

## Discharge Transportation to Home

### OVERVIEW OF ISSUE

Healthcare organizations have a duty to provide a comprehensive approach to patient discharge. While there are many issues to address at the time of discharge, establishing the patient's transportation arrangements, particularly for those under the influence of sedation, is an integral component of the discharge process. While the patient/family/substitute decision maker (SDM) is responsible to ensure that transportation arrangements are in place, failure of healthcare organizations to anticipate this component of the discharge process can potentially jeopardize the patient's safety.

### KEY POINTS

- Every effort must be made to ensure that patients are not placed at risk of harm to themselves during the transport home.

### THINGS TO CONSIDER

#### Effective Discharge Planning

- Facilitates the passage from healthcare organization to home in a manner considerate of the patient's safety. With an aim to reduce healthcare organization length of stay, unplanned readmission, and coordination of services following discharge, effective discharge planning can adequately prepare patients and families for the transition home.
- Takes into consideration that the transition from healthcare organization to home can be a potentially vulnerable time for patients.
- Provides relevant information to the patient and/or family at the right time (generally well in advance of discharge).
- Encompasses the patient's travel requirements and arrangements, necessitated by the patient's health and well-being.
- Relies on the collaboration of the healthcare team.

#### Recommendations

##### Discharge Transportation Practice

- Involve patients and their families in the discharge planning process at admission.

- Include a discharge discussion about transportation requirements for the patient upon admission to the healthcare organization.
- Ensure the patient/family/SDM is aware of their accountability for arranging and/or providing discharge transportation.
- Advise patients in advance (through a pre-operative discussion and/or pamphlet), if they are not to drive themselves home following a procedure and explain the reasons why.
- Consult with the most responsible practitioner when determining the type and level of escort for higher risk/medically complex patients.
- Include discharge transportation information/instructions in healthcare organization brochures and/or websites.
- Consider pre-discharge involvement of support services (discharge planning, social work) for the patient with special support needs.
- Thoroughly document transportation arrangements and the patient's mode of discharge transportation in the patient's health record.

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### Healthcare Organizational Policy

- Develop standardized protocols including:
  - Clinical situations where the patient is to be accompanied home and/or requires emergency/patient medical transport.
  - Contingency plans (including notification of the most responsible practitioner) for patients:
    - Without a 'ride' insisting on travelling home by taxi (e. g. considers the provision of a taxi chit specifying the patient's address. If provided, make sure to document in the health record);
    - Leaving unaccompanied;
    - Who live alone (especially those being discharged from the emergency department during off-peak hours).
- Adopt a standardized discharge checklist including transportation arrangements.
- Involve nursing, medicine, anesthesia and pertinent clinical departments in the protocol/checklist development.
- Educate staff members about safe discharge and monitor compliance with organizational policies.
- Review and evaluate the policy to ensure it meets the needs of the organization and the patient. Revise accordingly.



### REFERENCES

- HIROC. (2016). [Failure to provide adequate discharge/follow-up instructions](#). Risk Reference Sheet.
- ECRI Institute. (2007). Discharge planning. *Healthcare Risk Control Risk Analysis, 2, Patient Support Services 3*.
- Soong C, Daub S, Lee J, et al. (2013). [Development of a checklist of safe discharge practices for hospital patients](#). *J Hosp Med, 8, 444-449*.