



Delayed Discharge Definitions Manual

Effective from 1st July 2016 (supersedes May 2012 version)



Main version changes	Date Issued	Changes made
Version effective from July 2016	01/07/2016	<p>New reason codes</p> <ul style="list-style-type: none"> • “Health” reasons and “Social” reasons for delay combined to “Health and Social reasons” to reflect introduction of health and social care partnerships • 27A - awaiting place availability in an intermediate care facility <p>New sections</p> <ul style="list-style-type: none"> • Intermediate care & Interim beds <p>Revised sections</p> <ul style="list-style-type: none"> • Background and definition of a delayed discharge • Ready for Discharge • Changes in patient health circumstances • Code 9 - clarification around use of codes • Commissioning/Reprovisioning (code 100) <p>Removed sections</p> <ul style="list-style-type: none"> • Healthcare delays <p>Other changes</p> <ul style="list-style-type: none"> • National data requirements document amended
Version effective from May 2012	01/05/2012	<p>New reason codes</p> <ul style="list-style-type: none"> • Code 9 25X “Awaiting completion of complex care arrangements- in order to live in their own home” has been introduced. • All code 9 cases must be accompanied by a secondary reason code. <p>Update of wording</p> <ul style="list-style-type: none"> • 24DX Awaiting place availability in Specialist Facility for younger age groups (<65) where the Facility is not available • 24EX Awaiting place availability in Specialist Facility for older age groups (65+) where the Facility is not available <p>Reason codes withdrawn</p> <ul style="list-style-type: none"> • Code 83 been removed <p>Other changes</p> <ul style="list-style-type: none"> • Three day rule Patients included if their Ready for Discharge Date is up to 3 working days prior to the census. (These were previously excluded) • Requirement to gather bed days occupied by delayed discharge patients by quarter
Version effective from July 2010	01/07/2010	<p>New reason codes</p> <ul style="list-style-type: none"> • 24F Awaiting place availability in care home (EMI/Dementia bed required). • 26X Care Home/facility closed – patient well but cannot be discharged at point of census. • 41A Non-availability of NHS funding to purchase care home place. • 41B Non-availability of NHS funding to purchase any other care package. • 46X Ward closed – patient well but cannot be discharged due to closure at point of census. • 67 Disagreement between patient/carer/family and health/social work • 81 Disagreement over funding between health and social care. • 82 Disagreement over assessment between health and social care. • 83 Other disagreement between health and social care. • 100 Reprovisioning/Recommissioning <p>Reason codes withdrawn</p> <ul style="list-style-type: none"> • 31 awaiting commencement/completion of post-hospital healthcare assessment. • 45 awaiting routine discharge: routine administrative arrangements are complete and prospective discharge date is known. • 66 Disagreement between health and social Work. <p>Other section changes</p> <p>1.1 Policy Context: Historical information removed. Highlights expected standard. 2.1 Ready-for-Discharge-Date: Definition expanded to clarify setting of date and involvement of Multi-disciplinary team. Note 5 describes Multi-disciplinary team. 2.6 New Reprovisioning/Recommissioning section. 2.7 New Mental Health - Detention section. 2.10.1 Reason codes, highlights no facilities in NHS Board area. 2.10.3 Reason code 51X, narrative to be supplied on code 9 form if delayed for longer than 6 months. 2.11 Change in patients health circumstances, highlights decision made by the Consultant/GP. 2.12 Infection control, new section outlining process when ward/care facility closed due to infection. This has generated 2 new codes 26X and 46X. 2.14 Out-of-area delays / 3.6 EDISON - new sections. 4.3.5 No fixed abode, mention of homeless patient and patient with a foreign address. 4.6 Specialty: only adult specialties are shown.</p>
Version effective from May 2006		<p>Main changes</p> <ul style="list-style-type: none"> • Introduction of code 9 reason code: Patients delayed due to awaiting place/bed availability in a specialist residential facility where no facilities exist (codes 24DX, 24EX and 42X) or due to requirements of the Adults with Incapacity Act (code 51X) will now be categorised under a new principal reason code ‘Complex Needs’ (Code 9) with the code 24DX, 24EX, 42X and 51X operating as a secondary reason code to Code 9. <p>Zero delays: From the July 2006 census patients who have a zero delay (i.e. their duration of delay is 3 working days or less) are not included in the census totals.</p> <p>Planned discharges: From the July 2006 census patients who have a planned discharge and an agreed discharge date within 3 working days of the census date are not included in the census.</p>
For previous versions back to 2001 contact ISD		

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1 Introduction

1.1 Purpose

The purpose of this manual is to provide guidance to health and social care partnerships on defining a delayed discharge. The manual sets out a number of definitions and instructions that must be followed in order to ensure consistency of data collection across Scotland.

The advice and guidance set out in this manual should be applied from 1st July 2016.

This document should be read in conjunction with the Delayed Discharge National Data Requirements effective from 1st July 2016 and can be found: <http://isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>

1.2 Background

A delayed discharge is a **hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date.**

Following the integration of adult health and social care, any distinctions between health reasons and social work reasons for delay have ceased therefore delayed discharges are reported (from April 2016) in three main categories – health and social care reasons; patient and family related reasons; and code 9. Delays reported under ‘Health and Social Care’ reasons are those where the patient remains inappropriately in hospital after treatment is complete and are awaiting the appropriate arrangements to be made by the health and social care partnership for safe discharge.

Inter-hospital transfers and people being appropriately treated in intermediate care or non-hospital facilities should **not** be classified as delayed discharges.

While the responsible clinician has ultimate responsibility for the decision to discharge, the ready for discharge decision must focus on the needs of the individual and on achieving the best outcome for that individual. The decision must be made through a multi-disciplinary process in consultation with all agencies involved in planning that patient’s discharge.

This manual covers all adult (aged 18 years and over) patients, in all hospital specialties and significant facilities.

1.3 Policy Context

Partnerships have previously worked towards discharging patients from hospital within a maximum time period of 6 weeks, reducing to 4 weeks then 2 weeks in April 2015. However a focus on

maximum delay drives activity towards reducing the lengthiest delays, at the expense of facilitating the discharge of those closer to being able to go home. Two weeks is not ambitious enough for the majority of people who should be able to return to the community within 72 hours of being ready for discharge.

It is very clear that being delayed in hospital can be harmful and debilitating – and in the case of older people, can often prevent a return to living independently at home. Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care. Older people may experience functional decline as early as 72 hours after being clinically ready for discharge and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home.

From April 2016 there is a new national indicator to measure the proportion of patients experiencing a discharge delay of up to 72 hours. This will require data to be captured accurately *to identify patients discharged within 72 hours of their ready for discharge date.*

The Delayed Discharge Expert Group recommended measuring bed days occupied by delayed discharges, and these data have been gathered since April 2012. (<http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/NHS-Performance-Targets/Delayed-Discharge/Expert-group-report>)

2 Definitions and Guidance

2.1 Ready for discharge

It is important that discharge planning starts as early as possible in the patient's journey. Key agencies such as social work, housing and community support, along with the patient's main carer, should be involved as early as possible in this process. Professionals should agree a planned date of discharge with the patient and family supported by agreed criteria that will demonstrate readiness for discharge.

The **Ready for discharge date (RDD)** is the date on which a hospital **inpatient** is clinically ready to be discharged from **inpatient hospital care**.

This is determined by the consultant/GP responsible for the inpatient medical care **and** where a multi-disciplinary team, in consultation with all agencies involved, agree that the individual's care needs can be further assessed or properly met outside a hospital setting.

Where the patient remains inappropriately in a hospital bed, no longer receiving treatment but merely waiting for an appropriate place in the community, then they should be classified as a delayed discharge.

A small number of patients will have an agreed planned discharge date but require a phased discharge involving trial periods of assessment and rehabilitation at home. These patients are not yet fully ready for discharge from hospital so should **not** be classified as a delayed discharge.

2.2 Bed days occupied by delayed discharges

The total number of days patients spend delayed in hospital following their ready for discharge date.

For national or other reporting purposes it is necessary to attribute bed days to the month(s) when they occurred. For example the number of bed days occurring in a particular month may be divided by the number of days in the month to give the average daily number of beds that were occupied in that month by delayed discharge patients.

In order to ensure consistency, a 'midnight bed count' approach should be applied to each delay episode to determine which particular days should contribute to the bed day count. The 'ready for discharge' date (RDD) should not be counted, as the first midnight occurring in the delay episode is attributable to the day after the RDD. The discharge date (the date the delay ended) should be counted as the assumption is that the patient was delayed at 00:00 on that day.

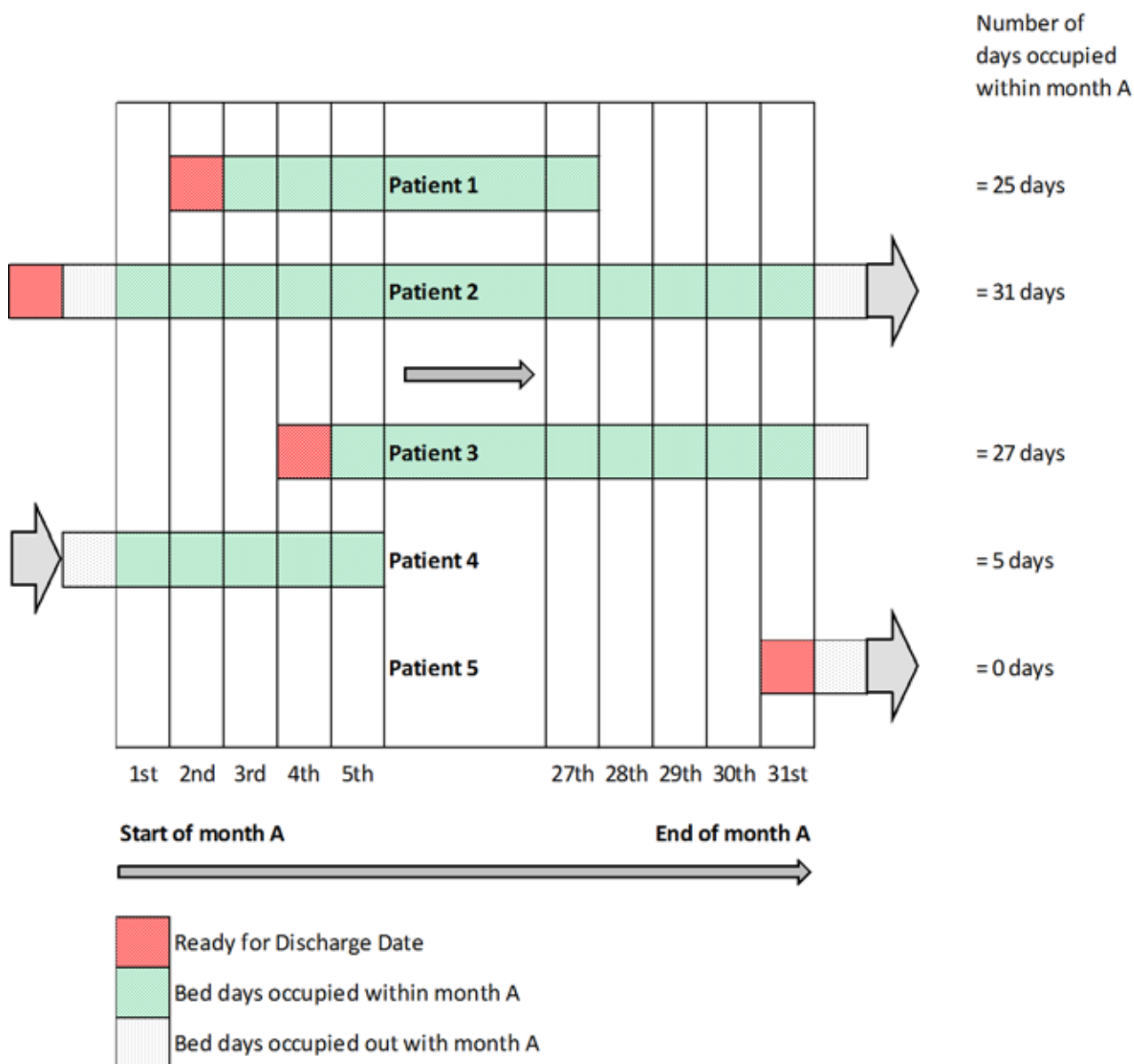
Therefore, the following applies to calculating bed days occupied for delayed patients:

1. Count all days that occur between the 'ready for discharge' date (RDD) and the discharge date (the date the delay ended)

2. Do **not** count the 'ready for discharge' date (RDD)
3. Do count the 'discharge date' (the date the delay ended)

For example, if the RDD of a patient was on the 1st of the month and the delay ended on the 5th, the number of days delayed is 4 and the days counted in this delay are the 2nd, 3rd, 4th and 5th.

Figure 1: Example of counting bed days occupied by delayed discharge patients in a calendar month



In this example: Total number of bed days occupied in calendar month A: 88 days

Number of days in calendar month A: 31 days

Average daily number of beds occupied: $88/31 = 2.84$ beds

2.3 Commissioning / Reprovisioning (code 100)

Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- § Long-term hospital inpatients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care.
- § Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies.

Information on all such patients should be recorded as code 100. It is acknowledged that while such patients may be classed as 'ready for discharge' the standard discharge planning processes and timescales are not appropriate. Gathering information on code 100 patients should mean that all patients for whom hospital is no longer the optimum setting can be accounted for.

Information on patients recorded as code 100 will not be published but details will be made available to the Scottish Government in anonymised form.

2.4 Mental Health – Detention

Patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, who cannot be discharged from hospital, should **not** be classified as delayed discharges.

If however, where there is MDT agreement that it is safe and reasonable for a patient to be transferred to a more appropriate setting, and meets the criteria laid out in section 2.1 then such patients should be classified as a delayed discharge and coded accordingly.

2.5 Intermediate Care

Intermediate Care beds provide time-limited episodes of care / intervention / rehabilitation, commissioned and supported by the partnership, and provided in dedicated capacity within a care home, housing with care, or community hospital settings. Such beds are appropriate community placements that have been commissioned as quality alternatives to acute hospital care and patients occupying these beds should **not** be classified as delayed discharges.

[“Maximising Recovery, Promoting Independence”](#) - An Intermediate Care Framework for Scotland

2.6 Interim Care Beds

Interim care beds are for short-term stays in care homes until the care home of choice becomes available. These are appropriate community placements where the individuals are no longer hospital inpatients and should **not** be classified as delayed discharges. Some partnerships use interim care home beds for temporary accommodation for patients lacking capacity and awaiting guardianship. These are also appropriate community placements and should **not** be classified as delayed discharges.

2.7 Change in Patient Health Circumstances

Patients who are deemed medically fit for discharge, but subsequently become unwell, should not be classified as delayed discharges for period of time they are unwell.

- When the patient is fit for discharge again, a new delay record should be created with a new ready for discharge date.
- These decisions must be made by the Consultant / GP responsible for the inpatient's medical status.
- It is important that as far as is possible and reasonable the patient's priority for any local service provision remains unchanged.

However if local operational data systems are unable to record accurate, real-time changes in health circumstances to support the requirement for recording information as described above, then the following rules apply:

If a delayed discharge patient's period of illness is longer than three days, or means they will miss their planned discharge date, they should no longer be classified as a delayed discharge:

- If the period is **more than 3 days** the patient's delay record should be closed and a new record entered when the patient is fit for discharge again with a new ready for discharge date.
- If the period is **three days or less** the patient's delay record should retain the original ready for discharge date.
- The patient's priority for any local service provision should remain unchanged as far as is possible and reasonable.

2.8 Infection Control

Patients who are classified as a delayed discharge, and are in a ward closed for infection control purposes (such as a norovirus outbreak) should remain as a delayed discharge unless:

- They are ill themselves due to the outbreak in which case follow the process outlined in section 2.7.
- They were due to be discharged, and as a result of the ward closure could not be moved (code 46X).
- Their discharge was to a care home or facility closed for infection control purposes (code 26X).

An assumption should be taken that patients should be discharged wherever possible, following national and/or local guidelines on infection control.

2.9 Code 9

Code 9 and its various secondary codes, should only be used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital. This code was introduced for very limited circumstances when the NHS Chief Executive and Local Authority Directors of Social Work (or their nominated representatives) could explain why the discharge of patients was out with their control. This decision will now be the responsibility of the health and social care partnership Chief Officer, or their nominated representative.

These codes should only be used in the specific circumstances where:

- the patient lacks capacity, is going through a Guardianship process, and for whom the use of S13za of the Social Work (Scotland) Act 1968 is not possible.
(<http://www.gov.scot/Publications/2008/03/20114619/12>)
- the patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate (i.e. no other suitable facility available)
- patients for whom an interim move is not possible or reasonable

2.9.1 Secondary reason codes to code 9

All code 9 delays should have a secondary reason code.

24DX and 24EX - patients awaiting place/bed availability in specialist residential facilities where no appropriate facilities exist

25X - patients awaiting completion of complex care arrangements – in order to live in their own home

These codes should be used to record patients delayed awaiting placement in specialist homecare or specialist residential facilities **where no facilities exist** within the partnership area. They **should not** be used to record delays due to limited availability in an existing local specialist facility.

71X – patients exercising statutory right of choice where an interim move is not possible or reasonable

This code should only be used where **long travel distances** or limited **transport infrastructures** restrict the ability of families and friends to visit and where the placement may isolate the individual from a vital family and social network. This code should only be applied where remaining in a hospital setting is a more appropriate outcome and is the only viable alternative to an interim move. In all other choice cases (code 71) the underlying principle should be that remaining in hospital is not an option.

This code **should not** be used where a consultant deems an interim move detrimental to the health of the individual. In that situation, **the patient is not considered to be a delayed discharge.**

51X - patients delayed due to the requirements of the 'Adults with Incapacity Act' 2000

This code should be applied after:

- it has been agreed that the patient lacks capacity, and
- the use of S13za of the Social Work (Scotland) Act 1968 to discharge the patient has been ruled out, and
- an application for Guardianship or Intervention Order is to be progressed through the Courts

Once the process has been completed the patient will revert to another reason code and the delay will be calculated from a new ready for discharge date.

A good practice guide for discharging patients who may lack capacity is available on the Scottish Government website at <http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/NHS-Performance-Targets/Delayed-Discharge/Good-Practice>.

2.9.2 Notification of code 9s

Narrative must be provided to explain the reasons for code 9 delays and supplied quarterly to ISD. The narrative should provide clear justifiable reasons for applying the code, why the process has taken so long, details of what actions are being pursued to facilitate discharge of the individuals concerned, list the barriers that have hindered progress and what is being done to overcome them.

This requirement does not extend to patients under code 51X who have been delayed less than **three** months or patients delayed under code 26X and 46X.

The reason for delay should detail the specific issues blocking the patient's discharge and **should not** simply be a description of the code used (e.g. "awaiting place in specialist facility").

This will help inform on-going work within the Scottish Government to map and investigate the reasons behind code 9 delays across Scotland.

2.10 Out of Area Delays

There will be occasions when patients who are resident out with the partnership area in which they are being treated cannot be discharged home directly and require to be transferred closer to home, where practical and appropriate, to a suitable facility within the NHS Board of residence for any further inpatient care needs.

Such cases are not considered delayed discharges if they require further inpatient hospital care but early notification must be made to contact the patients NHS board of residence to organise discharge/transfer arrangements.

A delayed discharge reason for delay code must be agreed by both partnerships where there is a

- Health and Social care delay: In such cases early notification must be made to contact the patients local authority area of residence (preferably on admission) to organise discharge arrangements. A delayed discharge code cannot be applied without this notification and the code must be agreed by the Board of treatment and the local authority of residence. The NHS Board of residence should also be informed of the delay as a courtesy.
- Patient/Carer/Family-related and other delays: Early notification should be made to both the local authority and NHS Board of residence to agree arrangements for discharge/transfer. The delayed discharge code should be agreed by all relevant agencies involved.

3 **Contacts**

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