



JIT Delayed Discharge Improvement

Partnership Brief for Diagnostic and Scoping Work

Background

The Joint Improvement Team (JIT) was established in 2005 by the Scottish Executive Health Department, NHS in Scotland and COSLA to provide direct support and assistance to accelerate the pace of improved services delivered through health and social care partnerships. A continuing focus for this work is to support Partnerships to sustain the delayed discharge standards.

In October 2001 there were 2,162 patients delayed across Scotland for longer than 6 weeks. In April 2009, for the second year running, there were none. Enormous progress has been made but monthly delayed discharge figures have been steadily rising. Several partnerships have sustained zero delays which prove these standards are both achievable and sustainable. Ministers are clear that this is what they expect. In addition they are seeking to reduce the overall length of delays and tackle the complex cases that are outwith the zero standards.

JIT Associates and Action Group members have extensive experience of supporting Partnerships across Scotland to tackle delayed discharge. JIT can offer targeted improvement support to Partnerships around their delayed discharge performance. The approach is to support Partnerships to identify their local challenges, opportunities and action areas for improvement. This JIT support may be provided as short term focused diagnostic and scoping work, or be part of a more comprehensive Partnership support programme.

This document outlines the brief for a JIT diagnostic and scoping programme with a specific focus on improving partnership performance on delayed discharge.

Purpose

- To provide the Partnership with practical support through rapid scoping and feedback about delayed discharge challenges and opportunities
- To share learning and signpost the Partnership to existing tools and models of care that will help deliver the required improvements
- To identify potential JIT support to help the Partnership improve patient pathways to achieve and sustain the zero delayed discharge standards; reduce overall length of stay and address issues regarding complex cases. .

Process

Requests for delayed discharge support should be directed to Dr Margaret Whoriskey, JIT. Initial informal approaches are welcomed but should be

followed by a joint request from the health and social care leads for delayed discharge, with identification of the named Partnership contact.

JIT will identify an Associate or Action Group member to meet with the Partnership contact(s) to discuss their needs and agree the scope of the work.

The Partnership should complete the JIT Delayed Discharge self assessment

JIT will identify an Associate or Action Group member to lead on the support work. The JIT lead will access the suite of related indicators from ISD.

Scoping meeting

The JIT lead will meet with Partnership delayed discharge operational leads to discuss their delayed discharge data and related indicators and reflect on the Partnership's completed Delayed Discharge self assessment.

- What is working well
- Key challenges in meeting and sustaining the standard
- Potential quick wins and areas to focus the diagnostic work

Half day with Partnership plus half day preparation and review of material

Diagnostic Work

A rapid diagnostic programme will be tailored to the specific local issues and needs of the Partnership. Examples of JIT diagnostic support may include:

JIT lead attends Partnership delayed discharge meeting(s) to understand local practice around verification, coding and problem solving for delays.

JIT lead, accompanied by a local discharge co-ordinator, undertakes targeted case reviews of inpatients to identify triggers and blocks in the pathway and to scope the potential for alternative solutions.

JIT lead supports the partnership to use the JIT Delayed Discharge pathways tool or to scope the potential caseload for Intermediate / post acute care

JIT lead facilitates a half day workshop on Delayed discharge with Partnership operational leads and senior clinicians / practitioners and development of action plan to address immediate; short term and medium term actions required, taking account of other work in progress.

Average of 3 days work with Partnership

Report

JIT lead provides verbal feedback to Partnership operational leads and prepares a diagnostic / scoping report for the Partnership

JIT lead and Dr Whoriskey meet with the Partnership to discuss the report, recommendations and consider whether further JIT support will be useful.

Half day with Partnership and half day collating findings for report

Menu of further JIT support

- Longer term commissioning and capacity planning work.
- Implementation of discharge protocol and choice policy
- Roll out of the EDISON system.
- Support for intermediate care, anticipatory care and care management
- Support for staff training on admission, transfer and discharge planning
- Helping to gain an understanding of the reasons behind complex delays and the circumstances causing undue delays in the Adults with Incapacity process.

Joint Improvement Team Oct 09