

DELAYED TRANSFERS OF CARE

1. INTRODUCTION

The Committee requested a briefing on delayed discharges. The key performance indicator NI131 and health check Vital Signs consistently failed to achieve the target in 2009/10. The purpose of this report is to update the committee on the action plan that is in place to improve the performance.

2. HISTORY

High quality care involves patients being cared for in the right place, by the right person, at the right time. The delay of their transfer to the next care setting has an impact on the quality of care they receive and the potential for others to receive the right care in the right place.

A vital sign target was set to monitor delays in transfers. The target is the *Number of delayed transfers of care per 100,000 population (aged 18 and over)*.

This is calculated from an average weekly figure that is reported across the health and social care economy at a given point in time. The delays are defined as patients that are unable to transfer to their next care setting. There are a preset number of reasons to report the delays.

The target is the total delays reported at HTT and Provider Arm (community hospitals and inpatient mental health). This vital sign has a locally set target. The target for 2009/10 was an average of 30 delays per week. The target for 2010/11 is 27.

3. CURRENT POSITION

Delayed discharges are measured through Health Check Vital Signs and NI131. The year to date average is currently at 50 against a target of 27..

The target was consistently unmet throughout 2009/10. There have been a number of initiatives that have been implemented to improve performance. Two social workers have been employed to work directly in community hospitals to assist with complex discharges, continuing health assessment training has been provided to nurses working within the community hospitals and a policy has been developed and ratified to support the transfer of patients from an inappropriate care setting, where their refusal is causing delays.

There remain a substantial number of delays across the health and social care economy. The most common response for delays from HHT is the availability of community hospital beds. The community hospital and mental health delays are due in the main to *waiting for assessments* and panels to be completed. The assessments include Continuing Care, onward packages of care, nursing home etc.

4. ACTION PLAN

Historically individual providers have reported and managed the delays in transfers. It is clear that reasons being reported for transfer delays often relate to system wide issues and therefore system wide solutions. Integrated working between providers and commissioners has led to some fundamental whole system changes. Although some of the initiatives are in the early stages of development there are some positive signs of improvement.

1. Daily monitoring of delays has to be established across providers:

This has been achieved and is facilitating a focused approach to reporting discharges, implementation of policies and the appropriate frequency of decision making processes such as panels.

2. System wide bed management process has been developed between providers:

HHT have developed a predicative tool for bed management and it has been implemented across the health economy.

3. Repetition of assessments between health and social care has to be avoided:

There are delays due to the repetitive assessment of patients. This has an obvious impact on capacity and is being reviewed.

4. Review of panels and the benefit of joint panels:

There are several panels that determine a person's eligibility for care. One panel can refer to another panel which has an impact on the overall length of stay and considerably delay transfers.

5. Review of policy:

There is evidence to suggest that policies are not being implemented. There are transfer delays recorded as patients refusing to go to particular community hospitals or waiting for a bed to be available in a nursing home of their choice. The policy is being reviewed to ensure it covers recent regulations and whether it is being implemented effectively.

6. Monitoring of readmission rates to ensure appropriate transfers:

The reduced length of stay and emphasis on bed management can lead to an increase in readmission rates. This is being monitored.

7. Accountability for the system wide target to be established:

The continued work to develop improved discharge planning and therefore a reduction in delayed discharges forms part of the work of the urgent care work stream. The vital sign target will form part of the performance management and therefore will be monitored within that group.

5. CONCLUSION

There is a commitment across the health and social care economy to improve delays in transfers of patients to an appropriate care setting. The development of a system wide bed management system will facilitate a more focused approach to monitoring the delays and the implementation of policies will support a culture of providing high quality care in the right place at the right time. There does however have to be recognition that the complexity of need together with a significant decrease in length of stay in hospital care means that a whole system approach has to be maintained and effective discharge planning has to commence on admission.

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