Care Transfer Hub Support Workers

Theme | Capacity and Flow

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REASON WHY?

The Role of Discharge Support Worker (DSW) is to review patients referred (to the Care Transfer Hub) to determine the discharge pathway. This should be completed in collaboration with the wider MDT (therapy, nursing staff etc), utilising conversation, assessments, and records to compile a transfer of care document to describe the needs for discharge and the pathway.

Currently, they feel that some elements of assessment are limited due to repetition and duplication of work.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

- Reduction in time spent 'NCTR' before discharge pathway assessment to 1 day by April 2025
- Reduction in PW2 and increase in PW1
- Reduction in inappropriate therapy referrals

PLAN

The plan was to expand the Discharge Support Workers capability in line with their job description. This would develop proactivity in their day to day roles allowing for wider collaboration with the multi-disciplinary teams.

The DSW's were to work alongside staff on ward 36 to develop their competencies alongside therapy staff to develop their knowledge and understanding of completing initial assessments and functional history.

They were to join board rounds and actively engage in the discussions to steer conversations around baseline mobility and social history. They were to work closely with the therapy team to begin TOC's 5 days prior to being declared MFFD.

DO

09/1/25 – Majority of the DSWs have spent time on ward 36 and achieved competencies

13/1/25 – DSWs attended training to assess social/functional history

20/1/25 – Trial commences on ward 27/10

During the trial, DSW joined the board rounds and a newly implemented therapy huddle – to discuss prioritisation and outstanding TOC's.

DSW were completing social/functional history at the start of patient journey. They were also engaging earlier with patients and their families in discharge discussions to help outline discharge pathway and ensure they are involved in decision-making.

During the trial, due to staffing challenges the DSW's weren't always able to consistently stay on the trial wards.

STUDY

Both DSW's involved in the trial have shared very positive feedback stating the collaboration between DSW's, therapy teams and ward staff has lead to more efficient discharge pathways. Communication has improved between the teams which has enabled the identification of potential issues early. It has also enabled the DSW's to commence earlier preparation of the TOC documentation for patients who are not yet declared MFFD as they are aware of the discharge plans earlier in a patients journey.

Reliant on data from CTH and Therapy

ACT

The PDSA has expanded to include DSW's in PRH on ward 7, Medical Esc and ward 4.

Band 7 lead starting on CTH

There is further scope to move the PDSA into phase 2 once the new B7 Therapy Leads start within the CTH.

This new secondary phase will be looking at how the DSW's can support therapy further, with focus on supporting conversations re: care needs on discharge and patients who reside in residential homes *quick wins*

ACKNOWLEDGEMENTS & REFERENCES | Lucy and Holly (DSWs) Ward 10 and 27