

# How to complete the Board round form

## What is it?

- The Discharge Planning - board round form should be updated daily by the MDT team on the ward for all adult inpatients.
- This allows key dates to be captured along with the reason to reside and the discharge pathway that the patient is on.
- There is embedded guidance about discharge pathways in the form

## How do I access and open the board round form?

1. In the Patient record, click on **AdHoc**.
2. From the opening window, place a tick in the box next to **Discharge Planning – Board Round** then select **Record**.



The screenshot shows a list of checkboxes for various clinical forms. The checkbox for 'Discharge Planning - Board Round' is checked and highlighted with a red box. A red arrow points from this checkbox to the 'Record' button at the bottom right of the form, which is also highlighted with a red box. A red circle with the number '2' is placed near the arrow.

## How do I complete the form?

3. Expected Date of Discharge **should** be entered for all inpatients that will stay overnight. This is mandatory in the form.
4. Planned Discharge Time **can be entered if known** to assist with discharge planning on the patient's final day.
5. Discharge Ready Date is the **first date** that the patient did not meet the Criteria to reside.



The screenshot shows three input fields at the top of the form. The first field, 'Expected Date of Discharge', has a date of '17/05/2023' and is highlighted with a red circle containing the number '3'. The second field, 'Planned Discharge Time', is empty and highlighted with a red circle containing the number '4'. The third field, 'Discharge Ready Date', is empty and highlighted with a red circle containing the number '5'.

The national criteria to reside outlines key indicators as to why a person may need to remain in an acute setting.

**Reason to Reside**

Does the patient meet the criteria to reside?  
☒ Yes ☐ No

Which criteria do they meet?  
☐ Physiology ☒ Treatment ☐ Recovery ☐ Function

**Physiology**  
☐ NEWS2 >= 3 ☐ Requiring ITU or HDU Care

**Treatment**  
☐ Oxygen Therapy / NIV ☒ IV Fluids ☐ IV Medication > b.d.

**Recovery**  
☐ Lower limb surgery within 48 hours ☐ Thorax-abdominal surgery within 72 hours ☐ Invasive procedure within 24 hours

**Function**  
☐ Diminished level of consciousness where recovery realistic ☐ Acute impairment in excess of home/community care provision ☐ Last hours of life

6. When a patient meets the criteria to reside in hospital, **one reason must be selected**.

If a person meets none of these criteria but still needs to remain in the acute setting for further assessments/investigations/treatments, OR If a person is still undergoing ward MDT assessments to determine discharge plans, then they meet the criteria under **'function'**, and **'acute impairment in excess of home/community care provision'**.

If a person is MDT fit for discharge and could leave hospital but needs to remain for reasons other than receiving acute care, then they would NOT meet the criteria to reside and would **NOT** be a clinical exception.

An example of this could be a person who is fit to go home, and equipment is in place (if needed), but there is no capacity within social care to provide a package of care.

Or if a person is ready to be transferred to a care home but the care home are unable to accommodate them that day.

This is when a person is classed as being **'discharge ready'**.

We recognise that there will be a cohort of people that have no 'right to reside' and are 'discharge ready', but it would be unsafe for them to leave hospital until social care is in place.

We will use this data to improve future service delivery.

If a patient is awaiting repatriation or rehabilitation in a bedded setting, they meet the criteria to reside as it is unsafe for them to return home, and they must remain in the acute setting until transfer.

7. If the patient no longer meets the criteria to reside, the **discharge ready date should be entered**.

8. If there is a clinical exception that means the patient would remain in hospital for another night, **this can be recorded in the form.**

Is there a clinical exception that warrants a prolonged stay in current setting?

☒ Yes ☐ No

Describe the rationale

Segue UI [9] [9]

[Rich text editor icons]

9. The discharge pathway should be entered to allow monitoring and performance data to be collected.
10. The Hub Referral question is a prompt only to consider completing the hub referral form.

Discharge Pathway [See guidance section for more information](#)

☐ Pathway 0 ☐ Pathway 1 ☒ Pathway 2 ☐ Pathway 3

Discharge Hub Referral needed?

☐ Yes ☐ No

***More information about discharge pathways can be found in the Pathway Guidance section of the form.***

Discharge Planner

Pathway Guidance

**NHS**

The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## Planning discharge together, from the start

Outlined below are the **discharge pathways** which patients may follow in their discharge from hospital.

<b>Pathway 0</b> <ul style="list-style-type: none"> <li>No additional support/simple discharge/fully independent.</li> </ul>	<b>Consider referral to hospital from home volunteer service:</b> <p>This service can...</p>
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