

Delayed Discharge and Patient Flow Good Practice - Overview

Aim

Pillars

Key Features

Good Practice Change Ideas

To improve and maintain Patient Flow and reduce Delayed Discharge

People

In-patient, community, social work, housing, legal, providers, patient and families

Communication

Consistent, transparent, timely

Process and planning

Person centred, robust SOPs, accountable practice

Data

Daily updates, weekly review, monthly audit

Senior Executive organisational oversight and empowerment

Dedicated senior inpatient posts or areas of responsibility for flow and discharge coordination

Dedicated responsibility for resettlement in social work/housing within HSCP

Legal and adults with incapacity input

Weekly delayed discharge/DOTC Huddles

Regular structured deep focused dives in complex cases (or themes) with routes to escalation

Daily delayed discharge discussion with multi-disciplinary team at ward level

Early planning for discharge – e.g., identified reason for admission, planned date of discharge, multi-disciplinary assessments, supported passes, post dx follow up

Early identification of barriers to discharge, complex needs or circumstances

Coordinated approach between in-patient, CMHT, IHTT/crisis teams, HSCP, providers and patient and families

Supporting local governance and contributing to local and national audit activity

Identifying areas for further improvement

Highlights system strengths and weaknesses