



# NHSO Supporting CUH Discharges

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**&**

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# Overview

- ❑ NHSS application process.
- ❑ Bed availability reporting – Continuing Care.
- ❑ Service improvement initiative to support ED admission avoidance.
- ❑ Quality improvement initiative involving placement coordinators.



# Processing Acute Applications for NHSS

- ❑ NHSS staff specifically assigned to work on acute applications.
- ❑ Clear contact for acute staff queries.
- ❑ Ensures as quick a turnaround as possible and minimise any delays on the processing side.
- ❑ Critical to bring applications to waiting list status (2.4 letter) – leading to discharge to public units and accessing transitional funding for private nursing homes.



# Tracking and Reporting

- ❑ Development of tracking updates.
- ❑ Provides guidance to NHSS staff to ensure maximum effort is invested in bringing medically discharges patients applicants to waiting list status (2.4 letter).
- ❑ Prioritisation of workload.
- ❑ Updates to Discharge Coordinator.
- ❑ Delayed Discharge Management Report to wider system.



## **Bed Availability Unit**

- Comprehensive listing of available beds within the public and private system.
- Recently updated to two full updates per week plus updates as office is informed of NH vacancies.
- Circulated to Discharge Coordinators, Social Workers, PHNs Consultant Geriatricians etc.
- Key resource is supporting A&E



## Supporting A&E Discharges

- Rapid Response Bed in city private nursing home.
- 72 hour bed.
- Limitations on length of stay and admission criteria.
- Analysis showed only 25% utilisation.



## Supporting A&E Discharges

- In consultation with A&E and nursing home, bed ceased from September 2015.
- New approach – appropriate bed sourced as required NHSO, using bed availability as guide.
- Utilised the savings from cancelled Rapid Response Bed
- Public beds also in available bedstock but tended to be less availability as used to support convalescent discharges from wards.
- Respite cancellations in city respite beds also made available if no community match.
- Criteria developed with Catherine O'Mahony, Liaison Nurse, A&E.



# Eligibility Criteria

To be eligible for accessing a short stay bed the patient must:

- Be able to independently perform activities of daily living or potential to do so within one week or a maximum of two weeks, i.e. patient will be back to their baseline in 1 – 2 weeks
- Need time to recover strength, endurance, or functioning and would benefit from a short stay in a nursing home
- Have needs that can be met in a nursing home
- Be able to return home within 7 – 14 days (maximum) of admission
- Assistance with activities of daily living at frequent intervals, or
- On-site supervision or monitoring at frequent intervals to insure his/her safety or well-being





## Exclusion Criteria

- Cognitive impairment, behavioural issues or unstable psychiatric disorders
- More than two weeks of convalescent care required
- Permanent long-term care, complex care, slow stream rehabilitation (awaiting active hospital rehabilitation) or end stage palliative care admissions
- Patients cannot be admitted to a short stay nursing home bed to await for LTC placement



# Number of Discharges from A&E

No of Discharges	Location
26	Private Nursing Homes
3	Vacant public convalescent Beds
3	Cancelled city respite beds

Accessing transitional funding enabled more discharges than would have been possible with just the savings from Rapid Response Bed



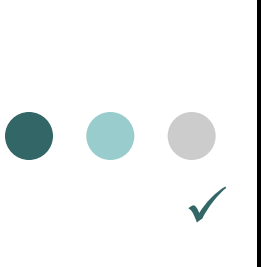
# Integrated Service Planning

Nursing Home Support Office



# Quality Improvement Plan

- Cork/Kerry Escalation Protocol
- **Background:** This protocol is designed to support Hospital Groups and Community Health Organisations in developing integrated escalation plans such that capacity and patients throughput is appropriately managed at a time of excess demand on emergency and acute services.
- **Purpose:** To ensure that admission, discharge and escalation (surge capacity) procedures are organised in a controlled and planned way that supports and ensures the delivery of optimum patient care in Cork and Kerry in 2016

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- ✓ Community Placement Co-ordinators became leads in Community for each acute hospital.
  - ✓ Lead Community Placement Co-ordinators for acute hospitals Cork/Kerry
    - Cork University Hospital – CPC North Lee West
    - Mercy Hospital- CPC South Lee
    - South Infirmary- CPC North Lee East
    - Bantry General Hospital- CPC West Cork
    - Mallow General Hospital – CPC North Cork
    - Kerry General Hospital- CPC Kerry



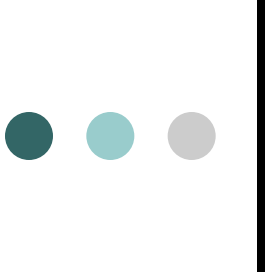
# Organisational Arrangements

- Community Placement Co-ordinators contact Bed Manager/Discharge Co-ordinator in their allocated acute hospital each morning and afternoon to request
  - Number of expected discharges
  - Number of Community short stay beds required and required vacancies
  - Number of Community long stay beds required and liaise re: placements required



# Organisational Arrangements

- Bed statistics are reported to Residential Services Manager's office daily.
- Information regarding Cork Hospitals is forwarded to General Manager, Cork Community Hospitals at 9.30am the following morning.
- Community Placement Co-ordinators liaise with colleagues and then escalate to Manager if difficulty accessing beds on that day
- In Complex cases Community Placement Co-ordinators will work with discharge co-ordinators and MDT to achieve a suitable/ appropriate placement. However if all efforts fail to resolve placement issues, the case is escalated to General Managers

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- Community placement Co-ordinator North Lee West is now the point of contact for Farranlea CNU
  - Community placement Co-ordinator South Lee is now the point of contact for Ballincollig CNU