

AH1060 – DISCHARGE OF VULNERABLE EMERGENCY DEPARTMENT PATIENTS

1.0 PURPOSE

To ensure a standardized approach to discharging vulnerable patients from Interior Health (IH) Emergency Departments (ED).

2.0 DEFINITIONS

TERM	DEFINITION
Financial Hardship	When a patient feels payment for transportation home from the ED may result in the patient or patient's spouse being unable to pay for other basic means.
Vulnerable Patients	May include frail, elderly, mentally or physically challenged, unaccompanied minors, victims of assault, Financial Hardship, cognitive impairment due to medical treatment which affects ability to function independently, mental health/substance use issues and/or homeless.

3.0 POLICY

3.1 Scope

All Vulnerable Patients presenting to an ED within IH.

3.2 Discharge Plan Documentation

ED staff to ensure that all Vulnerable Patients presenting to the ED will have a discharge plan documented on their chart that includes an assessment of supports required for a safe care transition and the most appropriate mode by which transport will occur.

3.3 Discharge Responsibilities

- The ED Physician is responsible for discharging the patient from the ED.
- Prior to the discharge of any Vulnerable Patient, ED staff will assess the patient to determine whether supports are required for a safe care transition using the prompts in the Discharge Section of the Emergency Nursing Assessment Record (ENAR) #826066.

4.0 REFERENCES

1. British Columbia Ministry of Health Services (2014). *Policy Communique: Discharge Planning for Vulnerable Emergency Department Patients*. 2014-01

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2. British Columbia Ministry of Health Services (2010). *Policy Communique: The Provincial Framework for Patient Ground Transfers*. 2010-05
3. Fraser Health Authority (2014). *Discharge of Vulnerable Emergency Department Patients Policy*
4. Medivan (2014). *Transfer of Care Policy*
5. Samuels-Kalow, M. E., Stack, A. M., & Porter, S. C. (2012). *Effective discharge communication in the emergency department*. *Annals of Emergency Medicine*, 60(2), 152–159.
6. *What you need to know about fees for patient transportation*. Retrieved from: http://insidenet.interiorhealth.ca/infoResources/forms/Documents/825090_English.pdf
7. *Patient transport fees brochure*. Retrieved from: <http://insidenet.interiorhealth.ca/Clinical/transport/PTO/Patient%20Transport%20Fees%20Info%20828368.pdf>

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APPENDIX A – DISCHARGE PLANNING GUIDELINES

1. Discharge Planning considerations:

- Discharge plans are developed in collaboration with patient and/or their family/support person.
- Complete and sign the discharge section of the Emergency Nursing Assessment Record (ENAR) form #826066.
- Safety concerns raised by the patient, family and staff should be addressed and documented to ensure appropriate patient and family centered care.
- If a patient requires assistance after leaving the ED (i.e. mobilizing, transferring, medication administration, etc.) contact family/support person to:
 - a) Escort patient home to ensure they arrive safely and have needed supports in place;
 - b) Meet the patient at home, if transported home by ambulance, alternate service provider or taxi; or
 - c) Advise family/support person of the patient is being discharged home via alternate services provider or taxi.
- Patients awaiting transport home will do so in an area under the care of ED staff.
- For elderly patients, contact discharge planning/ transition team (if available) for assistance with discharge issues.
- If necessary, ensure referral is made to Community Services/Urgent Response or other support programs.
- If patient does not have a home/shelter to go to, contact social worker if possible to address this prior to discharge.
- Every effort should be made to ensure patient is discharged with appropriate clothing suitable for current weather conditions and mode of transportation.
- Holding patients in the ED for social reasons is not encouraged due to negative impact on access for other patients, and risk of exposure to communicable diseases; however, this must be weighed with the need to ensure that a safe care transition can be achieved.
- If it is determined that it is not safe for the patient to be discharged under the current circumstances, ED staff should exercise professional judgment to determine the safest option for the patient. If necessary, this may involve delay in discharge from the hospital.

2. Transportation:

- ED Staff to ensure arrangements have been made for safe transport prior to discharge. Weather, distance from home, patient's health and financial status, etc. should be taken into consideration.
- Most appropriate mode of transport for the patient must be considered and relayed to patient and family/support person. ED staff to assist in arranging transportation options, as necessary. Patient/family support person must be informed of cost (if any)
- Patients who do not have their own mode of transportation or do not have family/support person(s) to pick them up can use the following transportation modes based on the clinical judgment of the emergency staff and patient's ability:
 - Local transit (bus pass can be offered)
 - Taxi – if patient is alert and oriented and bus is not appropriate (voucher can be offered)

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- Alternate Service Provider – stretcher service – if patient is vulnerable or concerns regarding mental cognition (patient/family or support person must be informed of cost)
 - BC Ambulance Service – if medical attention is required en route, or the patient is vulnerable and there is no other safe option (patient/family or support person must be informed of cost)
3. Education Prior to Discharge:
- Ensure patient (or family/support person) understands physician's orders for follow-up care and medication prescriptions.
 - Ensure education appropriate to the patient's condition has been provided and documented. Consider the Mental Health Substance Use Meditech referral form, the Emergency Nursing Assessment Record or the ED Patient Discharge form #826238
 - Written take home instructions are printed from the ER Patient Handouts education catalogue on the InsideNet as appropriate and provided to patient
(<http://insidenet.interiorhealth.ca/Clinical/emergservices/Pages/PatientEd.aspx>)
4. Referrals Post Discharge:
- The agency/provider (e.g., home care, outpatient IV program, physician/nurse practitioner) must be notified by emergency staff to inform them of requirements/referrals).

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