

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:  
10<sup>th</sup> NOVEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **UPDATE HOSPITAL DISCHARGE**

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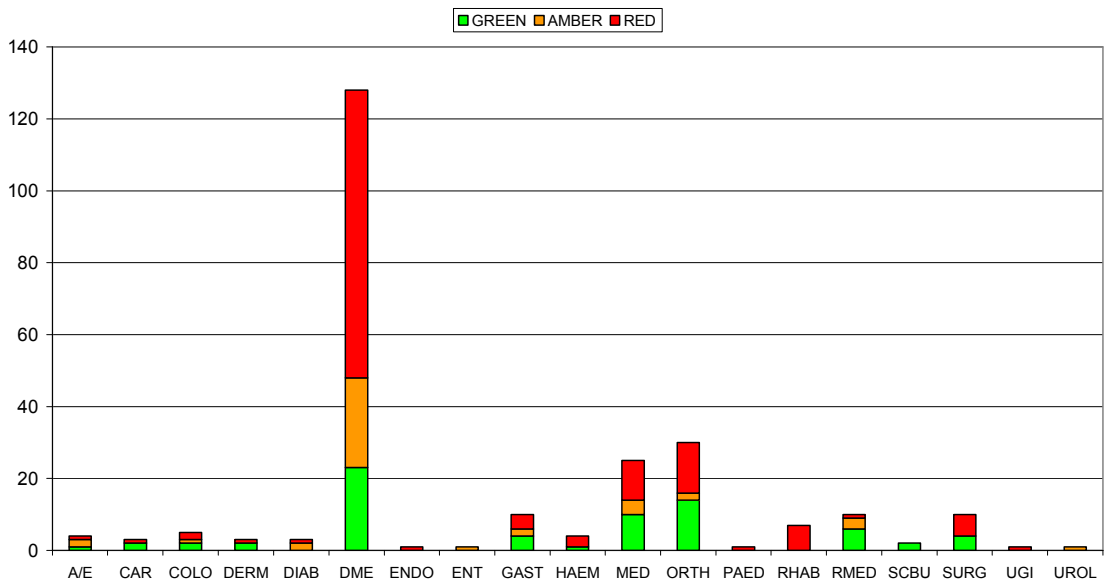
### ***Executive Summary***

*This report provides the Health and Well-Being Overview and Scrutiny Committee with the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.*

### **1 Background**

- 1.1 It has long been recognised that patients admitted to hospital in Wirral have longer lengths of stay for patients than the national average and that there have been many years of over reliance on acute hospital services by Primary and Community services with a pattern of under developed community services.
- 1.2 In order to address this, Health and Social Care have established a range of services to prevent avoidable hospital admissions and reduce the length of time that people stay in hospital, including Wirral Home Assessment and Reablement Team (HARTS) and Wirral Admission Prevention Service (WAPS), Intermediate Care.
- 1.3 By reviewing and improving the admission and discharge processes the trust can improve the patient experience by reducing the number of days spent in hospital, and save bed days thus increasing the capacity and saving money.
- 1.4 Reducing the length of stay will reduce the cost per patient episode, the risk of patients being exposed to hospital acquired infections, A&E waits, cancelled elective procedures and waiting times for treatment thus improving clinical outcomes.
- 1.5 The **Better Care Better Value** clinical productivity paper estimates that Wirral Hospital Trust have the potential to save approximately £11.7 million by reducing the amount of time spent by patients in excess of the medium length of stay by 25%.

**Total number of Patients with a LOS >14 days**  
**@ Monday 19th October 2009**

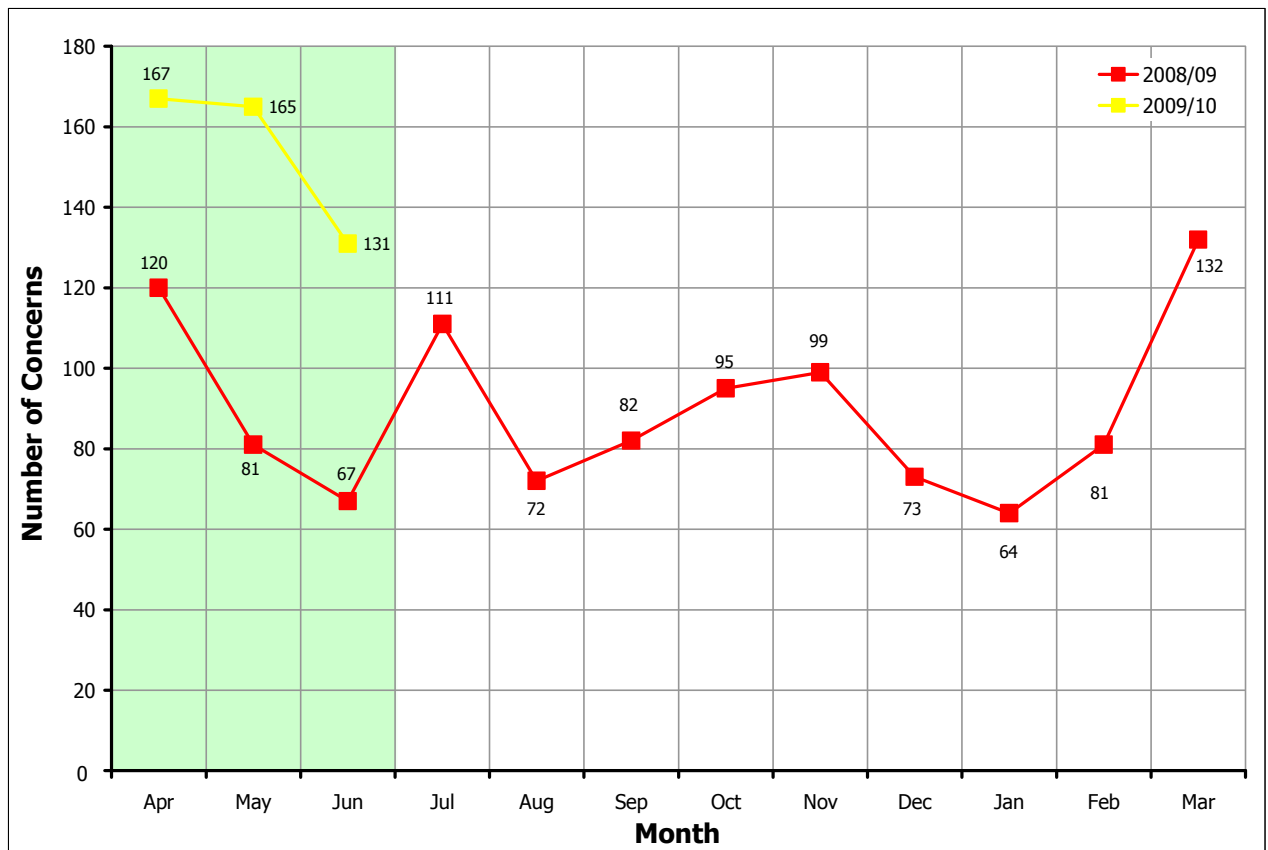


(Green = 14 – 20 days, Amber = 21 – 28 days, Red = 28 days +)

51.4 % of patients with a length of stay (LOS) >14 days are Department of Medicine for the Elderly (DME). The average LOS of these patients is 38 days.

## **2 Discharge Related Concerns Quarter 1 2009/10**

- 2.1 This is an extract from the Discharge Related Concerns & Formal Complaints Report Quarter 1 2009/10; this provides an overview of the number of concerns recorded by the Patient Advice & Liaison Service which were received during quarter one 2009/10 and provides a comparison with quarter one 2008/09.
- 2.2 The increase in the number of concerns this year was expected as Wirral University Teaching Hospital now have Patient Advice & Liaison Service (PALS) representatives on the hospital wards actively seeking patients comments and concerns as Wirral University Teaching Hospital is dedicated to improving patient experience.



- 2.3 The Hospital Trust received a total number of 463 concerns during Q1 2009/10 compared to 268 during the same period the previous year. Each concern may raise several issues therefore the number of issues recorded will not correspond to the total number of concerns received. During Q1 2009/10 46 separate issues were raised to PALS around transfer or discharge compared to 35 in Q1 2008/09.
- 2.4 This report is intended to update the committee in regard to the progress being made across the economy in improving the patient experience from arrival at hospital to discharge and should be read alongside the Wirral Discharge Planning and Review Group (WDP&RG) action plan updated October 09. The economy wide action plan developed through the Wirral Discharge Planning & Review Group identified some key practices and issues which needed to be reviewed and challenged in order to significantly improve the experience of patients and improve the patient flow from assessment in A&E or other assessment areas to their safe discharge from hospital. Appendix 1 shows an update of the Wirral University Teaching Hospital action plan.
- 2.5 Wirral University Teaching Hospital have carried out a review of the prescription turnaround by pharmacy, as it was questioned by Wirral Older People's Parliament "There are still some long delays for discharge medication. How can this be speeded up?" This document is shown in appendix 2.

2.6 Work has been undertaken to improve the discharge checklist (appendix 3) and the transfer from hospital to care home documentation (appendix 4), to enable a quicker and smoother discharge from an acute hospital bed.

**3 Financial Implications**

There are no financial implications arising from this report

**4 Staffing Implications**

There are no staffing implications arising from this report

**5 Equal Opportunities Implications**

There are no equal opportunity implications arising from this report

**6 Community Safety Implications**

There are no community safety implications arising from this report

**7 Local Agenda 21 Implications**

There are no local agenda 21 implications arising from this report

**8 Planning Implications**

There are no planning implications arising from this report

**9 Anti Poverty Implications**

There are no anti poverty implications arising from this report

**10 Social Inclusion Implications**

There are no social inclusion implications arising from this report

**11 Local Member Support Implications**

There are no local member support implications arising from this report

**12 Health Implications**

Timely Discharges help reduce the probability of contracting hospital acquired infections.

**13 Background Papers**

None

## **14 Recommendations**

That :

- (1) Committee is asked to note the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.

**JOHN WEBB**  
**Director of Adult Social Services**

**Victoria Poole**  
Integrated Commissioning Support Manager  
Tel No 651 0011

Date 26 October 2009



## Appendix 1

### V7 WIRRAL UNIVERSITY TEACHING HOSPITAL, NHS FOUNDATION TRUST ACTION PLAN WDP & RG 2009/10 (Updated Oct 9<sup>th</sup> 2009)

IDENTIFIED ISSUE/AREAS AND RECOMMENDATIONS	ACTION REQUIRED	LEAD MANAGER (s) IN WUTH	PERFORMANCE MANAGEMENT GROUP REPORTING ARRANGEMENTS	PERFORMANCE METRICS & EVIDENCE	Timescale
<p><b>2. ASSESSMENT / ADMISSION PROCESS ISSUES</b></p> <p>(a) Little information available to patients at pre admission about their estimated length of stay when admitted for planned care</p> <p>(b) Top ten reasons for inappropriate admission to hospital are related to non-specific clinical conditions e.g. shortness of breath, abdominal pain, generally unwell</p>	<p>i) Ensure there is written discharge planning information at pre-op/procedure assessment</p> <p>ii) Information booklet given to pre operative patients prior to admission contains discharge information</p> <p>Actions Completed Nursing Documentation reviewed to enable audit completion N&amp;M Audit documentation reviewed</p> <p>i) Clear clinical pathways beginning and ending at the patients usual care environment for specific clinical presentations will be developed, implemented and</p>	<p>DLN's</p> <p>DLN's</p> <p>ADO's</p>	<p>WDP&amp;RG (via WUTH Patient Experience Group)</p> <p>WDP&amp;RG</p> <p>WDP&amp;RG via Modernisation Teams</p>	<p>Baseline Report from Patient feedback questionnaire &amp; Corporate Nursing Audit Results</p> <p>Patient booklet being rewritten</p> <p>Pathways in place System of senior review in place @ the front door &amp; in the assessment areas.</p>	<p>August 2009 &amp; then Biannually NB for (i) (ii) there has been a delay as patient information booklet being reviewed &amp; the Patient feedback questionnaire is being consulted upon NEW TARGET DATE DEC 09 March 2010</p>

	<p style="text-align: center;">Monitored</p> <p>ii) Improve patient documentation and coding process to reflect accurate reason for admission to assessment areas</p> <p><b>Actions Completed</b>  Issue Raised at DMB's  Issue raised at Directorate Meetings/Clinical meetings  Discussed at daily bed meetings</p> <p>iii) Consideration given to a Primary Care presence in A&amp; E</p> <p><b>Actions Completed</b>  <b>JUNE 09</b>  A&amp;E facilitated a local induction programme for 3 GP's.  A&amp;E are happy to repeat if it results in GP's being present in the A&amp;E service  To date GP's have not attended to provide support to A&amp;E. apart from the 'care home GP'</p> <p>Care Home GP is now based in A&amp;E and has completed 3 audits in response to identified local issues. .Audits being presented to the Urgent Care Network</p> <p>i) Weekly Urgent Care MDT is</p>	<p>ADO's &amp; CHD's</p> <p>ADO (MED)</p>	<p>WDP&amp;RG</p> <p>Urgent Care Network</p>	<p>Diagnosis on PCIS will be amended on the post take ward round and evidenced in the discharge summary &amp; on repeat audit</p> <p>Appropriate Primary Care presence in A &amp; E</p>	<p>Sept 2009 COMPLETED</p> <p>April 2009 COMPLETE</p>
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	<p>meeting to discuss inappropriate A&amp;E attendances in respect of catheter/continence issues, falls and care home issues</p> <p>ii) <b>AUGUST 09</b> Care Home GP has now transferred to work in the PCAU so service discontinued by PCT.</p>				
(c) Delays in the diagnostic testing process	<p>i) The WUTH Diagnostic Liaison Group to review the process and responsibilities for accessing, reporting, responding and clinical intervention when diagnostics are required</p>	ADO (Diagnostics)	WDP&RG	Reduced length of time between investigations being ordered and intervention.	March 2010
d) Patients staying in more than one ward	<p>i) Review capacity issues within the system to reduce variations in discharges by day of the week</p> <p><b>Actions Completed</b> Baseline Activity available 08/09 for number of patient ward moves cancelled operations</p>	ADO's (Med & Surg)	Urgent Care Network	<p>Reduced number of patient ward moves</p> <p>Reduction in cancelled operations</p> <p>Reduced number of outliers</p> <p>Reduction in LoS</p>	Sept 2009

	<p>number of outliers LoS</p> <p>WEHS training for key staff</p> <p>i) Reduce variations in elective activity and protect elective capacity</p> <p>ii) Introduction of WUTH daily sitrep reporting</p> <p>iii) Review WUTH escalation plan for managing peaks in service demand to dovetail into Economy escalation plan</p> <p>iv) Explain to patients the rationale for admission to assessment areas and the reason for moving wards</p> <p><b>Actions Completed</b> Patient Flow Practitioners now deployed to assessment areas Patient information booklets being reworked and process for distribution reviewed Electronic information kiosks being used across the Trust to improve patient feedback.</p> <p>v) Care Standards Executive project on single sex bays</p>	<p>ADO's</p> <p>Patient Flow Manager</p> <p>DN/M</p> <p>DLN's</p> <p>DN/M</p>	<p>WUTH</p> <p>Urgent Care Network</p> <p>Urgent Care Network</p> <p>WDP&amp;RG</p> <p>WDP&amp;RG</p>	<p>Elective activity plans agreed by speciality</p> <p>Reports produced daily by exception</p> <p>Escalation plan reviewed</p> <p>Patient feedback questionnaire Patient Information booklet</p> <p>Project Report Available to WDP&amp;RG</p>	<p>April 2009 COMPLETED</p> <p>April; 2009 COMPLETED</p> <p>June 2009 COMPLETED</p> <p>August 2009 &amp; then Biannually NB for (i) (ii) there has been a delay as patient information booklet being reviewed &amp; the Patient feedback questionnaire is being consulted upon NEW TARGET DATE DEC</p> <p>Sept 2009</p>
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	<p><b>Actions Completed</b>  Funding for improvements from DOH secured and allocated to a capital plan  Monthly update on Trust Internet site</p>				
(e) Lack of staff awareness of available services to support patients with communication / language difficulties	<p>i) Appointment of WUTH Diversity &amp; Inclusivity Manager</p> <p>ii) Review practice and use of available services and identify gaps in provision</p> <p><b>Actions Completed</b>  Changes made to intranet information  Disability Advisor role reviewed  Established actions which need to be taken by DA</p>	<p>DN/M</p> <p>D&amp;I M</p>	<p>WDP&amp;RG</p> <p>WDP&amp;RG</p>	<p>D&amp;I Manager in post</p> <p>Increase in access to specialist communication services</p>	<p>March 2009 COMPLETED</p> <p>June 2009 COMPLETED</p>
<b>3. INPATIENT ISSUES</b>					
(a) Poor communication with usual caregivers	<p>i) Establish a system which ensures patients under the care of community matrons are flagged on the IT system on arrival at hospital.(1)</p> <p>ii) Improve communication with Primary Care</p> <p><b>Actions Completed</b>  NHSLA compliant documentation rolled out to wards in July 09</p>	<p>WHIS &amp; NHS Wirral</p> <p>ADO's</p>	<p>Case Management Group</p> <p>WDP&amp;RG</p>	<p>Patient identification flagging system on PCIS is in place</p> <p>Audit of NHSLA action plan</p>	<p>JULY 2009-COMPLETED</p> <p>Dec 2009</p>

	<p>iii) Input into LLP/ICO project team</p> <p><b>Actions Completed</b> Workshop held 16.7.09 Paper went to HMB for approval 21.8.09 Working Group established Meetings started 6/10/09</p>	ADO (Strategy & Planning))	WDP&RG	Integrated Care Organisation Pilot Principles adopted	Sept 2009
(b) Poor communication with patients	<p>i) Improve communication with patients</p>	DLN's	WDP&RG	Patient feedback questionnaire & Corporate Nursing Audit Results	August 09 Delayed until Dec 09
	<p>ii) Ensure discharge planning information is communicated to patients on a daily basis</p>	DLN's	WDP&RG	Audit completed discharge checklists within the new Nursing documentation	August 2009 Delayed until Dec 09
(c) Lack of continuity of care (2&4)	<p>i) Clinical management plans reviewed and updated daily Actions Completed 30 day report analysis Audits of Criteria led discharge</p>	ADO's CHD's	WDP&RG	Audit Clinical management plans documented in the patients medical records and on discharge summary	Oct 2009
	<p>ii) Ensure discharge planning process begins on admission to hospital. <b>Actions Completed</b> Initial PFP training completed Awaiting further support from the PCT Community Care Team Change in PFP role will require a review of training needs.</p>	Patient Flow Manager	WDP&RG	All Patient Flow Practitioners Complete Training programme & achieve competencies	June 09 Achieved SEPT 09 will be an ONGOING process
	<p>iii) Process shared with ALL</p>	Patient Flow Manager	WDP&RG	Plan agreed for the roll out of awareness raising of discharge roles & responsibilities	June 09 COMPLETED

<p>(d) Lack of information or explanation in regard to what is happening or of what to expect on discharge (2,3&amp;4)</p>	<p>WUTH staff  <b>Actions Completed</b>  Policy approved consulted on &amp; disseminated  WEHS Improving LoS workstreams underway</p> <p>i) Review the referral process from WUTH to DASS</p>	<p>Patient Flow Manager &amp; SSD</p>	<p>WDP&amp;RG</p>	<p>Roll out implemented</p> <p>The establishment and launch of locality services, with clear referral pathways and integrated working between health and social care teams.</p> <p>Completion of a review of the EDT function.</p> <p>Establishment of a DASS hospital team.</p>	<p>Sept 09  COMPLETED</p>
<p>(e) Attitude of staff (2&amp;4)</p>	<p>ii) Ensure discharge information is communicated to patients and carers on a daily basis</p> <p>i) Ward Managers performance manage staff on their ward and take action as required in respect of poor communication and attitude</p>	<p>DLN's</p>	<p>WDPR&amp;RG</p>	<p>Audit nursing documentation, Discharge checklists  Nursing &amp; Midwifery audit results</p>	<p>August 2009  Delayed until Dec 09</p>
<p>f) Lack of staff awareness of available services to support patients with communication /language difficulties (4)</p>	<p>i) Review ward practice and the use of available services and identify gaps in provision or access to specialist help and</p>	<p>DLN's</p>	<p>WDP&amp;RG</p>	<p>Reduced number of complaints relating to poor communication and attitude</p> <p>Quarterly PALs/Complaints Report</p> <p>More appropriate referrals to Disability Advisor</p>	<p>August 2009 &amp; then biannually</p> <p>August 2009 and then biannually</p> <p>August 2009</p>

<p>(g) Patients with a LoS in excess of 30 days</p> <p>4 SPECIFIC ISSUES RELATING TO THE DAY OF DISCHARGE</p>	<p>advice</p> <p>i) Establish a reporting system to flag up patients and take remedial action to progress their journey</p> <p><b>Actions Completed</b>  Weekly vis wall item for exec team  Weekly remedial actions monitored  WEHS Workstream underway</p>	<p>Patient Flow Manager</p> <p>DLN's</p> <p>DLN's</p>		<p>Reduction in LoS &amp; numbers of Patients in hospital more than 30 days</p>	<p>June 2009 COMPLETED</p>
<p>(a) Patients not aware of or using the Discharge Lounge (2&amp;3)</p>	<p>i) Raise awareness of the use of the discharge lounge with ward managers</p> <p>ii) Agree ward targets for the use of the discharge lounge and timed discharges</p> <p>iii) Establish monitoring reports</p>	<p>DLN's</p> <p>DLN's</p> <p>DLN's</p>	<p>WDP&amp;RG</p> <p>WDP&amp;RG</p> <p>WDP&amp;RG</p>	<p>Increased use of the discharge lounge</p> <p>Targets set</p> <p>Targets achieved</p>	<p>May 2009 COMPLETED</p> <p>June 09 COMPLETED</p> <p>Sept 09 COMPLETED</p>
<p>(b) Poor information about leaving hospital e.g. access to wheelchairs for relatives to take patients to the car park and pick up points for relatives to park for short periods</p>	<p>i) Improve information given to relatives</p> <p>ii) identify pick up points for short stay parking at the hospital</p>		<p>WDP&amp;RG</p> <p>WDP&amp;RG</p>	<p>Reduction in the number of incidents/complaints relating to discharge baseline identified</p> <p>Identified pick up points for short stay parking</p>	<p>June 09 COMPLETED</p> <p>April 2009 COMPLETED</p>
<p>(c) Lengthy waiting times for</p>	<p>i) Review the ordering process</p>	<p>Lead</p>	<p>WDP&amp;RG</p>	<p>Report available to WDP&amp;RG re</p>	<p>June 2009</p>

<p>medication</p> <p>(d) Lack of consistency and clarity in the application of the discharge process (1,2,3&amp;5)</p>	<p>for take home medication</p> <p>i) Disseminate the Discharge policy to ensure that all staff involved in the discharge process are aware of their duties and responsibilities</p> <p>ii) All Patient Flow Practitioners Complete Training programme</p> <p><b>Actions Completed</b> Initial PFP training completed Awaiting further support from the PCT Community Care Team Change in PFP role will require a review of training needs.</p> <p>iii) Plan for the roll out of awareness raising of discharge roles &amp; responsibilities</p> <p><b>Actions Completed</b> Policy approved consulted on &amp; disseminated WEHS Improving LoS workstreams underway Wards using EDD</p> <p>v) Consider the</p>	<p>Pharmacist</p> <p>Patient Flow Manager</p> <p>Patient Flow Manager</p> <p>Patient Flow Manager</p>	<p>WDP&amp;RG</p> <p>WDP&amp;RG</p> <p>Joint</p>	<p>Improved supply of take of home medication</p> <p>Improved Audit results from policy KPIs (Baseline established)</p> <p>Evidence of completed training programme</p> <p>Plan in place</p> <p>Evidence of rollout of policy</p> <p>Recommendations brought to</p>	<p>COMPLETED</p> <p>June 09 COMPLETED</p> <p>June 2009 COMPLETED</p> <p>June 2009 COMPLETED</p> <p>Aug 2009 COMPLETED</p> <p>Aug 2009</p>
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	<p>recommendations of the review of the Wirral economy wide discharge function by Price Waterhouse Cooper</p> <p>vi) WUTH DASS &amp; NHS Wirral agree the roles and responsibilities of the Patient Flow team and the Integrated discharge team</p> <p><b>Actions Completed</b> Task &amp; finish group established to progress an integrated discharge function</p>	<p>Commissioner (SQ)</p> <p>ADO (MED) &amp; D of PC (NHS Wirral )</p>	<p>Commissioning Group for Older People</p> <p>Joint Commissioning Group for Older People</p>	<p>WDP&amp;RG Work steam commenced re an integrated Discharge function Sept 09</p>	<p>Jan 10</p>
<p>(e) Poor written information at the point of discharge to health and social care staff who will be providing continued care and support for the patient (4)</p>	<p>i) Review the <b>content</b> &amp; <b>timeliness</b> of the information required at discharge <b>Actions Completed</b> Patient summary sheet given to patient on discharge &amp; sent electronically to GP. Discharge checklist given to patient</p>	<p>ADO's</p>	<p>WDP&amp;RG</p>	<p>Improved communication with health and social care colleagues</p> <p>Reduced number of complaints</p> <p>Nursing &amp; Midwifery audit result</p>	<p>Aug 2009 (some outstanding issues)</p>
<p>(f) Delay in communication to the patients GP following hospital admission (2&amp;4)</p>	<p>i) Ensure patients and carers are aware of what is expected to happen following discharge from hospital and that this is documented on the discharge checklist given to the patient and the discharge summary sent to the GP</p>		<p>WDP&amp;RG</p>	<p>Audit discharge checklists given to patients</p>	
<p><b>5. Post Discharge Issues</b> (a) No routine follow up check in the community following</p>	<p>i) Develop a WUTH referral pathway to VCAW out of hospital service being</p>	<p>ADO (Ops) &amp; VCAW &amp; PCT</p>	<p>Joint Commissioning Group for Older</p>	<p>Pathway in place</p>	<p>April 2009 COMPLETED</p>



<p>discharge (4)</p>	<p>commissioned by the PCT for patients who have no-one at home to prepare for their discharge from hospital</p> <p>ii) Develop a community pathway as above</p> <p>ii) Explore the feasibility of a routine post discharge visit as part of the integrated care at home scheme for vulnerable patients not in receipt of care</p>	<p>NHS Wirral &amp; VCAW</p> <p>NHS Wirral PROVIDER SERVICE &amp; COMMISSIONERS</p>	<p>People</p>	<p>Measure the uptake of the out of hospital service</p> <p>Pathway in place</p> <p>Vulnerable patients are followed up automatically following discharge from hospital</p>	<p>August 2009</p> <p>June 2009</p> <p>Sept 2009</p>
<p>b) Gap in guidance for specific patient groups</p>	<p>i)The Wirral Wide Discharge Policy needs to be reviewed to ensure that it supports the principle that people DO NOT routinely make life changing decisions about their long term care in an acute hospital setting Actions Completed Principle agreed @ WDP&amp;RG &amp; at the Wirral Summit</p> <p>ii) Develop protocols which clarify roles and responsibilities for the care and follow up of patients discharged into intermediate and community settings Action Completed Joint WUTH /DASS letters in Draft to go to WDP&amp;RG Oct 09</p>	<p>Patient Flow Manager</p> <p>Patient Flow Manager</p>		<p>Specific Guidance in place as part of the Discharge policy</p> <p>Specific Guidance in place as part of the Discharge policy</p>	<p>Sept 2009</p> <p>Sept 2009</p>

	<p>iii) Develop and implement guidance for people who are homeless or living in temporary or insecure accommodation (5)</p> <p>Action Completed LA Homeless post funded to work with WUTH</p>	Patient Flow Manager		Specific Guidance in place as part of the Discharge policy	Sept 2009
	<p>iv) Develop a protocol to clarify the process for arranging transport options for patients</p>	Patient Flow Manager		Specific Guidance in place as part of the Discharge policy	Sept 2009

**Key**

**WUTH Wirral University Teaching Hospital**

**PCT Primary Care Trust**

**DLN's Divisional Lead Nurses**

**ADO's Associate Directors of Operations (Surgery, Medicine, Diagnostics and Women & Children)**

**CHD's Clinical Heads of Division (Surgery, Medicine, Diagnostics and Womens & Children)**

**DN/M Director of Nursing & Midwifery**

**D&I M Diversity & Inclusivity Manager**

**WHIS Wirral Health Informatics Service**

**ADO (Ops) Assistant Director of Operations**

**WDP&RG Wirral Discharge Planning & Review Group**

**VCAW Voluntary Community Action Wirral**

## Appendix 2

Pharmacy Department

# Review of discharge prescription turnaround by pharmacy Sept 2009

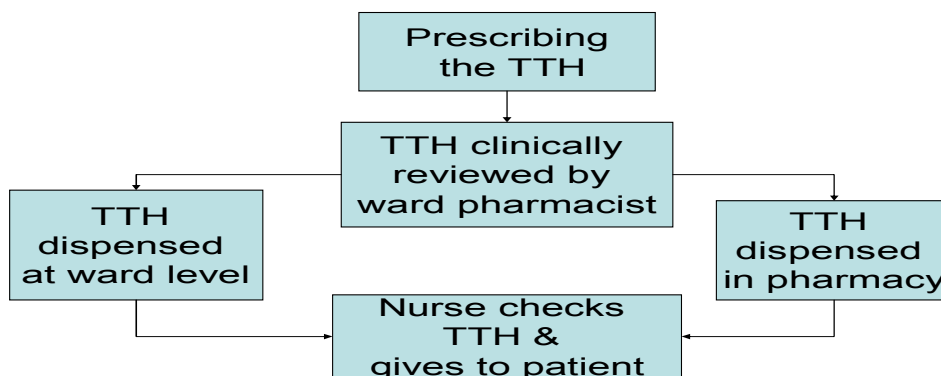
## Background

One of the recommendations from the initial report of the Wirral Older People's Parliament Hospital Discharge Survey (July to Sept 2008) was:

**There are still some long delays for discharge medication. How can this be speeded up?**  
WUTH has been working on streamlining the discharge process with regards to medication supply. This report summarises the process and explains various strands of work on-going and completed to aim to improve the process.

NB: A "to take home" (TTH) prescription is one produced when discharging a patient from hospital.

## Overview of the TTH Process



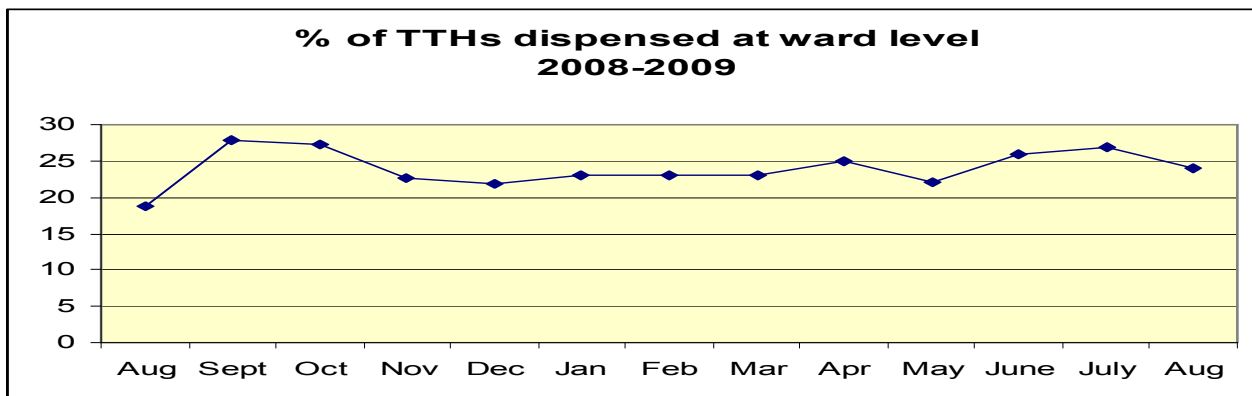
## Actions Taken/In Progress

### 1. Prompt prescribing of TTHs

The Medical Director is working with clinicians to ensure that the TTH is prescribed either in advance or at the point the decision to discharge is made. This workstream will be managed under the Wirral Excellence in Healthcare System with value stream mapping and action planning to reduce delays in the system.

### 2. Increase the amount of medication already dispensed prior to discharge

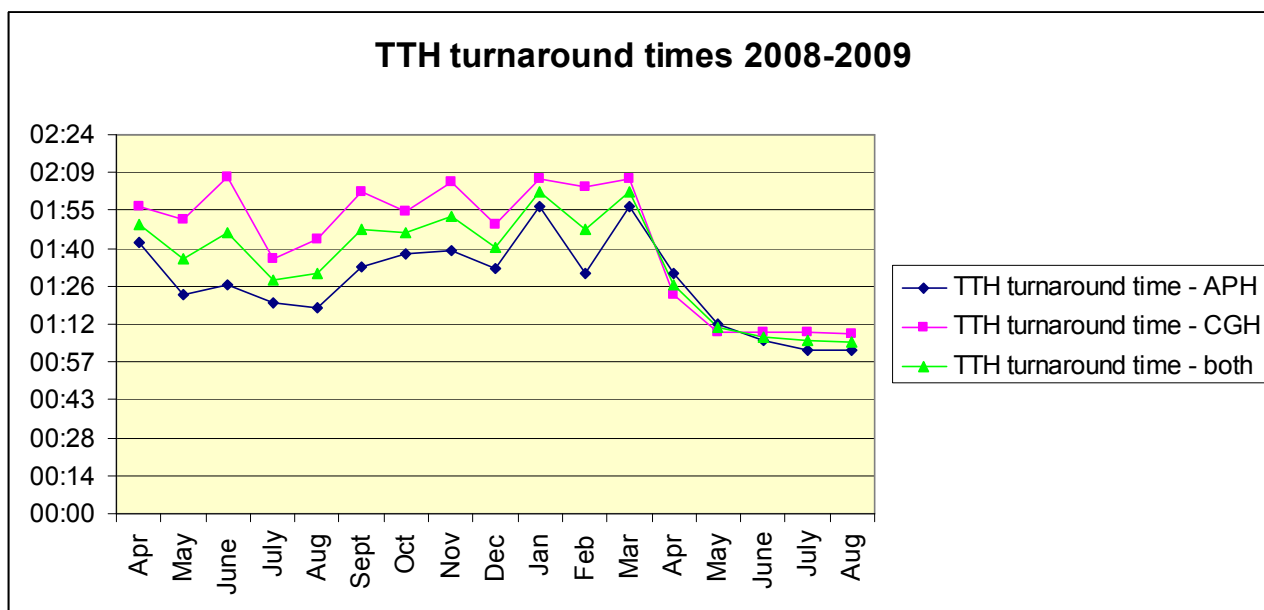
Pharmacy is working to try and discharge patients using medication already available at ward level. No progress has yet been made with this but it is a key objective that the department are working towards and discussions have been held with the Trust's model wards with respect to medication storage at ward level to prioritise the practice of labelling medicines in advance of discharge for use at ward level. One of the main rate limiting factors in this is recruitment of suitable staff which is a national problem.



### 3. Improving the turnaround time of prescriptions in the dispensary

Pharmacy monitor the length of time the prescription takes to complete the process from booking into the department to its final accuracy check. The average TTH turnaround time for the last financial year (2008-2009) was fairly consistent and mostly under pharmacy target time of 2 hours (see graph below).

At the start of the new financial year (2009/10) changes were implemented in the two dispensaries and this resulted in a significant decrease in the turnaround times to a fairly consistent average of just over one hour. All TTHs that take over our two hour target are investigated and preliminary findings are that these are predominantly prescriptions where the patient requires the medicines to be dispensed into a compliance aid.



The electronic prescription tracker has been installed in pharmacy and is soon to be rolled out to the wards. This tracker allows pharmacy to have data in real time and therefore they are able to re-divert staff resources in a timely manner. Prescriptions triggering the two hours are highlighted. The tracker will also improve communication with the wards regarding which TTHs have been ordered and their preparation status in pharmacy.

### 4. Reduce the need for compliance aids

Dispensing medication into medicine compliance aids (eg: Venalinks) is a time consuming process. By decreasing the number of compliance aids dispensed the overall time to turnaround TTHs will decrease. To try and aid this work is going on trying to improve the domiciliary carer training and support in community which in turn may lead to a reduction in the dependence on medicine compliance aids. The Head of Medicines Management – Wirral PCT is leading this.

## **5. Improving the delivery speed of prescriptions from the dispensary**

TTHs are generally returned to the wards via the porters at set times throughout the day. When something is required more urgently a phone call is made to the ward once complete and it is collected from pharmacy or the pharmacy ward staff take to the ward. To try and speed this delivery time up a pneumatic air tube wide enough to transport most prescriptions safely throughout the hospital at the Arrowe Park site is in the process of being installed. It is expected to be operational by early 2010.

### **Way forward**

All of the above actions are being monitored through a multidisciplinary group lead by the Deputy Director of Pharmacy - Operations. By the different disciplines working together to find solutions to this multi-factorial problem it is hoped that an improved service will be achieved for patients.

R. Fallon, Deputy Director of Pharmacy, Operations  
Wirral University Teaching Hospital NHS Foundation Trust  
Sept 2009

**DISCHARGE ACTION PLAN FOR PATIENT**

This action plan should be commenced as early as possible following admission to hospital

**Patients Name:**.....**Casenote Number:**.....**Ward/Dept:**.....

TASK	DETAILS/COMMENTS	DATE / SIGN																		
Expected Date of Discharge																				
Criteria Led discharge	Yes                  No																			
With patient's informed consent, care and discharge arrangements discussed with family and carer(s).	Yes																			
Discharge date agreed and Discharge Lounge arrangements discussed with patient/family and carer(s).																				
NHS Continuing Healthcare CC1 form completed.	Yes																			
Arrangements agreed for bringing in patient's outdoor clothes, accessing the discharge destination e.g. Key, ensuring heating will be on and food will be available on patient's discharge.																				
New / restart care package in place and date confirmed.																				
WHARTS re-ablement commencement date confirmed.																				
Agreement obtained for transfer to residential / nursing home. Funding in place. Transfer form completed.	Yes																			
Has the patient had an appropriate assessment from Nursing, Physiotherapy and Occupational Therapy (including Nurse Specialists where necessary)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Physio</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spec Nurse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Nursing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SALT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	N/A	Physio	<input type="checkbox"/>	<input type="checkbox"/>	OT	<input type="checkbox"/>	<input type="checkbox"/>	Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Nursing	<input type="checkbox"/>	<input type="checkbox"/>	SALT	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	N/A																		
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Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>																		
Nursing	<input type="checkbox"/>	<input type="checkbox"/>																		
SALT	<input type="checkbox"/>	<input type="checkbox"/>																		
Has the equipment order been completed by the assessor and FAXED to community equipment services for action?	Yes                  N/A																			
Delivery date of equipment to discharge destination confirmed and shared with the patient, carer(s) and teams providing care	Delivery Date /    /																			
Do the patient and carer(s) understand how to use any equipment provided?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>OT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spec Nurse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dietician</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	N/A	OT	<input type="checkbox"/>	<input type="checkbox"/>	Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Dietician	<input type="checkbox"/>	<input type="checkbox"/>							
	Yes	N/A																		
OT	<input type="checkbox"/>	<input type="checkbox"/>																		
Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>																		
Dietician	<input type="checkbox"/>	<input type="checkbox"/>																		
Transport arranged: <ul style="list-style-type: none"> <li>▪ Own (wherever possible)</li> <li>▪ Hospital</li> <li>▪ Taxi for homeless patient before 11am to Birkenhead Housing Department</li> </ul>																				
14 days prescription for drugs, 4 days dressings, catheters (NB: 48-hrs notice required for blister packs).	Yes																			
Dressings / appliances / medication instructions discussed with patient and/or carer(s).	Yes																			
TTH's checked and signed by 2 nurses.	Yes																			
Relevant community teams informed (e.g. Community Matron/District Nurse/Therapist).																				
Outpatient appointment.	Yes / No / Post / N/A																			
Discharge Summary letter given to patient.	Yes																			
Cash & Valuables / property returned to patient.	Yes                  N/A																			
Cannulae removed.	Yes                  N/A																			
Specific Instructions given:- <ul style="list-style-type: none"> <li>Driving</li> <li>Returning to work</li> <li>Advice Sheets</li> <li>Infection Control Advice</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Yes	N/A																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
Discharge Action Plan Completed and copy given to patient.	Yes																			

### Appendix 4 - Intermediate Care / Care Home Transfer Form

<b>Title</b>	<b>First Name</b>	<b>Surname</b>		<b>Known as</b>
<b>Date of Birth</b>	<b>Age</b>	<b>Religion</b>	<b>1<sup>st</sup> language English Yes / No Specify</b>	
<b>Transfer from</b> Ward/Dept		<b><u>Discharge Address</u></b>		
<b>G.P Name/Practice</b>		<b>Next of Kin Details</b>		
Tel:		Name Address  Tel: home NOK informed of Transfer	Relationship  mobile Yes / No	
<b>Allergies (please specify)</b>		<b>Special Dietary Requirements/Feeding Problems</b>		
<b>Risk Assessments</b>				
<b>Falls : No Risk Yes/No</b>		<b>Moderate Risk Yes/No</b>	<b>High Risk Yes/No</b>	
<b>Waterlow Score =</b>		<b>Skin Intact/Broken</b>		
<b>Present Wound Management:</b>				
<b>Site</b>	<b>Dressings</b>		<b>Frequency</b>	
<b>Pressure Relieving Equipment in use:</b>				
<b>Infection Control Status</b>		<b>MRSA</b>	<b>CDiff</b>	<b>Other</b>
<b>(please state)</b>				
<b>PROPERTY</b>	<b>With Patient</b>	<b>With Relative</b>	<b>Other</b>	
<b>Clothing</b>				
<b>Valuables</b>				
<b>Spectacles</b>				
<b>Hearing Aid</b>				
<b>Mobility Aids</b>				
<b>Prosthetics</b>				
<b>DISCHARGE SUMMARY, ACTION PLAN AND MEDICATION LIST MUST BE ATTACHED</b>				
<b>Additional Information</b>				
.....				
.....				
<b>Nurses Name</b>				
<b>(Print).....Signature.....</b>				
<b>Designation.....</b>				
<b>Date.....</b>				

