TTO letter prior to patient being discharged

No TTO Written- **DO NOT** DISCHARGE PATIENT

Discharge discussed with Pharmacy

Pharmacy is able to meet the agreed 'Cut Off' time for the patient
- Process 'As usual' with medication going with the patient
- **DO NOT** use this policy

Pharmacy is unable to meet the agreed 'Cut Off' time for the patient

Ward /Discharge co-ordinator to contact the Duty Flow and capacity Team to raise the issue and discuss the potential use of the policy

Check the inclusion criteria, ensure patient has 12 hrs of medication available in case of delay

If any risks identified then **DO NOT** use this policy and patient will need to be discharged the following day. Rapid discharge patients are not to be included in this policy

Inclusion criteria MET approval provide in line with policy

Inclusion Criteria:

TTO written prior to discharge **AND** Being discharged to:

- Residential Home,
- Care Home or
- Community Hospital

AND No risks identified from Medication risk Assessment

- Duty Flow and Capacity Team to record Patient details and exceptional circumstances for transporting TTOs
- Ward staff **MUST** confirm:

-Delivery address

Telephone number

- Who will accept the delivery?

- Site Duty Flow and Capacity Team to arrange transport. Timescales will be confirmed to Discharge Lounge/Ward to advise the Residential Home, Care Home, and Community Hospital of delivery time.
- All TTOs must be stored in a secure, locked cupboard (separate from ward stock) until required for collection by transport provider Controlled drugs must be kept in CD cupboard
- Transport provider to collect TTO from discharge ward

Non-compliance with this process and policy must be escalated to avoid omitted doses of time critical medicines. A Datix must be completed.

spitals of Leicester (UHL) NHS Trusts
of Patients to Residential Homes, Care

Homes or Community Hospitals prior to TTO (To Take Out) Medicines being available.

1.2. Standard practice within UHL is for patients to be discharged from hospital with an accurate TTO letter and all of the medicines required for their continued care. This ensures that patients have all the information they require when they go home and no delays with medications or omitted doses.

1.3 It is recognised that the discharge process is a complicated multifactorial process. In some patients the TTO is a part of a larger package of care which ensures a safe discharge. In exceptional circumstances patients may need to leave UHL prior to the medicines part of their TTO being ready to avoid complex Residential Home, Care Home or Community Hospital placements being lost due to delays to discharge.

1.4 With correct discharge planning, good communication about the TTO letter and discharge cut off times the need to utilise this policy should be exceptionally rare.

1.5 There will be occasions when it is necessary to implement this policy. These occasions will be decided by the UHL site management team during tactical command meetings held regularly throughout the day. In order for this policy to be activated the Trust should have declared OPEL 3 and have patients at significant risk of not being able to access services within the emergency department.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to all staff working for UHL, those staff working in a contracted capacity and staff contracted with partner agencies or NHS Trusts working within UHL.

2.2 This policy is intended to be used when UHL are choosing to discharge a patient that meets the inclusion and exclusion criteria prior to their TTO medication being ready.

2.3 This policy if intended to be used for UHL in-patient ward areas only. Triage areas e.g. CDU, ED or GPAU are excluded from this policy.

2.4 This policy is **not** intended to be used when a patient doesn't want to wait for their medicines. In this instance they need to come back to collect their medication later.

3 DEFINITIONS AND ABBREVIATIONS

3.1 **TTO (To Take Out)** medications that Patients are prescribed on discharge from hospital (Discharge medications)**.**

3.2 **OPEL Levels** Operational Pressures Escalation Levels in line with CMG bed management contingencies; refer to UHL Capacity and Flow Escalation Plan including Whole Hospital Policy.

3.3 **The SAFER Patient Flow Bundle (SAFER)** is a practical tool to reduce delays for patients in adult inpatient wards. The bundle blends five elements of best practice to reduce length of stay and improve patient flow and safety and is used in conjunction with the Red2Green Bed days approach.

3.4 **OOH** Out of Hours.

3.5 **ID** Identification.

4 ROLES-WHO DOES WHAT

4.1 **The Medical Director is the Lead for this Policy.**

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4.2 Chief Pharmacist/Deputies

- To ensure this policy complies with the Trust Medicines Code and is in the best interest of patient's medicines management needs.
- To support Pharmacy staff to operationalise this policy to support. safe discharge of patients and support any issues or concerns raised.

4.3 Site Duty Flow and Capacity Managers

- To be familiar with the policy and procedure.

  To ensure that this policy is complied with and only patients who meet the inclusion criteria are approved.

- To ensure that all patients approved through this policy are recorded and followed up for assurance that the TTO was delivered and arrived as intended in a timely manner.
- To monitor compliance and support clinicians with any issues or concerns that may be raised.

4.4 CMG Clinical Directors and Head of Operations/Deputies

- To be familiar with the policy and procedure.
- To review use of the policy with individual CMGs and support clinicians to improve practice to reduce use of the policy or address any issues or concerns.
- Anticipate discharge and encourage junior doctors to write discharge prescriptions the day prior to discharge (see SAFER patient care bundle).

4.5 Heads of Nursing/Matron

- To support Nursing staff to operationalise this policy to support safe discharge of patients and support any issues or concerns raised.
- To undertake risk assessment when discharging patient to residential/Nursing home /community hospital prior to medication being dispensed.

4.6 Nursing Staff

- The NMC standards guide nurses in safe and effective medicines management. They stress understanding medication safety, communication, accountability, record-keeping, professional development, and patient education. Adherence to these standards reduces medication errors and enhances patient safety.
- Know every patient's Expected Discharge Date (EDD) and work to this. Challenge situations where patients have no EDD.
- Anticipate discharge and encourage medical teams to write discharge prescriptions on the day prior to discharge, supported digitally to prevent batching.
- To challenge inappropriate requests to discharge patients without TTO medications and champion the patients' best interest.
- Ensure patient has at least 12 hrs of medication available on discharge in case of any delays in delivering medication. Complete medication risk assessment and if there are any concerns regarding the transfer of patient without their medication, then do not use this policy. Rapid discharge patients are exempt from the policy.

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- Ensure that the relevant information is given to the patient and/or carer regarding the TTO delivery arrangements**.**
- Contact Residential/Nursing home/community hospital to ensure they have next dose of medication available if there is a significant delay in TTO being dispensed from pharmacy. Liaise with pharmacist to prevent duplicate calls.
- Utilise Home today function on nerve centre.
- Highlight cut off times for transfer of care to pharmacist.
- Report any errors or incidents which occur as a result of the use of this policy via Datix (PSIRF).

4.7 Pharmacy Staff

- As in section 4.6 for Nursing staff.
- To support the ward team to complete TTOs in a timely manner to aim to avoid the use of the policy where possible by attending board round.
- Screen and approve TTO prescription to ensure dispensed in timely manner preventing need for policy.
- To challenge inappropriate requests to discharge patients without TTO medications and champion the patients' best interest.
- Prioritise discharge medicines as urgent work and over other routine activities.
- Contact Residential/Nursing home/community hospital to ensure they have next dose of medication available if there is a significant delay in TTO being dispensed from pharmacy. Liaise with nursing staff to prevent duplication of calls.
- Report any errors or incidents that occur as a result of this policy.
- Ensure patient has at least 12 hrs of medication available on discharge in case of any delays in delivering medication. Complete medication risk assessment and if there are any concerns regarding the transfer of patient without their medication, then do not use this policy.

4.8 Medical Staff

- As in section 4.6 for Nursing staff.
- Attend Board Round and anticipate discharges and write TTO’s accordingly.
- To write TTOs in a timely manner and prioritise those with complex discharges to minimise the need for the use of this policy.
- Maintain responsibility for the care of the patient till the TTO medicine is delivered and the discharge process is complete.
- Act on any request for changes to the TTO to facilitate this policy in a timely manner, especially Out Of Hours (OOHs).

4.9 Discharge Co-ordinators

- Anticipate discharge and encourage junior doctors to write discharge prescriptions the day prior to discharge (see SAFER patient care bundle).
- To discuss all patients approved through this policy with the relevant clinical teams. Liaise with the relevant teams to facilitate the process of a safe and efficient discharge.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 All requests must follow the process outlined in the flow diagram on page 3.

Key points
• Ensure the patient meets the inclusion criteria • The TTO must be written prior to the patient being discharged and authorised by a pharmacist • All requests must be formally approved through the Site Duty and Flow and Capacity Team • Confirm the delivery address and inform them of the estimated time of delivery • Contact nominated individual and confirm TTO has been delivered

5.2 Requests for Discharge Medications to be delivered

- All requests must be formally approved via the Site Duty Flow and Capacity Management team following the process outlined in the flow diagram.
- Pharmacy must be informed that the TTO is to be delivered via the nominated UHL transport provider. The TTO must be collected from the patient's ward, by the nominated UHL transport provider.
- There is no Discharge Lounge at the LGH/LRI. GGH discharge coordination centre is closed after 6pm weekdays and at the weekend.

5.3 Confirmation of delivery address

Once it has been agreed that the transport provider will be delivering the patients TTOs the following **must** be confirmed:

- Pharmacy contact name and number in case of any issues.
- Patient details.
- Confirmed delivery address.
- Contact telephone number of receiving nominated individual.
- Person who will accept delivery they must be over 18 years of age and have photographic ID.
- Estimated time of delivery will be confirmed once the transport has been arranged.

Important note for patients being discharged to places OTHER than pre admission place of residence.

For patients being discharged to a new address (New Residential home, New Care home or a Community Hospital) it is essential to confirm the delivery address as this will be a different address to the address listed on Addressographs and, Nerve Centre. It is essential that the new address is updated on these systems.

5.4 Safe Storage, Collection and Return

- All TTOs must be placed in a secure, locked cupboard (separate from ward stock drugs) until required for collection by the transport provider.
- TTOs will be collected by the transport provider from pharmacy and delivered to the nominated individual at the nominated address.

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5.5 TTOs containing Fridge Items

All requests for delivery of TTOs which contain a Fridge Item must be clearly labelled as such and must be highlighted to the transport provider when making the request.

- Yellow FRIDGE ITEM stickers must be placed on the TTOs.

5.6 Unable to deliver items

- If the transport provider is unable to deliver a TTO they must contact the main hospital pharmacy for further instructions on 0116 258 5566.
- An attempt must be made to contact the Residential home, Nursing home or Community Hospital to inform them that the TTOs are at the nominated address awaiting delivery.
- If contact is made and a nominated address is available within a reasonable time frame advise the transport provider to wait, re-deliver at a specific time or return to the TTO to the Trust (professional judgement must be used).
- Any TTOs which are unable to be delivered must be returned to the pharmacy at the respective site for safe secure storage until such point that it can be re-delivered or collection can be arranged.

5.7 Discrepancies or errors on the TTO prior to delivery

- Any identified discrepancies or errors with TTOs must be escalated to the Nerve Centre coordinator/Duty Management team (Contactable via switchboard) for immediate attention to prevent further delays.
- These must then be addressed as a priority by the nurses, clinicians and pharmacy team.
- All incidents to be reported via the Trusts 'DATIX' (PSIRF) reporting system.

5.8 Incidents or errors after leaving UHL premises

- Any identified incidents or errors that occur once the TTO has left UHL premises must be escalated to the Pharmacy team for immediate attention to prevent harm.
- During working hours the ward Doctor, Nurse and Pharmacist can be contacted.
- to resolve any TTO errors.
- Out of hours the discharging ward must be contacted in the first instance. Depending on the problem the on-call pharmacist can be contacted via switchboard or the Responsible Medical Team can be contacted via Nerve Centre.
- These incidents must then be addressed as a priority by the nurses, clinicians and pharmacy team.
- All incidents to be reported via the Trusts 'DATIX' (PSIRF) reporting system.

5.9 Inappropriate use of the policy

- All staff must comply with the inclusion and exclusion criteria listed within this policy at all times. Under no circumstances should staff feel under

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pressure to discharge patients without their TTOs if this policy has not been followed.

- If any member of staff is concerned about the request being made then this must be escalated to their line manager through to the relevant senior managers to discuss at operational command.
- A DATIX (PSIRF) must be completed and these will be reviewed, as per section 7, to understand the reasons and rational for such requests to avoid future incidents.

6 Education and Training Requirements

6.1 There are no formal education and training requirements for the implementation of this policy.

6.2 This policy is on **INSite, UHL CONNECT** Trust Reference B19/2018

7 Process for Monitoring Compliance

7.1 It is the responsibility of the Head of Capacity and Flow to ensure compliance with this policy and procedure through the following performance indicators/audit standards:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Number of patients using policy	Head of Capacity and Flow	Booking Records	**Quarterly**	**CMG Quality and Safety Boards/ Medoc**
No. of medication incidents related to patients discharge without their TTOs not meeting inclusion criteria	Head of Capacity and Flow	DATIX Reporting	Monthly for initial period	Medoc Head of Capacity and Flow

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8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- Leicestershire Medicines Code (Available on UHL Connect).
- NMC Standards for Medicines Management: Ensuring safe and effective patient care (2023).
- Rapid Improvement Guide to: Optimising medicines discharge to improve patient flow (2016).
- EMED Winter Scheme models designed with prevention and effective discharge in mind.
- Pharmacy and Medicines Optimisation: A Toolkit for Winter 2018/19 NHS England/NHS Improvement.

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.2 The updated version of the Policy will be uploaded and available through UHL connect, documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

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Appendix 1 Medication risk assessment

Patient name

Address

DOB

NHS number

	Yes	No	Action Taken
Confirm OPEL level is 3 or above			
Confirm patient has 12 hours of medication prior to discharge in case of delay in delivery			
Is the medication prescribed available from pharmacy?			
Are medicines requiring low temperature storage kept in the refrigerator pending delivery and during delivery?			
Are controlled drugs stored separately from TTO. Ensure all medicines are given to UHL transport provider and that controlled drugs are secure in vehicle			
Is medication supplied to end user in presentation that is ready to use?			