

**Delayed Transfers – Emergency Care and Medical Business Unit**

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Operational Lead – Barbara Monk

Standard	Action	Responsibility	Target Date	KPI	Status
<b>Delayed Transfers of Care (DTOC) – Complex Discharge</b>					
<b>Zero tolerance to delayed transfers of care</b>	<p>Ensure there is a common understanding of Delayed transfers of Care across the organisation and monitor compliance against DOH criteria.</p> <ul style="list-style-type: none"> <li>Re-issue Guidance to all clinical areas</li> <li>Implement a rolling educational &amp; training programme for the complex discharge pathway for all inpatient areas</li> </ul>		07/01/13 Commence 01/13		<p>In draft needs circulated</p> <p>Definitions agreed at PAG</p> <p>Integrated lead started in post on 29<sup>th</sup> April.</p> <p>Training plan to be developed</p>
	<p>Daily validation and review of all DTOCS</p> <ul style="list-style-type: none"> <li>Correct Sitrep reporting</li> <li>Validated weekly snapshot data prior to submission</li> <li>Implement senior management Chair of multi agency DTOC review and confirmation of discharge dates</li> <li>Exception reporting to SMT</li> </ul>	<p>Discharge Lead</p> <p>Business Manager</p> <p>Business manager</p> <p>Business Manager</p>	<p>21/12/12 Complete</p> <p>21/12/12 complete ongoing</p> <p>7/01/13</p>	<p>Number of Excess bed Days</p>	<p>MC meets with CIC team every day to review all DTOCs and community hospital referrals. Spread sheet is updated on daily basis.</p> <p>AR to meet weekly with MC to review all patients over 14 day LOS</p>

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					AR to meet weekly with WCH Team TO Review DTOC and over 14 day LOS
	Robust escalation internal & external : define roles and responsibilities <ul style="list-style-type: none"> <li>• Daily escalation</li> <li>• Monitor and review via bed meetings</li> <li>• Weekly exception reporting to SMT</li> <li>• Weekly exception reporting to PAG</li> </ul>	Business Manager	27/12/12 14/01/13	Response from providers/agencies within 3 hours of escalation	Confirm standard at PAG

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<b>Delayed Transfers of Care (DTOC) – Complex Discharge</b>					
<b>Zero tolerance to delayed transfers of care</b>	Full implementation of Integrated discharge team <ul style="list-style-type: none"> <li>• Clarity of roles</li> <li>• Establish KPIs</li> <li>• Data Sharing</li> </ul>	Business Manager/ IDT manager	31/01/13		Need to arrange appropriate accommodation and IT access for external systems KPI presented at PAG by E thompson
	Review of complex discharge pathway <ul style="list-style-type: none"> <li>• Discharge planning process</li> <li>• Benchmark against Northumbria</li> <li>• Points prevalence study</li> </ul>	HON/ V Chasson HON/ V Chasson	Complete		
	Develop and implement Education and training programme for ward staff	MC/Business manager	31/05/13		Plan to be developed

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<b>Non Complex Discharge from acute hospital</b>					
<b>Zero tolerance to delayed discharges</b>	Implementation of daily board rounds <ul style="list-style-type: none"> <li>Am board rounds identify/expedite delays</li> <li>Pm board round to ensure agreed action taken</li> </ul>	Lead Nurse Core Wards	03/01/13		Gill Long and discharge team have agreed daily board rounds of medical wards with follow up in afternoon
	Robust internal escalation <ul style="list-style-type: none"> <li>Daily escalation</li> <li>Monitor and review via daily bed meetings</li> <li>Weekly exception reporting to SMT of constraints</li> <li>Regular ward board rounds to by senior management team to challenge delays and support staff</li> </ul>	AR	ongoing	<b>Delays addressed with appropriate agencies.</b>  <b>Weekly feedback at EMT</b>	on-going
	Ensure team is resourced adequately on both sites to respond to discharge planning <ul style="list-style-type: none"> <li>Recruit band 6 to back fill MC post at CIC</li> <li>Recruit additional Band 6 for west.0.6 wte</li> </ul>	AR	June 2013	<b>Posts filled</b>	BVR for CIC completed 2.5.13 Business case for west to be completed by AR and present to EMOB in May