Evaluation Medically Fit For Discharge Pilot

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Honesty Everyone counts Accountable Respectful Teamwork

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Aims and Expected Outcomes of the provision of the End of Life Service

- To provide personal care to end of life patients who meet the referral criteria for the service.
- To provide choice for end of life care patients who wish to receive care at home.
- To support the system to enable patients that are medically fit for discharge from acute care to be discharged in a timely and safe manner.
- To use the learning and monitoring, to inform long-term modelling piece of work.
- To give real choice to patients that wish to die at home.

EXPECTED OUTCOMES:

- Reduction in the delayed transfers of care for Portsmouth ‘fast track’ patients being discharged from hospital or Jubilee.
- Reduction in the numbers of delayed transfers awaiting care packages from Spinnaker, PRRT.
- Reduction in the numbers of delayed transfers awaiting Pathways 1 and 3 from QAH.
- A reduction in the numbers of DSTs undertaken for Portsmouth patients in QAH.
- Overall reduction in the numbers of MFFD patients for the Portsmouth system.
- An increase in patients that wishes to die at home, being accommodated.
- An increase in domiciliary care capacity within the domiciliary care sector (from ICS).

Implementation

- From the outset, the project ran into difficulties, due to recruitment difficulties (HCSWs) and a lack of patients that met the referral criteria in the early weeks.
- Data informing project inaccurate based on EOL pts for fast track in community and overnight requirement: Wrap around support.
- On the 5.07.17, the service agreed that there needed to be an urgent review of the pathway, to make recommendations on how to meet the trajectory within the 16 weeks timeframe, prior to the onset of winter pressures.

QUALITY

- Training and Induction for all new HCSW implemented (timely).
- Review of Overnight Capacity.
- Quality Impact Assessment within Solent.
- Additional Training Required to meet food preparation standards for HCSW.
- Mortality review for all EOL patients undertaken.
- Supervision and review HCSW survey.
- Integration into community nursing teams delivering locality model.

Alternative delivery plans.

- Weekly meetings daily ops monitoring to review all MFFD and pull.
- Review of all wards and community nursing to pull and admissions avoidance.
- Accept referrals 7 days a week
- Review with private sector capacity to support.
- Commitment to 5 a week into integrated teams increasing over time.
- Immediate start to taking bridging packages that have a start date from PHT into PRRT.
- Collaborative approach for PRRT and Community Nursing, central to patient requirement.
- Review of Business Case moving forward.

Lessons Learnt and Good Practice

LESSONS LEARNT

- HCSW cannot deliver in isolation: Multi Disciplinary Team approach required
- Training and Induction timely
- Two pathways required to maintain flow from Acute and Community Beds: PRRT and Community Nursing EOL
- EOL night sitting and support requirement for isolated patients
- Analyses of data needs to be more robust and accurate

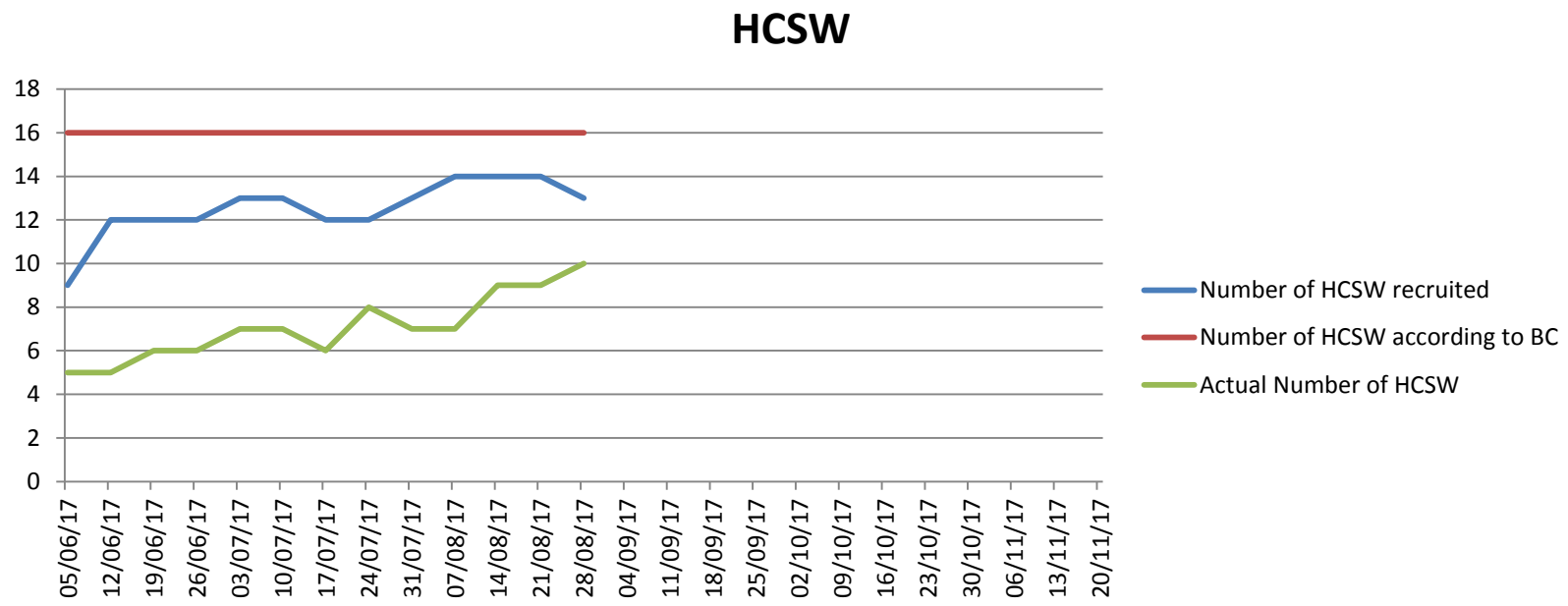
GOOD PRACTICE

- Flexibility and early identification
- Collaboration across organisations
- Patient satisfaction HIGH
- Achieved FLOW in system Portsmouth
- Responsive to system need
- Quality Assured
- Resilience and Sustainability
- Forged relationships

Developments

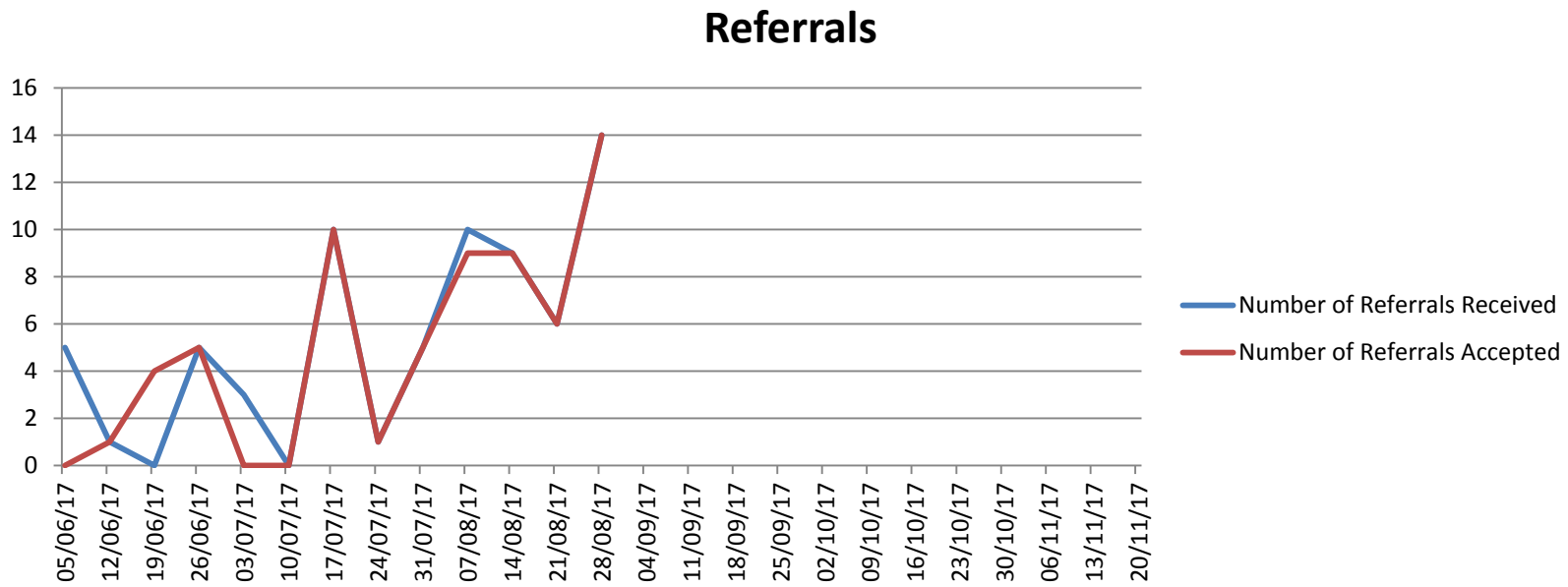
- The development is a foundation for the future in new models of care for keeping patients in the community.
- Learning will be shared and used in developing patient pathways from acute and community.
- The resource will continue to be utilised in modelling the requirements for hospital avoidance and community response Urgent and focused on current pathways of PRRT and Community Nursing EOL.
- Working with Local Authority to Develop Portsmouth Community Neighbourhood Project.
- Reviewing and developing the Portsmouth MCP and intensivist roles.

1



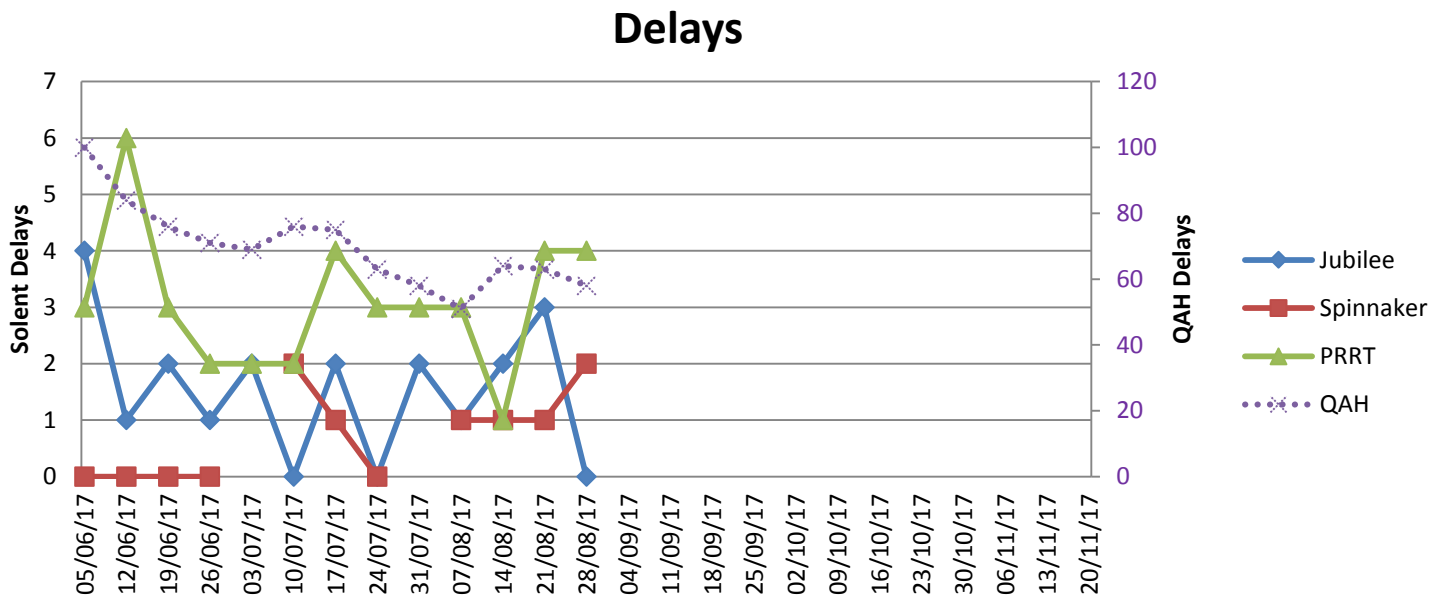
Business case 16. Recruitment has been difficult and required several panels. Final interviews scheduled for September.

2



Total number of packages delivered by 31.08.17 =62.

3


Delays
Solent Delays
QAH Delays
0
1
2
3
4
5
6
7
0
20
40
60
80
100
120
05/06/17
12/06/17
19/06/17
26/06/17
03/07/17
10/07/17
17/07/17
24/07/17
31/07/17
07/08/17
14/08/17
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11/09/17
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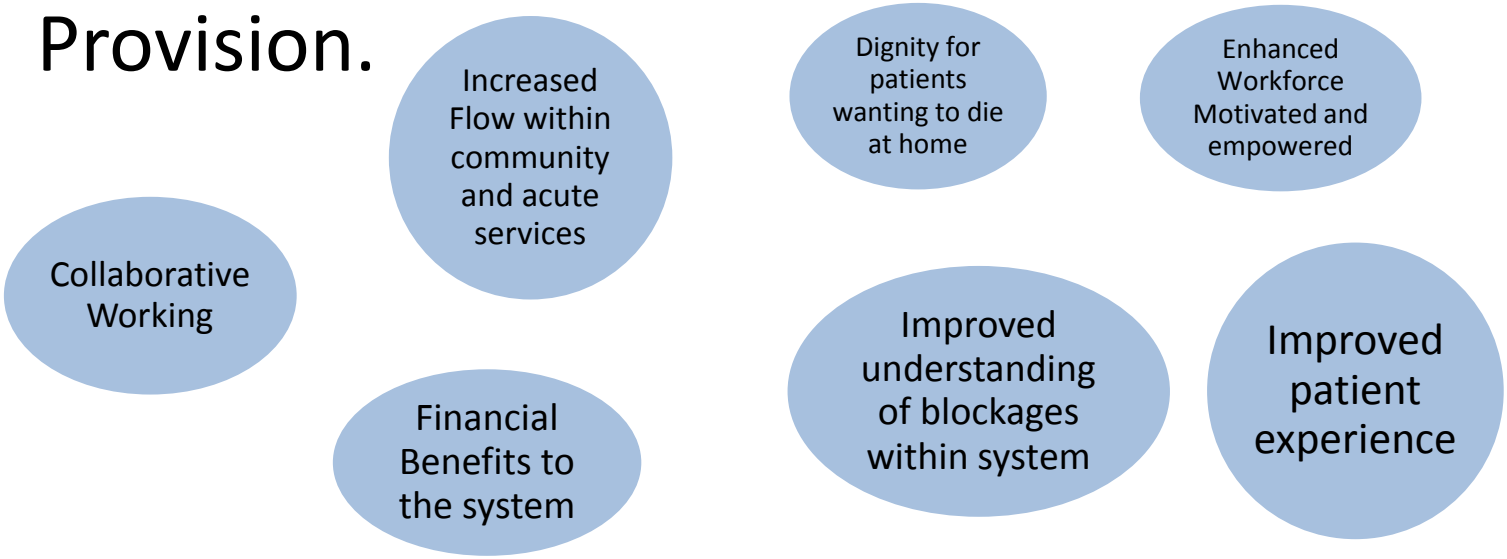
25/09/17
02/10/17
09/10/17
16/10/17
23/10/17
30/10/17
06/11/17
13/11/17
20/11/17
Jubilee
Spinnaker
PRRT
QAH

OUTCOME:

- Considerable benefits to the system and Patients across Health and Social Care Provision.



Foundation for future models of care

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Next Steps

- Continue the pathway developments in preparation fro Winter pressures.
- Continue to monitor benefits in maintaining flow.
- Develop and Scope Portsmouth Community Neighbourhood Project.
- Integrated pathways review model in PRRT post perfect week.
- Transform service delivery in partnership.