Discharge Support Service
Delivery Manual

Standard Operating Procedure for Discharge Support Volunteers

1. PURPOSE

This Standard Operating Procedure (SOP) is to be used by you as part of the Discharge Support Service when delivering intervention via the telephone. It outlines the procedure to be completed prior to calling a patient and the escalation process when a risk is identified before, during and after a call.

2. RESPONSIBILITIES

It is the responsibility of the individuals delivering the sessions via telephone to read and follow the SOP.

3. PROCEDURES- What should be completed at each shift?

1. Things to do prior to calling patients and at the start of every shift

- Log onto a computer and check nhs.net email for new referrals and updates on current patient caseload
- Log your time in Better Impact App
- Ensure that you have enabled 141 to protect your telephone number before making any calls

2. Calling Patients

You will be emailed a telephone assessment form (TAF) word document for each patient that is allocated to you. It will be saved with their initials and MRN number and TAF e.g. JB123456 TAF.doc
All telephone support sessions are to be documented in the patients' workbook.

Please ensure you follow the Confidential Data Agreement when saving this workbook to your personal pc or laptop.

Telephone support sessions are a maximum of once per week but can be less frequently if patient prefers. And where possible should not, go beyond the 6 weeks offered by the service. Each call should be no longer than 30minutes.

2.1 Discharge Support Telephone Script and Guidance

Hello my name is ……. I am calling from the Volunteering Service at Kingston Hospital. Following your recent admission you have been referred by Kingston Hospital to our Discharge Support Service, we support patients that have been discharged from hospital adjust to being back home and can call you weekly for up to 6 weeks, this could be to help you to transition back to normal daily activities, introduce you to social activities in the community or just be a listening ear. Would you be interested in receiving this check in calls?

At this point they will then either say Yes or No.

If they say yes, then please tick the consent box in their workbook and document this in their notes.

If No, then please leave them with the office contact number [redacted] should they wish to re-refer. If you are unable to contact patient or patients NOK, please contact the volunteering office and speak to the Community and Outreach Manager or Head of Volunteering, alternatively you can email [redacted]

If patient is unable to talk, try to find out when a better time to call would be, if it is on a different day that you are not able to commit to, then please refer patient back to Project Manager, so that patient can be allocated to another volunteer.

All calls should not be more than 30 minutes, most calls will be much shorter than this but if you've been on the phone for 30 minutes do start to bring the conversation to a close, with a plan for follow up.

If no answer, leave a message if possible. If unsure leave a short message saying something like “Hello, my name is XXXX one of the Discharge Support Volunteers from Kingston Hospital. I will try calling another time but if you want to call me back the office number is 020 [redacted] please feel free to leave me a message”.

The Pre-Evaluation Questionnaire must be completed as part of the initial assessment, guidance on how to complete this questionnaire is below.

2.2 Guidance on Pre- Evaluation Questionnaire

Pre- Evaluation Questionnaire.

Does the patient consent to assessment? Yes ☒ No ☐ (If no, please give office number to re-refer and end call)

Does the patient have access to internet? Yes ☐ No ☒

	Prompting questions	**Factors to consider**	**Referrals to consider**
1. How confident are you that you will be able to cope at home? Scale 1-10 (1=not confident, 10=confident) Enter score:	How have you been since you got home? Are you feeling well? **How can we help you?**	Patient might still be in pain, if so, are they being reviewed by GP Mood/Emotional state- low mood/ depressed/ anxiety	Consider signposting patient to GP for review and pain relief. https://www.connectedkingston.uk/services/feeling-anxious https://www.connectedkingston.uk/services/feeling-alone
2. What are your main areas of concern? Loneliness ☐ Falls ☐ Personal Care ☐ Access to Information ☐ My health ☐	Are you able to get food and medication?	If relying on Covid-19 government food package delivery, what will they do once this stops. Do they have a plan in place? Do they need help planning this? Are they eating 3 meals a day? Have they noticed any recent weight loss?	All pharmacists offer a delivery service for vulnerable older adults, have they been offered this service. https://www.connectedkingston.uk/services/help-to-get-food Community Dietitian, via GP- speak to Community Outreach Manager if concerned about patients diet
	Are you able to get around your house	Walking aids, toilet seat raisers, grab rails	Social services- Occupational Therapist for any equipment needs and environment

Mental health ☐ Other ☐ please specifically:	easily? Outdoors?		assessments. Community Physiotherapist for home assessment. Depending on the borough, some have Age UK handyperson service.
	Does anyone live at home with you, or do you have help at home?	Family/ friends. Carers for meal prep or personal care. Cleaners. If the patient is not coping, how can we help them?	If a patient reports that they are feeling lonely consider referral to befriending services straight away. Social services if more input from carers is need at home, a needs assessment will be carried out.
	Are you worried by high fuel bills this winter? Would you like a referral for advice and to see if any grants or support is available?	Patients been worried about heating bills going up during the winter.	Referral to Warm Home Better Health winter warmth service funded by Public Health and supports vulnerable people with advice, small measures and referrals for grants. **Freephone:** [redacted] **Text** [redacted] **Email:** [redacted]
	Are you worried about falling? Have you had any falls since leaving hospital?		If patient reports a fall or fear of falling, consider referral to the Falls Prevention Service for an assessment with a community physiotherapist.
3. Are you in contact with any local groups and support services? Yes ☐ No ☐	Is there anything they would like to get back to doing before they had their hospital admission?	Discuss patient's previous hobbies, social activities that they could re-join in the community. A lot is virtual do they have access to technology	

4. SAFETY ESCALATION

It is essential to identify any changes in patients' health and wellbeing and if necessary to take action defined in Figure1 (Escalation Process). Please also report any action taken or concerns to the Project Manager for Discharge Support Service on [redacted]r email [redacted]

This also needs to be documented in the patients notes. Please note that patients notes are not read on a daily basis so if urgent please call in or mark the email as urgent.

Key Reminder: Patient safety is our highest priority, so if you have any concerns or doubt, please call us on [redacted]

Figure1 ESCALATION PROCESS

- Defined as a scenario where the call was completed but requires further advice after the call
- Cal[redacted] or email [redacted]

- Defined as a scenario where the volunteer is unsure whether to proceed with the call and requires further advice during the call. These scenarios may or may not require further action.
- Call [redacted]

- Defined as anything that the volunteer feels is an emergency.
- Ring 999 or refer patient to 999/111 if able.
- Please alert [redacted] on [redacted]
- AND email [redacted]

If you contact the volunteering team please document this in your patients workbook

5. CONTACTING GP or NEXT OF KIN

Before making calls to patients NOK and GP, you must gain verbal consent from the patient and this must be documented in the patients' notes.

Please ensure you fully introduce yourself as a representative of Kingston Hospital Discharge Support Service and the reason for your call, please document this conversation in the patients' workbook.

If you are concerned about your patient and they do not want you to contact NOK and GP, please contact Project Manager for Discharge Support Service on [redacted] or email [redacted]

It would only be necessary to call patients GP or NOK without consent, if you are unable to contact patient for initial call. Please also contact the office, as the volunteering team will be able to check if the patient has been readmitted to hospital.

6. MAKING ONWARD REFERRALS

Making onwards referrals is part of introducing patients to the local voluntary and community organisations available. Where possible and with consent please refer patients to services. Examples include arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of social activities.

Our aims is to support individuals to take greater control of their own health, including people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care.

You will have received all the demographic detail of the patient to do this, please ensure that you have the consent of the patient to make the referral, this is documented in the notes and advised them when the referral has been made.

Please note: Referrals can be emailed from nhs.net to nhs.net emails. If the organisation has a different email address then these referrals will need to be made by telephone.

7. GUIDANCE ON NOTE WRITING

- Keep sentences short and concise, document who you are have spoken to and all actions that were agreed. If a patient wishes to be referred onto another service please ensure you document this in the notes. Eg Patient consented to falls referral
- Keep sentences factual- objective not subjective eg Patient did not want to talk on the phone as they said it was not convenient, NOT patient was really unhelpful and wouldn't speak to me on the phone and this was very frustrating.
- Stick to facts- do not make assumptions about people- just state as above that they didn't want to speak-not why you think they didn't. It is perfectly ok to ask if it would be ok to ring at another time.
- If the individual discloses sensitive information relating to themselves- if unsure discuss with Discharge Support project lead. Particularly if you are uncomfortable with the subject matter.
- Remember to document both sides of the dialogue if the situation becomes more sensitive For eg the individual asks to confide in the volunteer at which point the volunteer tells the individual that they cannot guarantee that they will not share with their manager as they may be able to provide appropriate support.
- A reminder to that all notes are updated to CRS and added to the patients' medical record, a patient can ask to see any notes written about themselves.

8. WARD CALLS (Only for designated volunteers)

You will be issued with a Ward Call Log Form and the Ward RAG times and contacts to make the calls. Please avoid calling before RAG Time,

the best time to call is after. RAG times is when they the multidisciplinary team get together and discuss patients and make decisions regarding discharge.

Always remember to introduce yourself as part of the Volunteering Discharge Support Service.

Always make a note of which wards you have spoken to on the Ward Log Form, so that you can keep track of which wards you have called.

Always ask to speak to Senior Sister or Charge in Nurse for new referrals. Explain about the service and ask if there are any older adults over the age of 65 who may want to have some information about the support available in the community.

This service is open to all boroughs and for any patient who:
- Is 65 years old or over
- Is anxious about returning home
- Is worried about how they will manage once home
- Are at risk of loneliness and social isolation

If an occupational therapist or a physiotherapist is available you can also check in with them to see if they have any new referrals.

Once a patient is identified please ask for their full name, date of birth, contact number, MRN number and reason for referral. This will then need to be emailed to [redacted]or processing (which includes screening, adding referral to database and CRS) then be allocated to a volunteer.

9. ESSENTIAL SHOPPING (due to COVID-19 and hospital guidelines, this is currently not possible.)

When present on the ward we can offer to do some essential food shopping for patients referred to the service before they are go home.

Sainsburys (by Norbiton station) carries a basic range. Ensure you get an essential list from ward nurse; please do not guarantee items as they

will be subject to availability. Check with patient regarding any dietary requirements and allergies.

The budget per patient is up to a maximum of £10.

Sainsbury's gift card are available so you will not have to deal with cash. You must complete the DSV Shopping expenses claim form and attach the receipt to form

Please note that Sainsbury's gift cards are locked away and can only be accessed via a member of the volunteering team. This service should only be offered to patients that are taking up the 6 weeks support calls.

Remember to make sure the bag of shopping is clearly labelled for the patient before handing to the ward.

Note: We cannot ever take any money from patients.
If a patient expresses that they want to pay for the shopping you can give them a leaflet about donating to the Hospital Charity. *Only give this out if the patient has explicitly said that they want to pay.*

We cannot deliver food to patients' homes but can give information about services that do deliver, e.g. Wiltshire Farm Foods, Staywell Services, Covid-19 Response Team at Kingston Borough. Please refer to the excel database for more referral information. Local area support services- updated Mar20.xlsx

10. Voluntary and Community Groups Update

The Local area support services database contains information of local and national community groups and organisations is constantly being updated by our Discharge Support co-ordinator.
Please let us know if you find out about any groups or organisations that would be useful to go on this database. In order to promote shared learning please c.c. other discharge volunteers.

11. TRAINING

By now you should have completed you mandatory role specific training. Additional training will be provided on a monthly basis via the DSV monthly meetings. Each month there will be guest speaker talking about their services and how to refer. There will also be education sessions with a health professional from across the trust, i.e physiotherapy team, social worker, dietitian etc.

Current training courses that will be beneficial to the role are:

Connected Kingston Champion training (via zoom) ☐
This training is essential for frontline staff and volunteers and will enable them to signpost clients to services that can support their wellbeing. It will also enable them to have conversations that can support people's health.

☐

Sage And Thyme- Sealing with people with Distress (via Zoom)
This popular training session is aimed at all staff that has contact with patients and/ or relatives – e.g. Health and social care and other professionals, support workers and volunteers.

Adult Mental Health Awareness Course (Online) ☐
Run buy Mental Health First Aid England
Each training course holds a maximum of 12 people and is interactive not a webinar. This training offers an introductory, increased awareness to mental health of adults as well as touching upon looking after your own mental health as someone who may be supporting other people.

Please contact project lead for future course dates.

12. DECLARATION

Once you have read through this delivery manual please sign and send back this one sheet to [redacted]

I can confirm I am aware of my responsibilities and have completed the mandatory role specific training and understand the tasks that will be delegated to me

DATE:	
NAME (PRINTED):	
SIGNATURE:	