

1.0 Policy

This policy provides a system for the fair and accountable management of discharges from LauraLynn Children's Hospice Services. Eligibility criteria and admission process are outlined in the Eligibility and Admission Policy 4.10A. LauraLynn participates in partnership working by sharing information and assessments with other services to reduce replication and enhance the delivery of the appropriate and timely services for the Children & Young People (CYP) and their families.

2.0 Scope

2.1 This policy applies to all discharges from LauraLynn Ireland's Children's Hospice - Children's Palliative Care services.

3.0 Definitions

3.1 *Discharge* refers to the discontinuation of service to CYP at the request of their parents/guardians or if they no longer meet the eligibility criteria for LauraLynn Palliative Care Services.

3.2 The *Clinical Care Forum* is the decision-making body for all discharges.

Its membership includes:

- Consultant Paediatrician
- Assistant Director of Nursing
- CNM2 / CNM1
- Clinical Nurse Specialist(s)
- Family Support Team (Physiotherapist, Occupational Therapist, Music Therapist, Play Therapist, Family Support Coordinator, Psychologist, Bereavement Coordinator)
- Referral Development Coordinator
- Staff nurses and HCAs are welcome to attend if work schedule allows

4.0 Responsibilities

4.1 This policy is implemented through the Clinical Care Forum (CCF).

5.0 Eligibility Criteria

5.1 Are outlined in policy Eligibility and Admission Policy 4.10A

6.0 Decision Making Process

6.1 The Clinical Care Forum uses an interdisciplinary approach to reach all its decisions.

6.2 All decisions taken by the Clinical Care Forum are recorded in the minutes of the CCF meeting. Decisions will be shared with the family, the referrer, the primary paediatrician and/or the G.P in writing as soon as possible.

7.0 Criteria for Discharge

7.1 CYP and their families will have their eligibility to avail of the service reviewed at least once a year or more frequently if a significant change occurs.

7.2 All CYP in receipt of services from LauraLynn will have their care needs reviewed annually. See SOP 041 for details of the Annual Review Process. This will include review of their palliative care needs, their use of LauraLynn services over the preceding year with reference to the goals of care determined in the Holistic needs assessment.

7.3 If in the event of significant improvement or recovery of a CYP's medical condition or following an annual review it is deemed that a CYP no longer meets the LauraLynn eligibility criteria, a CYP may be discharged

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from services. It is acknowledged that some life-limiting conditions may present with periods of relative stability but a high chance of later deterioration, the expected trajectory of a CYP's condition will be considered during the annual review process.

- 7.4 In the event a CYP and family relocating and are no longer in a position to avail of LauraLynn supports, the CYP may be discharged from services.
- 7.5 A CYP and family may choose to voluntarily withdraw from LauraLynn services and request to be discharged at any time.
- 7.6 Non-engagement - If a CYP and family have not responded to communication from LauraLynn in a 1-year period up until the date of the Annual Review, it will be deemed that they do not wish to engage in our services and will be discharged.
- 7.7 Behaviour – Inappropriate and unacceptable behaviour. LauraLynn operates a “zero-tolerance” policy with respect to the protection of CYP and staff. Where staff members feel that a CYP or their family are causing disruption, being abusive and/or causing a threat to the health and safety of other CYP, staff or other stakeholders, LauraLynn reserves the right to discharge. See Visiting Children Policy Children's Palliative Care Service Ref 4.6 CPC for definition of the service's Zero Tolerance Policy

8.0 Discharging from LauraLynn – Children's Palliative Care Services

- 8.1 The decision to discharge from LauraLynn services is the responsibility of the CCF.
- 8.2 In all circumstances the discontinuation of services will be planned and undertaken with the full knowledge and participation of all relevant family members of the CYP. The child's primary health team plus relevant health care professionals be informed of the intention to discharge.
- 8.3. When a decision is made for discharge, respite stays and family support planned for the following 12 weeks will be honoured.
- 8.4 All CYP will be automatically discharged at the age of 18. Planning for transition to adult services will commence from 14 years.

9.0 Appealing a decision

- 9.1 When informed of a plan to discharge, Families may appeal against a decision made by the CCF.
- 9.2 An appeal should be made in writing by the family or their nominated professional to the Chair of the CCF. stating the reason for the appeal. The family will be supported by their chosen member of the CCF team in this process. Appeals must be made within 14-days of notification of the plan to discharge.
- 9.3 This appeal's procedure is separate to the LauraLynn complaints procedure and does not affect the rights of any service user to make a complaint.
- 9.4 Upon receipt of an appeal, the CCF will review the clinical details and will seek to access any additional clinical information to help determine whether the CYP has palliative care needs and to ensure as objective a decision as possible.

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- 9.5 The decision made by the CCF with regard to the appeal will be final.
- 9.6 The QRS Committee is available on request to review the process followed in individual cases and to ensure adherence to the Discharge Policy .

Appendix 1 – Discharge Checklist

	Item	Person Responsible	Completed
1.	Child identified as eligible for discharge as per section 7 above.	CCF	
2.	Child name added to Discharge Planning section of CCF agenda .	Admin	
2.	Reason for discharge documented in Vitro	CNS/CMN	
3.	Family informed of decision to discharge. Date and method of informing to be recorded on Vitro.	CNS	
4.	Formal letter informing family of decision to be posted and relevant health care professionals and teams to be included in communication.	Admin	
5.	CNS to liaise with family regarding outstanding short breaks.	CNS	
6.	On final discharge, discharge letter to be forwarded to family and relevant teams	Admin	

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