Can I Go Home Yet?



A Point Prevalence Survey of hospital patients to identify what it would take to get them home.

INTRODUCTION

A snapshot audit (DOCA+) of every patient in the Borders General Hospital and Community Hospitals was undertaken in July 2018, to assess patients able to receive care in a non hospital setting and what services they would require.

AIMS

Putting a number on it!

The project aim was to provide detailed local data on the demand for community-based services and the types of services required. The data would be used to:

- Inform the completion of a Whole System Demand and Capacity Model.
- Identify the additional services and capacity required to deliver 2018/19 Winter Plan.
- Provide information to prioritise the commissioning of new models of non-hospital care.





METHODOLOGY

The A Team

A team of senior professionals* undertook a notes review of each patient within the Acute Hospital and community hospitals.

The validated national Day of Care Survey¹ tool was used to identify patients requiring continuing hospital care.

All other patients were reviewed to determine what services would enable them to be cared for at home using Day of Care Survey criteria, with an additional 21 options for non-hospital services identified from external reviews.

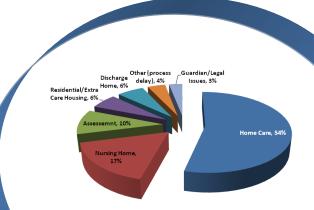
Agreement on alternative care setting was through Multidisciplinary Team (MDT) consensus.



RESULTS

Seeing the Whole Picture

- 53% of inpatients could be managed in an alternative (nonhospital) care setting (acute hospital 46%, community hospitals 68%)
- 54% of these patients could be managed at home with additional support
 - Only 12% of the acute hospital patients and 22% of community hospital patients were previously identified as Delayed Discharges



% Of Inpatients who could be managed in Alternative Place of Care



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ACTIONS

The results of the DOCA+ to date have

- Provided basis for planning additional community services in NHS Borders Winter Plan 2018-19
- Supported capacity planning and Business Case for Hospital to Home service
- Supported development of ANP-led model of Community Hospital medical cover

The results will

- Support development of community AHP services and redesign of older peoples service pathway
- Allow revision of Acute Bed Model to determine future inpatient bed demand
- Inform H&SCP Strategic Commissioning Plan
- Inform NHS Borders Strategic Delivery Plan
- Support use of demand and capacity modelling in the development of new services



The DOCA+ methodology has subsequently been used in dementia inpatient facilities within NHS Borders.

The Assessment Team comprised:

*Consultant Geriatrician – Dr Jenny Inglis. Consultant in Acute Medicine – Dr Lynn McCallum. Lead Social Worker – Jane Prior. AHP – Liz Duffell (Team Leader, RAD)/ Lynne Morgan-Hastie – Head of Physiotherapy. Community Nursing – Fiona Houston. DN leads Margaret Richardson (Hawick) and Mary Hayes (Peebles). Dr Kevin Buchan (Hawick), Dr James Millar (Kelso) and Dr Declan Hegarty (Peebles).

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REFERENCES

Reid E, King A, Mathieson A, Woodcock T, Watkin SW. Identifying reasons for delays in acute hospitals using the Day-of-Care Survey method. *Clinical Medicine*, 2015, Vol 15 No 2: 117-20