<table>
<thead>
<tr>
<th><strong>Policy theme</strong></th>
<th>Coordinated discharge from hospital to the municipalities</th>
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<tr>
<td><strong>Design and implementation level</strong></td>
<td>National legislation, regional and local obligation</td>
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<td><strong>Policy objective</strong></td>
<td>Reducing long length of stays at hospitals</td>
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<tr>
<td><strong>Start date – End date</strong></td>
<td>1January 2018 (the existing Act will remain in force until 31 December 2018 for psychiatric in-patients)</td>
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**Aims**

One aim is to improve the care, with shorter lead times between inpatient care and health- and social care in the own home or in institutional care.

Another aim is to clarify the structures and forms for collaboration between the responsible authorities.

**Implementation**

A responsibility for the county councils and the municipalities.

**Target group**

The general population. However, the majority of those who are embraced by the Act are older persons (65+).

**Eligibility criteria**

Persons who after discharge from hospital in-patient care, are in need of social care, health care financed by the municipalities or outpatient care financed by the county councils.

**Resources**

No extra resources.

**Performance assessment and monitoring**

No announced national system for performance assessment and monitoring yet.

**Evidence of success (outcomes, quality, satisfaction, awareness)**

Not in force yet.
The Act on payment liability (1990:1404) was implemented as a part of the Community Care Reform in 1992, and stipulates the municipal payment liability for patients at the hospitals when they are ready to be discharged. Municipalities’ payment liability starts, at the earliest, five workdays after that the municipality has received the call to the care plan meeting. Reducing long length of stays at hospitals has been a prioritised question in recent years. The main reason for reducing length of stays at hospitals is a more effective use of resources, because in-patient care is the most costly form of care.

In 2014, the Government launched an investigation of the Act on payment liability (1990:1404). A government Bill (2016/17:106) was presented in February 2017, where the government suggests that a new legislation will be introduced, the Act on Coordinated Discharge from Hospital Care.

Key proposals from the government bill are:

- It is clarified that the social care services and outpatient health care as soon as possible shall start the discharge planning process from in-patient care. The in-patient care shall therefore, in certain cases, inform concerned units about the admission within 24 hours from the time the patient is admitted to in-patient care.

- The Act includes regulations about coordination between the county councils and the municipalities. The responsible authorities shall consult with each other and elaborate common guidelines about coordination according to the new legislation and are supposed to make agreements with each other about time point for the municipal payment liability and amount to pay.

- The Act also includes regulations about the municipal payment liability in certain cases for patients that are cared for within in-patient care after that they are ready to be discharged and an agreement between the county council and the municipality has not been reached. The new Act stipulates that municipalities’ payment liability will start three days (Saturday and Sunday included) after that the municipality has received information about that the patient is ready to be discharged.

- The government Bill is expected to come into force on 1 January 2018. The repealed Act shall however be in force until 31 December 2018 for patients that are treated in psychiatric in-patient care.
Critical assessment

A concern is whether the municipalities are ready and prepared to handle a faster return of older patients from the hospitals. Will the new legislation result in an increased pressure on the families?

Academic literature on this action

Documents
