

**City Health Care Partnership CIC**

a co-owned business



# Discharge to Assess

**Christy Francis**

Senior Operations Manager

City Health Care Partnership CIC

**#bettercarehull**



**Hull**  
City Council



**Hull Clinical Commissioning Group**

# How do we define Discharge to Assess?



An integrated person-centred approach to the safe and timely transfer of medically stable patients from an acute hospital to a community setting for the assessment of their health and social care needs.

*Hull & East Riding Discharge to Assess Work stream (2015)*



Hull  
City Council



**Hull Clinical Commissioning Group**

# Mrs Andrews deserve a better deal



Mrs Andrews' story: Her failed care pathway

## A study by Richardson found a **43%** increase in mortality at 10 days after admission through a crowded A&E

Richardson DB. *Increase in patient mortality at 10 days associated with emergency department overcrowding.* Med J Aust2006;184:213-6

For patients who are seen and discharged from an A&E, *the longer they have waited to be seen, the higher the chance that they will die during the following 7 days*

- Guttman A, Schull MJ, Vermeulen MJ, Stukel TA. *Association between waiting times and short term mortality and hospital admission after departure from emergency department: population based cohort study from Ontario, Canada.* BMJ2011;342:d2983



Hull  
City Council



Hull Clinical Commissioning Group

- 48% of people over 85 die within one year of hospital admission

### Imminence of death among hospital inpatients: Prevalent cohort study

David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, published online 17 March 2014 *Palliat Med*

**If you had 1000 days left to live  
how many would you chose to  
spend in hospital?**

- 10 days in hospital leads to the equivalent of 10 years ageing in the muscles of people over 80

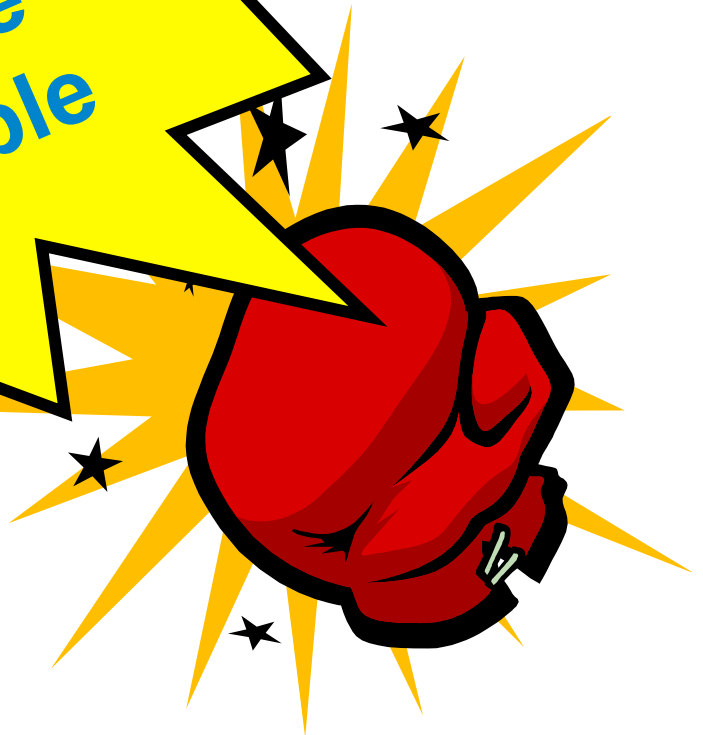
Gill et al (2004). studied the association between bed rest and functional decline over 18 months. They found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity.

Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older adults. *J Gerontol A Biol Sci Med Sci.* 2008;63:1076–1081.



**POW!!**

**Hospital is NOT a  
place of safety for  
people that are  
medically stable**



# These all make a compelling story?



- High numbers of outliers in hospitals – associated with patient risk
- Crowded emergency departments – associated with patient risk
- High and sustained levels of escalation across the system – abnormal now feels normal – new colours have emerged !
- High levels of acute hospital bed occupancy



Hull  
City Council



**Hull Clinical Commissioning Group**

# An Integrated Health & Social Care Response: Our Shared Purpose



No decision about long term care needs need to be taken in an acute setting.

All adult patients should have the opportunity to access a D2A pathway.

- Support timely discharge from hospital

- Maintain independence where possible

- Reduce the level of long term care packages

- Net neutral impact on Social Care spend



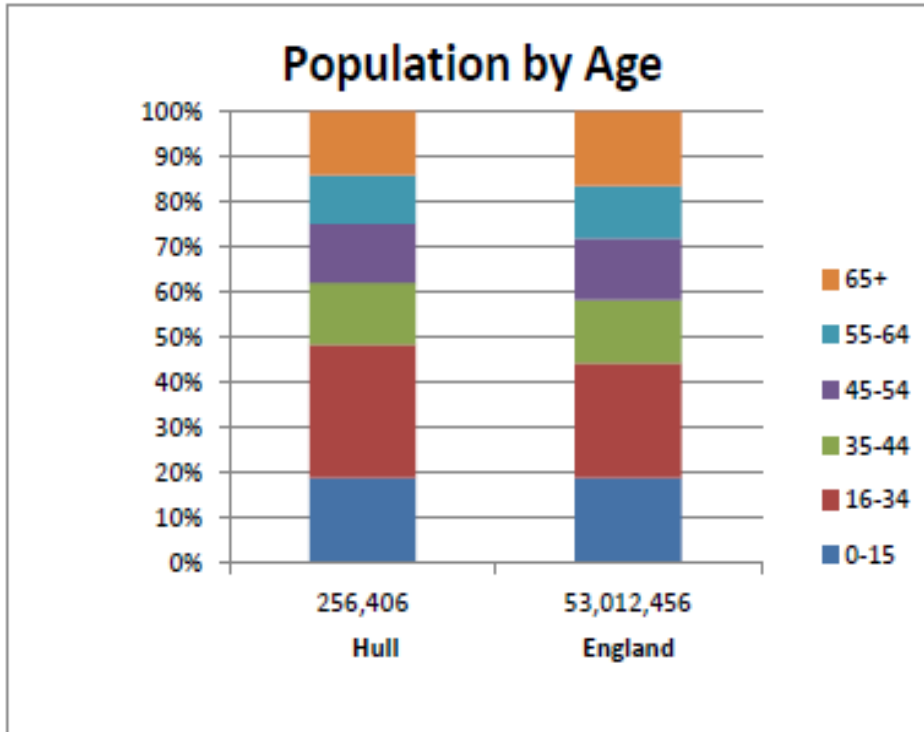
Hull  
City Council



Hull Clinical Commissioning Group



# Local Demographics Vs National picture



- 36,000 people aged 65+
- 22,000 living with a life limiting illness or disability
- Deprivation higher than England average
- Life expectancy for both men and women lower than England average
- Heavy reliance on acute hospital based care
- National outlier in respect of emergency admissions

*NHS Hull CCG (2015)*

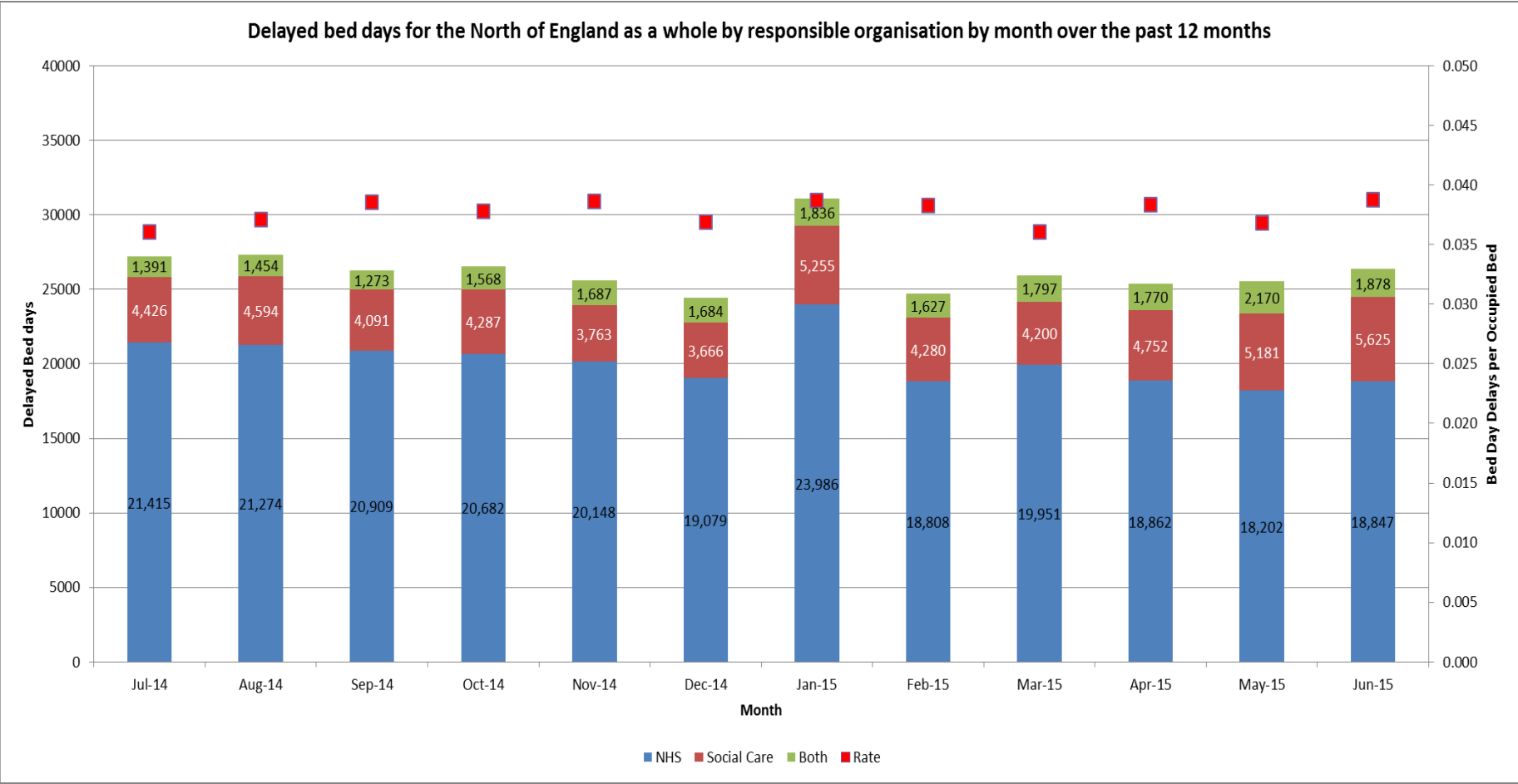


**Hull**  
City Council



**Hull Clinical Commissioning Group**

# DTOC Trend for the North of England over the past year



# BCF scheme 4

## Reablement & Rehabilitation

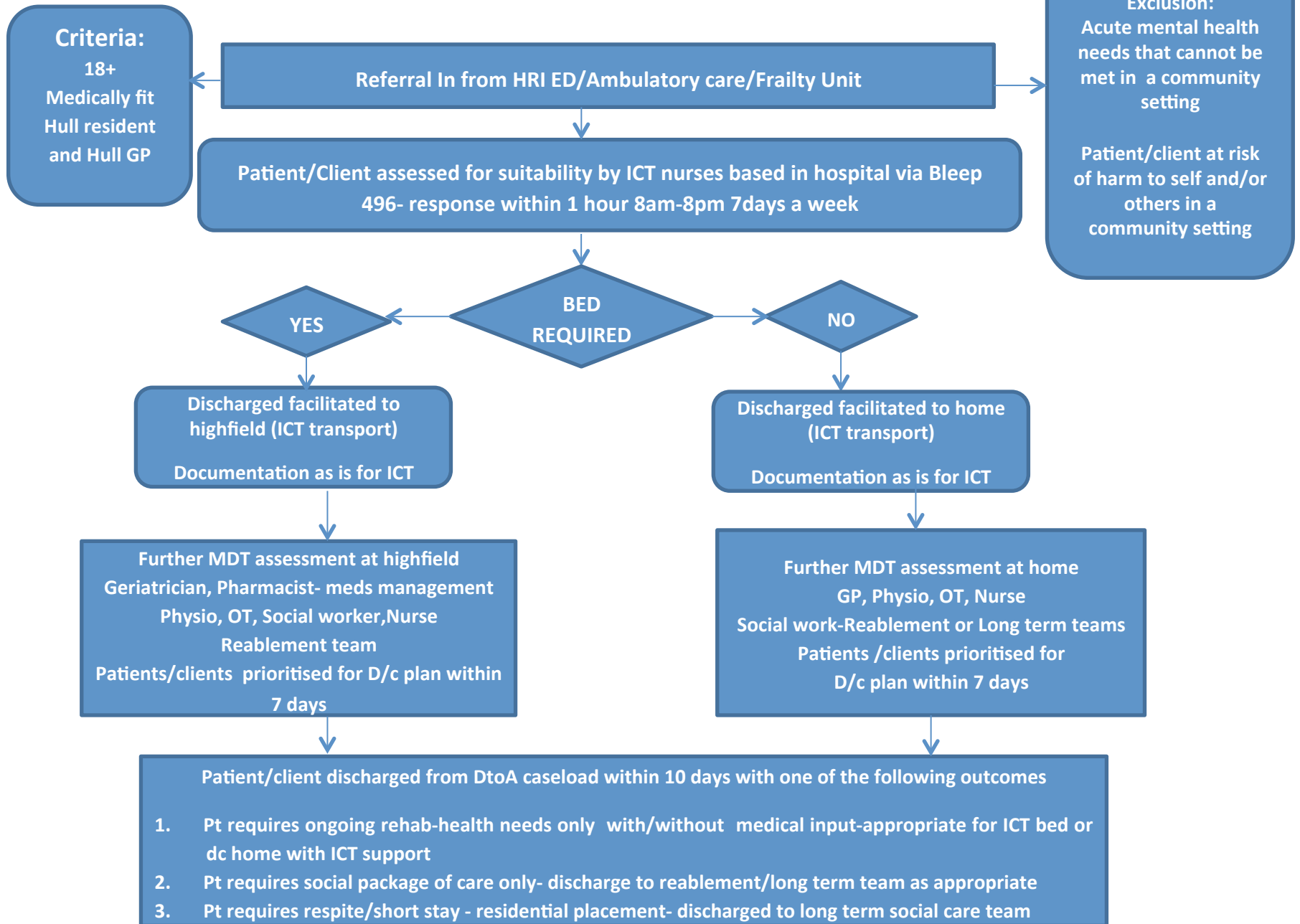


The overarching aim of this scheme is to maximise Reablement and rehabilitation pathways as an alternative to hospital and to maintain independence following a hospital stay, avoiding unnecessary admissions and delayed discharges.

The objectives are to:

- Sustain the current service and build on models of good practice
- Ensure integration and development across help at home services
- Integrate rehabilitation and therapy services
- Improve transfers of care

# HULL DISCHARGE TO ASSESS PILOT REFERRAL PATHWAY



# Why choose Intermediate care



Community bed based rehabilitation = 45 beds

Home based rehab = 30

Reablement flats = 18

**TOTAL WTE = 56.0**

Workforce	WTE/Planned Activity per week
Consultant Geriatrician	4.5 PA per week (for 45beds)
GPwSI	2 PA per week (for 45 beds)
Senior Pharmacist	0.60
Physiotherapy	6.0
Occupational Therapy	7.0
Therapy assistants	10.0
Nurses	18.0
Health Care Assistants	10.0
Social Workers	0.2
Admin Staff	3.0



Hull  
City Council

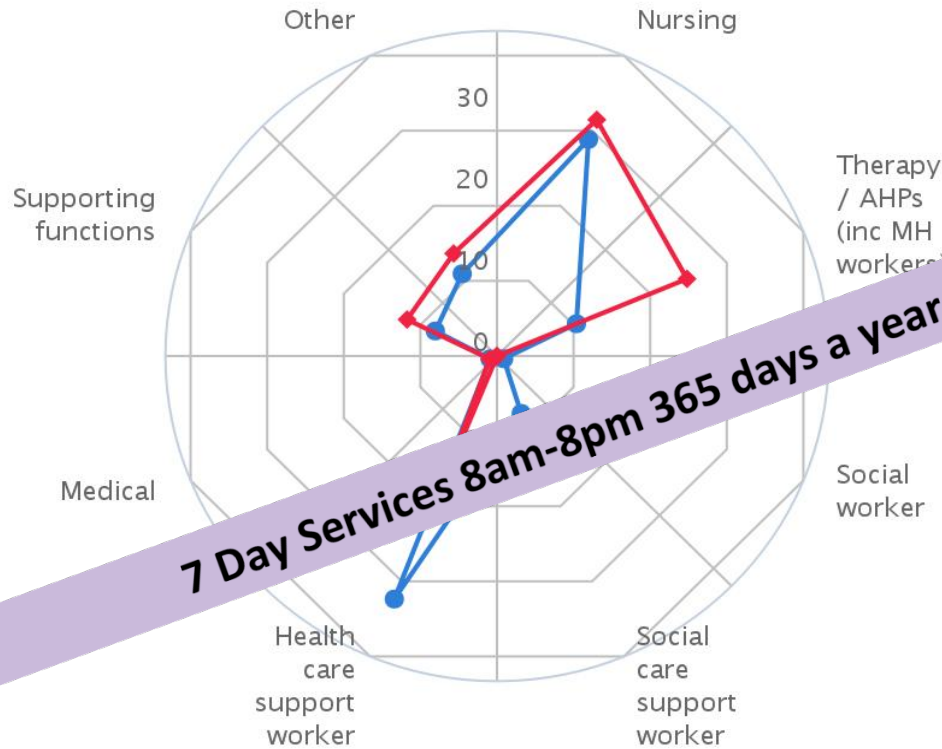


Hull Clinical Commissioning Group

# NAIC 2014 Hull Intermediate Care



Mix of disciplines



**7 Day Services 8am-8pm 365 days a year**

● Mix of disciplines (average)    ◆ Mix of disciplines (submission)



Hull  
City Council



Hull Clinical Commissioning Group

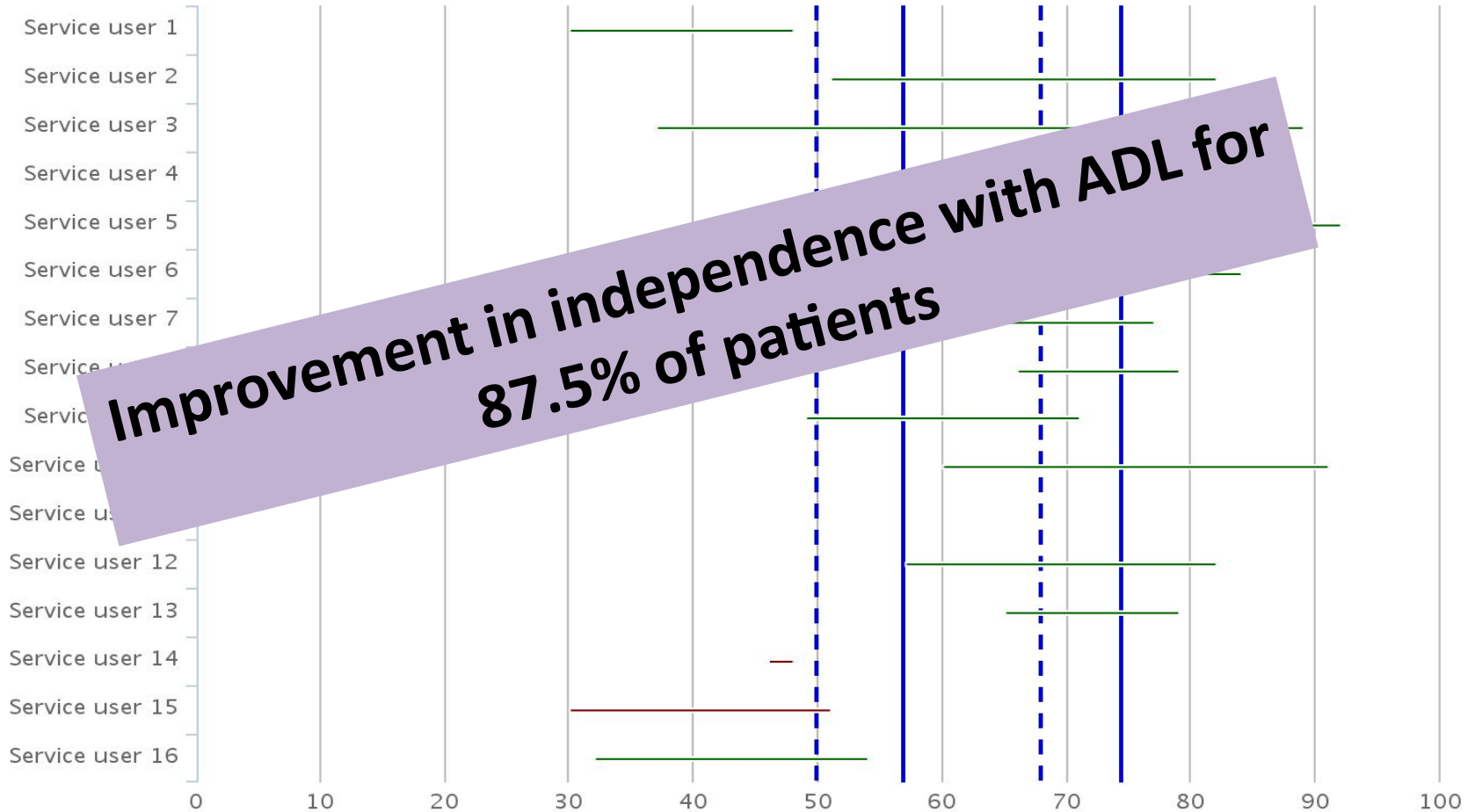
# National Audit of Intermediate Care (2014): “Best Practice” indicators

- Assessment by geriatrician within 72 hours of admission ✓
- Geriatrician-led multidisciplinary rehabilitation ✓
- Secondary prevention of falls ✓
- Bone health assessment ✓
- Referral to transfer time 2 days or less ✓
- Multidisciplinary care by 5 or more staff types ✓
- Average length of stay less than 21 days ✗
- *I was involved in discussions and decisions about my care* ✓

# NAIC 2014

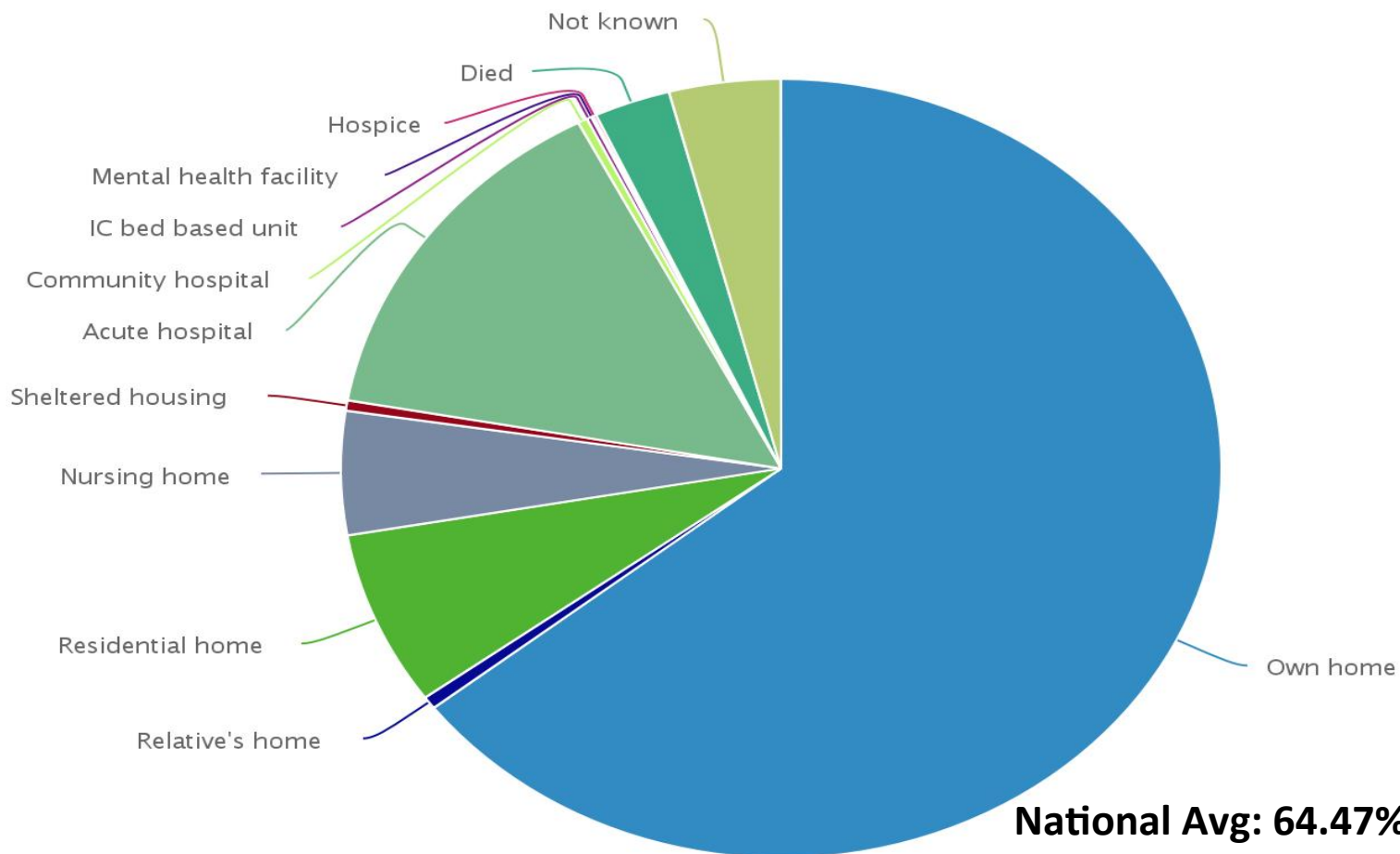


Modified Barthel index : 2014





### Destination on discharge



**National Avg: 64.47%**  
**Hull: 73.42%**

# EVALUATION



## DATA COLLECTED FROM APRIL TO SEPTEMBER 2015

<b>Total no: referrals</b>	<b>194</b>
<b>Discharge to assess Bed</b>	<b>83</b>
<b>Discharge to assess Home</b>	<b>106</b>
<b>No: of patients who declined the service</b>	<b>5</b>
<b>Average time from Referral to transfer</b>	<b>&lt;24hrs</b>
<b>Average length of stay</b>	<b>11.88 days</b>
<b>Cost per patient per bed day</b>	<b>£118.14</b>

# Evaluation continued...



DISCHARGE OUTCOMES ON DAY 10	TOTAL FIGURES
Discharged to Intermediate care bed	28
Discharged home with ICT or other community health support	63
Discharged home with social POC	4
Discharge home independent	5 (bed) + 27(home)
Permanent Residential Care	1
Readmitted to hospital	3
Died	1

# Discharge delays Activity per month



Delayed Discharges Per Month - D2A 2015	Count of Delayed Discharges
Apr	1
May	3
Jun	3
Jul	4
Aug	3
Sep	3
Grand Total	17

## **STAFF FEEDBACK**

**Patient flow much better through assessment units**

**Easy access to beds without too much assessment in hospital**

**Flexibility with criteria WORKS really well**

**Reduced levels of duplication**

**Not much different from ICT**

**Inappropriate patients to ICT**

**Difficulty with patient flow in community**

**Confusion due to too many pathways**



# NAIC PREM results

PREM question	Hull Intermediate care	National average
Information available to staff re: pt condition	100%	85.83%
Information given to pt	83.33%	85.17%
Pt awareness of goals	100%	96.5%
Pt involvement in goal setting	50%	62.8%
Trust & confidence in staff	100%	87.21%
Pt involvement in discharge decision making	66.67%	62.24%
Pt feeling less anxious on discharge from service	83.33%	74.68%



# Challenges

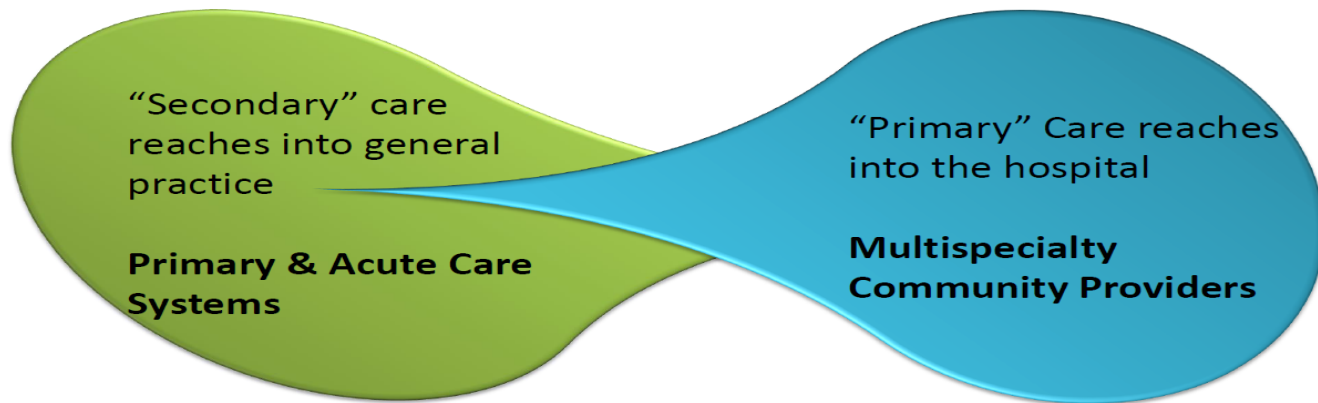
- Onward patient flow management
- Integration Vs Competition
- Multiple- agencies
- Resource- funding cuts
- Recruitment
- Health behaviour change for patients

# What next ?

## NHS Five Year Forward View



### New Care Models (NHS England)



Young, J. NAIC conference (2014)



# Plans for Hull in line with NHS Five year forward view



- NHS Hull CCG strategic plan 2014-2020
- Lead provider model for community services
- Community Hubs ( MCPs)
- Hull Integrated Care Centre (PACS)
- Urgent and Emergency care network
- Care Co-ordination by “expert generalists”
- Further expansion of pilot in line with BCF plans
- Additional social work resources for ICT



Hull  
City Council



*Hull Clinical Commissioning Group*