Discharge to Assess with HomeLink Healthcare. Retaining the Positive Improvements from the Pandemic.

While Covid-19 has thrown much of society into disarray and caused monumental damage to hospitals, healthcare workers and their patients - in healthcare, there have been some positive changes. One of these is in the altered attitudes toward hospitals and home-based care. Another is in the rapid rollout of crucial services that ease pressure on hospitals and make for better patient experiences. **At HomeLink Healthcare, we believe it is essential that these changes remain - pandemic or not.**

Attitudes towards hospitals have been shifting for some time. Historically, both doctors and patients operated under the belief that the patient was best cared for in the hospital. This led to extended stays; the remedy for any illness, a hospital visit; prolonged periods in the ward even after a patient was fit to return home.

Covid-19 was the catalyst of a new way of thinking: avoiding hospital admissions in the first place where possible; getting people home faster in every other case.

For patients, in the heightened context of the pandemic, fear and avoidance of hospitals has become widespread. Numerous **statistics** underpin this. For overstretched and overburdened healthcare workers, the ability to relieve beds for urgent patients is critical.

The UK government has also taken note. In 2020, **Discharge to Assess (D2A)** was launched in hospitals across the country. The aim? To discharge all patients who no longer met 'acute criteria' as soon as clinically safe to do so, and where possible, to avoid hospital admission to begin with. Assessments take place at home, rather than at hospital. It has been found to not only be possible, but beneficial.

At HomeLink Healthcare, we provide D2A as part of our home-based services, It is an integral part of how we work and our ethos as an organisation.

We have found patients thrive under this model of care, time and again.

HomeLink's D2A Service at The Queen Elizabeth Hospital King's Lynn

We were pleased to partner with The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEHKL) to create a harmonious D2A service to improve patient flow in their wards and reduce capacity challenges.

Being a small and agile company brings a number of advantages to our partnerships. We are able to set up and deploy supporting services rapidly: our D2A with QEHKL was one of the quickest services we've ever delivered, with **just a four week mobilisation period until it was fully up and running.** For patients, that meant we could get many of them back home for Christmas. Since then, we have rapidly ramped up the service, and it continues to go from strength to strength. We were one of the first homecare providers to flex our service to accept Covid-positive patients.

A core element of how we work is as a bridge organisation: not replacing existing systems or provisions but complementing and enhancing the care provided. That means all our services are bespoke, moulded to the needs of the particular hospital. Whether we're providing increased capacity or improving the efficiency of processes, we align ourselves with existing hospital and community practices as much as possible. And as a small company, we can do that efficiently, cost-effectively and most importantly; safely.

Key to this is open, transparent and supportive communication. At QEHKL, this meant visiting the wards or speaking with the therapists, building rapport with the therapy-leads, frequent team and stakeholder meetings, and giving constructive feedback on how patients were progressing and any issues encountered.

Similarly, we ensured we made positive connections with the community therapy teams; reiterating that we exist to fill the gaps, not replace their services. We recognise the strain they are under and their huge waiting lists - so how could we best complement that service and really place patients at the centre? Now, if the community team has patients that need to be urgently seen and they are unable to support, they send them to us, knowing we can assess them in 24 hour and feedback any recommendations or provide the input required.

In the words of Tim Rees, Professional Lead Occupational Therapist at The Queen Elizabeth -
"HomeLink has been a marvellous asset to our service at the hospital. Their therapy team has worked seamlessly with our therapy teams in the development of the Discharge to Assess model. The communication, expertise and support they have brought to the project has been invaluable. The feedback has always been positive and non-judgemental which has fostered team spirit rather than creating an atmosphere of them and us."

Holistic home-based care: Putting patients first.

So how does it work?

The Queen Elizabeth community response team identifies medically optimised patients and flags them to our service. We then contact the ward, discuss the discharge plan for the patient and the D2A process is commenced. Our home assessments are undertaken by either a registered nurse or one of our expert physiotherapists. **We always see our patients within 24 hours, ideally on the same day of discharge.**

Our holistic home-based assessments encompass examining the health, wellbeing and social care needs of each individual. From there, we determine what package of care prescription they need - whether it is once, twice, three or four times a day - and then our specialist team delivers that personalised wrap-around care.

Our approach is one of enablement: we work alongside the individual to help them manage their daily personal care. The care we provide varies. It might be washing and dressing, meal preparations, supermarket shopping, medication prompts or provisions. We help them to complete their domestic tasks: supporting our patients to clean their property, look after their pets. The therapy element focuses on reablement and rehab: progressing their mobility, increasing their confidence, and modifying walking aids and equipment. During our assessment, we undertake a rapid review of what existing equipment is in the home and what additional equipment we could put in place - perching stools, kitchen trolleys - to enhance independence and reduce the required package of care.

We pride ourselves on being very responsive to our patients' needs and adjusting the level of care where it's deemed necessary.

In one case, an elderly gentleman was referred to our service for therapy only. On post-discharge assessment, we realised he needed a package of care, not just therapy. We initiated morning visits: helping him with his washing, providing physiotherapy, and communicating with the community response team so that they were then able to source a care team to take over his needs.

Covid-19 and patients' rehabilitation

For patients, one of the consequences of Covid-19 is that they now receive far less rehabilitation on the ward. With the workforce redeployed to focus on acute patients, there is a significant gap in patient therapy provisions. We are seeing more ***people leaving hospital weaker and more deconditioned*** - not having received the therapy they would normally have received before the pandemic. This risks serious long-term effects on an individual's confidence and independence.

Even with rehabilitation in place, prolonged hospital stays incur damage to patients, particularly the elderly.

In some estimates, for every 24 hours a patient stays in bed they lose 1% of muscle mass.

In others, 10 days of bed rest was found to lead to a 14% reduction in leg and hip muscle strength

12% reduction in aerobic capacity: equivalent to 10 years of life.

We work to bridge that gap and get patients home faster: helping them reach a point where they are safe, independent and at ease - until a community therapist can take over

So far we've delivered

- **1,755 home visits**
- **1,070 packages of care and 568 therapy visits**
- **We've treated 115 patients since the programme launched in December**
- **Completed 117 home assessments within 24 hours of the point of referral.**

We also flexed our service to deliver some remote therapy visits via webcam and video call.

What our patients say...

"X is very sad to see HomeLink leave, he said we all have that special touch. Sad to not see [our nurse] anymore."

"Our family is very happy with the support HomeLink has provided. Disappointed it could not continue."

"Patient X spoke about recipes and was very happy about the Indian biscuits he and my colleagues tried to make. Patient said it was a disaster, but he had great fun."

Recovering at home: better for the patient & the hospital

There are a number of reasons why we believe the Discharge to Assess service is so important - and why discharges should continue to be done in this way post-pandemic.

In terms of a hospital's operational flow, bed flow through the trusts can be reduced and capacity dramatically eased by utilising out of hospital services like ours. This frees up beds to provide space for new acutely unwell patients, it enables hospitals to recommence elective activity, and in using the service for admission avoidance, reduces the burden on the front door. Financially, it's cost-effective - home services are cheaper to run than an equivalent hospital bed.

Ultimately, and most importantly, is the patient's care: we believe in putting patients first, always, and to do this, ***we believe the best place for them to recover is in the comfort of their own home.***

As April Thompson, HomeLink's Head of Therapies, who leads the QEHKL D2A service, says - ***"One of the positive things to come out of the pandemic is how services have adapted (at pace) to meet the changes and demands of patients needs. It has strengthened relationships and fostered new ways of working. The pandemic has enabled clinicians to think differently about how to provide care and what can be delivered in the community setting. It comes down to patient care and putting them first. Everybody knows the best place for them to be is in their own home."***

HomeLink Healthcare is clinically led and owned and works in partnership with the NHS to provide Virtual Wards, Early Supported Discharge, Admission Avoidance and Discharge to Assess services, dedicated to excellence in clinical delivery, patient experience and outcomes. We are pre-qualified on the NHS SBS Patient Discharge Services Framework.

To find out more about how HomeLink could work with your organisation or health system to increase capacity and improve flow, contact Andy Collett on...

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HomeLink Healthcare is regulated by the CQC.

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