ENSURING DISCHARGES ARE SAFE

Health & Adult Services Select Committee Update

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HOW OLDER PEOPLE CAN DEFINE ‘WELLBEING’

Not just medical model of “absence of disease”

- Control over daily life
- Personal care and appearance
- Food and drink
- Accommodation (cleanliness and comfort)
- Personal safety
- Social participation
- Occupation/activity
- Dignity (in care) once you are acutely ill or dependent on care

Wider Determinants: Potential for multiple disadvantages. Role of local government, benefits, housing etc?
AREAS TO COVER

• What is a safe discharge?
• Why is it important?
• How we are working to make our discharges safe
• How we will know that we have improved
• Whether all discharges can be ‘safe’
WHAT IS A SAFE DISCHARGE?

• One that delivers the outcome that the person, and where appropriate, their family/carers want
• Where everyone knows what is happening every day from the point of admission or before if a person admitted for elective surgery. Every day each person should be able to answer these questions.
  - What is wrong with me?
  - What is being done to fix it?
  - What do I need to be able to do or have achieved before I can go home?
  - When am I going home?
  - What support will I receive when I get home and what do I do if I am worried?
WHY IS SAFE DISCHARGE IMPORTANT?

• A fundamental part of good person-centred patient care
• 10 days in hospital (acute or community) leads to the equivalent of 10 years aging in the muscles of people aged 80+
• Over 85% of discharges are simple (primarily advice/follow up instructions without additional care)
• Everyone needs the right information about what has happened in hospital, and what will happen next (e.g. changes to treatment/medication)
• Every person needs to feel safe and supported especially at points of transition
• What ‘safe’ means to every person is different
• Relatives and carers should be involved but their wishes cannot dominate
WHAT WE ARE DOING TO IMPROVE – FLOW PROGRAMME

• Communicating better with patients and their family and carers
• Setting clear clinical plans from admissions with expected dates of discharge (see attached Rapid Improvement Guide RIG)
• SAFER patient flow bundle being implemented on all wards linked to a red to green day approach (see RIG)
• Reducing the amount of time people waste in hospital which leads to deconditioning, reduced independence and premature admission to long term care at home or in a residential/nursing home (see RIG)
• Home First for the 15% complex patients – assessment for long term care back at home or in the community with additional support in the short term if required
HOW WE WILL KNOW WE HAVE IMPROVED

- Patients’ feedback
- More people will return home and remain independent
- Placements into long term care will reduce
- Readmissions due to poor discharge will reduce
- Size of care packages required after re-ablement and rehabilitation will reduce
- Numbers of patients in the hospital for over six days will reduce
- Numbers of Delayed Transfers of Care will reduce
- Numbers of occupied beds will reduce and performance against constitutional standards will improve
CAN ALL DISCHARGES BE SAFE?

• We have to make changes in the light of what people want.
• Putting the person in control gives them better outcomes
• We are committed to change, but we need support from the entire system of care and support in terms of:
  – Attitudes
  – Behaviours
  – Culture
QUESTIONS?