

Discharge to Assess Pathway – High Level Overview

ALL ACUTE TRUST WARDS IDENTIFY MED FIT AND UNDERTAKE TRUSTED ASSESSOR ASSESSMENT

MDT decides Pathway for patient
ASC WORKER
 (SW/ SSW/ TM/) Has input into pathway decision
 OT may have input to support reductions or consider alternative care and support requirements

PATIENT MOVED TO ACUTE DISCHARGE SETTING within 1 HOUR OF MED FIT and to be DISCHARGED within 2 HOURS AFTER CONFIRMATION OF PROVISION.

Out of Hospital Hub - KEY ACTIONS:

- Checking CSS capacity, if none, Call Out to private Providers – **30 minutes response time**
- ASC worker to check Community bed capacity as Plan B if private provider has no capacity.
- POC outcome identified – notify relevant Acute Trust Discharge Hub
- OT involvement considered at LTA, refer if necessary

ASC OUT OF HOSPITAL HUB (Virtual)
 Wards Trusted Assessor forms received and actioned by CSS TA/HSW – **2 hours** timeframe to mobilise care and support ready for hospital discharge.

Pathway 1a:
 HOME with POC
 CSS provision
 Capacity known ASAP

Pathway 1b:
 HOME with POC
 Private Provider
 Capacity known within 30 minutes

Pathway 1c:
 HOME via Community Bed if POC unavailable
 CSS TA or ASC worker to inform Discharge Hub of need for bed
 (CHCP organise for HUTHT 01482 247111 and EHT/ASC workers organise for other Acute Trusts)

Pathway 2:
 Acute bed
 Straight to Discharge to assess bed - with ERYC hospital SW oversight

Pathway 3 (including Pathway 4 for York Teaching Hospital)
 ERYC hospital SWs source basic residential/nursing beds and have oversight of all restarts.
 Pathway 4/York for EOL/CHC

WITHIN 24 – 48 HOURS
 CSS AO's UTILISE D2A ASSESSMENT (LTA Form) TO REVIEW INITIAL TA CARE AND SUPPORT

CHANGE

YES:
 NOTIFY C&RT/CLOSE INITIAL D2A ASSESSMENT
 RAISE CONTACT TO CWT

NO: NOTIFY DESIGNATED SW TO RAISE CONTACT TO CWT FOR REVIEW

INITIATE ASC FINANCIAL ASSESSMENT CONTACT PROCESS

CWT FOLLOW UP/REVIEW within **max. 12 weeks** after NEW D2A CONTACT RECEIVED