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Ministry of Health

Directorate General of Khoula Hospital
Directorate of Nursing Affair

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Patient Discharge Guideline
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Acronyms:

ANP	Advanced Nursing Practice
CGC	Clinical Guideline Committee
DGKH	Director General Khoula Hospital
DP	Discharge Planner
ID Band	Identification Band
LAMA	Leaving Against Medical Advice
MOH	Ministry of Health
NICU	Neonatal Intensive Care Unit
PRO	Public Relation Officer
ET	Endotracheal Tube
PEG	Percutaneous Endoscopic Gastrostomy
OPAT	Outpatient Parenteral Antimicrobial Therapy

1. Definitions

- 4.1. **Discharge planning** is a systematic process begins at admission and continues throughout patient stay in Health Care Institution, for preparing him/her to leave the health care Institution with continuity of care.
- 4.2. A **Hospital Discharge**: occurs when patient leaves the hospital after receiving complete acute care treatment, get transfer to other health care level or discharge home.
- 4.3. **“Unknown patients”**
 - 4.3.1. The patient whose identity cannot be ascertained at the time of arrival to the hospital
 - 4.3.2. Patients without any personal, family, or other identification details
- 4.4. **Outpatient Parenteral Antimicrobial Therapy** is the provision of intravenous antibiotics used to treat infection in an outpatient or community setting as a comparable and safe alternative to inpatient care in medically stable patients.
- 4.5. **Medical Rehabilitation Services Department** : includes four specialties in DGKH: physiotherapy, Occupational therapy, Podiatry and Speech and Language Therapy,

Patient Discharge Guideline

Chapter 1

2. Introduction

Preparing patients to transit effectively from the hospital setting to their pre hospital environment is one of the major challenges for health care team. This process needs careful planning and continuing assessment of the individual's needs during his/her stay with multidisciplinary team anticipation.

3. Purpose

The aims of this guideline are:

- 2.1. To standardize the process of patient discharge from the hospital.
- 2.2. To facilitate safe, effective and timely discharge of patients from the hospital.
- 2.3. To ensure effective communication between primary, secondary, tertiary and community health care services.
- 2.4. To prepare patient and caregiver for safe home discharge.
- 2.5. To ensure continuity of patient care after discharge

4. Scope

This is a guideline of DGKH applies to all health care professionals and PRO who are involved in patients discharge process.

Chapter 2

5. Structure

The guideline of the DGKH to ensure that all following steps are implemented further to that:

- 5.1. Discharge plan and the estimated date of discharge should be initiated and documented at the day of admission by the treating team according to the patient's condition.

- 5.2. Patient should be cleared from other specialties (if involved) before discharge and it has to be documented in Al Shifa system.
- 5.3. All discharge summaries should be ready before 13:00hrs on the day of discharge.
- 5.4. Expatriate patients should be reported to discharge planner and followed up from the admission day to clear their payment issues prior to discharge day.
- 5.5. If the patient is for transfer to another hospital, the treating doctors should discuss the case with the doctors in the concerned hospital, and acceptance of transfer should be documented in Al Shifa system after discussion.
- 5.6. Bed manager in Khoula Hospital should discuss with the bed manager in the concerned hospital regarding bed availability.
- 5.7. All referrals should be prepared in a timely manner by the treating unit doctor.
- 5.8. Patients who need continuity of care at home by Community Health Services, should be prepared according to the following:
 - 5.8.1. Referral to the Community Health Service should be documented by the treating doctor to the local Health Center.
 - 5.8.2. Discharge planner should liaise with the concerned Community Health Nurse.
- 5.9. If adult patients want to leave/discharge against medical advice (LAMA) the PRO should be informed as **per leaving Against Medical Advice Policy and Procedure**.
- 5.10. In case of LAMA for pediatric patients:
 - 5.10.1. PRO should be informed.
 - 5.10.2. Case should be reported to child protection team
 - 5.10.3. Form of acknowledgement to complete the treatment of a child at another hospital should be filled (see appendix 1) as **per Clinical Guidelines on Child Abuse and Neglect**.
- 5.11. Absconded patients should be discharged from Al Shifa system by the treating doctor after 24 hours from the absconding time.
- 5.12. If patients refuse to discharge home/ transfer to other hospital, the discharge planner, social worker and PRO should be informed.

- 5.13. Repatriation process for expatriate patient should be done by the PRO and followed up by the discharge planner.
- 5.14. For expatriate paying patients, Finance Department should follow up the billing formalities from the day of admission.
- 5.15. Expatriate patient who are planned to be transferred to the periphery hospitals/ discharge/ repatriation should be cleared by Finance Department one day prior to the discharge/transfer.
- 5.16. At time of discharge for a neonate, the child health record should be issued and filled with the baby's detail and immunization appointment details should be explained to the parents.
- 5.17. The staff nurse should ensure that the following documents are available:
 - 5.17.1. Discharge summary
 - 5.17.2. Discharge medication as prescribed
 - 5.17.3. Appointment slips, if required.
 - 5.17.4. Sick leave form, if required.
 - 5.17.5. Radiology films or images in CD (if requested by the patients/ relatives)
 - 5.17.6. Referral slips, if required.
 - 5.17.7. Health education pamphlet or leaflet, if available.
- 5.18. Doctor's progress notes, discharge summary, nursing notes and nursing care plan should be completed before the discharge.
- 5.19. Patient's caregivers and multidisciplinary team should be involved in health education according to the patient's need. (e.g. special diet , physiotherapy)
- 5.20. Patients/relatives should be educated regarding all essential aids and equipments which have been provided to them.
- 5.21. Patient and caregiver should be trained for necessary skills as needed e.g. ET suction, NGT/PEG feeding, injections administration, positioning and wound dressing.
- 5.22. Caregiver should be aware that the enteral formula is not provided to the patient after discharge.
- 5.23. Patient/ caregiver should receive a proper explanation regarding appointments and discharge medication

6. Responsibilities

6.1. The Directors/Heads of Departments shall:

- 6.1.1. Ensure all the staffs are aware of the discharge guideline and implementing it effectively.
- 6.1.2. Monitor and audit the effectiveness of the discharge tool and practice.

6.2. The Consultant/ doctor shall:

- 6.2.1. Ensure that all patients admitted under their care have the discharge plan from the day of admission.
- 6.2.2. Ensures that the patient is referred to the required department as per the patient needs as soon as possible before the decision of discharge such as Medical Rehabilitation Services department, Respiratory Therapist Dietitian, and Wound Management nurse.
- 6.2.3. Ensure that the required consumable items are requested for the patient from store as patient's needs.
- 6.2.4. Fix an appointment for a patient discharged home with a tracheostomy.
- 6.2.5. Explain the progress; follow up treatment and appointment to the patient.
- 6.2.6. Ensure that the immediate discharge documentation is completed as soon as possible to avoid delay in receiving the discharge medications.
- 6.2.7. Discharge the patient from Al Shifa system.

6.3. The Director of Nursing Affairs shall:

- 6.3.1. Emphasize to all Head of sections and Unit supervisors the importance of adhering to patient discharge guideline.

6.4. The Head of Section / unit supervisor / shift supervisor shall

- 6.4.1. Ensure that all nursing staff to adhere to patient discharge guideline.

6.5. The ward Incharges shall:

- 6.5.1. Ensure all nurses are adhere to patient discharge guideline
- 6.5.2. Ensure proper supervision is given to all staff particularly the new nurses regarding patient discharge guideline.

6.6. All Nurses shall:

- 6.6.1. Adhere to patient discharge guideline.
- 6.6.2. Coordinate with the discharge planner at the time of admission regarding the patients who are at risk of delay in discharge process (such as: expatriate, unknown, elderly and lonely patients)
- 6.6.3. Make sure that the patient discharge order is documented in the AL-shifa system.
- 6.6.4. Carry out the discharge instructions.
- 6.6.5. Make sure that patient's caregiver is trained well and confident about the required care.
- 6.6.6. Ensure that the required consumable items are requested for the patient from store as patient's needs
- 6.6.7. Ensure health education is given to the patient/relative and reinforce the discharge
- 6.6.8. Ensure intravenous cannula has been removed before discharge **except** patient who is under OPAT as per policy and procedure of Outpatient Parenteral Antimicrobial Therapy (OPAT).

- 6.6.9. Remove the identification band from the patient before leaving the ward.
- 6.6.10. Ensure the patient bill is settled (for expatriate patients).
- 6.6.11. Handover a copy of the discharge summary to the patient /relative.
- 6.6.12. Ensure that the patient is leaving the ward in his/her own clothes with all personal belongings
- 6.6.13. Ensure all patients' discharge related procedures are completed and documented in Al-Shifa system.

6.7. Medical record department shall:

- 6.7.1. Ensure that all patient's or relative's valid/correct contact numbers are available in the Al Shifa system.
- 6.7.2. Fix the appointment in day care for tracheostomy tube change every 3 month as per respiratory therapist instruction, in addition to other routine follow up and notify the patients by SMS.

6.8. The Discharge Planner shall:

- 6.8.1. Follow up daily admission records for expatriate patients in the Al Shifa system
- 6.8.2. Participate in interdisciplinary discharge planning and coordinate between the team.
- 6.8.3. Make sure that the discharging doctor prepare a referral form to the designated community health nurse with all relevant information of the patient for follow up care (if needed).
- 6.8.4. Discuss the case with the designated community nurse at the local Health Center in the patient's area of residence and send fax of the referral form and the discharge summary.
- 6.8.5. Coordinate with PRO about the cases which are at risk of delay in the discharge process (such as expatriate, unknown, elderly and lonely patients)
- 6.8.6. Coordinate with the finance department for the expatriate patients with payment issue.

- 6.8.7. Discusses with the social worker about the cases which need medical equipment, patients refused discharge and lonely patients.

6.9. The wound management nurse shall:

- 6.9.1. Review the discharge plan with the team
- 6.9.2. Train the caregiver on proper wound dressing at home.
- 6.9.3. Fix appointment in wound clinic as patient's need.

6.10. The Public Relation Office (PRO) shall:

- 6.10.1. Collaborate and follow up the cases that discussed by the discharge planners on daily bases.
- 6.10.2. Coordinate with the sponsor/company/embassy/Police/ Ministry of Labour and Ministry of Foreign Affairs for the expatriate patients who have issue in discharge.
- 6.10.3. Communicate with the Walli and/or Sheikh for refusal Omani patients
- 6.10.4. Follow unknown patients from the day of admission by:
 - A. Collecting patient data (legal document)
 - B. Contact police and Ministry of Labour based on patients identify and residency type.

6.11. The Pharmacist shall:

- 6.11.1. Assist medical staff with drug regimens.
- 6.11.2. Provide discharge medications instructions for all patients being discharged.
- 6.11.3. Provide full explanation to the patient/relative regarding the discharge medication including the purpose of the drug, the dose and the timing to be taken.
- 6.11.4. Check the patient's own medication prior to the discharge.
- 6.11.5. Ensure that the patient/caregiver understands the medication instructions.
- 6.11.6. In case patient is decided to be discharged home with Iv antibiotic; the pharmacist should:
 - A. Review OPAT plan with the team.

- B. Counsel the family about the importance of continuing the IV antibiotics.
- C. Explain about the safe storage of the medicine at home.
- D. Ensure OPAT referral form is made and provided to the family

6.11.7. Recheck the dispensed medication prior to the discharge.

6.12. The Medical Rehabilitation Services department shall:

- 6.12.1. Participate in interdisciplinary assessments and discharge.
- 6.12.2. Provide patient/relative teaching/training on exercise therapy which needs to be performed at home.
- 6.12.3. Provide patients with the required equipments needs and follow up appointment with Medical Rehabilitation Services Department.
- 6.12.4. Document all discharge requirements in the Al Shifa system.

6.13. The Dietitian shall:

- 6.13.1. Participate in interdisciplinary discharge planning.
- 6.13.2. Assist the medical staff with the nutrition regimens.
- 6.13.3. Instruct the patient regarding nutrition and any dietary modifications (if indicated).
- 6.13.4. Instruct and educate the caregiver about nutrition regimen for patient with NGT/PEG tube.
- 6.13.5. Guide the caregiver to purchase the feed formula before discharge and to teach them about kitchen preparation as well.
- 6.13.6. Document recommendations for follow up nutrition services in the Al Shifa system.

6.14. The Finance department Shall:

- 6.14.1. Follow up billing formalities from the day of admission for expatriate paying patients.
- 6.14.2. Ensure billing formalities is cleared for expatriate patient who are planned to be transferred to the periphery hospitals/ discharge/ repatriation one day prior to the discharge/transfer.

6.15. The Social Worker/ psychologist shall:

- 6.15.1. Participate in interdisciplinary discharge planning.
- 6.15.2. Provide psychological support to the discharged patient/ caregiver according to their needs.
- 6.15.3. Provide concrete services in setting up home equipment, arranging nursing home placement for patients who require home care

7. Document History and Version Control

Version	Description	Review Date
1	Initial Release	2020
2	Version two	2026

8. Related Documents:

- 8.1. Guideline for Patient Discharge Prescription.
- 8.2. Policy and procedure of Patient Identification
- 8.3. leaving Against Medical Advice Policy and Procedure
- 8.4. Clinical Guidelines on Child Abuse and Neglect

9. References

- 1. <http://www.shb.scot.nhs.uk/documents/pphandbook/documents/PatientDischarge.pdf> 2012
- 2. <Http://en.wikipedia.org/wiki/Discharge> , Janet Howard, 28June2011
- 3. [Patient complaints in healthcare systems: a systematic review and coding taxonomy](#) , Reader, T. W., Gillespie, A., & Roberts, J., 2014

Annexes:

11.1 appendix 1: Acknowledgement to Complete the Treatment of a Child at another Hospital

 سلطنة عُمان وزارة الصحة SULTANATE OF OMAN MINISTRY OF HEALTH		HOSPITAL No. : Name : Age : Sex : Nationality : Clinic/Ward : Consultant : Unit :	
Acknowledgement to Complete the Treatment of a Child at another Hospital I, the undersigned, and the parent/guardian of registered with hospital number adhere to complete his/her treatment in another hospital within/out of Oman after discharge my child from Hospital by an adequate transportation based on my request and I will be fully responsible of this decision in terms of medical and legal aspects. The medical and legal consequences have been explained to me by the medical team & the administration officer according to Articles No. (21) & (68) Of the Child Law. I also declare that I have received all relevant medical documents related to my child's health. Full Name: ID: Address: Governorate: Wilayate: Mobile No: Signature: Date:		تعهد باستكمال علاج الطفل في مستشفى آخر اتعهد أنا الموقع أدناه ولي أمر / وصي الطفل (المريض)، المسجل برقم ملف ، باستكمال العلاج بمستشفى آخر داخل / خارج السلطنة بعد خروجه من مستشفى ونقله بوسيلة مناسبة ، وذلك بناء على طلبي وأتحمّل المسؤولية الكاملة تجاه الطفل نتيجة لقراري هذا سواء من الناحية الصحية أو القانونية ، وقد أوضح لي الفريق الطبي والإداري عواقب ذلك وفقاً لحكمي المادتين (٢١) و (٦٨) من قانون الطفل ، كما أنني قد استلمت كافة المستندات الطبية الخاصة بالطفل . الإسم الثلاثي : الرقم المدني : عنوان المنزل : المحافظة : الولاية : رقم الهاتف : توقيع : التاريخ : اسم الطبيب : التوقيع : الموظف الإداري المناوب : التوقيع : ختم المستشفى Hospital Stamp: Please attach ID copy of parent/guardian	

Note: See backside of this form for Article No. (21) and (68) of the Child Law.

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المادة (٢١)

Article (21)

The guardian shall ensure the child undergoes the necessary medical examinations and enters the governmental health institutions, or those licensed by the Ministry of Health, to receive treatment or medical care and shall not take him/her out of the institution unless his/her health condition allows according to the concerned doctor's advice.

على ولي الأمر إجراء الفحوصات الطبية اللازمة للطفل وإدخاله المؤسسات الصحية الحكومية، أو المرخص لها من وزارة الصحة، لتلقي العلاج، أو الرعاية الطبية، وعدم إخراجها منها ما لم تكن حالته الصحية تسمح بذلك حسبما يقرر الطبيب المختص.

The concerned doctor may, on the guardian's request, discharge the child patient to get the treatment in another health institution and may hand over the child to him after obtaining a written pledge stipulating continuation of treatment and provision of proper transfer. In all cases, the concerned health institution shall provide the guardian with all information, tests' reports medical examinations and the treatment plan of the child's own case.

وللطبيب المختص بناء على طلب ولي الأمر التصريح للطفل المريض، أو المصاب، بالخروج للعلاج في أي مؤسسة صحية أخرى، وتسليم الطفل إليه بعد تعهده كتابة باستكمال علاجه، ونقله بوسيلة مناسبة، وفي جميع الأحوال على المؤسسة الصحية المعنية تزويد ولي الأمر بكافة المعلومات، والتقارير الخاصة بنتيجة الكشف، والفحوصات الطبية والإجراءات العلاجية الخاصة بحالة الطفل الصحية.

المادة (٦٨)

Article (68)

In case of intended breach of any of his obligations stipulated in articles (19) and (21) of this law, the guardian shall be punished by imprisonment of minimum (6) months and maximum (3) years and by fine of minimum (100) OR and maximum of (500) OR. In case of neglect or dereliction, the punishment shall be a fine only, In case of repeated breach, the punishment shall doubled in minimum and maximum.

يعاقب بالسجن مدة لا تقل عن (٦) ستة أشهر، ولا تزيد على (٣) ثلاث سنوات، وبغرامة لا تقل عن (١٠٠) مائة ريال عماني، ولا تزيد على (٥٠٠) خمسمائة ريال عماني، أو بإحدى هاتين العقوبتين ولي الأمر الذي يخل عمداً بأي من التزاماته المنصوص عليها في المادتين (١٩)، (٢١) من هذا القانون، وتكون العقوبة الغرامة فقط إذا وقعت الجريمة بإهمال أو تقصير، وفي جميع الأحوال تضاعف العقوبة بجديها الأدنى والأقصى في حالة التكرار.

Note:

- * White copy (original) should be kept in child file
- * Pink copy (duplicate) should be sent to Head of Women and Child Health Section in governorate
- * Green copy (duplicate) should be given to the parents.

الملاحظات:

- * النسخة البيضاء (الأصلية) تحفظ في ملف الطفل
- * النسخة الورديّة (نسخة) ترسل لرئيسة قسم صحة المرأة والطفل بالمحافظة
- * النسخة الخضراء (نسخة) تسلم لولي الأمر