

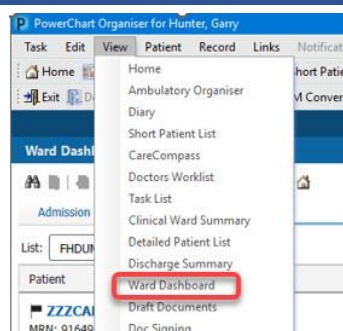
# How to complete the Discharge Hub Referral form

## What is it?

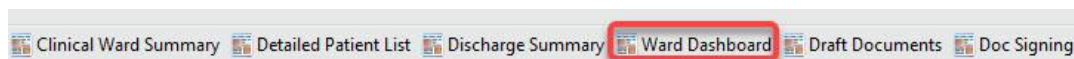
- The Discharge Hub Referral form has been added to eRecord to replace the current word document.
- As it is created from a patient record, this will improve data quality of referrals received into the hub.
- As it is created in the patient record it will improve the accessibility of the form and the time it takes to complete for ward staff.

## Access Ward Dashboard

- Click **View** then **Ward Dashboard**.

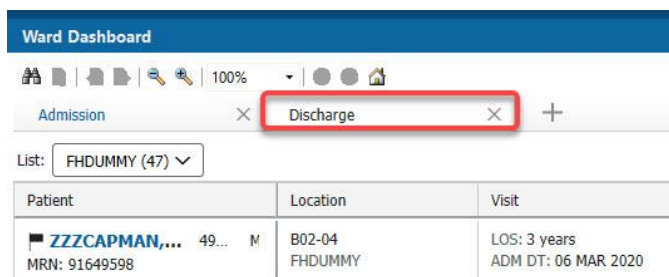


- You should also be able to see and click on **Ward Dashboard** in the rows below.

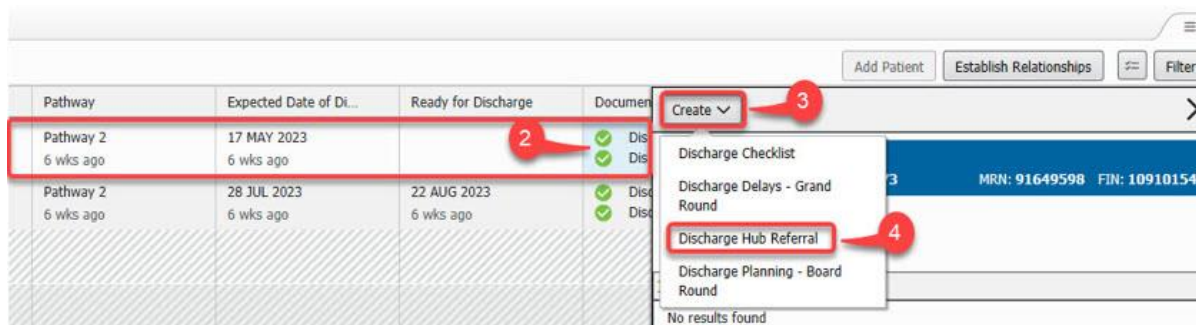



## Access Discharge tab and open the Discharge Hub Referral form

1. Select the **Discharge** tab.



2. Click on the **Documentation** column for the Patient.
3. Click the **Create** button.
4. Select **Discharge Hub Referral** from the drop-down window to open the form.



5. The form has two pages which have **mandatory fields** that need to be completed before you can sign the form, these are highlighted with a .
6. The mandatory fields in each page are highlighted **yellow** and will provide the right level of information for the discharge hub team.

The screenshot shows the 'Discharge Hub Referral' form. A red box labeled '5' highlights the left-hand navigation menu, which includes 'Discharge Hub Referral' (selected), 'Activities of Daily Living', 'Package of Care', and 'Pathway Guidance'. Another red box labeled '6' highlights the main form area, which contains the following sections:

- Referral completed by:** Hunter, Gary
- Referrer tel:** [Redacted]
- Is the patient nearing end of life, rapidly deteriorating and entering a terminal phase?**
  - ☐ Yes ☐ No
  - If Yes, the patient is suitable for fast-track discharge and a discharge hub referral should NOT be completed.
- Discharge Pathway:**
  - Pathway 0 - No new formal support required but may benefit from volunteer hospital to home service
  - Pathway 1 - Support to recover at home (carer support)
  - Pathway 2 - Rehabilitation in a bedded setting
  - Pathway 3 - There has been a life changing event, home is not an option at point of discharge
  - ☐ Pathway 0 ☐ Pathway 1 ☒ Pathway 2 ☐ Pathway 3
- Please only complete when patient is within 72 hours of discharge unless there are safeguarding concerns or a change of accommodation is indicated.
- Please provide details for your reasoning for the pathway chosen: [Redacted]
- Reason for Admission:** [Redacted]
- Relevant Medical History:** [Redacted]
- Has consent been obtained for this referral?** ☐ Yes ☐ No
- Impaired Cognition:** ☐ Yes ☐ No
- Is an IMCA or Advocate required?** ☐ Yes ☐ No
- Does the patient's impaired cognition affect their ability to engage in:**
  - ☐ Occupational Therapy/Physiotherapy ☐ Self-Care ☐ Decisions on discharge arrangements
- Is an interpreter required?** ☐ Yes ☒ No
- Patient Preferred Language:** [Redacted]
- Does this patient have a confirmed learning disability?**
  - ☐ Yes ☐ No ☐ Awaiting Assessment
  - If Yes, document all reasonable adjustments below.
- Does this patient have a confirmed diagnosis of autism/ASD and or a learning difficulty?**
  - ☐ Yes ☐ No ☐ Awaiting Assessment
  - If Yes, document all reasonable adjustments below.
- Do you consider that reasonable adjustments are required for this patient?** ☐ Yes ☐ No
- Reasonable Adjustments:** [Redacted]

7. The Package of care section is not mandatory and should only be completed when it applies to the patient.
8. To sign the form, click the **green tick** in the top left-hand corner – **this will automatically create a task for the hub team to review the details.**

8

7

\*Performed on: 27/09/2023 1418 BST

Discharge Hub Referral  
Activities of Daily Living  
Package of Care  
Pathway Guidance

ZZ MED 10  
NIN: 91425267

### Package of Care Request

Can patient answer door?  
☐ Yes ☒ No

Does the patient have a key safe?  
☒ Yes ☐ No

New key safe required?  
☒ Yes ☐ No

Community care alarm required?  
☒ Yes ☐ No

Does the patient have their house key(s) with them on admission?  
☐ Yes ☐ No

Who installed the key safe?  
☐ Patient ☐ Relative/Friend ☐ Care Company ☒ Other: testing

Have you completed a referral for this?  
☒ Yes ☐ No

Have you completed a referral for this?  
☒ Yes ☐ No

### Package of Care Requests

**Wash and Dress**  
☒ Morning ☐ Lunch ☐ Dinner ☒ Evening

**Empty commode**  
☐ Morning ☒ Lunch ☐ Dinner ☐ Evening

**Medications**  
☐ Morning ☐ Lunch ☒ Dinner ☐ Evening

**Transfers and Mobility**  
☐ Morning ☒ Lunch ☐ Dinner ☐ Evening

**Other tasks**  
**Morning**  
testing

**Dinner**  
testing

**Toileting**  
☒ Morning ☐ Lunch ☒ Dinner ☐ Evening

**Catheter care**  
☐ Morning ☒ Lunch ☐ Dinner ☐ Evening

**Meal + hot drink**  
☐ Morning ☐ Lunch ☒ Dinner ☐ Evening

**Lunchtime**  
testing

**Evening**  
testing

Has the frequency of calls been discussed with the patient and family?  
Discussed and agreed 21/07/2023

Has shopping provision been made for return home?  
☐ Yes ☒ No

If not does the person have financial resources for the team to provide shopping support?  
☐ Yes ☒ No

**Note** – Once the form has been saved it can be accessed from the Discharge Dashboard and added to later.