'Trusted Assessor working in collaboration with local nursing homes at Barking, Havering and Redbridge University Hospital's'

Category: Integration and Continuity of Care

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BACKGROUND

Jan 2015:BHRUT
Specialist Palliative Care
Team (SPCT) took over
the facilitation of all fast
tracks (CHC) within the
Trust

It was evident that waiting for some NH to assess was proving to be a timely and costly delay in facilitating discharge

NH feedback showed that it was difficult to get all relevant info and assessment could be lengthy process



March 2017: NHS Rapid
Improvement guide to
trusted assessors, as
part of the complex
discharge team SPCT
agreed to look at the
Trusted assessor model
for End of Life Care
patients

Nov 2017: BHRUT SPCT went out to local care homes, met the care home managers and gained support for care homes to try this new model. A unified assessment form was complied and initially joint assessments took place until homes gained confidence in SPCT assessing patients

Jan 2018 to current day: 11 NH's over 4 boroughs in scheme

Dec 2017:
3 Local NH agreed to be part of a pilot scheme and it was agreed to trial over a three month period



PROCESS

- **Firstly** to visit homes, meet managers, find out what the homes' ethos is and what restrictions they may have
- BHRUT in partnership with Healthy London Partners organised a morning workshop to launch the Trusted assessor model.
- Develop a trusted relationship with homes and SPCT. This was achieved by completing initial joint assessments which led to mutual understanding
- Understand the types of patients they can accept
- Standardising one generic assessment form
- Understanding the speciality of the individual nursing homes, ensuring seamless transition



OUTCOME

Prior to starting Trusted Assessor scheme (average days until patients were discharged to nursing homes)
Following the scheme starting in December 2017 to current day:



15% of patients were discharged to their chosen nursing home on SAME DAY

49% of patients were discharged to their chosen nursing home within 24hours

32% of patients were discharged to chosen nursing home with 48-72 hours

BED SAVING DAYS - BETTER FOR OUR PATIENTS, OUR FAMILIES AND OUR TRUST



FEEDBACK FROM NURSING HOMES/CCG

Better standard of paperwork, as SPCT involved in checking PEACE plan, authorisation for end of life meds and DNACPR forms

Reduced hours it has taken for care manager to travel to hospital to assess allowing them more time in the care home

Reduced amount of patients they send back to hospital as a clear plan is in place if patient deteriorates



