



Key Messages



1. Once **MRFD** – discharge home same day is default option
([guidance](#) within 3 hours)
2. Discharge planning **starts from day one** (or before! – [advance care planning](#))
3. Give patients [discharge handbook](#), and [government discharge letters](#) within 24h of admission
4. [Discharge to assess](#) is the common model and language across Sussex
5. Know the [pathways 0,1,2,3](#) and [referral](#) processes – championing and role modelling
Please share the graphic widely and add pathway patient is on to handovers / narrative
6. **Pathways 0,1,2 = ward led** – IDT can always be contacted to advise and support
7. Maximise use of our [discharge lounges](#) – discharge from lounge as default for all pathway 0 and 1 patients when open.
8. **Pathway 3 = IDT led** (don't wait until these patients are MRFD to inform IDT)
9. Rapidly **escalate** any discharge delays of your pathway 0,1 and 2 patients to the IDT / Discharge Hub for support
10. **Document** all key progress notes relating to discharge in the [discharge planner](#)
11. Copy bsuh.dischargegovernancecontrolcentre@nhs.net in all referrals for discharge services for **RSCH** patients and bsuh.prhdischargehub@nhs.net for all **PRH** patients
12. Update [Medway](#) in real time, EDD, pathway number, and what they are waiting for
13. Inform B&H patients they will be **followed up** by [Healthwatch Wellbeing Check](#) and provide all patients with **means to contact ward** if any issues with discharge
14. **Complete the [IRIS](#) training and browse the [Microguide](#) and [InfoNet](#)**
15. [Contact hub/IDT](#) with queries early – phone, email, in person (RSCH Trust HQ, PRH Discharge Lounge)
Ask questions and discuss things - [Facebook Workplace](#) (if not patient specific)

