IDS & D2A – Progress Update April 2018

Suzanne Hogg Urgent Care and Resilience Lead Solent NHS Trust

Simon Nightingale Adult Social Care Senior Business Manager

IDS & D2A – Progress Update April 2018

Purpose:
To deliver one single integrated discharge service for patients who require community support for discharge and a 'Discharge to Assess' Model which means that:

✓Patients get the **right care in the right place at the right time**
✓Improved patient experience and outcome – **promotes personal independence** ('Home first')
✓Enables ongoing **assessments to be done out of hospital** – makes these assessments more meaningful for the patient and helps make the right decisions about ongoing care.
✓D2A **prevents unnecessary long stays in the acute trust**, hence ensuring 'patient flow' and allowing unwell patients to easily access acute care at the 'front door' (emergency zone)
✓D2A helps to prevent secondary complications of an extended hospital stay (**clinical deconditioning**)

IDS & D2A – Progress Update April 2018

What has been achieved ?

- Co-location of all teams with a discharge planning function
- One point of referral for all complex discharges within QAH
- Development of trusted assessor role
- Catalyst for more integrated approach to discharge planning eg trusted assessor role, weekly joint Adult Social Care, Integrated Commissioning Service and Solent review of delays to enable flow not just from QAH but across the Portsmouth system
- 'Business As Usual' daily case managing of delayed patients
- On site support from all system partners during periods of high system escalation

IDS & D2A – Progress Update April 2018

What are the outcomes we plan to focus on?

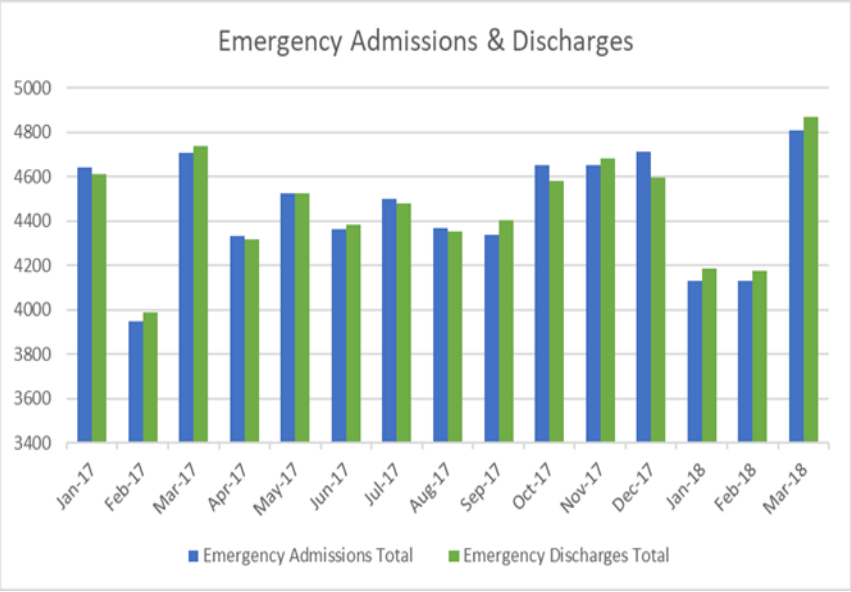
- Early assessment of discharge needs and more people discharged in line with EDD
- Improved ability to manage patient flow
- Single team approach within IDS and streamlined process
- Increase in numbers of people discharge home through D2A pathways and reduced assessments in hospital
- Increase numbers of weekend discharges
- Improved clarity for patients and their families and consistency in expectations
- Reduced admissions from care homes and improved discharge processes

IDS & D2A – Progress Update April 2018

The number of discharges is higher than the number of admissions for the last 3 months

The data in the charts is based on:

- All emergency admissions NOT patients admitted via ED only
- Discharges of patients who were admitted as an emergency



The number of discharges is higher than admission for the beginning of the calendar year:

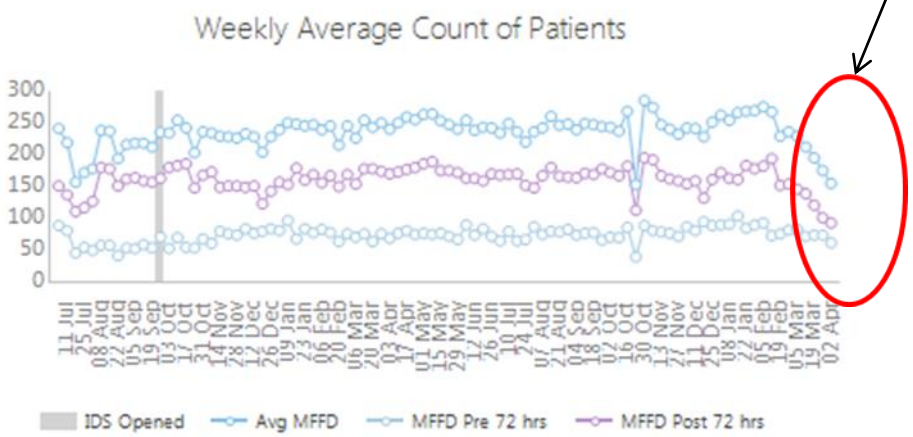
- January – 57
- February – 45
- March – 60

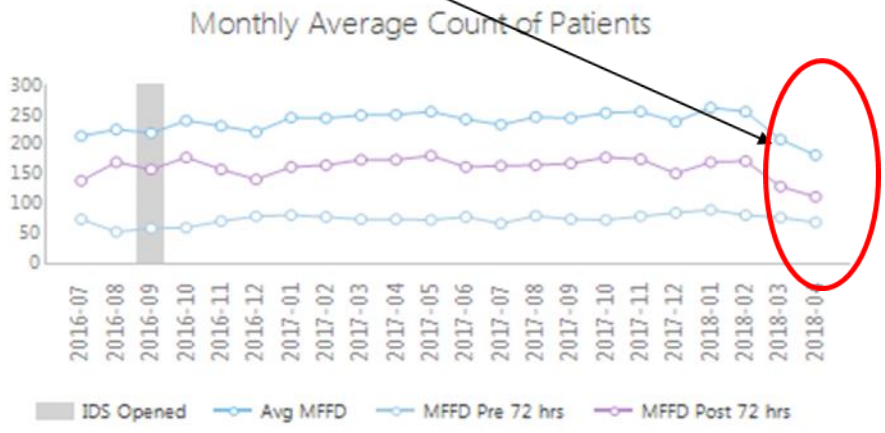
The higher number of discharges to admissions needs to continue to enable the closure of escalation beds and reduce occupancy levels

IDS & D2A – Progress Update April 2018

Number of Patients Medically Fit For Discharge (MFFD)

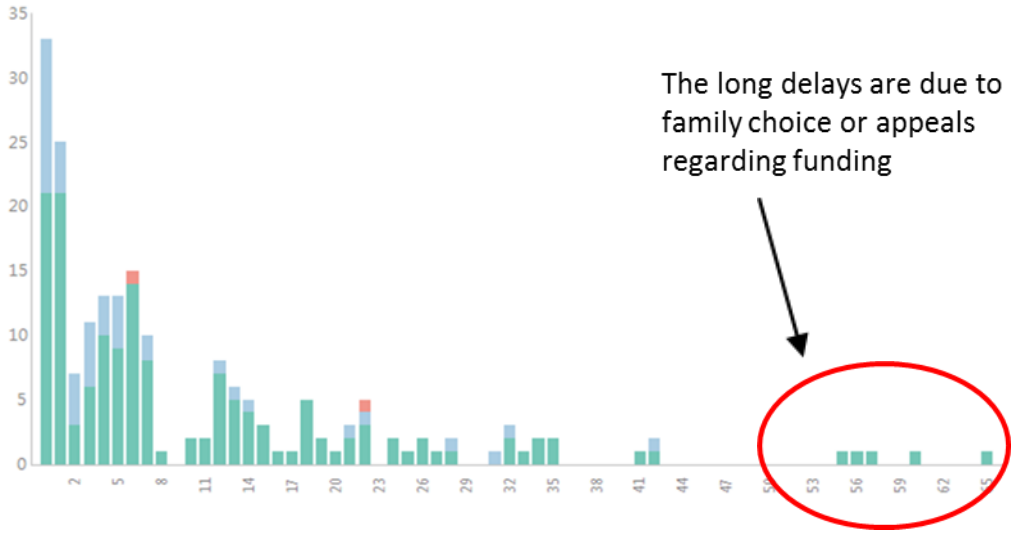
The Average count of patients on the Medically Fit For Discharge list is currently at the lowest





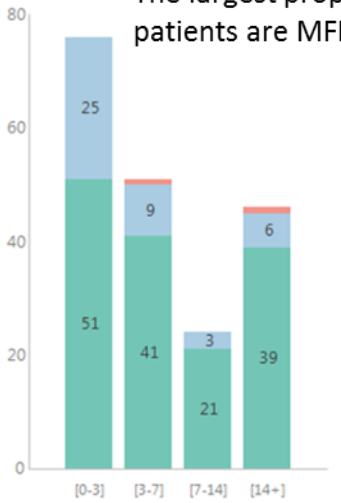
IDS & D2A – Progress Update April 2018

Medically Fit For Discharge (MFFD) Days Lost



The long delays are due to family choice or appeals regarding funding

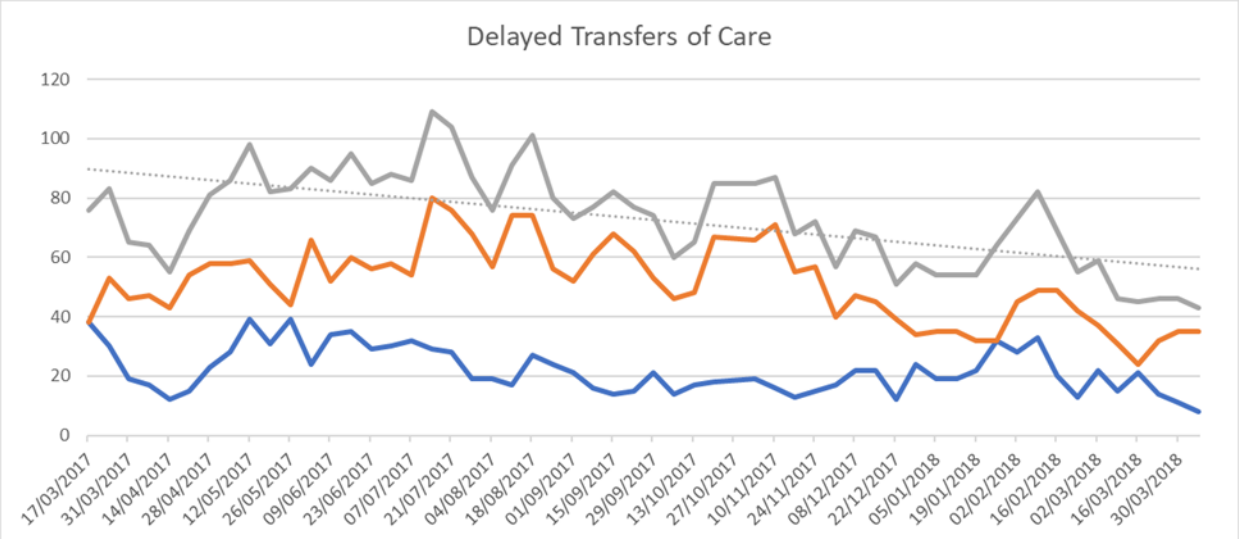
The largest proportion of patients are MFFD 0-3 days



The number of bed days lost is currently <2000 days per week, average delay of 10 days.
There is a reduction in the number patients with very long delays.

IDS & D2A – Progress Update April 2018

Delayed Transfers of Care (DToCs)



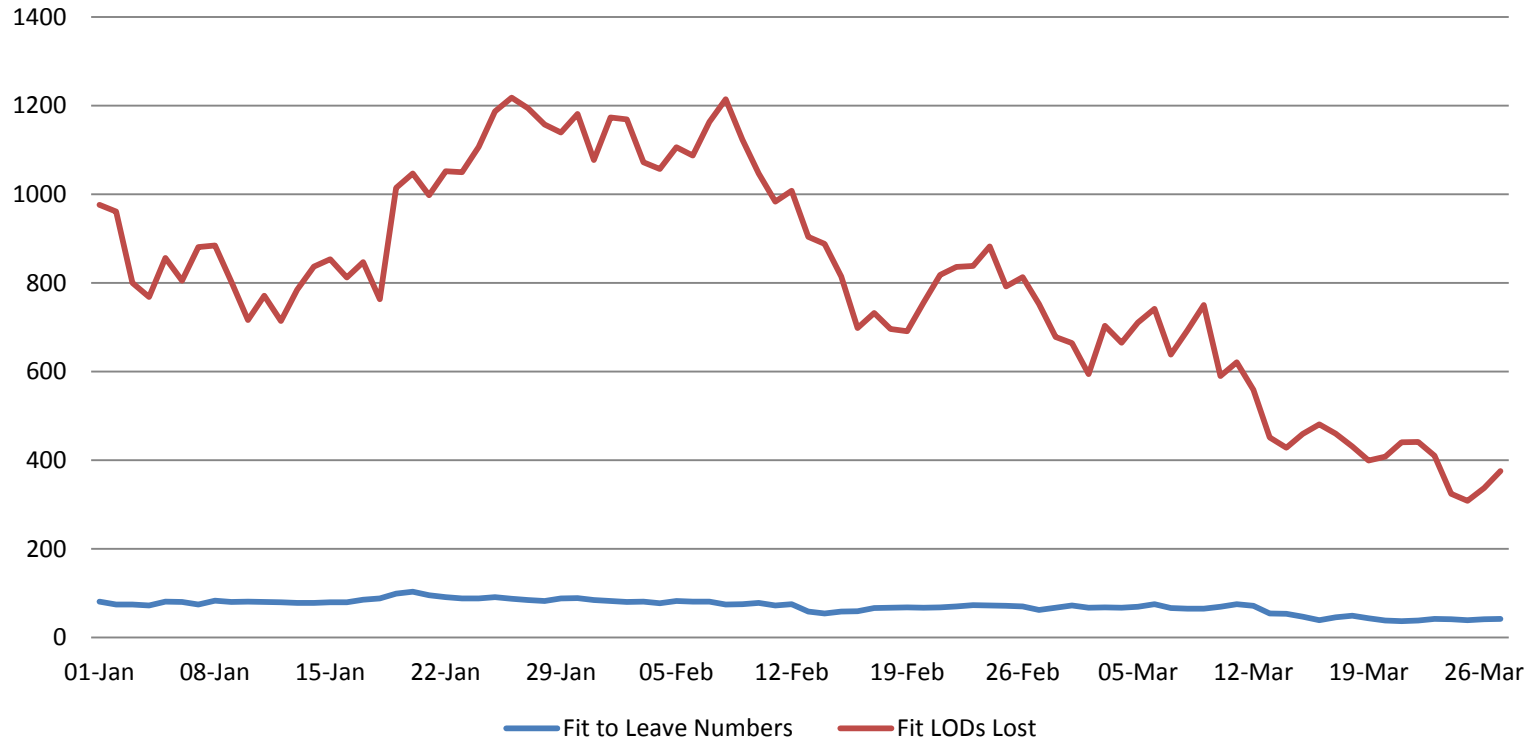
- DToCs overall continue to reduce; however we remain 0.99% above the national target of 3.5%.
- A further reduction of 10 patients (total 33) based on a bed base of 958 is required to meet the national target
- The reporting issue highlighted in the March 2018 performance report has been resolved

	02/03/18		09/03/18		16/03/18		23/03/18		30/03/18		05/04/18	
	No	%										
Portsmouth	**22** Health – 9 Social - 12 Joint – 1	**2.20%**	**15** Health – 4 Social – 11 Joint - 0	**1.51%**	**21** Health – 8 Social – 13 Joint - 0	**2.11%**	**14** Health – 7 Social – 7 Joint - 0	**1.40%**	**11** Health – 5 Social – 5 Joint - 1	**1.12%**	**8** Health – 5 Social – 2 Joint - 1	**0.84%**
Hampshire	**37** Health – 19 Social – 13 Joint - 5	**5.46%**	**31** Health – 19 Social – 10 Joint - 2	**2.41%**	**24** Health – 15 Social – 6 Joint - 3	**5.23%**	**32** Health – 20 Social – 9 Joint - 3	**4.90%**	**35** Health – 30 Social – 5 Joint - 0	**3.55%**	**35** Health – 21 Social – 9 Joint - 5	**3.65%**
OOA												
Total	**71**	**7.10%**	**59**	**5.96%**	**45**	**4.52%**	**46**	**4.61%**	**46**	**4.67%**	**43**	**4.49%**

IDS & D2A – Progress Update April 2018

Portsmouth City System

Portsmouth only Fit to Leave Numbers and Fit LODs Lost (Jan - March 2018)



IDS & D2A – Progress Update April 2018

Portsmouth City System

Portsmouth only Fit to Leave Numbers (Jan - March 2018)

IDS & D2A – Progress Update April 2018

Any Questions?