

Delayed Discharge Workshop 23 July 2019

Summary of comments from groups

Q1. What can we do to improve delayed discharges?

- Analysis of admissions that lead to a delay – review presentations at Emergency Department and care being provided prior to that
- Better communication between teams – More regular meetings (e.g. Dynamic Daily Discharge Meetings), Co-location and wider and more collaborative use of the ICT systems.
- Sharing ICT systems needs to be easier – Either link up systems or allow access to all systems across the MDT.
- Ensure teams have the appropriate staff – e.g. A Physio on the Hospital Discharge Team.
- Push for better consistency across sectors – DGH/Community Hospitals/GPs/Social Work/Care Providers.
- Provide staff and clients with better signposting to available services – Include Third Sector and non-traditional services, and clearer admission criteria to HSCM services.
- Review the AWI process.
- Consider other options for intermediary support – Hospital at Home, Care Home Step Up/Down beds
- Create and support more discharge oriented roles within Community Hospitals and DGH
- Care Providers need to be more flexible – Keeping packages open longer

Q2. What can we stop doing now?

- ...being overly risk averse.
- ...giving unrealistic expectations to patients and family.
- ...requiring so much paperwork.
- ...repeating assessments.
- ...refusing to take responsibility for a patient.
- ...varying practice and giving multiple consultations.
- ...variation in referral process to Community Hospitals.
- ...MDTs being medically led.
- ...Care providers cherry picking service packages and client.
- ...lengthy prescription waiting times on discharge.

Q3. How can we develop effective Multi-Disciplinary Team working to support discharges?

- Improve communication resources available
- Co-locate teams
- Better understanding of roles
- Meet and greet in the hospital by carers
- Upskill staff on all wards
- Provide more Reablement training
- Promote client independence
- Assessment of care at home requirement should be done by the care provider
- Lead and membership of the MDT needs to be looked at and addressed
- Involve the 3rd sector in the MDT
- Define the MDT process
- Reduce paperwork by having more intelligent IT systems that can pre-populate information on various forms.