DISCHARGE TO ASSESS (D2A) is a Physiotherapy and Occupational Therapy led alternative discharge pathway to reduce avoidable inpatient stays.

**AIMS**

- To promote a change in culture from the “assess to discharge” model of care.
- To facilitate timely and effective discharge of patients who are clinically fit and appropriate to have physiotherapy/occupational therapy assessment at home.
- To develop a culture of “ownership” of East Lothian patients throughout their patient journey.

**CHALLENGES**

- Unnecessary delays in discharging patients from hospital is a systemic problem with a rising trend.
- In 2016/17, there were 532,423 bed days occupied by medically fit patients in Scotland.
- Over 70% were aged over 75 years old.
- Current evidence highlights a correlation between longer hospital stays and potential harm.
- This results in poorer health outcomes, an increase in long-term care needs, poor patient flow and avoidable use of acute resources.
- Timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care.

(Delayed Discharges in NHS Scotland January 2017)

**METHODS**

- D2A referral criteria and pathway established in May 2015 in consultation with NHS Lothian acute sites and East Lothian Council.
- Education and awareness sessions delivered to referring staff.
- Standardised recording and audit processes developed.
- Excellent working relationships with the acute sector were established through regular communication and feedback.
- Collaborative working with East Lothian Discharge Co-ordinators was facilitated.
- Promotion of closer working relationships between D2A and community teams, led to improvements in patient experience.
- Daily screening of admission lists from acute hospitals to proactively “pull” patients from hospital.
- Weekly in reach by D2A team to Orthopaedics, Stroke and Medicine of the Elderly at the RE - supporting inpatient staff to highlight appropriate patients and sharing of key patient and local information.

**NEXT STEPS**

- Development of a 7 day working initiative to support weekend discharges.
- Extend site coverage and capacity of D2A in reach.
- Creation of a locality based Health and Council rehabilitation team supporting discharges and prevention of admissions.

**OUTCOMES OF D2A SERVICE**

- An estimated 1,977 bed days have been saved.
- Equating to £593,100 (costing estimated at £300 per day).
- 659 patients supported home by D2A between May 2015 - Nov 2018.

**CONCLUSIONS**

- The D2A project was initially established within existing resource.
- Following successful winter funding bids, permanent funding was secured from East Lothian Health and Social Care Partnership for 2 WTE Physiotherapists and 1 WTE Occupational Therapist.
- An expanded and enhanced D2A service was developed.
- D2A is now fully embedded within the wider East Lothian community services and is a key alternative discharge pathway.
- D2A fulfils NHS Scotland’s strategic aims, of returning patient to their own homes as soon as appropriate, with minimal risk of re-admission.

*East Lothian Health & Social Care Partnership*