**THE TRANSFER OF DISCHARGE LETTERS BETWEEN SERVICES**

ON PATIENT DISCHARGE:

* INFORM THE PATIENT THAT YOU WILL BE SENDING A SUMMARY OF THEIR CARE TO THE MDT INVOLVED AND CONFIRM WHO THESE ARE WITH PATIENT AND THEIR FAMILY.
* COMPLETE PATIENT DISCHARGE LETTER LOCATED IN THE NURSES DRIVE ON THE COMPUTER WHICH IS ONLY ACCESSIBLE TO CLINICAL STAFF.

FAX

(WHEN NO OTHER OPTION)

EMAIL

ALL EMAILS ARE ENCRYPTED.

EMAIL DOCUMENT TO APPROPRIATE PERSON(S)

COMPLETE FAX HEADER AND FAX DOCUMENT TO APPROPRIATE PERSON(S) AND STAPLE FAX RECEIPT TO DOCUMENT. COMPLETE INCIDENT REPORT DETAILING WHY FAX WAS THE ONLY OPTION FOR SENDING DISCHARGE LETTER.

PATIENT NOTES TO BE ARCHIVED FOR 8 YEARS.

DELETE COPY ON COMPUTER AFTER 3 MONTHS

FILE COPY OF DOCUMENT IN THE ADMISSION AND DISCHARGE SECTION OF THE PATIENTS NOTES.

HANDOVER SHEET

HANDOVER SHEETS MUST REMAIN WITH THE STAFF MEMBER FOR THE DURATION OF THEIR SHIFT. IF THE HANDOVER SHEET IS MISLAID OR FOUND UNATTENDED AN INCIDENT FORM MUST BE COMPLETED.

AT START OF SHIFT ALL CLINICAL STAFF MUST WRITE THEIR NAME AT THE TOP OF THE HANDOVER SHEET

THE HANDOVER SHEET TO BE UPDATED DAILY BY NIGHT STAFF

THE HANDOVER SHEET IS A LIVE DOCUMENT KEPT ON THE NURSES DRIVE OF THE COMPUTER AND ONLY CLINICAL STAFF HAVE ACCESS

IF THE HANDOVER SHEET IS FOUND OUTSIDE OF THE HOSPICE THIS WILL BE A BREACH OF DATA REPORTABLE TO THE DATA PROTECTION OFFICER AND WILL BE TREATED AS A SERIOUS INCIDENT LEADING TO DISCIPLINARY PROCEEDINGS.

THE HANDOVER SHEET MUST BE SHREDDED AT THE END OF THE SHIFT.

**HOSPICE REFERRAL RECEIVED**

RECEIVED AS AN EMAIL

RECEIVED AS A PAPER COPY

COMPLETE THE BOTTOM OF THE REFERRAL AND INFORM THE ON CALL

FILE IN REFERRAL FOLDER KEPT IN NURSES OFFICE

PATIENT NOTES TO BE ARCHIVED FOR 8 YEARS. UNLESS SERIOUS INCIDENT RECODED THEN KEEP FOR 30 YEARS

DOCUMENT ADMISSION DATE ON REFERRAL FORM AND FILE IN PATIENT NOTES

PATIENT NOT ADMITTED

PATIENT ADMITTED

REFERRAL FOR PATIENT WHO MAY BE ADMITTED AT A FUTURE DATE

AFTER 6 MONTHS REFERRAL TO BE DESTROYED (SHREDDED).

DOCUMENT REASON FOR NOT ADMITTING AND KEEP IN REFERRAL FOLDER

HOSPICE DIRECTOR / WARD MANAGER TO UPDATE REFERRAL WEEKLY UNTIL PATIENT EITHER ADMITTED OR NO LONGER REQUIRES ADMISSION.

PRINT OFF FROM EMAIL AND DELETE FROM COMPUTER

REFERRAL NEEDED TO SERVICE OUTSIDE OF HOSPICE

DELETE DOCUMENT FROM COMPUTER

DOCUMENT TO REMAIN WITH PATIENTS NOTES AND WILL BE ARCHIVED FOR 8 YEARS BEFORE BEING DESTROYED.

FILE ORIGINAL DOCUMENT IN ADMISSION AND DISCHARGE SECTION OF THE PATIENTS NOTES

SCAN DOCUMENT TO NURSES EMAIL AND EMAIL TO APPROPRIATE SERVICE.

COMPLETE REFERRAL DOCUMENTATION AS PRESCRIBED BY THE INDIVIDUAL SERVICES’ PROTOCOL

DISCUSS WITH PATIENT AND OR FAMILY (IF APPROPRIATE) TO GAIN VALID CONSENT

**THE TRANSFER OF HSC MEDICAL RECORDS**

MEDICAL NOTES ARE REQUESTED WHEN PATIENT ADMITTED FROM AN ACUTE INPATIENT SETTING

VIA OWN TRANSPORT?

HOSPICE STAFF COLLECT NOTES IN PERSON FROM PRINCESS ELIZABETH HOSPITAL.

HOSPICE PHOTOGRAPHIC ID REQUIRED.

HOSPICE RECEIPT/RETURN OF MEDICAL NOTES FORM TO BE SIGNED BY BOTH PARTIES.

COMPLETED RECEIPT/RETURN OF MEDICAL NOTES FORM TO BE FILED IN PATIENT NOTES AND THESE TO BE ARCHIVED FOR 8 YEARS.

VIA AMBULANCE?

PATIENT RETURNS TO ACUTE SETTING

AMBULANCE STAFF TO TAKE NOTES BACK USING ORIGINAL BAG

RECEIPT/RETURN OF MEDICAL NOTES FORM TO BE COMPLETED AND SIGNED BY NURSE IN CHARGE AND AMBULANCE STAFF MEMBER

HOSPICE STAFF TO RETURN NOTES TO MEDICAL RECORDS/WARD USING ORIGINAL BAG

RECEIPT/RETURN OF MEDICAL NOTES FORM TO BE COMPLETED AND SIGNED BY HOSPICE DIRECTOR/WARD MANAGER AND MEMBER OF STAFF IN MEDICAL RECORDS

PATIENT IS DISCHARGED OR PATIENT DIES

MEDICAL NOTES TO KEPT IN THE NOTES TROLLEY WHICH IS KEPT SECURELY IN THE NURSES OFFICE.

RECEIPT/RETURN OF MEDICAL NOTES FORM TO BE FILED IN PATIENT NOTES.

AMBULANCE STAFF TO BRING MEDICAL NOTES IN A SEALED BAG

HOSPICE RECEIPT/RETURN OF MEDICAL NOTES FORM TO BE SIGNED BY BOTH PARTIES.

PATIENT TRANSFERRED USING OWN TRANSPORT

PATIENT TRANSFERRED VIA AMBULANCE



Patron: HRH The Prince of Wales

***Help our Hospice***

Receipt/return of HSC Medical Records

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient name: | | | DOB: | |
|  | | | | |
|  | Date |  |  |  |
| Records received from |  | Name | Designation | Signature |
| Records Received by Les Bourgs Hospice |  | Name | Designation | Signature |
|  | | | | |
| Records returned from Les Bourgs Hospice |  | Name | Designation | Signature |
| Records received by |  | Name | Designation | Signature |