Rapid Discharge Planning Pathway

Palliative Care Clinical Care Programme
What is the aim of RDP?

To facilitate a safe, smooth and seamless transition of care from hospital to community for persons who have expressed a wish to die at home.
What is the rationale for rapid discharge planning (RDP)?

- Driven by the wishes of the person and their family/carer.
- When a clinical situation has changed and there is an urgent request to enable the person to die at home.
- Part of HSE Integrated Discharge Planning.
What is the purpose of the RDP document?

To:

- Support the wishes of the person and their family/carers.
- Provide a framework for collaborative working across primary and secondary care.
- Support effective communication between all key stakeholders.
- Facilitate the involvement of appropriate professionals to coordinate the continuing care.
Who does the RDP involve and concern?

- All health and social care professionals working in the HSE and in any organisation providing services on behalf of the HSE.

- People affected by the guidance i.e. service users and their families/carers, and the general public.
What are the steps in RDP process?

**Step 1**
The Person chooses to die at home

No anticipated post mortem or organ donation

**Step 2**
Doctor confirms it is appropriate and the Family/Carer support

Doctor documents in person’s notes

**Step 3**
CNM identifies Lead Nurse to coordinate

Lead nurse identified from person’s ward/unit

**Step 4**
Lead Nurse implements process

Lead nurse leads on implementation of RDP action plan

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Contact GP, PHN/DoN and other members of the primary care and/or specialist palliative care team as soon as possible.

The GP and PHN/DoN: may confirm that rapid discharge is appropriate

Contingent on certain supports/services

Poses a clinical risk to safety or well-being

Rectify and proceed

Rectify and proceed or

Unable to rectify, abandon and discuss with patient, family and team

Proceed with plan
What are the next arrangements to implement?

Within 24 hours before discharge:

**Primary Care Team**
- Liaise with GP/PHN/DoN
- Develop care plan
- Liaise with MDT
- Fax copy of prescription to GP & community pharmacy

**Ambulance**
- Liaise with Ambulance Service re:
  - Transport arrangements
  - Ambulance letter

**Equipment**
- Organise equipment
- Medical supplies
- Write nursing discharge letter

**Family**
- Support family
- Clarify expectations
- Provide carer education
Liaison with Hospital/Community MDT

Physiotherapy Dept:
As appropriate

Medical Social Work Dept re:
• Assessment and addressing of psychological needs
• Essential practical needs

OT Dept re:
Essential equipment

Community Pharmacy re:
• Unlicensed meds
• Meds difficult to source
• Meds not on GMS

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What are the considerations when planning with CNS in Palliative Care?

- Is Night Nursing Service required?
- Is Community Specialist Palliative Care Team (SPCT) required?
- Advise re complex needs for potential symptoms
What is the role of the NCHD in RDP planning?

The NCHD will:
- Write discharge letter.
- Write prescriptions - regular medications/p.r.n. medications (24 hours prior to discharge).
- Contact GP re verifying and issuing the certificate of cause of death.
- Complete section in ambulance service letter.
What are the Final Actions?

On discharge:

**Letters to:**
- GP,
- PHN/ DoN
- SPCT
- Other member of the primary care or specialist teams as appropriate.
- Letter to Ambulance Service including DNAR order as appropriate.

**Syringe pump:**
- Change immediately prior to discharge if in use.

**Prescriptions:**
- Hand to family unless transferring to residential care facility.
What information can I find in the RDP Document?

- Detailed outline of rationale and process.
- Outline of roles and responsibilities.
- Information regarding actions when anticipated post mortem is anticipated or agreement for organ donation.
- Useful links to resources.
- Useful suggested templates and flow-chart of process.
- Frequently asked questions.
Please visit: www.hse.ie/palliativecare to download RDP document and for further information on the HSE Palliative Care Clinical Care Programme.