

REASON WHY?

When a patient's physical, cognitive, psychological and social needs are identified and addressed with the most appropriate support early, patient experience will improve and in turn so will their length of hospital stay. Creating a more comprehensive transfer of care process should result in the patient getting the right care from the right team at the right time.



To improve the discharge process for patients where they have identified complex needs by the end of October 2023 as evidenced by a timelier referral to Therapy and IDT teams and decrease in Length of Stay.

PLAN

Following a review of the process of how ward staff refer to the Therapy team and Integrated Discharge Team (IDT) a new future state process was developed. This aimed for patients to be referred into the teams at an earlier point to enable the Therapy staff to identify discharge needs and work towards them sooner into the patient's hospital stay.

The plan was:

- Therapy staff working on the wards to hold face to face discussions with staff about who and when to refer to Therapy.
- Therapy Staff to work more closely with the Discharge Liaison Nurses, where they were on the ward.
- Staff to be supported by the Therapy management team throughout the process.

DO

Therapy staff on each ward gave out information sheets to their nursing and medical colleagues detailing when to refer people to therapy. The staff kept a record of who they had spoken to on each ward.

It was recognised that not every ward had a discharge liaison nurse, so that the process would have to be different across wards due to staffing differences.

There were fortnightly meetings held between Therapy Clinical Leads, ward managers, IDT and Therapy managers to review progress and keep to a schedule of rollout onto each ward in the hospital.

From May 2023 to October 2023 the Therapy team had discussions in every inpatient clinical area that they work in.

STUDY

The impact of the study varied from ward to ward, specifically wards 10, 11 and 27 all showed improvements in Length of Stay (LOS) for simple and complex patients, but other wards showed no significant change in LOS data. Referrals to the Therapy team have not changed throughout the project and need to be considered in the next steps, given the audit data below.

The PRH data doesn't show any significant change in data and continues to show common cause variation for both occupational therapy and physiotherapy, that being said the data for PRH generally shows a lower referral rate and lower response times for both professions. The RSH data, does show a significant change in the time from admission to referral and overall time on caseload which now needs to be sustained.



Through audit in July 2023, the Therapy Centre has identified: **23% of all referrals to Inpatient Physiotherapy and Occupational Therapy services are not appropriate.**



This equates to:
114 inappropriate referrals per week
With a loss of 85 hours of time,
equating to 2.3WTE Physiotherapists and Occupational Therapists
Over the course of one-year, inappropriate referrals cause the loss of 4400 therapy patient treatments.



ACT

The Therapy team will **ADOPT** the process of seeing patients as soon as they are able to and not waiting for them to be declared medically fit.

They need to continue to **ADAPT** the way they work with their colleagues in IDT depending on their staffing.

Next steps

To continue to work on the referral criteria to reduce the number of inappropriate referrals.

To work with the IDT to review the Transfer of Care documentation.

To work with system partners to identify further opportunities for improvement around discharge.