QUEEN ALEXANDRA HOSPITAL / ST JAMES HOSPITAL

1. ***WHAT IS THE STANDARD PROCESS FOR DISCHARGING PATIENTS FROM HOSPITAL AND WHO IS INVOLVED?***

The standard process for discharging patients from St James Hospital via ASC is:

Ward and referral (BICA form created by ASC) to the 2 dedicated OPMH Social Workers (integrated in the OPMH teams, but linked for Admin and Social Care/Professional Management to Community Fieldwork ASC Teams), Emma Richardson and Louise Snelling.

- If the referral is appropriate and they have capacity, they will accept it and work on it.
- If the referral is appropriate, but they do not have capacity, they will send it onto ASC Duty Team for allocation there.

How:-

- Referral form (BICA) is either faxed, sent internally or given by hand to OPMH Social Workers.
- They then send it onto ASC Admin in their individual Community Team to input onto the SWIFT system.

Who refers:

- Staff Nurses from Wards & Ward Consultants

Reasons for Referrals – this is not an exclusive list just some examples:-

- Assessment for Social Work support and guidance
- Support with personal care to facilitate discharge
- Day Centres
- Carer support and assessment
- Housing issues and needs
- Placement in Residential or Nursing Homes, or supported accommodation, eg extra care, Sheltered Housing Schemes

The standard process for discharging patients from Queen Alexandra Hospital via ASC is:

- ***Section 2 notification referral* is** received - this lets ASC know someone has been admitted to hospital.
- Admin input the referral onto the AIS IT system and passes to the duty co-ordinator for triage. Dependent on what is written on the referral this consists of either placing in pending (could be having 4 weeks rehabilitation or not medically fit yet etc) or a ward update is gained and a decision is made if needs allocating or not to a Social Worker/Care Manager.
- If appropriate - allocated to a named Social worker/Care Manager for assessment and/or start discharge planning.

NB approx 40% of section 2 referrals come to nothing and are not seen by ASC this could be for various reasons eg

- Client does not want ASC involvement
- Waiting for OT/Physio assessment and does not need ASC involvement following this intervention
- Not Medically fit and go onto either full health care or die
- Ward has discharged without waiting for patient to be seen by ASC

- If after section 2 has been triaged and is not ready to be seen, we wait for a ***Section 4 expected discharge date notification*** which enables planned collaborative working between ASC & Health, as the case is likely to be complex in nature and take several days for all assessments to be completed eg

  - Continuing Health care assessments from all professionals involved in patient care
  - Ongoing Physio/OT assessments running alongside ASC discharge planning
  - Mental Capacity Assessment/Best Interests Meetings
  - Safeguarding issues which need careful planning to ensure safe discharge

Admin staff record the receipt of the section 4 on AIS and the duty co-ordinator again triage the referral to ensure appropriate, as many section 4's are not appropriate eg

- Waiting for rehabilitation ward
- Waiting for medical intervention eg scan/operation
- Not medically fit

If appropriate, case is allocated at this point to a Social Work/Care Manager for assessment/discharge planning

- ***Section 5 Confirmed discharge date notification,*** this tells ASC when the patient is ready for discharge and gives a discharge date. Under the Delays Discharge Act 2003, ASC have between 42 hours & 48 hours, (dependent on time section 5 received) to put services in situ and discharge if appropriate from day of referral received.

As with all of the sections detailed above Admin would put the sections/referrals onto the AIS IT system for tracking and the Duty Co-ordinator would triage all referrals for appropriateness to ensure only the relevant work is allocated to Social Workers/Care Managers. Therefore, people involved with this process are as follows:

- Admin
- Duty Co-ordinator
- Social Worker/Care Manager

2. ***WHAT OBSTACLES TO THE SMOOTH RUNNING OF THIS PROCESS HAVE BEEN IDENTIFIED?***

The processes identified for St James Hospital are:

Sometimes the referrals lack clarity of purpose, intended outcomes, or lack sufficient basic information to triage, which can cause delays in returning to the referrer for further clarification.

Sometimes, referral not made in a timely manner eg referral given too short notice periods eg only one day before CPA to be held, or client about to be discharged that day, which either results in additional emergency workload increases for the Community Fieldwork Duty Service, or a delayed discharge, as the discharge may not be able to proceed without ASC input..

The processes identified for Queen Alexandra Hospital are:

- Challenges to CHC
- Challenges to Mental capacity assessments completed by ward staff
- Referring too early when still needing other medical intervention
- Referring too early when having weeks of Physio/OT input
- Patients being referred when they have not been given permission to do so and do not want ASC input so wasted a social work visit to ward as well as the Admin/Duty Co-ordinator time
- Conflicting information given on referrals eg can walk with 1, but on visit needs assistance of 2

3. ***HOW MANY PATIENTS ARE IN HOSPITAL WHEN THEY SHOULD HAVE BEEN DISCHARGED?***

&

4. ***WHAT IS THE COST OF DELAYED DISCHARGES FROM THE HOSPITAL, TO THE NHS AND TO THE LOCAL AUTHORITY?***

- PCC have had only 2 acute hospital delays attributed solely to ASC since 10 August 2010, (actual fine £500), as evidenced in the weekly SITREP Reports.
- As of midnight 3 February 2011 at this week's SITREPS meeting, again no ASC delays for either non acute or acute delays.

SITREP details for this week are as follows:

- 10 Health internal delays eg clients waiting for other assessments
- 1 Joint Health & ASC delay – waiting for a DST (Decision Support Tool Assessment), required as part of CHC assessment process
- 3 Health Acute delays 1 waiting for health package of care/2 waiting for health funded residential care
- No ASC delays, reimbursable or non acute delays

Therefore, as the figures indicate there are no patients held in hospital that could otherwise be discharged by ASC.

5. ***HOW CAN THE DISCHARGE PROCESS BE IMPROVED?***

PCC, HCC, HCHC & Portsmouth PCT and PHT are currently utilising the additional Department of Health Funds (£272,000), to ensure the swift facilitation of simple discharges from QA Hospital.

This is a pilot whereby an OT or a SW can identify and discharge directly into Nursing Homes, Residential Homes, re-enablement facilities and providers (ILS and Rapid Response) or domiciliary agencies, without going through the usual full assessment process. These services are geared around re-enablement to reduce length of stay in hospital and to reduce ongoing dependency in the community.

It is not always straightforward to identify ***'simple'*** discharges and so people are being discharged without the appropriate level of assessment, and then either requiring an immediate assessment in the community by the ASC Duty Team or, being placed in a too higher level of service and then require it to be reduced again by ASC in the community.

We do need a greater co-ordinated approach without Health PCT and PHT colleagues and we are introducing a new IDB co-ordinator role. However, we do need to ensure that whilst HCC and PCC are part funding this, we need to be fully involved to ensure there remains a balanced Health and Social Care approach.

6. ***WHAT CAN THE TECS SCRUNITY PANEL DO TO HELP IMPROVE THE DISCHARGE OF PATIENTS FROM QA & ST JAMES HOSPITALS?***

A suggestion could be to raise the profile of ASC and the need for greater partnership working and full involvement in planning, not just in times of crisis management.