

- 9.9 No patient is to be discharged from hospital who needs assistance with either treatment or daily living activities without confirmation that the individual's carers or community services can continue the care. Where appropriate, the patient will be referred back to a hospital in the District of origin.

SPECIFIC CONDITIONS AND ISSUES

10. Tertiary Referrals

- 10.1 Tertiary referral by the cardiac surgeons is extremely uncommon. Should tertiary referral elsewhere be considered appropriate, this will be in discussion with the cardiologists. The level of tertiary referral will be kept to a minimum and will not be expected to exceed the yearly rate for the last 3 years.

11. Care of Children

- 11.1 It is recognised that it is desirable for children and infants to be cared for separately from adults. Although this is not currently possible in the integrated Cardiac Intensive Care Unit at Bristol Royal Infirmary, separate specialist provision is provided for children in the purpose-built and equipped nursery.

12. Discharge to Another Hospital

- 12.1 By arrangement with the District of origin, patients may, on occasion, be discharged to a hospital in that District. This arrangement exists to maintain a high throughput in the Cardiac Surgery Unit and for the convenience of convalescing patients whose homes are at a distance from Bristol.
- 12.2 The level of discharge to N.H.S. hospitals will be recorded by the Providers and reported to Bristol & Weston Purchasers 6 monthly for monitoring on behalf of other Districts.

13. Emergency Workload

- 13.1 The Cardiac Surgery Unit will achieve an optimum balance of elective and emergency cases. It is recognised that from time to time the effort to maximise elective throughput and to accommodate emergencies may result in a higher level of postponement of elective admissions than indicated by the agreed performance target. The volume of elective/emergency work will be monitored.

QUALITY STANDARDS

14. General

- 14.1 The Providers will have Quality Assurance systems which include elements of quality control, identification of service deficiencies, and mechanisms for correcting and reviewing problems.
- 14.2 All normal practices of medical care will be observed, including the maintenance of adequate records.