ACUTE CARE OF THE ELDERLY (ACE)

DISCHARGE PLANNING

1. Arrives ACE Ward with Risk Assessment and Discharge Planning Tool completely or partially completed. Meets ACE criteria.
2. Staff complete the Risk Assessment and Discharge Planning tool if it is uncompleted.
3. Name included on patients board with ACE identification.
4. On admission to ACE Ward, the patient is given an ACE information brochure.
5. The ACE Assessment Tool is begun and the scores recorded. This tool is completed daily and trends observed and acted upon.
6. If medically stable, mobility is encouraged with the assistance of the mobility enhancement team.
7. Nursing staff focus on function and encourage patients to be independent.
8. Nursing Unit Manager or team member in charge routinely completes referrals to social worker, physiotherapist and mobility enhancement team. Referrals may also include speech pathologist, dietician and occupational therapist. Allied health carry out assessment and intervention and reported in notes as soon as practically possible.
9. Medical team reviews daily.
10. The Geriatric Team reviews all ACE patients within 48 hours of ward admission.
11. Geriatric Team has rounds on Monday, Wednesday and Friday.
12. Medical and Geriatric teams work in a spirit of co-operation.
13. Thursday medication review with the Pharmacist and Geriatrician.
14. ACE team case conference on Monday mornings / discharge planning incorporated.
15. Medical team case conference with ACE registrar and medical registrars on Tuesday.
16. Day Five ACE Assessment – progress reviewed and decision confirmed about rehabilitation or not.
17. Patient and relatives notified of discharge date and transport home organised if necessary.
18. If patient moving to rehabilitation there is a fast track process to rehabilitation.
19. Nursing staff and Social Worker coordinate discharge plan.
20. Discharge Planner may assist as required.
21. Medical Teams and geriatric teams agree on the discharge date.
22. Patient receives a discharge summary from the Registrar for the general practitioner.
23. Nursing /social work staff liase with hostel/ nursing homes.
24. Discharge from ward.