

**NHS England
NHS Improvement
Healthy London Partnership**

Do Multi Agency Discharge Events (MADEs) and Stranded Patient reviews have an impact?

13 March 2018

This session will cover



1. What are MADEs and Stranded Patient reviews?
2. What are they aiming to achieve?
3. What have we learned from supporting these events at providers?
4. Next steps and further resources

1. What are they?



Multi Agency Discharge Event (MADE)

A multi-disciplinary and multi-agency team attends ward board rounds and provides check and challenge to the ward team on all patients, escalating unresolved delays and issues to a central command

Stranded Patient Review

A round table review by a MDT of all patients with a length of stay (LoS) of seven days or more. 'Super-stranded' refers to patients with a LoS over 21 days, it will also include ward visits

The aim of the review is to understand what the plan is and what the next step is that the patients are waiting for. On the day of review each stranded patient should have a code applied to identify themes

1. Stranded patient review - codes



F1	Waiting return to other acute hospital – fit to travel
F2	Waiting for transfer to acute hospital for treatment – tertiary fit to travel
F3	Waiting for community hospital placement or any other bedded intermediate care
F4	Waiting for continuing health care panel decision
F5	Waiting for continuing health care package
F6	Waiting for equipment / adaptations
F7	Housing needs / homeless
F8	Waiting for patient/family choice or input to decision making
F9	Waiting for internal CHC processes e.g. checklist completion, assessments
F10	Waiting for occupational therapy/physiotherapy approval for discharge
F11	Ready for home today – ask whether they are confident nothing will stop discharge?
F12	Waiting for hospice place
F13	Waiting for internal transfer – ward to ward
F14	Discharge planned for tomorrow – what is stopping the patient going today?
F15	Waiting for time limited social care reablement or home based intermediate care
F16	Waiting for internal assessments/results before discharge agreed
F17	Waiting for external agency assessment – social care/mental health/nursing home or residential home assessment
F18	Waiting for start or restart of domiciliary care package – long term packages
F19	Out of county/borough assessments
F20	Waiting for residential or nursing home, social care or self-funder
F21	Fit and no clear plan of what is needed for discharge
NF1	ICPV end of life care and wants to die in hospital
NF2	Active ongoing clinical treatment non-specific and not as sick as categories below
NF3	Waiting for internal test, specialist opinion or similar – provide details
NF4	Unpredictable and erratic condition that may require immediate intervention
NF5	Intravenous therapy that cannot be given in the community – ask why not?
NF6	MEWs score of 5 or above
NF7	Requiring clinical intervention that can only be achieved in this hospital
NF8	No clear plan
NF9	Infectious, risk to others therefore cannot be discharged
NF10	Other – please free text
NF11	Other – waiting return to another acute trust not fit to travel
NF12	Other – waiting transfer to an acute trust for treatment not fit to travel

2. What are they aiming to achieve?



1. To support improved patient flow across the system
2. To recognise and unblock delays
3. To challenge, improve and simplify complex discharge processes

For both MADEs and Stranded Patient reviews the key questions that should be asked are:

- a. What is keeping the patient in hospital?
- b. What is the next critical step?
- c. Is that next critical step happening today?
- d. If not, what can be done to enable this to happen today?

If the next critical step can happen on that day for the patient, the MDT should class that day as a 'green' day.

If the next critical step cannot happen on that day for that patient, even with chasing and escalation, MDT teams should class that day as a 'red' day.

3. What have we learned?



Teams comprising staff from NHSI, NHSE, ECIP and HLP have supported trusts across London to run MADEs and Stranded Patient reviews since December 2017.

This has given insight into both what makes an effective event/review, and what the value of these events/reviews is.

Key lessons learned: To run effective events, the following needs to happen:

1. Early planning is crucial
2. The right organisations are represented by the right people
3. Events are clinically-led
4. The aims of the event are articulated and understood
5. Guidance about how the events should be run is available to all staff, read and followed
6. Clear logging of specific actions with owners and timescales, and clear plans for follow-up
7. A robust escalation response matrix is in place that all organisations follow

3. What have we learned?



A number of key themes around flow and discharge have been identified:

- 1 There are both internal (trust) and external (system) opportunities to drive improvement in flow and discharge.
- 2 An Expected Date of Discharge (EDD) should be set upon each patient's admission, with ward and discharge teams working towards the EDD.
- 3 Trusts often expect their teams to be implementing SAFER and Red 2 Green, but in practice these processes may not be embedded.
- 4 Discharge/departure lounges can be highly effective, but are prone to issues including the lack of a defined process and use at the wrong time of day.
- 5 Escalation processes are defined and implemented, particularly for patients requiring Fast Track and repatriations

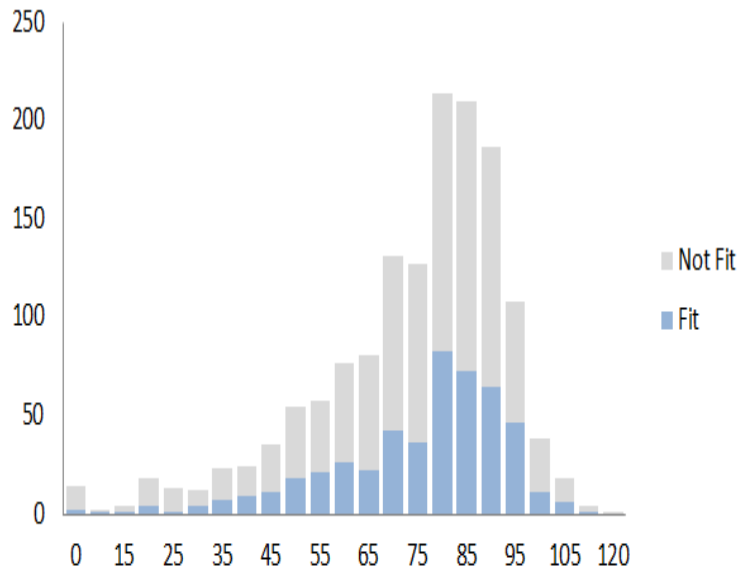
3. What have we learned?



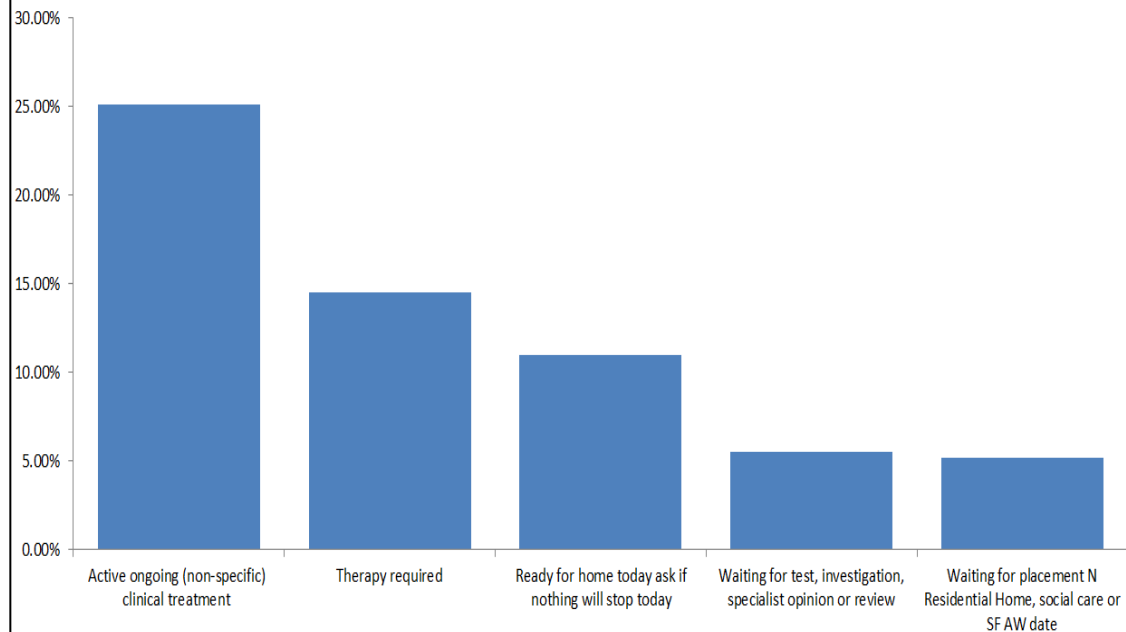
During January, trusts undertaking stranded patient reviews completed a workbook to enable an understanding of the barriers, both internal and external, to discharging patients.

- 2,867 patients reviewed in period
- 40% of patients reviewed recorded as fit for discharge

Age Profile



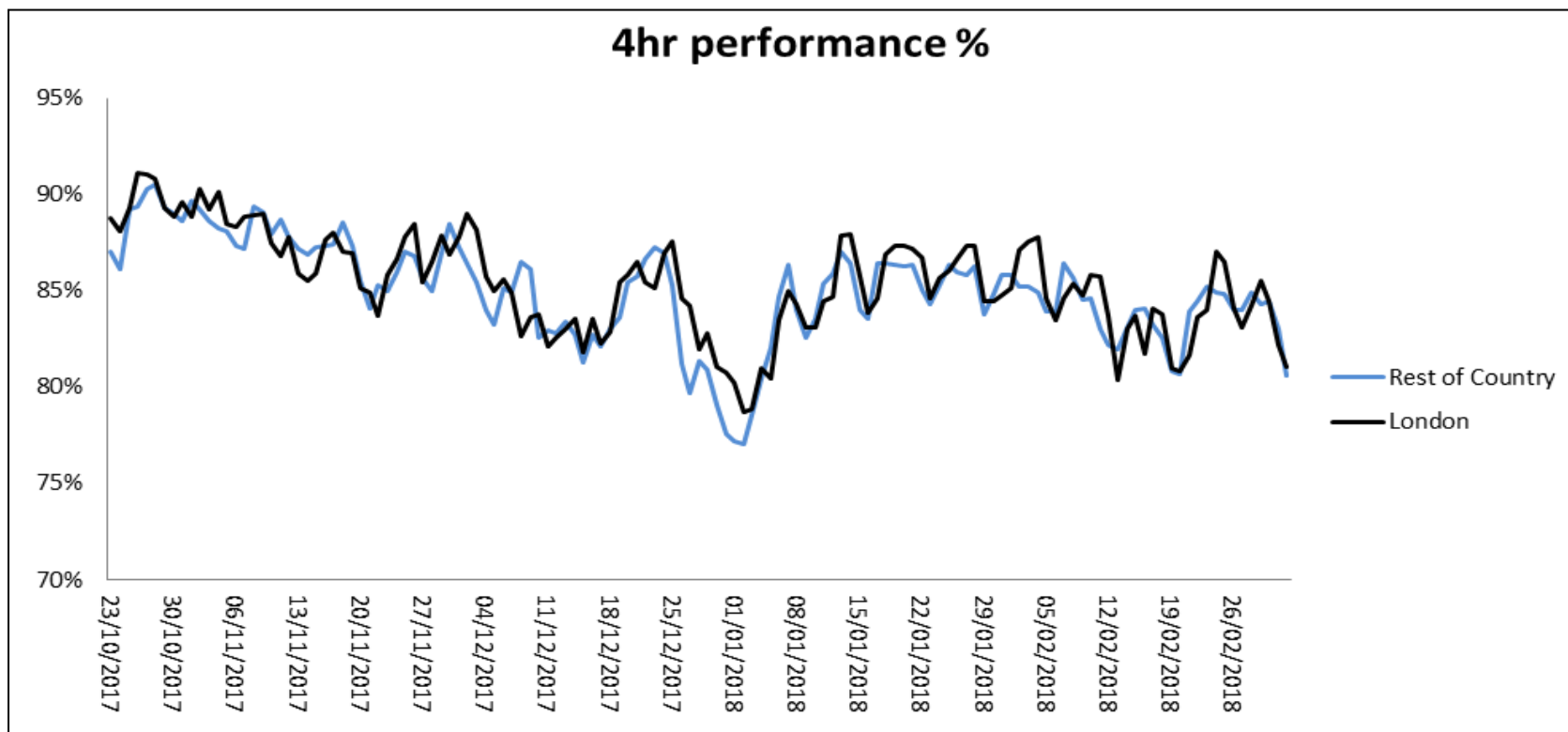
Delay reasons (proportion of all patients reviewed)



3. What have we learned?



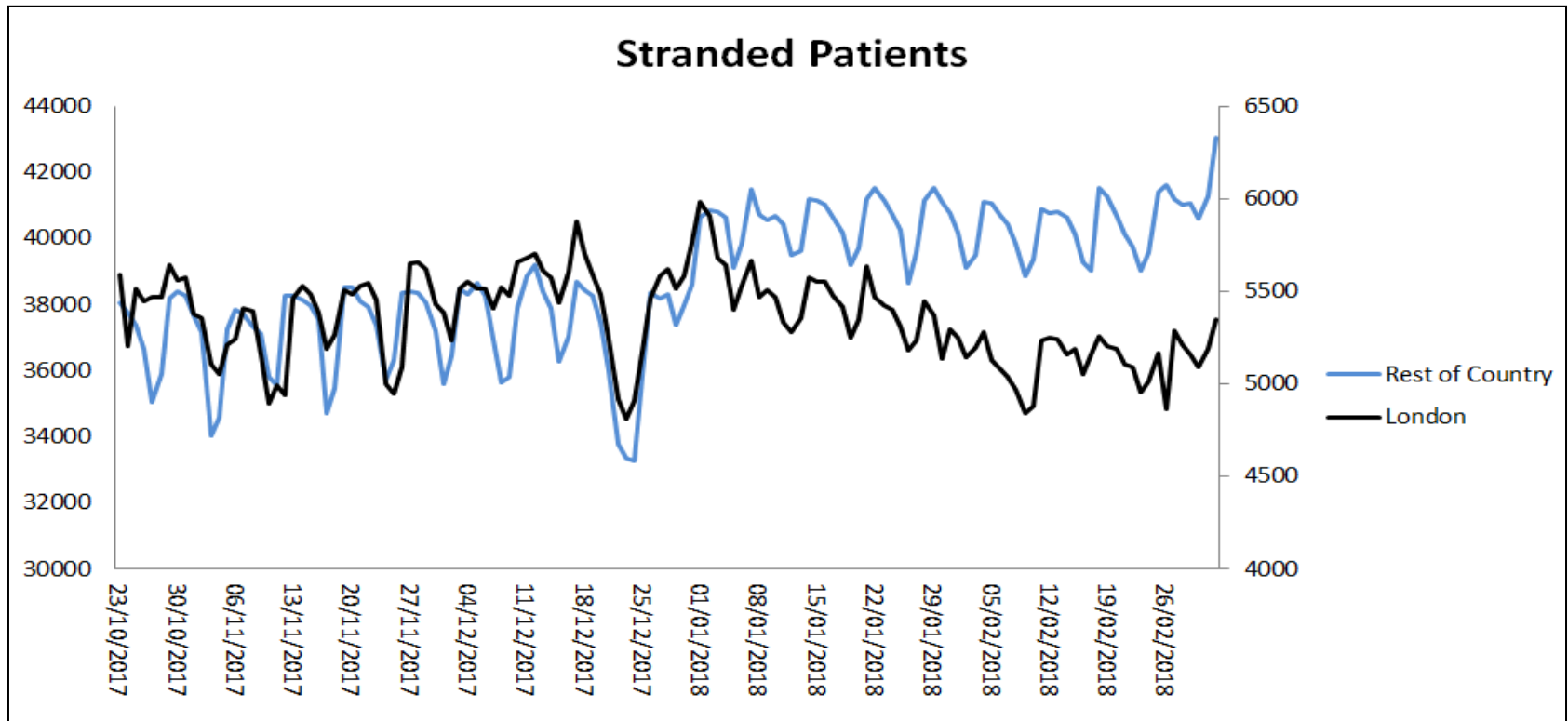
4hr performance %		
Period	London (15)	Rest of Country
Week to 12th January	84.00%	84.62%
Week to 3rd February	85.52%	85.25%
Variation	1.82%	0.75%



3. What have we learned?



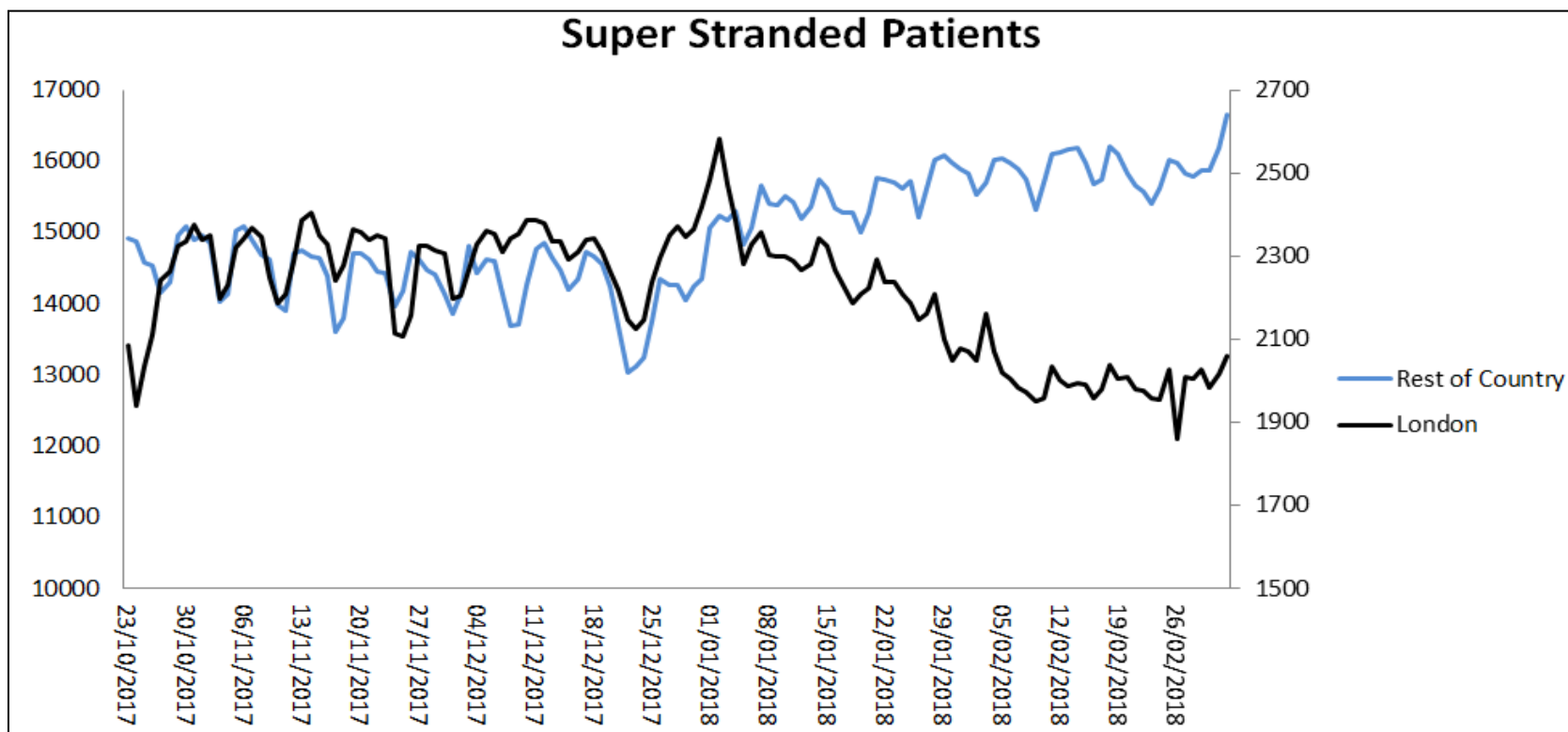
Stranded Patients		
Period	London (15)	Rest of Country
Week to 12th January	5463	40474
Week to 3rd February	5395	40409
Variation	-1.25%	-0.16%



3. What have we learned?



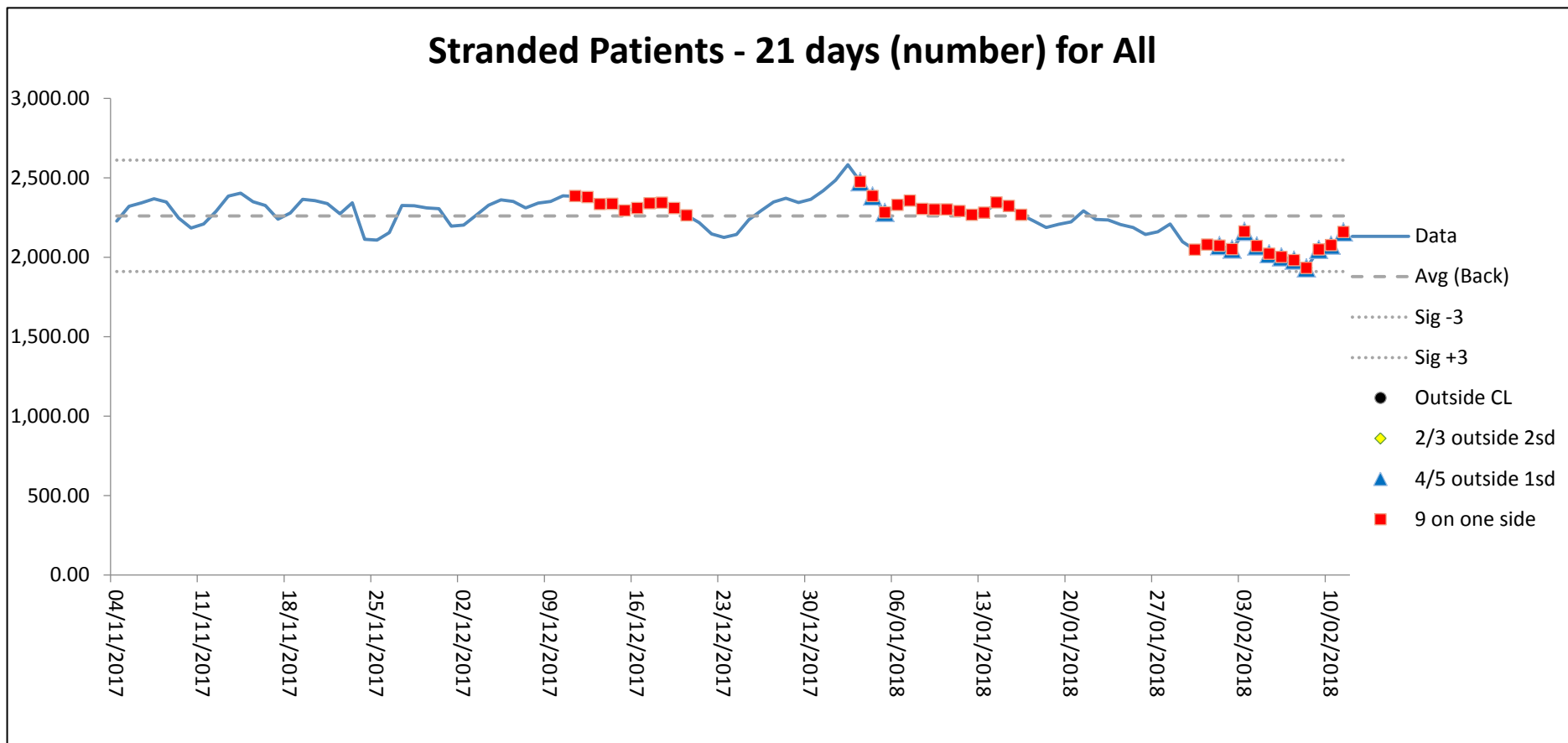
Super Stranded Patients		
Period	London (15)	Rest of Country
Week to 12th January	2307	15382
Week to 3rd February	2219	15548
Variation	-3.81%	1.08%



3. What have we learned?



Stranded Patients - 21 days (number) for All



4. Next steps and further resources



Next steps:

- **NHSI/E**
 - ✓ Review Fast Track and CHC processes
 - ✓ Continue to support providers with MADE/Stranded Patient Reviews
- **Systems**
 - ✓ Resource and embed MADE/Stranded Patient Reviews as BAU
 - ✓ Implement/increase frequency of reviews as part of escalation/planning

Resources:

- Rapid Improvement Guides (links below)
- ECIP Webinar <https://attendee.gotowebinar.com/recording/6837041865324061703>
- Talk to your NHS Improvement relationship lead.

This thumbnail shows the cover of a Rapid Improvement Guide titled 'Multi Agency Discharge Event'. It includes the NHS Improvement logo and a list of key features such as 'Support increased patient flow across the system', 'Streamline and standardise', and 'Reduce waiting times'. It also lists various stakeholders involved, including clinical commissioning groups, community services, and local authority services.

This thumbnail shows the cover of a Rapid Improvement Guide titled 'Red and Green Bed Days'. It features a color-coded bar chart at the top. The text includes an introduction and a list of key actions, such as 'Identify the current status of the system', 'Identify the current status of the system', and 'Identify the current status of the system'. It also lists various stakeholders involved, including clinical commissioning groups, community services, and local authority services.

This thumbnail shows the cover of a Rapid Improvement Guide titled 'Reviewing 'stranded' patients in hospital - what are patients waiting for?'. It includes the NHS Improvement logo and a list of key features such as 'Identify patients who are stranded in hospital', 'Identify patients who are stranded in hospital', and 'Identify patients who are stranded in hospital'. It also lists various stakeholders involved, including clinical commissioning groups, community services, and local authority services.

This thumbnail shows the cover of a Rapid Improvement Guide titled 'The SAFER Patient Flow Bundle'. It includes the NHS Improvement logo and a list of key features such as 'Use multi-lead to expedite need and speed patient care', 'Use multi-lead to expedite need and speed patient care', and 'Use multi-lead to expedite need and speed patient care'. It also lists various stakeholders involved, including clinical commissioning groups, community services, and local authority services.