SUPPORTING DISCHARGE FROM HOSPITAL

The Medically Fit Team at WSFT aims to support the discharge of patients who no longer require an acute hospital bed but do have:

- Ongoing care and social needs which could be met in another setting, home or through primary, community, intermediate care or social services
- Rehabilitation/reablement needs
- A need for additional tests and interventions, but these could be carried out in an outpatient or ambulatory care setting

Discharge from hospital can happen when a clinician decides a patient is medically fit to leave the hospital but there is still a need for ongoing care. The team work closely with hospital and community staff to find the right solution for these patients to support their transfer of care as quickly and smoothly as possible.

If you would like any further information or to spend some time with the Medically Fit Team, please email jenny.barker@wsh.nhs.uk or sharon.basson@wsh.nhs.uk

WORKING IN PARTNERSHIP

By Lesley Standring, Deputy General Manager - Integration Lead Medical Division, West Suffolk NHS Foundation Trust

The medically fit model of care was launched in January 2014. The model continues to establish itself as a critical model in the transformational agenda of integrated care through providers working in partnership. It continues to drive the essential system wide delivery and understanding of:

- the case for change and why an acute hospital bed is not always the right place for ongoing care
- the changes to the medically fit pathways of care
- development of evidence to inform future health and care commissioning intentions
- cultural shift underpinning further efficiencies in integrated delivery of care

Analysis of the medically fit patients provides evidence that the continuation of the transformation work has:

- reduced the number of medically fit patients in WSFT since the delivery model initiated by 33%
- reduced the average length of medically fit days by 30%
- reduced the total number of bed days that are being used by patients who are medically fit in WSFT
- reduced the overall cost for the care of medically fit patients.

For further information, please contact lesley.standring@wsh.nhs.uk

COMMUNITY SERVICES PROVIDER

By the Transition Team

It’s business as usual for the hard-working staff in the community this month. However, from 01 October 2015, the contract for community services will be hosted by a partnership of: two acute trusts; West Suffolk NHS Foundation Trust and Ipswich Hospital NHS Trust; and Norfolk Community Health and Care NHS Trust. This partnership will be held accountable to further improve the already impressive work of the community services team.

A lot of work has taken place to make sure there is a seamless transition both for staff and patients in Suffolk. The team that is managing the transition will communicate regularly with staff and partners to support this major service transition.

Community services deliver a range of adult community services, specialist children’s services and community hospitals. Staff work across the whole of the county, with the exception of the Waveney area, serving in excess of 600,000 people.

The contract has been awarded by NHS West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups, the local GP-led healthcare commissioners.
One of the challenges faced by the Medically Fit Team lies with balancing the needs of the Trust and wider community, with the need to remain person-centred.

During the winter months, Mr F was admitted following a fall due to a urine infection and increased confusion, reducing his functional ability. Mr F is primary carer for his wife, who is nursed in bed and supported with a care package. Unfortunately a day later Mrs F was admitted to hospital with a chest infection and unable to cope at home without her husband’s support.

Mr F, although medically fit for discharge, required a period of rehabilitation and was unable to care for his wife as he had done previously. Mr and Mrs F’s family raised concerns that, without the support of her husband, Mrs F would be unsafe at home.

It was agreed that Mr F’s rehabilitation needs could be met in a community bed, which would provide recovery time and therapy support. A person-centred approach was advocated by the Medically Fit Team and with the support of Commissioners it was agreed that Mrs F should also transfer to a community bed, allowing her care to be delivered safely alongside her husband.

Mr F achieved his rehabilitation goals and was discharged home with his wife following a 7 day stay in the community bed. He reported that he felt able to concentrate on becoming stronger, knowing that his wife was nearby and safe.

**A PERSON-CENTRED APPROACH**

By Jenny Barker, Therapy Lead & Sharon Basson, Nurse Lead, Medically Fit Team, West Suffolk NHS Foundation Trust

**SUPPORTED DISCHARGE**

By Elaine Fleur, Clinical Specialist Occupational Therapist, Medical Therapies Team - Older People and Complex Discharge, West Suffolk NHS Foundation Trust

At West Suffolk NHS Foundation Trust, ward staff are being supported by Jenny Barker and Sharon Basson from the Medically Fit Team to reach a best supported discharge that optimises the patient’s recovery as well as making the efficient, effective use of health and community resources available. With their advanced and complementary skills in Occupational Therapy and Nursing, an appreciation of the needs from a patient and carer’s perspective is considered alongside services provided by therapy teams, social care and community staff.

Benefits have been gained from Jenny and Sharon establishing stronger interdisciplinary links with staff at our intermediate rehab beds to ensure that patients using these are appropriate and best placed to make optimum use of these facilities.

With their high presence on the wards, Jenny and Sharon provide ongoing support to therapists and nursing staff to move the discharge process forward. Supporting staff to escalate issues, helping to identify and address explicit barriers and delays in the discharge process. Coaching, challenging and supporting staff, the patients and their relatives towards a timely resolution.

Modelling respectful communication, being approachable, providing attentive support, both challenging and empowering staff to make timely clinical decisions means Jenny and Sharon are important ambassadors for the Trust as we move towards a more integrated health and community care approach.

**RIGHT CARE, RIGHT PLACE, RIGHT TIME**

By Jenny Barker, Therapy Lead & Sharon Basson, Nurse Lead, Medically Fit Team, West Suffolk NHS Foundation Trust

The Medically Fit Team was formed as part of the Emergency Care Pathway Programme to improve discharge rates for medically fit patients, reduce bed occupancy days across the system and to inform future commissioning.

The team review all medically fit patients on a daily basis, supporting and challenging the Multidisciplinary Team (MDT) to explore patient pathways, move patients towards discharge, remove barriers and escalate difficulties, all in a timely manner.

The team also contribute to the flow of patients through the Trust and out into community beds; positive relationships have been developed with community providers and open and honest dialogue established which ensures that this process remains as effective as possible.

On-going data collection has revealed that the lengths of stay for delayed medically fit patients within the Trust has reduced from a weekly average of 9.5 bed days in November 2014 to 6.5 bed days in June 2015. Whilst this is an excellent measure, the patient experience is paramount; right care, right place, and right time. We believe our success is due in part to the contrasting approach of the two disciplines (Registered Nurse/Occupational Therapist) and a greater appreciation of the different roles. This has also led to interest from other Trust in this model.

**GET INVOLVED**

If you have any news or views on any of these projects, please contact the partners through this email address: getinvolved@westsuffolk.nhs.uk