



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

**Date:** 24<sup>th</sup> July 2018

**Via:** email to [gary.comiskey@ie.ey.com](mailto:gary.comiskey@ie.ey.com)

**From:** Amanda Casey, Chairperson, National Head Medical Social Workers Forum  
(an affiliated group of IASW)

**To:** Mr Graham Knowles  
Chairperson, Independent Expert Review of Delayed Discharges

Dear Mr Knowles,

Thankyou for inviting the Head Medical Social Workers Forum to make a written submission to your working group carrying out an Independent Expert Review of Delayed Discharges as the request of Minister of State, Mr Jim Daly. We very much welcome the opportunity to contribute to this important piece of work in light of our extensive experience working on the interface between acute and social care services.

The National Head Medical Social Workers Forum represents health related social work services from over 40 health care settings including adult, paediatric, maternity, rehabilitation and hospice care. We have the dual function of providing high quality person centred care at an operational level and providing strategic leadership for the profession. We have been actively involved with state and NGO colleagues in advocating for enhanced services nationally for our service users and work closely with social and primary care agencies to support patients transitioning across the broad spectrum of health care.

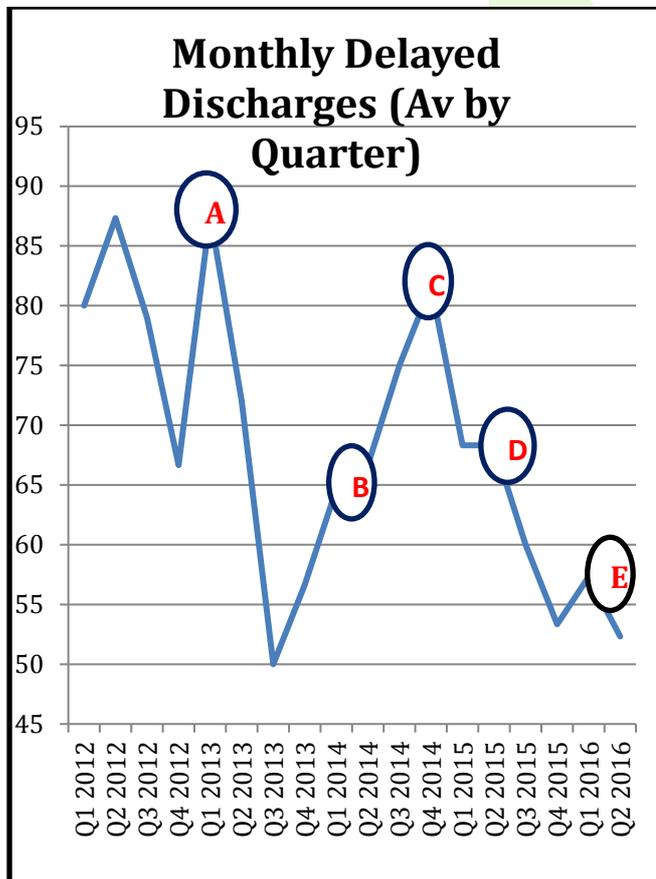
We are acutely aware of the impact of national policy decisions on patient outcomes and are therefore well placed to contribute to this review. The following graph illustrates some of the recent trends in delayed discharges in one DATHs hospital and the correlation between wider funding issues and patient outcomes

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland  
Tel: +353-(0)1-6774838  
Email: [office@iasw.ie](mailto:office@iasw.ie)  
Website: [www.iasw.ie](http://www.iasw.ie)



# IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta



**A (Q1-2013):** highest peak recorded reflecting winter surge 2012-2013. This point also marked the beginning of review of internal processes and weekly delayed discharge meetings.

**B (Q1-2014):** although at lower levels, this point also reflects winter surge 2013-2014

**C (Q3-2014):** this surge reflects the lack of Fair Deal funding at the end of 2014 and the waiting time of approx. 18 weeks

**D (Q2-2015):** April 2015 saw the introduction of Intensive HCPs for the acute hospitals and this funding stream represented a real alternative to LTC for many patients and families. It is also worth noting that 2015 was the first year that the winter surge was somewhat mitigated by the introduction of daily medical hubs

**E (Q4-2015):** the continued decrease in numbers in the latter part of 2015 and into Q1 and Q2 of 2016 can be explained by increased capacity in nursing home beds in the MMUH catchment area

The following section outlines key issues identified by our group as some of the challenges facing acute hospital patients as we head into another winter period and also outlines some examples of best practice and suggested solutions.

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland  
Tel: +353-(0)1-6774838  
Email: [office@iasw.ie](mailto:office@iasw.ie)  
Website: [www.iasw.ie](http://www.iasw.ie)



# IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

## Admission Avoidance

It is well recognised that early identification of frailty and early intervention by HSCPs has a positive impact on health outcomes for older persons using acute hospital services. Interdisciplinary models of care such as the HomeFirst team in St James, the GEMs service in St Lukes Kilkenny and the FITT in Beaumont Hospital are all examples of best practice in the care of frail older persons. The group recommends resourcing these teams nationally, supported by access to appropriate Specialist Geriatric Ambulatory Care to prevent unnecessary admission to hospital where clinically indicated and to develop a standardised pathway for the care of older persons in our hospitals. These models encourage early intervention, integrated discharge planning and support patient flow to prevent delayed discharges.

## Rehabilitation

Rehabilitation units provide a vital pathway for patients who have completed their acute care but are not yet able to return home with/without homecare supports. At present patients in these units do not have the same access to transitional care or homecare package support as those in acute beds. Lack of access to funding only serves to delay discharges in the rehab unit (currently not captured on the national report) and therefore prevent appropriate transfers from the acute setting, thus creating delays there. Equity of access to this funding would greatly enhance flow across the system.

There is currently insufficient access to isolation rooms in rehabilitation facilities. This prohibits patients accessing rehab in a timely fashion and therefore impacts their longer term outcomes. Resourcing for full Health and Social Care Teams and capital spend for creating additional single rooms would greatly enhance access to rehabilitation.

There is inconsistent access to rehabilitation outside of the greater Dublin area, especially for those with complex rehab needs. For patients under 65 years the options are extremely limited and they are often forced to live in acute hospitals for years at a time as resourcing is not available close to their homes. The Model of Care for the Provision of Specialist Rehabilitation Services in Ireland highlights the importance of an appropriate pathway for patients who require complex rehab and the current pathway which often involves a backward step from a rehab unit back to the acute hospital of origin to await homecare supports or long term care is not acceptable.

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland  
Tel: +353-(0)1-6774838  
Email: [office@iasw.ie](mailto:office@iasw.ie)  
Website: [www.iasw.ie](http://www.iasw.ie)



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

## Home Care Packages (HCPs)

The recent report by the Institute of Public Health in Ireland for the Dept of Health entitled Improving HomeCare Services in Ireland: An Overview of the Findings of the Dept of Health's Public Consultation June 2018, supports the recommendations of the HMSW group in its submission, that a statutory framework is required to provide equity of access to, sustainability and regulation of home care support services nationally. In the absence of this framework there are a number of issues which require immediate attention and would have an impact on delayed discharge figures in the short term.

- Reverse decision to remove the Home Care Assistant (HCA) role from Community Intervention Teams. The HCAs are a vital support to acute hospitals in providing short term personal care support to bridge the gap while HCP applications are being processed and care agencies sourced.
- Resource primary care services to enable them to complete 6 week review of all HCPs post discharge from hospital as per national policy. This could allow for recycling of hours once recipients settle at home.
- Enhance Reablement services nationally to allow for expedited discharge and prevent risks inherent with prolonged length of stay in hospital. This model, in operation in parts of CHO 9, has shown positive results in terms of re engagement in community and reduction in ongoing care needs.
- Discharge to assess models are widely used within in the NHS and form a key recommendation of the HSE HSCP Unscheduled Care Advisory Group Recommendations Report. The model is designed to support patients who are medically optimised and do not require an acute hospital bed but may still require short term support to be discharged to their own home. Assessment for longer term care and support needs is then undertaken in the most appropriate setting and at the right time for the person. This model of discharge for frail older people was referenced as best practice in the 2014 NHS England Guide for Practitioners and could form part of an enhanced integration pathway in Ireland.
- The group recommends an immediate end to the ongoing reliance on acute hospitals to access funding for primary care services. Recent years have seen repeated decisions to prioritise funding for HCP applications from acute services to the detriment of those at home awaiting care. This rationale, whilst understandable in the context of ED overcrowding, is both inequitable and counterproductive in the longer term. It has led to situations whereby patients are presenting to acute hospitals in order to gain access to a funding

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland  
Tel: +353-(0)1-6774838  
Email: [office@iasw.ie](mailto:office@iasw.ie)  
Website: [www.iasw.ie](http://www.iasw.ie)



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

stream, and others who are reluctant to be discharged until funding is secured.

- Since early May 2018 HCP funding nationally has been severely curtailed in order to bring it back in line with annual budgets. This decision needs to be reversed immediately as the cost to the health service, both in financial and human terms is untenable. The numbers of patients awaiting HCPs on delayed discharge lists have been rising each week, reversing any gains normally made during summer months. A recent review of the impact of the current HCP situation in one DATHs hospital is illustrated in the Table below

Number of Patients	Number of HCP hours	Cost of HCP hours*	Bed Days lost	Cost of bed days lost**
21	342	€8550	629	€566100

\*based on hourly rate of €25

\*\* based on daily rate of €900

## Homelessness

In line with increasing numbers of adults experiencing homelessness nationally, the hospitals have seen a growth in numbers of homeless people requiring acute hospital admission. In many cases these patients have multiple complex needs and are disproportionately represented in both ED presentations, number of admissions and lengths of stay. A recent pilot of an Inclusion Health Model in St James Hospital was shown to improve outcomes for those requiring specialist health care, reduce ED presentations and readmissions and an increased understanding of the very complex needs of this cohort of patients. An MDT approach with consultant, CNS and senior social work support, and engagement with NGOs and housing welfare is recommended to establish an Inclusion Health Network across Dublins Inner City where the issue is at its most acute.

The group is also calling for an immediate end to the use of one night only beds for homeless people being discharged from hospital. Work is currently underway for the establishment of a "Step Up - Step Down" transitional unit, run by Dublin Simon to provide post acute care for patients being discharged

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland

Tel: +353-(0)1-6774838

Email: [office@iasw.ie](mailto:office@iasw.ie)

Website: [www.iasw.ie](http://www.iasw.ie)



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

from hospital who may not require an acute bed but are not yet ready for emergency homeless accommodation. This development is urgently required before the Winter 2018-2019 to facilitate safe discharges from the acute hospital. The shortage of appropriate accommodation, with limited 24 hour access, is also contributing to delayed discharges in acute hospitals and limits access to other post acute services such as rehabilitation as there is no certainty regarding a discharge plan.

## Long Term Care

The review group rightly recognises long term nursing care as a significant contributor to the overall numbers of delayed discharges in our hospitals. The Nursing Home Support Scheme, as the only point of access to funding for residential care in Ireland, has provided equal opportunity for those requiring long term care and, for the majority of applicants, is working well. However the group would like to make the following recommendations to enhance the flow of patients from acute hospitals to long term care:

- Although the overall number of nursing home beds has increased in recent years, there continues to be a shortage of dementia specific beds and placements for those with particularly challenging behaviours. Nursing homes need to be encouraged and facilitated to create dementia specific environments and provide adequate training for staff.
- A Dept of Health Summary of Submissions Received to Inform the Review of the Nursing Home Support Scheme 2012 failed to address some of the complex legal and financial issues that can arise for applicants of the scheme. Issues such as life loans, Ward of Court applications and applicants who are under 65 with dependents and/or mortgages require immediate attention to allow for greater transparency and affordability in certain cases.
- The reality for many applicants and their families is that the crisis of a hospital admission triggers a decision to apply for long term care. What can be a complex and lengthy process is now taking place in the most expensive setting and access to social work support is not consistent nationally. A further relaxation of the criteria for exceptional transitional care funding, to allow for immediate transfer to an appropriate long term bed once the applicant has been shown to meet the care needs requirement, would greatly enhance patient

100 North Wall Street, Dublin 2, Ireland  
Tel: +353-(0)1-6774838  
Email: [office@iasw.ie](mailto:office@iasw.ie)  
Website: [www.iasw.ie](http://www.iasw.ie)



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

flow in acute hospitals and reduce delayed discharges over the winter months. Social care services will require additional social work resources in each CHO area to support applicants following the move to long term care and complete the application process to allow access to NHSS funding.

- Apart from being the most expensive setting to make an application, it can be argued that an acute hospital is also the least appropriate place to assess care needs and support person centred shared decision making. Enhanced nurse led post acute care services, such as those provided by the Mater Hospital, are an example of best practice for complex case management. In this model patients have access to consultant, nursing and social work support to enhance decision making capacity and encourage shared decision making regarding long term care.
- The Nursing Home Support Scheme does not provide funding for specialist placements for those with highly complex needs requiring bespoke care packages. The majority of these patients are under 65 with traumatic brain injuries and other neurological/spinal disorders. At present there is no identified funding stream for these placements and local Disability Services cannot fund these often hugely expensive placements. Although relatively small in number, these patients account for a large proportion of bed days lost to delayed discharges. They also tend to require specialist 1:1 care while in the acute setting which further escalates the cost to the acute hospital services. An example from this weeks delayed discharge list in one of the DATHs hospitals shows that 4 patients account for over 1000 bed days lost (total figures 53 patients and 3724 bed days), that equates to 7.5% of the patients accounting for 27% of the bed days lost.
- Recent high court cases have highlighted the vulnerabilities within the acute hospital system in terms of a legal framework to protect older persons who may be at risk of harm. Current legal options are onerous and complex and the HMSW group welcomes the recent developments in the Mental Capacity (Assisted Decision Making) Act. The use of hospitals as places of safety for adults who may be at risk requires an urgent legal framework as these processes often lead to protracted lengths of stay. The establishment of the Decision Support Office is an important step to enhancing the rights of both older persons and those with disabilities to be involved in decisions regarding their care and all efforts should be made to support the roll out of the office in the coming months. The office will start in

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland

tel: +353-(0)1-6774838

Email: [office@iasw.ie](mailto:office@iasw.ie)

Website: [www.iasw.ie](http://www.iasw.ie)

important resource to navigate complex cases which often have protracted lengths of stay and disproportionately appear on delayed discharge lists.



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

## **HSE Delayed Discharge Data Portal**

The HSE Audit and Validation of Service Performance Data that is Utilised in the Delivery of the Performance Accountability Framework, KOSI Corporation Sept 2016, undertook a review of 6 randomly selected hospitals who return delayed discharge data to the HSE Business Intelligence Unit on a weekly basis. This review looked predominantly at the quantitative data being submitted against criteria such as relevance, reliability, timeliness, validity, accuracy and completeness. The report found significant inconsistency across the sites in terms of what data was being submitted and the process by which it was submitted. A number of recommendations were made including the need for objective definition of a delayed discharge, training and support for staff in hospitals, greater clarity on the categories for delayed discharges and consistency in what beds should be included in the national report. To date no actions have been taken based on the recommendations at hospital level leading to ongoing unreliability of the figures as a representation of delays in the acute setting.

The weekly report should only be viewed in the context of trends over time. Data is inputted on the portal by different staff in the various hospitals and there is a lack of consistency in the quality of data due to the limited "Reason Codes" available. The administrative burden of updating the portal does not allow for realtime reliable data to be pulled and requires additional admin resourcing at hospital level. A review of the reason codes, with input from user groups is urgently required to improve the qualitative data submitted and allow for the nuances of complex cases to be captured.

I hope that this submission is of assistance to the Working Group and would be happy to provide any further clarification or assistance required. We would welcome the opportunity to contribute to any discussions regarding solutions for issues raised in this review and hope that we can work together to improve outcomes for patients currently experiencing delayed discharges from acute hospital care

Registered Office: 114-116 Pearse Street, Dublin 2, Ireland  
Tel: +353-(0)1-6774838  
Email: [office@iasw.ie](mailto:office@iasw.ie)  
Website: [www.iasw.ie](http://www.iasw.ie)