



# The Integrated Discharge Service

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# Objectives.

- Our service
- Key Focus of 2018-19
- What are we doing differently?
- Aims 2019-20
- Our Vision



# The Integrated Discharge Service.

- Formed in 2017 RBFT and BHFT merger
- Bringing established ways of working together, to provide a new *integrated* service across systems
- IDS umbrella term inclusive of our local authority, community and voluntary sector colleagues
- Working together for *individualised* patient management
- Whole system approach to discharge planning, with 'Home first' underpinning process

# "Patient's time is the most important currency in Healthcare"

Prof. Brian Dolan



## New ways of working.

- Establish the new service following the merger
  - Team identity
  - Direct interface with other partners (CHS, LAs)
- Improved understanding of how best the service can meet needs of stakeholders
- Raise profile of IDS within the Berkshire West System and build relationships
- LGA peer review and recommendations

#### What do our achievements look like?

#### More visible, reactive team

- Strengthened identity and understanding of roles
- Order system on EPR
- Drive patient flow

#### Case load management / zonal working

- Individualised support for each clinical area
- Provide support with complex situations
- ESD now part of the team Home First

#### Excellent, two way communication

IDS, our patients, ward MDTs, community colleagues



#### The art of conversation.

Communication - it can be a barrier, but by working together and keeping it simple we can overcome the challenge.





### **Success stories!**

#### **Delayed Transfers of Care (DToC) Management.**

- Challenge from LGA review to adopt a whole system approach to DToC management
- RBFT, BHFT (including community hospitals) and Mental Health

#### What did we do?

- Shared review of process
- Leaning out of steps
- Collaborative working to drive change

#### What was implemented?

- New DToC breakdown codes
- Tuesday teleconference with all partners, full oversight of delays in system
- Wednesday face to face meeting with DASs, RBH and CCG reps to discuss complex cases and themes

#### What is the impact?

- Early oversight of 'pinch points' in system
- High level problem solving and conversation
- Early escalation
- Decreased LOS and therefore improved patient flow
- DToC numbers decreasing



# Length of stay meeting.

 Increased ownership and awareness of stranded and super-stranded patient group

#### What was implemented?

- Weekly meeting after DAS
- Ward, IDS (inc LA) and Director representation

#### What was the impact?

- Timely identification of factors affecting discharge
- Prompt planning and ownership of actions
- Identification of potential problems
- Timely escalation of issues



#### Aims of 2019-20.

- Continued development of team structure, by being reactive to demands of the system
- Developing further involvement in Care Home Trusted Assessment; by working closely with Care Home Transformation team

 Integration of Voluntary Sector into IDS – starting with January pilot



#### Our Vision.

- To be an indispensible service
- To positively influence patient flow through the Berkshire West System
- Provide the best outcomes for our patients

**Compassionate | Aspirational | Resourceful | Excellent** 

caring for and about you is our top priority

to providing good quality, safe services

working together
with you to develop
innovative solutions



# Thank you for listening!

Any questions?

