Rotherham Metropolitan Borough Council

Scrutiny review: Hospital Discharges Policy and Procedure

Review of the Health Select Commission

May – August 2013

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Executive Summary

The aim of the review:

The review group was made up of the following members:

- Cllr Brian Steele (Chair)
- Cllr Christine Beaumont
- Cllr Judy Dalton

Summary of findings and recommendations

There were four main aims of the review which were to consider:

- Definition of a good discharge from hospital and therefore how is a failed discharge identified
- Reasons for failed discharges
- Discharge arrangements for those with care plans and those without
- Patient experiences

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities

The review conducted was a spotlight review and formulated eight recommendations as follows:

1. That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.

2. The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route. Recommendation 2 also applies to staff and should be built into training programmes

3. Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.

4. The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.

5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.

6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission

7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.

8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this

1. Why members wanted to undertake this review?

This review was requested by the Health Select Commission. The issue was part of the work programme for the Health Select Commission in 2012/13 and as such an initial report was received by the Commission at its meeting in April 2013. This was written and presented by Maxine Dennis, Rotherham NHS Foundation Trust. Members felt that the agenda was potentially very wide and therefore that a focused spotlight review was required.

The key focus of Elected Members' attention was their perception, based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. The review therefore looked at to what extent this perception was based on the true picture.

2. Terms of reference

The work of the review group was split into two pieces of work:

1. Gathering of contextual information, gaining an understanding of the area and examining data to build up the picture and to scope the review tightly.
2. To carry out a swift spotlight review of the issues.

The review has been provided with support and evidence by the following officers:

Maxine Dennis – Interim Director Patient and Service Utilisation, Rotherham NHS Foundation Trust
Shona McFarlane – Director of Health and Wellbeing
Michaela Cox – Service Manager
Lindsay Bishop – Manager Hospital Social Work Team
Sandra Tolley – Housing Options Manager
Sandra Wardle – Housing Team Leader

3. Background

The Rotherham NHS Foundation Trust has on average 70,000 patients admitted to the hospital per year. Whilst 38,000 patients are admitted for a planned elective procedure, 32,000 are admitted as an emergency.

The number of emergency admissions continues to rise year on year, and this year there is to date a 7.6% increase in emergency admissions this year compared to last year. In addition, there is a significant increase in the number of frail elderly people being admitted to hospital. This patient group is very vulnerable and often have very complex care needs, which require very complex discharge planning arrangements.

It is also acknowledged that Rotherham as a health and social care community admits more patients with long-term conditions over and above the national averages and at any given time has patients in acute hospital beds that do not necessarily require that acute level of care.

Rotherham NHS Foundation Trust has and continues to work in close collaboration with partner agencies to explore and provide alternatives to admission to hospital and a number of new initiatives have been developed over recent years to provide alternatives to hospital admission i.e. Breathing Space, Intermediate Care, Community Hospital beds.

Due to the pressure and demand on hospital beds and the need to be able to accommodate the admission of acutely ill patients, it is important that the hospital can expedite discharge where the patient no longer needs to be in hospital.

Whilst it is important to discharge patients in a timely way, it is equally important that discharge is safe and that patients who have complex discharge needs have those needs carefully planned for and executed.

As a result, Rotherham NHS Foundation Trust has a comprehensive and detailed Discharge Policy. This Discharge Policy has recently been systematically reviewed and the current version is in its final draft format, having been consulted upon.

Reasons for Delayed Discharges

There will always be some patients who experience a delay to their discharge for a number of reasons:

- A complex home care package of support is required
- Equipment to support discharge is required
- Patient choice for those patients requiring 24- hour residential or nursing care
- Housing adaptations are required
- Re-housing is required
- Complex family dynamics
- Financial complexities

The Delayed Discharge Act clearly defines the criteria for reportable delayed discharges and Rotherham NHS Foundation Trust, working closely with RMBC Social Services, has a low rate of reportable delayed discharges. This is a reflection of the collaborative approach taken.

However, there are patients where this delay is not reportable, but is still a delay i.e. patients undergoing complex assessments.

All patients are entitled to have their ongoing needs assessed against Continuing Health criteria for Continuing Health Funding. This process can be lengthy and complex and the documentation associated with this process can be time-consuming and resource intensive.

Occasionally there can be a dispute between agencies, families, and healthcare providers in terms of what is required to facilitate a safe and appropriate discharge. This dispute process, whilst always resolved eventually, can add delays into the discharge process.

The Discharge Policy pulls together all of these potential complex issues, in order to ensure that any discharge or transfer of care is safe and effective, whilst keeping the patient/family needs at the centre of the decision-making process.

4. Hospital Discharges Policy and Procedures

4.1 What is a successful discharge?

Members received evidence about how the discharges process works and that this is very different depending on the needs of the patient. Patients who meet the criteria of the Delayed Discharges Act require a comprehensive multi-disciplinary assessment, which results in an agreed Care Plan by all agencies involved as part of the process, in order to ensure that all care needs will be met on discharge from hospital. This is usually facilitated jointly by hospital clinical staff and the Hospital Social Work team, working with staff from other agencies if and where appropriate (in more complex cases). Staff from community-based health services are included in these assessments as required, noting that community health services are part of the RFT. Members heard from Lindsay Bishop, the Manager of the Social Work Team about how they work and the role they play in effecting successful discharges.

Members agreed that an effective discharge is one which takes place in a timely and a safe manner. It was acknowledged that it is in the interests of both patients and the services in question to discharge patients as soon as possible, however, not until it is safe to do so. For more complex cases, this involves a detailed assessment and care planning process as outlined above.

Members noted that in the case of complex discharges some community services professionals would be invited to case conferences. Sometimes it is difficult to identify who is, or has been, involved and it may also depend on staff availability. All wards have slightly different ways of managing the multi-disciplinary assessment process. It was agreed that the people who know the patient the best should be involved in the process.

Recommendation 1
That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.

Discharge takes place back into the care of the GP. If the care plan identifies community needs then the case management role of this is the GP's responsibility. This works well in the majority of cases, however, members expressed concern about the assumption that the GP co-ordinates nursing and therapeutic care that is not necessarily linked to them.

Members also received information about failed or delayed discharges. The main routes for identifying these are via re-admission data and delayed discharge data (where patients have not been discharged in a timely manner due to a variety of reasons).

4.2 What the data tells us

Members discussed the data in some detail during the scoping of the review. Information provided to Elected Members during the scoping of the review, revealed that there is little material evidence to support the perception that there is a problem with out of hours discharges taking place. For this reason the data considered at the spotlight review meeting itself was more focused on delayed discharges, the reasons for this and customer feed back relating to this.

Key messages were identified at the spotlight review meeting, which were as follows:

- Significant numbers of delayed discharges were due to patient or family choice, possibly regarding choice of care home. The hospital tries to work with patients and families where there are such delays, acknowledging that it is difficult to force patients and families into making care choices in some cases. Issues around patient and family choice are managed in a sensitive way and this is reflected in the complaints information i.e. no complaints were from this category.
- The data from NAS and from the hospital differs and this is due to partners measuring things differently, with the commonality being the DD Act, and the different moderators of the information that each organisation is accountable to.
- The total number of delayed discharges is less than 1% therefore the statistics do not support the anecdotal evidence that this is a problem but any issues need to be addressed.
- Policy should be reviewed to strike a balance between encouraging through put and allowing patient choice.
- Rotherham performs well compared to its counterparts in the rest of Yorkshire and Humber. North Lincs. Council have looked at Rotherham as an example of best practice in this area.

Members were presented with examples of leaflets that were designed to make the discharge process understandable for patients and their families. It was agreed that finding effective ways to improve communication were very important with this agenda. It was noted that these findings were very similar to that of the Continuing Healthcare scrutiny – members were informed that approximately one third of patients who were subject to delayed discharges were Continuing Health Care patients.

Recommendation 2

The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route.

Recommendation 2 also applies to staff and should be built into training programmes

Recommendation 3

Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.

4.3 What the patients and their families think.

Members of the review group were keen to understand the information gathered around customer feed back, particularly that information which related to formal complaints. It was their view that this would enable them to understand the true picture. Information was presented by RFT on this.

Members noted a decline in complaints relating to discharges, relatively to the total number of complaints. Examination of complaints that did exist showed that inappropriate discharge and communication failures were the main reason for these complaints. Further information was provided on the meaning of inappropriate discharge, with an analysis of this provided for January to June 2013. Members observed the following:

- There were no complaints relating to out of hours discharges.
- Inappropriate discharges mostly related to contact with care providers and failure to restart care. Although these are few in number it was noted the potential implications of these were of significant concern.
- As noted already, efforts to improve communications are required.
- Support for complainants is via patient services.
- Patient surveys and the Friends and Family test feedback are used as well as formal procedures, as the problem may occur once the patient has gone home.
- The Friends and Family test picks up patients post discharge.
- Care Co-ordination Centre is a new facility which operates a discharge support service – a follow up phone call for vulnerable patients within 24 hours. Community Services would be dispatched if a problem had occurred to try and avoid re-admissions. This has been in operation since April 2013 and this was welcomed by members.
- Feedback on inappropriate discharges is encouraged via Social Services, Care providers and/or relatives and is monitored by the Care Management Team.
- Unsafe discharges are monitored via the recently re-activated multi-agency Operational Discharge Group. They will identify recurring themes/wards in order to target training.

Recommendation 4

The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.

Recommendation 5

Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.

4.4 The implications of failed or delayed discharges

Whilst gathering data for scoping of the review members considered that the overall number of failed or delayed discharges was very small (less than 1%). They were keen, however, to understand that despite the relatively small numbers, what are

the implications when things go wrong. They therefore, requested information about the length of delays and the costs of these.

Members noted that the total delayed discharges resulted in a total of 780 bed days. Information presented on the costs of these bed days revealed that:

- The biggest delays in discharges are with General Medicine and Older People's Services. This is not a particularly high bed day cost comparatively.
- Thoracic and Chronic Obstructive Pulmonary Disease (COPD) are part of General Medicine.

Pressure on beds at peak times can be alleviated by various means - using the RAID rapid assessment for discharge policy (an agreed health and social care policy for expediting discharge), suspending non-urgent elective surgery, transferring patients from medical to surgical wards, step up/down services, intermediate care and Breathing Space.

As noted previously, however, members stressed that despite the evidence that the issue is not as significant as perceptions indicated, the potential impact on patients and their families of a failed discharge is of concern. Therefore the recommendations contained within this report have the potential to improve outcomes for these patients.

Members noted that preparation for the Scrutiny review has resulted in a commitment from all officers concerned to carry out a business re-engineering review of the whole system. This will provide route maps for clients and assist with staff training, task allocation, timelines and clearer understanding of the need to escalate issues or problems. This will all improve the process further. The outcome of this should be reported back to members. The Continuing Health Care review also identified some common themes and will be part of the work.

Finally, members considered the fact that the hospital offers a 7 day per week service, including discharging patients. Social care services are available 7 days per weeks via the out of hours service. It was noted, however, that it is a more limited service out of hours. Given the policy direction for greater integration between health and social care services, it was considered whether this needed to be considered further.

Recommendation 6

Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission

Recommendation 7

The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.

Recommendation 8

Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this.

4.5 Future monitoring

The action plan for the implementation of the recommendations that are accepted should be reported to the Health Select Commission initially after six months and thereafter on an annual basis for monitoring purposes.

5. Background Papers

Notes of Meeting: held on 24th June 2013

Notes of spotlight review meeting on 3rd August 2013

Rotherham NHS Foundation Trust Discharge Policy

Data made available to the spotlight review:

- Complaints
- Delayed discharges
- Bed day costs
- Inappropriate discharges

6. Thanks

Thanks go to all of the witnesses who gave their time and support to the review process.

Specific expertise and input from Maxine Dennis, Rotherham NHS Foundation Trust was invaluable.

For further information about this report, please contact

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