



# Home First:

## Continuing the conversation with local people

# Why is Home First important?

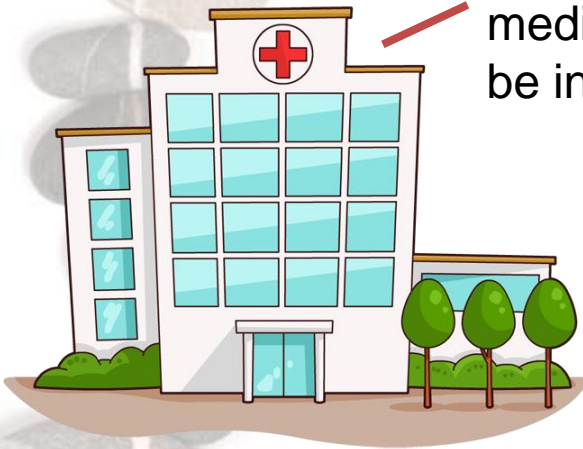
10 days of bed rest can cause the equivalent of 10 years muscle ageing in older people

Many of the patients in our hospitals are in the last 1000 days of their life

If you had 1000 days left to live how many would you choose to spend in hospital?

Equivalent of two wards occupied by patients who do not medically need to be in hospital

Four in ten patients in community hospital beds medically ready to go home – on average spend 18 extra days in hospital



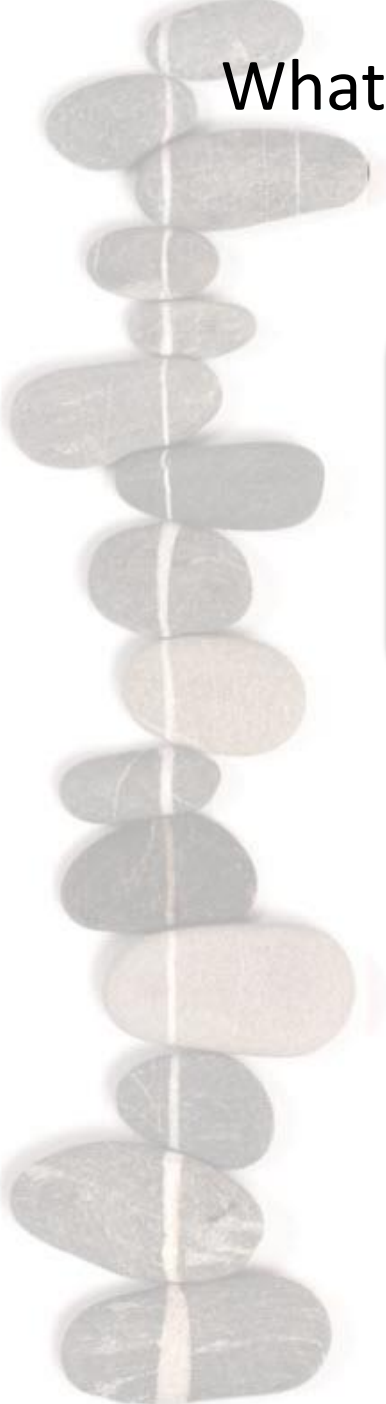


# What have we heard during our conversations?

**The need to  
involve  
carers/families in  
decision making**

**Recognition  
of the impact  
on families  
and carers**

# What have we heard during our conversations?



**Communication -  
both with patients  
and carers and  
between  
professionals**

**The need for  
joined-up  
working**



What have we heard during our conversations?

**The importance of  
recognising and  
assessing patients'  
individual needs and  
circumstances**

**The issue of  
social  
isolation**



What have we heard during our conversations?

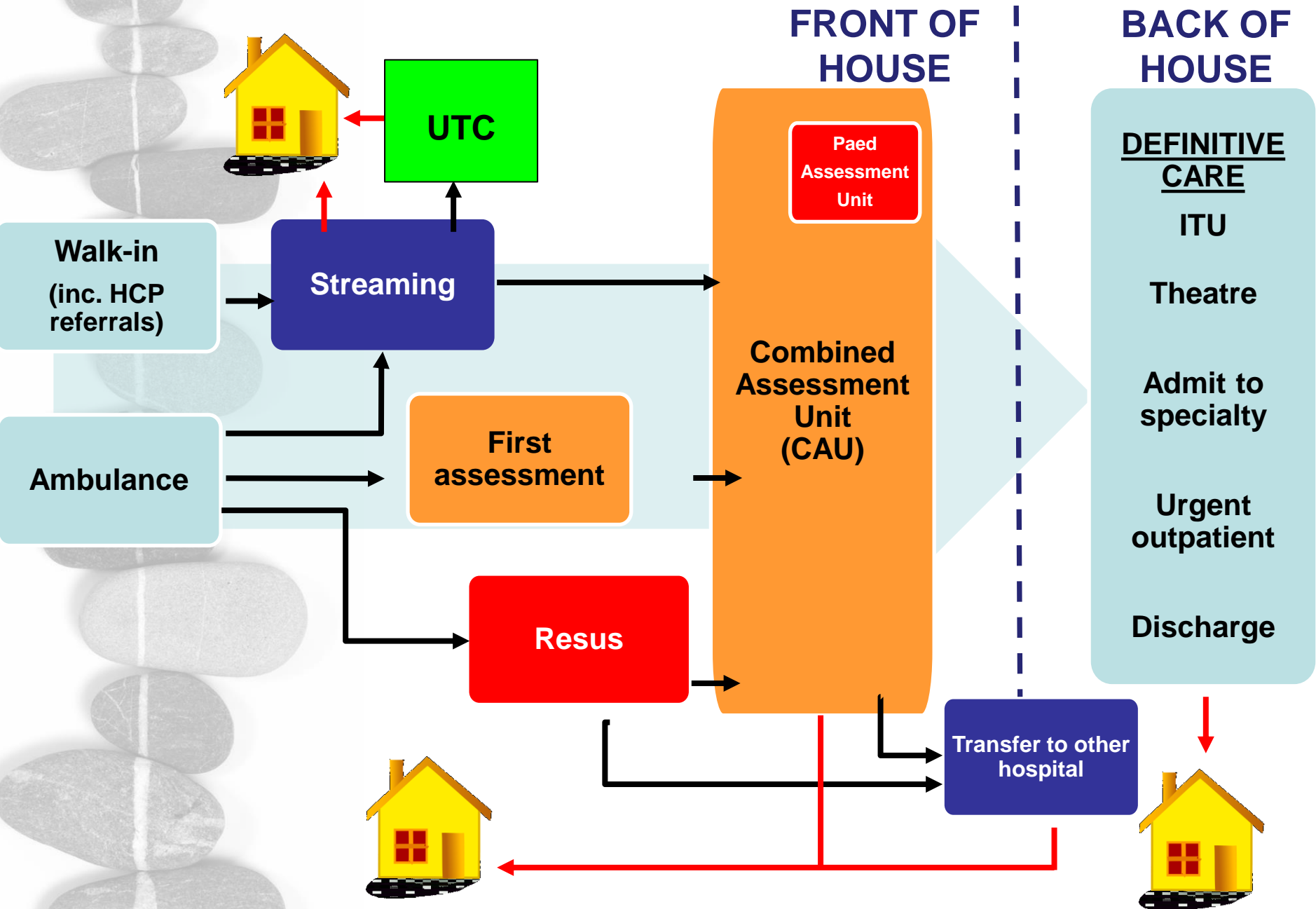
**Pre-planning as early as possible for what will happen when someone leaves hospital - particularly if their admission was planned**

# Acute Medical Model

- All patients with an acute healthcare need are seen and assessed as rapidly as possible in order to define their definitive healthcare need. This is enabled by:
- Patients are streamed to the most appropriate service for their needs (ie: Urgent Care, Emergency Care; Alternative service.
- The Patient's initial assessment acts to deliver 2 key outcomes:
  - **Safety:** Observations and a senior review identify those that need immediate care and/or transfer to a definitive provider of that care.
  - **Efficiency:** Investigations are not duplicated and done to enable quick decision making about next steps.
- A generic single team that utilises skills not specialty and embedded and clearly defined pathways.
- Patients are managed using an Ambulatory or Out of Hospital pathways wherever possible.
- Patients are admitted only following an initial senior review which is undertaken in the Combined Emergency Assessment Unit (ie: combined ED/AMU/SAU).

# The Model

Animation





# Discharge Progression Cell - What is it?

- A Joint Unit that will Monitor and Track all patients waiting for discharge, including:
  - Patients who are formally declared as Delayed Transfers of Care (DTOC);
  - Patients who are Medically Fit and whom have had a Notification of Assessment (NOA) submitted;
  - Fast Tracks;
  - Patients waiting for rehab at home, in non-acute beds and/or in community placements;
  - Inter - hospital referrals for specialist services.

# Weekly MADE Meeting

