**Evidence Set 3**

THE IPSWICH HOSPITAL NHS TRUST

# Delayed Transfers of Care Briefing Report for the Health Scrutiny Committee

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**Introduction**

This briefing provides evidence of the rise in Delayed Transfers of Care (DToC) within the acute Trust; identifying the internal actions, and subsequent work undertaken with our external stakeholders to support a sustained reduction in DToCs.

**Background**

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

A patient is ready for transfer when:

- A clinical decision has been made that the patient is ready for transfer
- A multi-disciplinary team decision has been made that the patient is ready for transfer

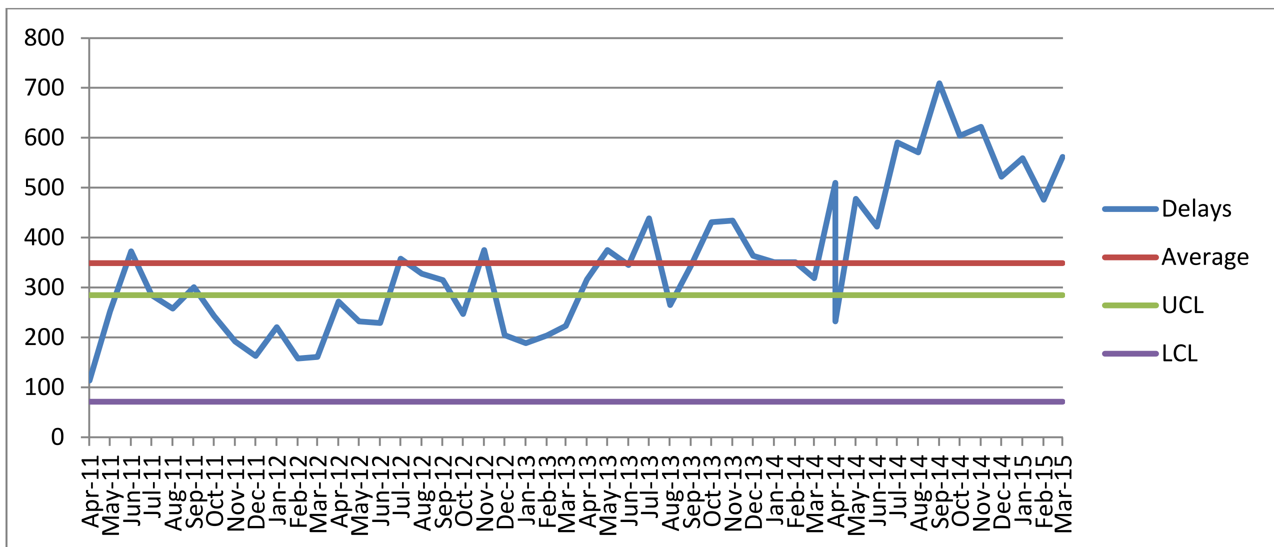
This therefore measures the ability of the whole system to ensure appropriate discharge for the population passing through hospital, and is an indicator of the effectiveness of the interface between health and social care services.

There is specific guidance relating to reportable delayed transfers for care (DoH, 2014), however within any acute Trust there will also be a percentage of patients who are delayed, but do not meet the criteria of 'reportable' delays. These include patients who are awaiting validation of outcomes following applications for Continuing Health Care (CHC) funding and patients awaiting transfers of care via the CHC Fast-track process.

**Data Analysis of Reportable Delays**

A statistical process control chart of the previous four years of delay data (Table 1) demonstrates that the recent and sustained increase is far beyond the normal distribution of data and is without precedent.

**Table 1**



In percentage terms the difference between the first quarter of 2011/12 and the last quarter of 2014/15 is 216% (i.e. more than double)

In addition to reportable delays, there are a number of patients within the acute Trust who are recognised as a delayed transfer of care, however further assessment is required to determine eligibility for Health funded care. This can be via 2 access streams.

1. Fast-track patients ~ patients who have had a rapid deterioration in the disease progression and are entering the terminal phase of their illness, Table 3 provides a snapshot of number of days delay April to August 2015

**Table 3**

**Average Number of Days from confirmation of Fast-track Eligibility to Discharge**

**April to –August 2015**

| Month | Average |
|---|---|
| **April** | 6.4 |
| **May** | 3.9 |
| **June** | 6.5 |
| **July** | 5.2 |
| **August** | 5.2 |

2. Patients with ongoing Health needs, who may be eligible for Health Funding. Table 4 provides a snap-shot of the average and longest duration to discharge.

**Table 4**

| | April 15 | May 15 | Jun 15 | Jul 15 | Aug 15 |
|---|---|---|---|---|---|
| **Average duration from DST outcome to discharge** | **3.5** | **5.0** | **9.2** | **7.6** | **2.5** |
| **Longest duration from DST outcome to discharge** | **7.0** | **14.0** | **23.0** | **20.0** | **5.0** |

## Actions taken to support a sustained reduction in DToC

- Review of internal processes for effective pathway progression. Revision of the Trust Direction of Choice policy and implementation, supporting patient pathways progression for all patients including Self-funders. Development of a 'trigger tool' to support early identification of patients who may go on to require additional support on discharge.
- Daily snapshot of all reportable and non-reportable delays to the CCG Escalation Managers.
- Development of a 'Patient Flow' bundle that identifies the required actions of clinical teams within the inpatient bed base to affect safe and timely discharge. Weekly meetings with the Band 7/6 nurses to review the medical, therapy, and discharge plans for all patients with a Length of stay over 7 days.
- Red to Green concept ~ ensuring that positive action is taken on a daily basis to progress the patient's journey through to discharge. A Red day equates to a day when there has either been a delay, i.e. diagnostic, clinical review, therapy, or official DToC. This allows the operational representation within the meetings to be reactive in 'real time' resolution to issues, but provides the Trust with trend analysis relating to areas or services, both internal and external, that are consistently unable to meet demand due to constrained resources.
- Development and implementation of Professional Standards, predominantly internal, however some external standards explored.
- Working towards 7 day working for Patient Flow Team and Social Care
- Pathway reviews for patients requiring either fast-track or continuing health care assessment, with a view to trialing discharge to place and discharge to assess models of care provision. Exploration with CCG and Social Care colleagues into discharge to place, discharge to assess models of care for patients requiring assessment for ongoing Health finding.
- Exploring potential of lifting reinvestment charges applied to social care, supporting their ability to use available funds more effectively. System-wide workshops, with the support of ECIST (the Emergency Care Intensive Support Team), to improve joint working and parallel planning for patients who are likely to require support.
- Sharing learning and best practice with East of England acute Trusts, facilitated by ECIST.
- Supporting Community Hospitals with adopting the Red to Green Concept.
- Working with the CCG to develop a fit for purpose Care Home Specification, ensuring KPIs are attached to the contract that supports timely assessment and acceptance timeframes.
- Weekly DToC conference calls with all stakeholders, resulting in the development of a system-wide action plan

## Conclusion

IHT have seen a significant rise in both reportable and non-reportable delayed transfers of care. The largest cohorts of patients that are delayed in their onward journey are those awaiting domiciliary care packages/ placements via social care, and patients awaiting health funded care. Whilst it is recognised that this has a significant financial impact on the Trust, more importantly the impact of the delay on the patient remains our primary concern. There is a plethora of evidence relating to increased risks such as hospital

acquired infections, increased dependence, and likelihood of continued reliance on health and social care services following protracted length of stays.

## Further information provided by IHT:

**How does the hospital manage delays which are attributable to patient or family choice?**

These delays sit in two categories:

1. Supported by Adult Community Services
2. Supported by NHS Lead.

Reviewing these patients in a sub- category implies that the management of patient progression may be different. All patient pathway progression is supported via the IHT Direction of Choice Policy. Within the policy there are template letters that highlight the importance of supporting a timely discharge for patients, and expectations of time frames for completion. Patients and families are either supported by Social Care or the clinical area in which they are cared for, and members of the Complex Discharge Team.

**What steps have been taken to improve arrangements for dispensing medication and booking transport earlier in the discharge process?**

Every day there is a 10.30 meeting where the blocks to pathway progression and discharge dates are discussed. During this meeting, all patients who have advance 'confirmed' discharge dates are highlighted to the pharmacy department so that the drugs to take away can be prepared prior to the date of discharge. Requests for the booking of transport are also highlighted during this meeting. The discharge coordinators are encouraged to book patients eligible for hospital discharge transport at the earliest opportunity, this is also 'sense checked' at the 10.30 meetings.

**References**

Department of Health (2014). **Care and Support Statutory Guidance, Issued under the Care Act 2014**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Department of Health (2014) **Delayed Transfer of Care, NHS Organisations, England.**
http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/