

Improving Discharges and Reducing Delayed Transfers of Care 2016/17



Improving Discharge and Reducing DToCs - Key Issues

Process

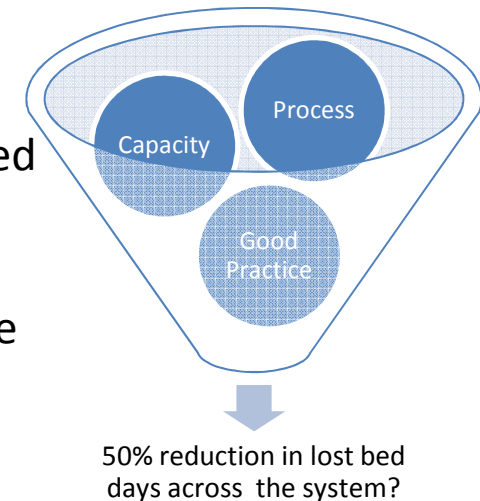
- Patient/family choice makes up 19% (2319) of lost beds days at BSUH, and 12% (1073) at SCT
- Admission processes to B&H beds causes delays in the system – average time referral to admission 4 days (56 days per week in BSUH)
- Threshold calls – different process needed that adds value and empowers operational leads underpinned by a properly integrated discharge team

Capacity

- 85% increase in patients waiting for packages of care across acute and community
- D2A (integrated with CRRS) needs to be the intermediate service for all patients going home with a care need
- Hospital at Home model
- Reduction of Nursing Home capacity following adverse CQC inspections

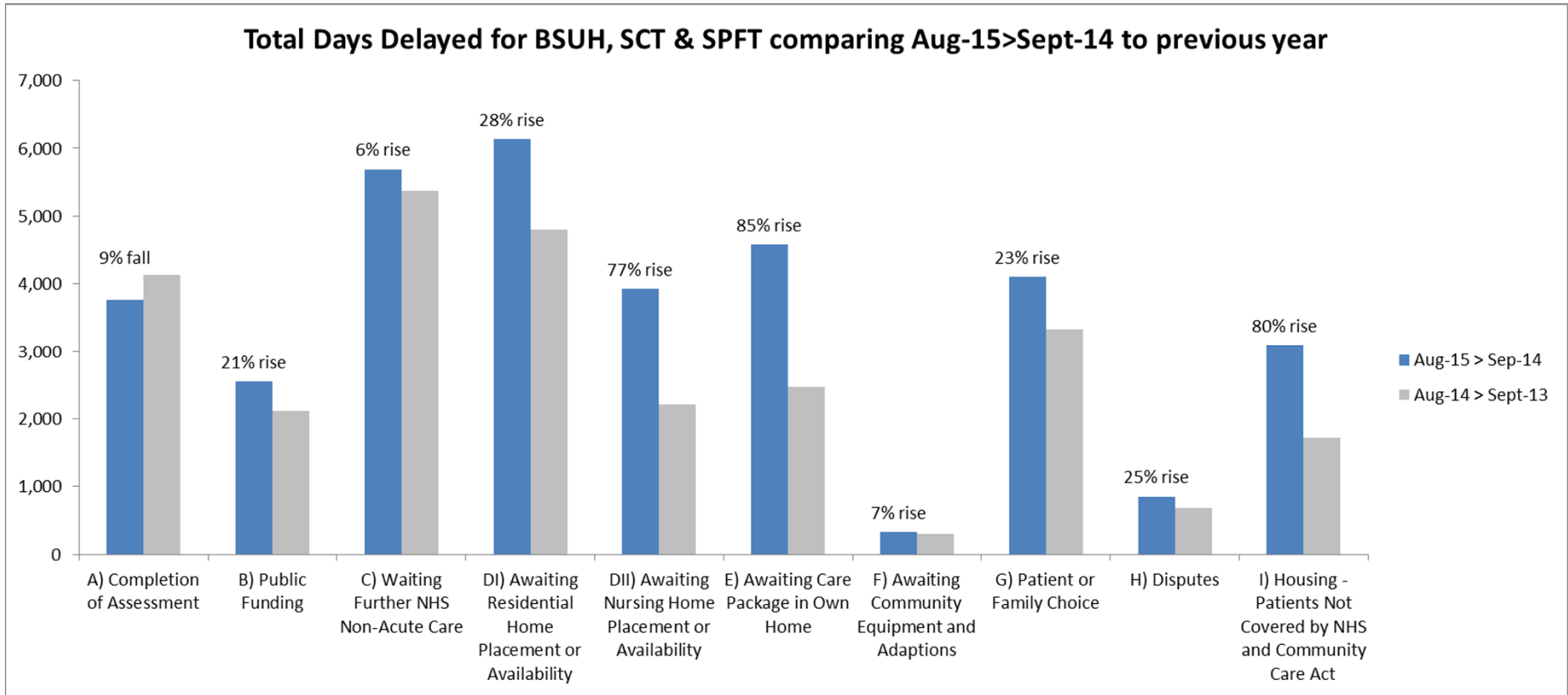
Good Practice

- SAFER Flow Bundle – needs to be BAU in all bedded units and community services
- Implementation of new CHC requirements – all assessments in the community



Better Health For Our City

Improving Discharge and Reducing DToC



Improving Discharge and Reducing DToC - Actions

Key Issue	Action	By When	By who	Expected Impact
Homecare capacity	Independence at Home service redesign	June 2016	ASC	50% reduction in lost bed days = 5 extra beds across BSUH, SCT , SPFT
	Securing additional interim capacity to support CRRS and CSTS	April 2016	CCG/SCT	
	Re-procurement of independent sector homecare service	Oct 2016	ASC	
	System wide workshop to review demand and capacity and market for home care	July 2016	All	
Care home capacity	Recruitment of East Sussex ASC homecare team	October 2016	East Sussex ASC	
	Workshop as above to include care homes	July 2016	All	
Community Beds	ECIP facilitated workshop to agree quicker processes for accessing beds	May 2016	SCT/ASC	Reducing average referral to admission time by 50% = 3 beds at BSUH
	Re-procurement of beds according to new service specification (B&H)	Complete April 2017	B&H CCG	
Managing patient expectations	Implementation of new national choice policy across whole system	June 2016	All providers of beds(HWLH facilitating)	50% reduction in lost bed days = 3 beds at BSUH, 2 beds at SCT, 1 bed at SPFT
	Patient discharge information on admission	June 2016	All providers	
Complex Discharges	Revise daily threshold approach – operational managers do their job and escalate issues if required	May 2016	BSUH/SCT/ASC	To be quantified
	Explore options to more closely align HRDT and SW Assessment team across beds at RSCH	Dec 2016	BSUH/ASC	

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Good practice discharge planning	SAFER Flow Bundle implemented across all bedded and relevant community services	Oct 2016	All providers	To be quantified
Hospital at Home	Implement Hospital at Home model	June 2016	SCT/BSUH	Re-provision of 20 Newhaven beds
Discharge to Assess	Fully integrate D2A and CRRS to be intermediate service for all patients needing a service on discharge Define longer term model linking integration of discharge functions	June 2016 To be agreed	SCT	To be quantified
Assisted Discharge	Continue current pilot and procure long term service, which will be designed to dovetail with East Sussex Service(in development)	Oct 2016	Red Cross/ successful provider	To be quantified and set in new procurement model
Continuing Healthcare	Implement new national CHC requirements i.e. no assessment in acute bed	Dec 2016	CCG	



