

## Policy

# Guideline

## Active Discharge from Specialist Outpatient Services Guideline

**Objective file number:** eA524289  
**Policy developed by:** Health System Performance  
**Approved at Portfolio Executive on:** 6 September 2012  
**Next review due:** 30 September 2018

**Summary** The Active Discharge from Specialist Outpatient Services Guideline provides Local Health Network (LHN) employees and agents involved in the delivery of specialist outpatient services a consistent and structured approach in the process of active discharge from specialist outpatient services.

**Keywords** Specialist outpatient services, Active discharge, Guideline

**Policy history** Is this a new policy? **Y**  
Does this policy amend or update an existing policy? **N**  
Does this policy replace an existing policy? **N**

**Applies to** All SA Health Portfolio  
All Department for Health and Ageing Divisions  
All Local Health Networks

**Staff impact** All Staff, Management, Admin, Students; Volunteers  
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental,  
Mental Health, Pathology, Midwifery

**PDS reference** G0118

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### Version control and change history

Version	Date from	Date to	Amendment
1.0	6/09/2012	current	Original version



# Active Discharge from Specialist Outpatient Services

## 1. Purpose/Background

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This Guideline provides Local Health Network (LHN) employees and agents involved in the delivery of specialist outpatient services a consistent and structured approach in the process of active discharge from specialist outpatient services.

This guideline aims to:

- ensure that timely discharge from specialist outpatient services and return to primary health care providers occurs for patients whose episode of care is complete.
- make discharge planning from specialist outpatient services a continuous process which begins immediately at the initial specialist outpatient service event.

Timely discharge of patients back to their primary health care provider is critical to ensuring appropriate use of specialist clinics' services, streamlining patient flow, and increasing the capacity of specialist clinics to treat new patients. Although some complex and rare conditions will require lifelong involvement of specialists, most patients need specialist care for a limited period and should be discharged to other service providers, such as their General Practitioners (GP) / Referrer as soon as clinically appropriate. Efficient and timely discharging of patients helps to streamline patient flow through specialist clinics and provide opportunities to increase the new-to-review ratio.

This Guideline is to be read in conjunction with the Specialist Outpatient Services Policy.

## 2. Responsibility

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The guideline articulates the rights and responsibilities of:

- Medical employees and other health practitioners who provide patient consultations within specialist outpatient services
- Medical or other health practitioners who refer patients for specialist outpatient services
- Patients attending specialist outpatient services

Local Health Network Chief Executives are responsible for ensuring that all specialist outpatient services introduce and manage a system wide Active Discharge from Specialist Outpatients.

## 3. Guideline Detail

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Key principles in relation to discharge from specialist clinic services includes:

- Communicating with patients by providing accessible, easy to understand information about the patient's condition and how health outcomes can be optimised.

- Strengthening linkages with General Practitioners as the primary carer and central to the outpatient episode and following discharge will be communicated to patients.
- Streamlining the patient journey by introducing effective discharge policies, protocols and practices which are sensitive to the needs of patients.
- Monitoring discharge practices including discharge rates and related aspects of service demand and capacity.
- Using the workforce effectively to support discharge practices.

### **3.1 Discharge Planning**

Discharge planning is the critical link between acute specialist intervention and the referring practitioner / GP, and begins at the initial specialist outpatient service appointment and continues through to the patient's return to their referring practitioner / GP. Discharge planning considers the patient's ongoing care needs, and is undertaken in consultation with the patient, carer and relevant service provider/s. This will assist in promoting a timely discharge at a clinically appropriate time.

Effective discharge planning between the Consultant treating specialist and the junior medical employee enables seamless transfer of care and promotes better outcomes for the patient. Discharge Planning aims to identify issues relevant to each patient's discharge back to the referring practitioner and to initiate action to address these issues so that discharge is not delayed.

A routine discharge plan will be documented in the patient's case notes throughout the episode of care and followed by all health care providers involved in care.

### **3.2 Discharge Criteria**

Clinical Teams should develop and document guidelines/criteria to assist in identifying the point at which the episode of care is complete, so as to expedite discharge from the service.

Clear discharge criteria will promote consistency of practice and aid decision making across all employees working in the specialty, reinforcing the appropriate use of specialist outpatient services.

### **3.3 Discharge Process**

During consultation the medical officer is to identify patients who are ready for discharge based on specific discharge criteria for the speciality area.

The discharge is to be recorded in the electronic system and documented in the Medical Record. A discharge summary/letter must be communicated to the referrer and patient's GP and/or other relevant service providers.

The specialist outpatient service must ensure they actively involve patients and their carers in all discussion centred on discharge planning and encourage patient/carer input.

### **3.4 Review by Specialist**

To assist in decision making, patients may be reviewed by junior medical employees for two consecutive follow-up appointments. If the junior medical employee is not able to discharge the patient then review for a third follow up appointment (fourth appointment) by the treating specialist or authorised delegate must be undertaken. This process will ensure a standardised and more active approach is being taken for discharging of patients back to their referring practitioner / GP for ongoing care.

Specialist outpatient services may exercise discretion in the case of referrals for chronic conditions.

### **3.5 Discharge Summary/Letter**

A discharge/transfer summary should be provided to the GP, referring practitioner and other ongoing service providers as appropriate.

The discharge summary/letter must include:

- Date of first visit
- Reason for referral to specialist outpatient services
- Summary of interventions provided and their outcomes including any diagnosis derived
- Reason for discharge
- Date of discharge
- Relevant risks
- Ongoing management plan
- Other community supports that have been arranged

Hospitals will need to have effective systems and processes in place to support the efficient transfer of information between specialist clinic employees and GP / other relevant service providers in a timely manner.

Documentation of the discharge/transfer is to be recorded within the patient's medical record and the appointment system.

Please note that in a paediatric setting an extra local process will be required to address children who are vulnerable, Aboriginal or under the Guardianship of the Minister

### **3.6 Roles and Responsibilities**

Specialist Outpatient Services will:

- Actively discharge patients who no longer require acute hospital services and can be better managed in the community setting. It is recognised that some patients may require long term specialist outpatient clinic care.
- Develop specific discharge criteria/guidelines for individual specialties to assist in identifying the point the episode of care is complete to expedite discharge from the service. This also ensures consistency of processes and decision making.
- Ensure developed discharge criteria are followed.
- Actively involve patients and their carers in the discharge planning process.
- Develop good working relationships with the general practitioner / referrer and ensure integral patient information is communicated as required during the episode of care and on discharge.
- Communicate the role of specialist outpatient services as a provider of acute, time limited care to patients and referrers.
- Work in partnership with General Practitioners to share care of patients, particularly those with complex and chronic conditions.
- Ensure the Patient / Carer has a good understanding of the condition and are encouraged to take responsibility for managing their own health in partnership with their General Practitioner.

## 4. Definitions

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**Clinician:** A generic term used to describe a wide range of health professionals

**Discharge:** agreed separation of patient from specialist outpatient services at completion of an episode of care.

**Employee:** Is employed by SA Health to perform a job subject to the directions of the workplace. Each employee has a contract of employment.

**General practitioner:** A medical practitioner who works in primary health care and refers patients to specialist medical care.

**Referral:** A request for a specialist consultation.

**Review:** A repeat attendance relates to all subsequent visits following the initial attendance that occurs during an active episode of care.

**Specialist:** A medical practitioner who has become specialised in a specific area of medicine and usually has a private practice.

**Specialist Outpatient Service:** Specialist outpatient services provided by a specialist or expert clinician that is recognised by the relevant professional college, board or association.

## 5. Associated Directives and/or Guidelines

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eA523220	Specialist Outpatient Services
eA524282	Referral to Specialist Outpatient Services
eA524285	Specialist Outpatient Services Patient Focussed Bookings Guideline
eA524287	Emergency Department Referrals to Specialist Outpatient Services Guideline
eA518245	Medicare Billing for Private Non-admitted Patients in SA Health Local Health Network Outpatient Clinics

## 6. References

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SA Health: Your Rights and Responsibilities – A Charter for consumers of the South Australian Public Health System