

Chapter 10: Multi-professional Teamworking

Teamwork to facilitate timely discharge from hospital

Adapted from NHS Improving Quality

Many patients are in hospital beds unnecessarily when they could receive better care and better outcomes in the community. The NHSIQ reports on the work of an ‘integrated discharge team’ (IDT) that was successful in facilitating timely discharge from hospital. The IDT was created spanning hospital and primary care and bringing together doctors, nurses, therapists, pharmacists, social care workers and mental health specialists.

More specifically, the team consisted of:

- An operational clinical lead.
- Integrated therapies and falls service, made up of physiotherapists and occupational therapists.
- Specialist nursing services for proactively supporting patient reviews and joint assessments both on the wards and in the emergency department.
- Discharge coordination nurses working in the emergency department assessing and treating patients, and enabling same-day discharge where possible, in addition to supporting timely discharge.
- Pharmacists being aware of patients’ care plans and predicted discharge dates so that medicines can be provided promptly.
- Acute/community geriatrician working across both community and acute settings, including the A&E Department.
- GPs working at the front end of the emergency department identifying those patients who can be seen by – and discharged safely to – primary care.
- Case managers (Social care practitioners).
- Additional psychiatric liaison for specialist mental health assessment service, including out of hours and at weekends, based in the acute hospital.

In particular, the objectives of the IDT were to deliver a multi-agency approach to ensure timely discharge and the best possible outcomes for patients, which included ensuring timely access to a range of community based health and care services and the best use of health and care resources. The work of the IDT is underpinned by the principle that discharge planning begins at the point of admission and the development of a ‘one team’ approach and culture.

The work of the team resulted in a drop in admissions from the Accident and Emergency Department (A&E), fewer people waiting more than four hours in A&E, and timely access to specialist mental health assessments out of hours improved from 20% to 48%. Furthermore, in the first four months, no one coming through the IDT ended up requiring a move into permanent care.

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http://webarchive.nationalarchives.gov.uk/20160805122841/http://www.nhs.uk/media/2787223/pgp_concord_-_85_reduction_in_mental_health_2015.pdf (accessed 1 December 2016).