

# INTEROPERABILITY DOREEN'S STORY



My name is Doreen. I had no previous illnesses when admitted to hospital in August 2019. Whilst I was considered medically fit for discharge on 7 August I was not discharged for a further six days until the 13 August. This was an extremely emotional and distressing time for me as I was assured by one of the staff nurses that I would be being discharged a couple of days earlier only for me to remain in hospital longer than expected. Although a Nursing Assessment was discussed whilst I was still in hospital it wasn't until the 20 August that a decision was made for me to be fast tracked to receive nursing care in my own home. I died on the 24 August.

## AS IT IS NOW

### WARD STAFF



Doreen was admitted on the 5 August and optimised for discharge on the 7 August. Whilst the information on the Trusted Assessment advised Doreen needed 1:1 support on 9 August we informed social care that the patient needed 2:1 support. Later that morning we informed social care that Doreen was no longer considered fit for discharge and further tests were required.



We have limited IT and telephony available on the ward and it is rare that we are available when contacted by social care, resulted in process delays which are felt by the patient.

### SOCIAL WORKER



We received the Trusted Assessment, however, when we contacted the ward we received conflicting information re Doreen's needs and as such, a new Trusted Assessment was requested which ultimately led to a long delay in discharge due to having to chase the document in order to receive an update position.



We contacted the ward on a number of occasions to get an update and request an updated Trusted Assessment, however, it was difficult to speak to the necessary people and had to await call-backs.

### RELATIVE



It was a very distressing time for my mother as she was in hospital longer than required and ultimately was discharged without the necessary support being in place. Whilst there she was assured she was going home on a particular day and grew excited at the prospect, only to be informed by another ward employee that this is not the case.



My mother had to undergo a biopsy, the results of which we never received even though I chased on numerous occasions.

## AS IT COULD BE

### WARD STAFF



Doreen was admitted to hospital on 5 August and optimised for discharge on 7 August Social Care using ADW would receive the notification on the Doreen's needs had changed and as soon as we were aware that Doreen was no longer medically fit for discharge a Withdrawal notification was sent to social care.



Whilst we have limited IT and telephony on the ward using ADW has allowed us to communicate direct with social care when a patient is being discharged or when a discharge needs to be withdrawn.

### SOCIAL WORKER



We received the Trusted Assessment and upon liaising with the ward it became apparent that Doreen's needs had changed. We received a Withdrawal notification and ceased dealing with the case pending a further notification. This enabled us to concentrate on arranging the discharge of other patients and arranging their care.



The ward contacted us direct through ADW notifications and supplied the information we require in order to triage Doreen on to an adults social care pathway. However, due to a change in Doreen's needs the discharge notification was rejected with the reasons why supplied.

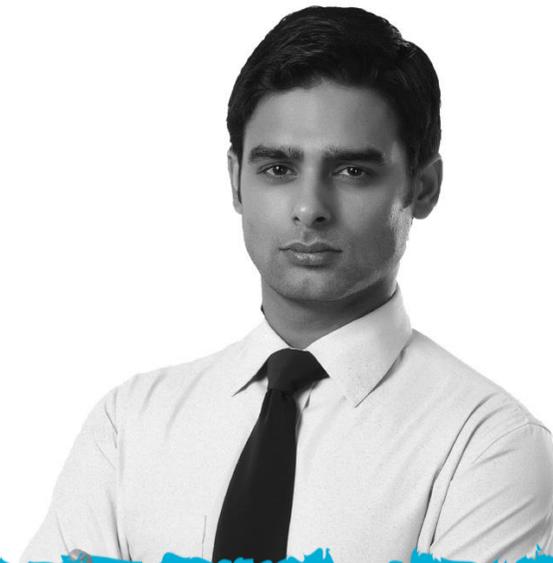
### RELATIVE



This was a very difficult time for my mother, however, we were provided consistent information from all ward staff and adults social care. Potential pathways for my mother were made clear to both her and I.



My mother had to undergo a biopsy and whilst there was a wait on receiving the results this was clearly communicated to us a family.



### DOREEN



Whilst Doreen would have been unaware of the communication methods between health and social care she will have benefited by receiving a consistent message and quicker decision making due to a decrease in administrative process delays. This could have ultimately allowed her to be discharged home sooner with the correct support/equipment she required.

### PROFESSIONAL



Using ADW as the digital mechanism for communicating discharge between the ward and Adult's Social Care would have ensured the correct information was received first time. This would be facilitated by agreed mandatory information being provided by the ward and accepted/rejected by Adult's Social Care.

### COMMISSIONER



Doreen's bed could have been made available to another patient a number of days earlier than it was. This would have resulted in reduced costs.

Whilst identifying that Doreen may be eligible for CHC earlier may have been at a cost to the NHS this would have provided her with the necessary nursing support she required at home.