



Thursday 1 March 2018

Delayed Discharge

Item number: 5.7

Executive summary

The Midlothian Partnership has consistently been a good performer in addressing delayed discharge and ensuring that patients are discharged in a timely manner to an appropriate setting. Over the previous 9 months, this performance has deteriorated as a result of a number of factors that are set out in more detail within the paper. The report also sets out a range of actions that are either now in place or being implemented to address this performance and ensure safe discharge for patients along with work around admission avoidance.

Board members are asked to:

- 1. Note the current admission profile and corresponding delayed discharge performance in Midlothian*
 - 2. Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital*
 - 3. Agree to receive a further report to provide assurance that performance has improved*
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Report

Delayed Discharge

1. Purpose

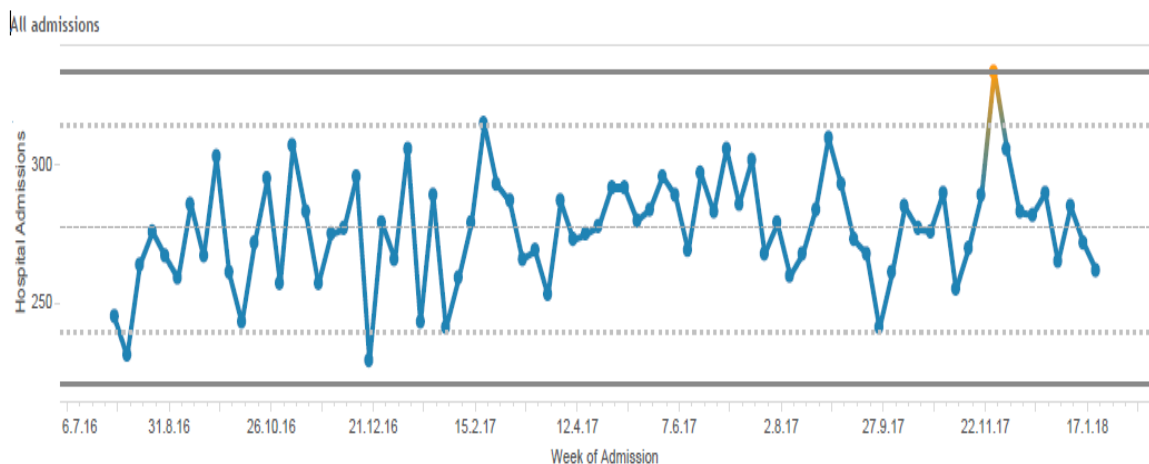
- 1.1 The purpose of this report is to highlight the continuing challenges within Midlothian in addressing delayed discharge, setting out the actions that are being taken to ensure patients are discharged at the earliest opportunity in their care pathway and ongoing work on admission avoidance.

2. Recommendations

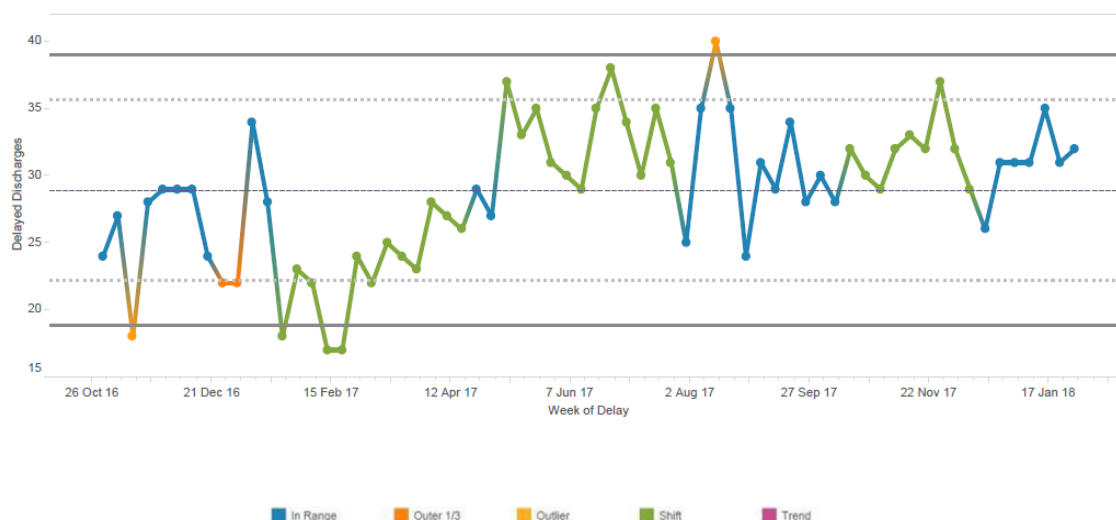
- 2.1 Note the current admission profile and corresponding delayed discharge performance in Midlothian.
- 2.2 Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital.
- 2.3 Agree to receive a further report to provide assurance that performance has improved.

3. Background and main report

- 3.1 Reducing and eliminating the number of patients whose discharge is delayed has been, and continues to be, a key priority within Midlothian. It is well evidenced there is a negative impact on patients as a result of an extended stay in hospital, with significant loss of mobility, confidence and function common outcomes as well as increased risk of hospital acquired infection.
- 3.2 The number of patients delayed is representative of how well the overall health and social care system is operating, demonstrating effective or ineffective patient flow. As expected, there is a direct relationship between hospital admissions and the number of patients who are delayed. There is a corresponding impact on the capacity for elective activity, with beds being unavailable across the hospital sites, result in delayed admissions and cancelled operations.
- 3.3 There has been an increase in the number of Midlothian admissions during November and December, which is set out in the table below.



- 3.4 There continues to be a range of actions to support admission avoidance through MERRIT (Midlothian Enhanced Rapid Respond & Intervention Team) but this is against a backdrop of increased activity. For example, Hospital at Home is currently experiencing high demand with 32 patients accepted in to the virtual ward by mid-January – the average monthly number is 36 patients.
- 3.5 The table below sets out the current delayed discharge position within Midlothian.



- 3.6 This increased activity is being experienced across Lothian, with ongoing pressures at the front door of the main hospital sites. This has resulted in regular teleconferences involving all sites and Partnerships to monitor the position and to agree what further work can be done. This issue has been escalated via the Deputy Chief Executive of NHS Lothian to the Chair and Chief Officer of Midlothian IJB, with a subsequent teleconference held to explore further options for improving performance.
- 3.7 In order to improve this performance, a series of actions have been progressed over and above what is already in place to support discharge:
- Increased bed facility again at Highbank by utilising another respite bed for interim/assessment/rehab.
 - Re- examined all POC (Package of Care) referrals from hospital to see whether they could be discharged with a smaller POC.
 - Re-examination of in house service to identify areas for improved runs for carers to increase capacity.
 - Increased support/input from Planning officer to provide better analysis on care at home data to improve locality working
 - Direct communication with all Care at Home providers to see what increased movement there might be to take on POCs and stressed the severe challenges we are under.
 - Held an “alternatives to care at home” workshop with health and social care staff (over 60 staff in attendance) to provide context, the challenge and information on how to support people at home with care at home being the “top up” not the default.

- Communication to all allocated workers of those clients in Highbank to increase the flow pathway from Highbank to either home with POC or to care home as appropriate.
 - Daily review of all clients on delayed discharge list by senior managers.
 - Review of Edenview Ward to ensure better flow for patients who are requiring post acute rehabilitation
- 3.8 There have also been challenges over the previous months which has included:
- Highbank Intermediate Care Home closed with Norovirus
 - Springfield Bank closed to admission since 01/01/2018 (LSI) – 70 beds unit
 - Drummohr NH temporarily closed to Midlothian admissions 09/01/2018
- 3.9 These actions and the regular review of package of care availability, Highbank & MCH occupancy levels, care home vacancies and case management of patients, will support a reduction in the number of delays. The weekly bed meeting provides oversight of these actions to ensure implementation.
- 3.10 Given the overall position in relation to delayed discharge and to provide assurance to the IJB, a further update report will be presented to the May IJB Board meeting.

4. Policy Implications

- 4.1 The establishment of the Integrated Joint Boards was to implement and accelerate change to shift the balance of care from institutional to community settings. A key performance metric for the IJB is to reduce the delayed discharge occupied bed days by 30% by September 2017.

5. Equalities Implications

- 5.1 The majority of delays are older people therefore there is a need to ensure timely discharge to support independent living and to prevent loss of function.

6. Resource Implications

- 6.1 There is both a financial and broader clinical costs associated with delayed discharge. The occupied bed results in waste within the hospital environment, preventing the bed being used by another patient, which may include elective activity. Furthermore, there are evidenced clinical impacts on patients who have an extended stay in hospital as a result of being delayed. This includes potential reduction in overall function, ongoing exposure to hospital acquired infection and loss of confidence when returning home.
- 6.2 There has been investment to increase community capacity through Scottish Government Delayed Discharge Funding and whilst this has had a positive impact to provide additional capacity within Highbank, the ongoing pressures in care at home is limiting this being fully realised.

7 Risks

- 7.1 There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.
- 7.2 The actions as set out above will address these risks however there is a need to ensure effective monitoring to provide assurance around implementation and impact.

8 Involving People

- 8.1 The wider issue of shifting the balance of care from institutional to home or homely settings has been discussed widely within the Midlothian Older People's Assembly and Hot Topics, with overwhelming support for this approach.
- 8.2 In taking forward the Care at Home review, there is ongoing consultation and engagement with service users, carers and families to explore future models as well as exploring opportunities for how families can be better supported to provide care.

9 Background Papers

None

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