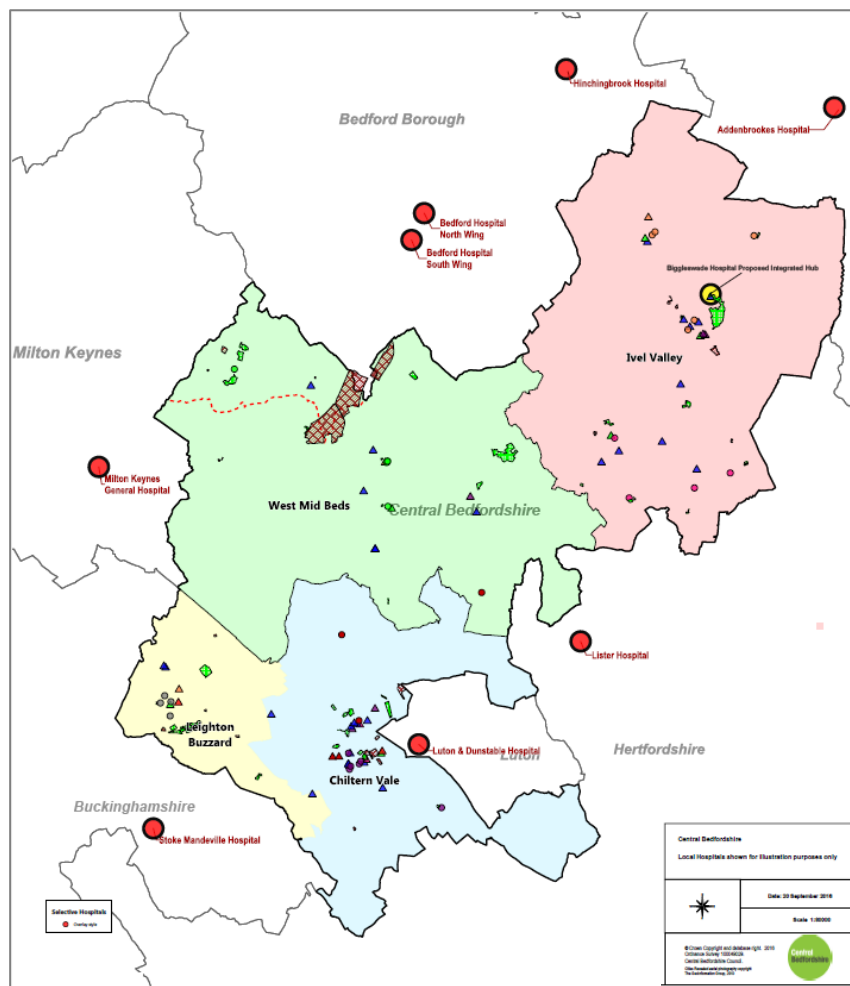


# Tracking Hospital Transfers of Care

Stuart Mitchelmore  
Associate Director of Integrated  
Operations

Daniel Smitton –  
Data & Intelligence Analyst

# Central Bedfordshire - Local Context

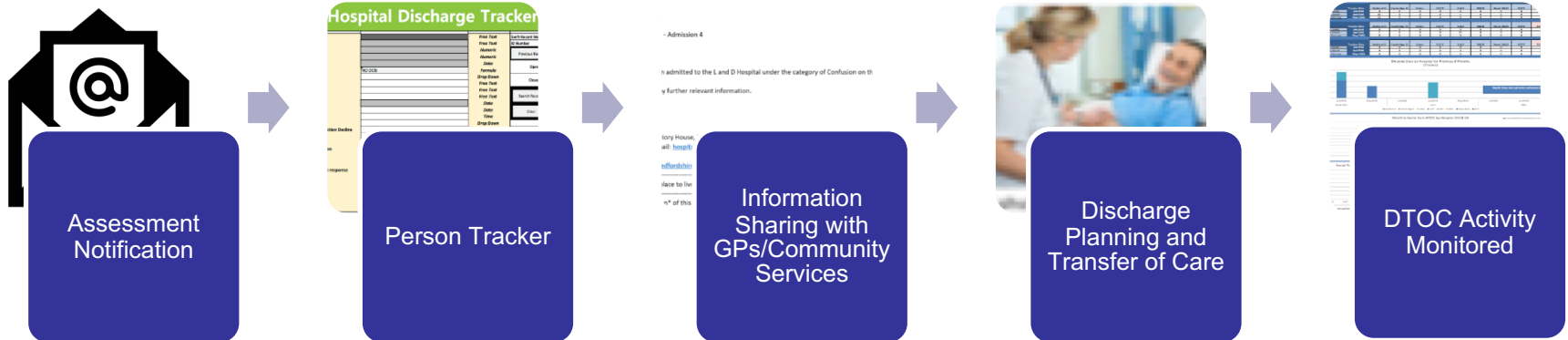


- Increasing national pressure to reduce demand on hospital services
- Multiple hospitals providing services to CBC residents; none situated within local authority boundary
- Various community service provision contracts
- Ageing population with increasingly complex needs

# Monitoring People **HOSPITAL to HOME**

- Development of Person Tracker
- Case Management Reporting & Notification
- Length of Hospital Stay Monitoring
- Readmission Data
- Information Sharing & Engagement – GPs / Community Services
- Following the Journey of the Person

# Managing Person Flow – Multi Disciplinary Approach



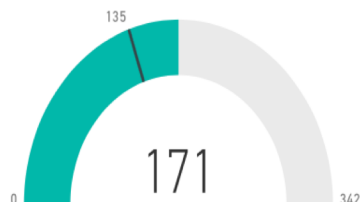
Select Month

December-18

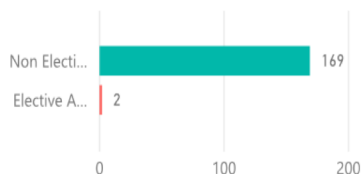
# Hospital Discharge Service Acute Dashboard



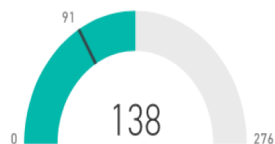
## Assessment Notifications



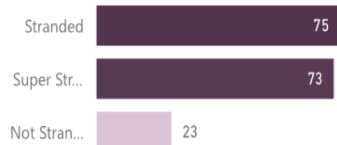
## Elective/Non Elective Admissions



## Discharges



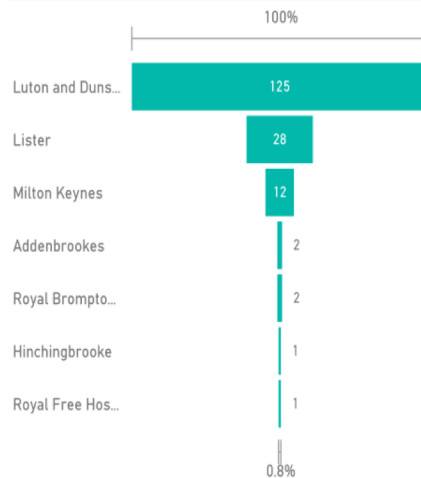
## Stranded / Super Stranded Status



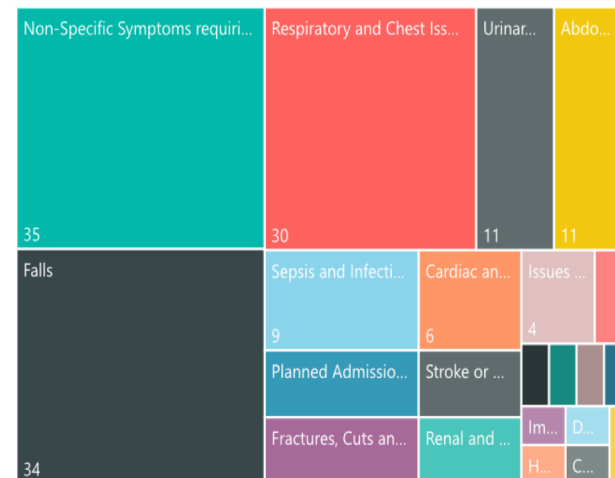
Assesment  
Notifications

Discharges

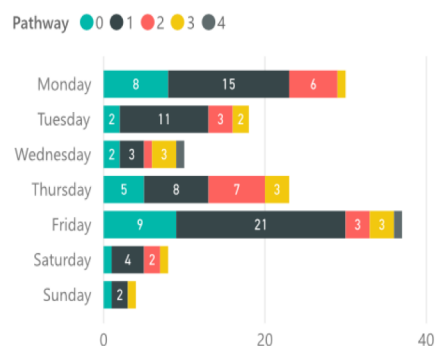
## Provider Referrals



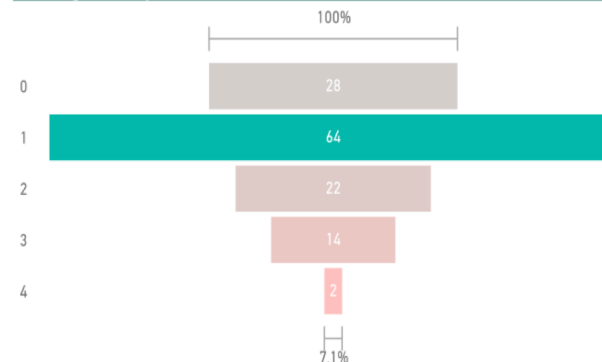
## Reason for Admission



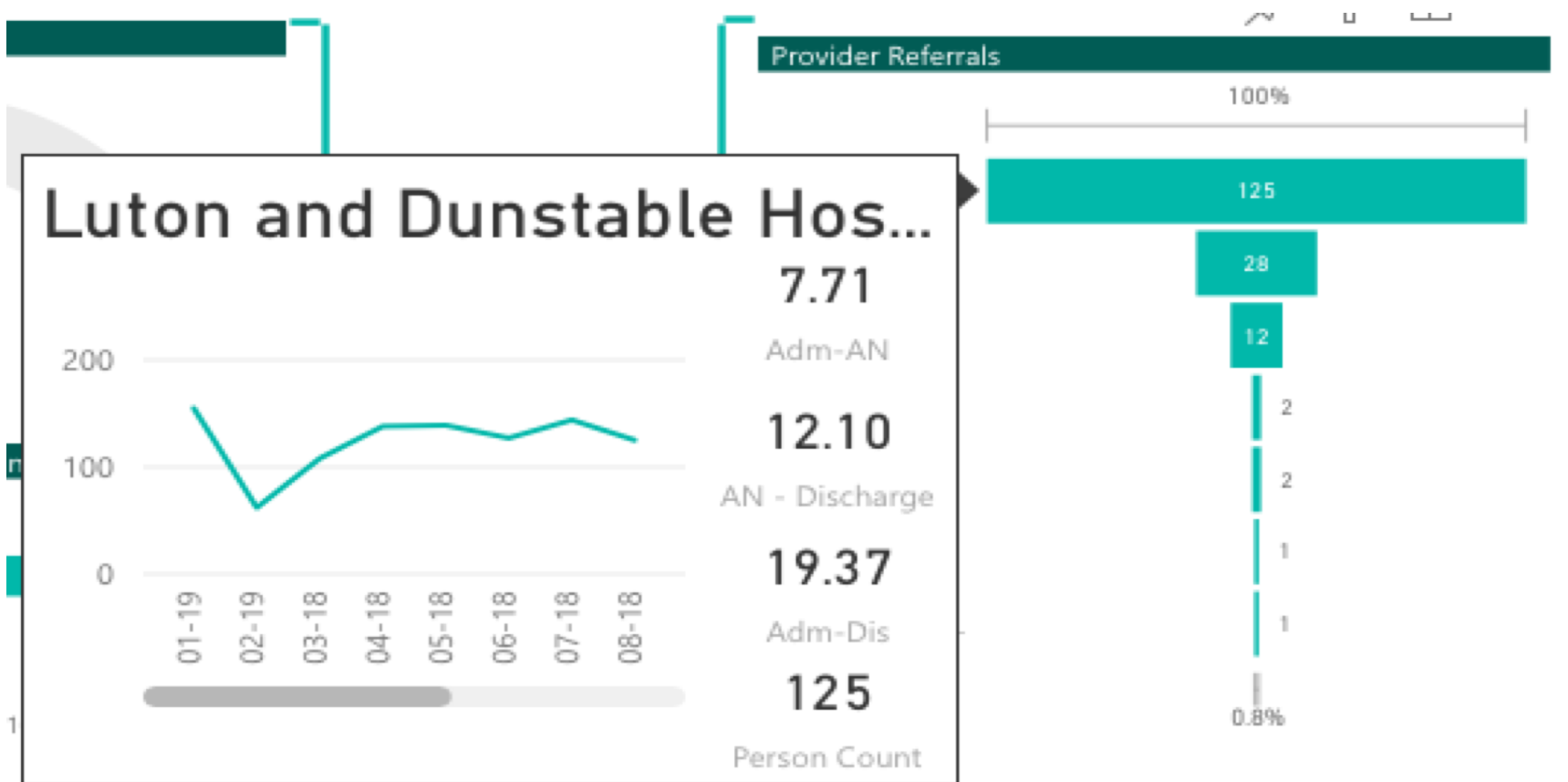
## Day of Discharge



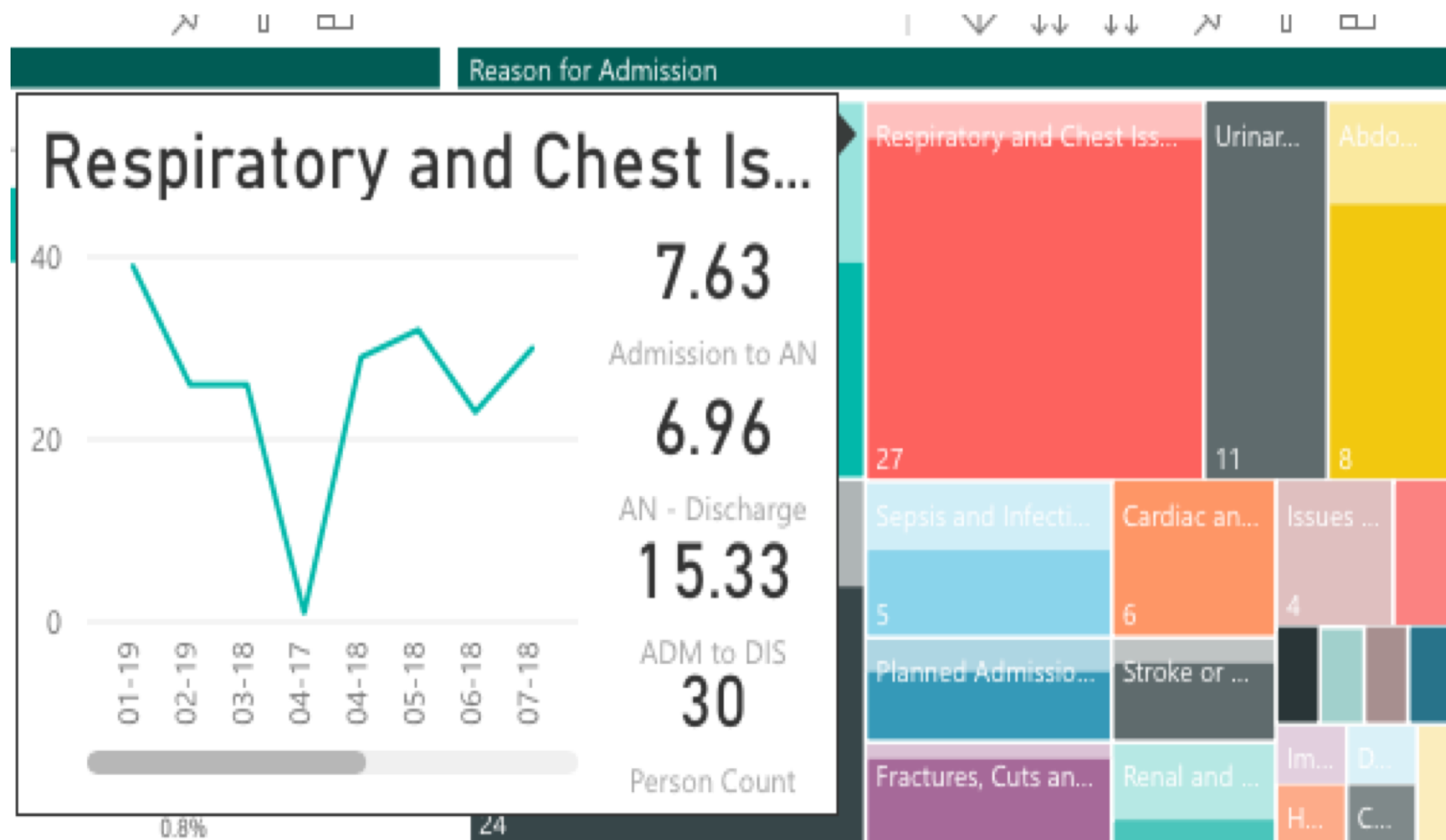
## Discharge Pathway



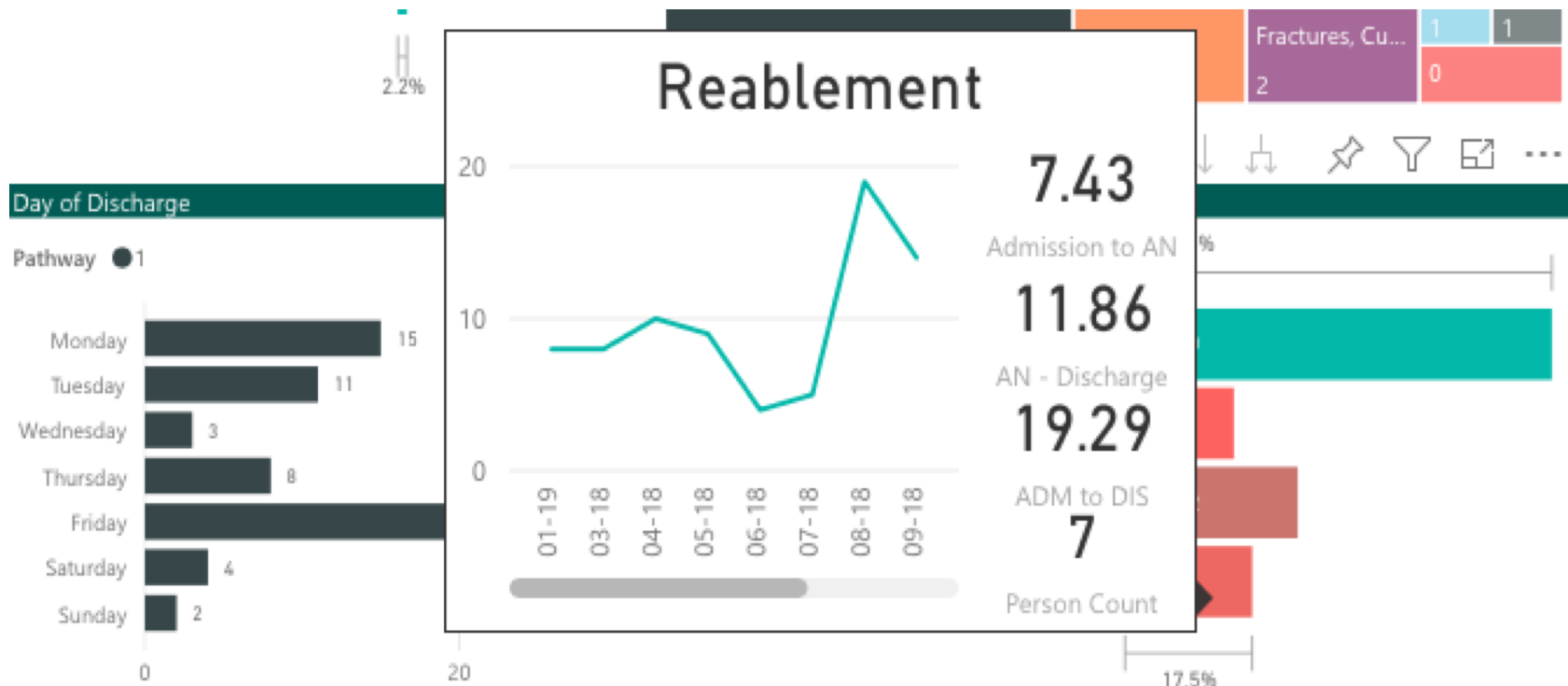
# Length of Stay – Total L&D Hospital



# Length of Stay – Reason for Admission

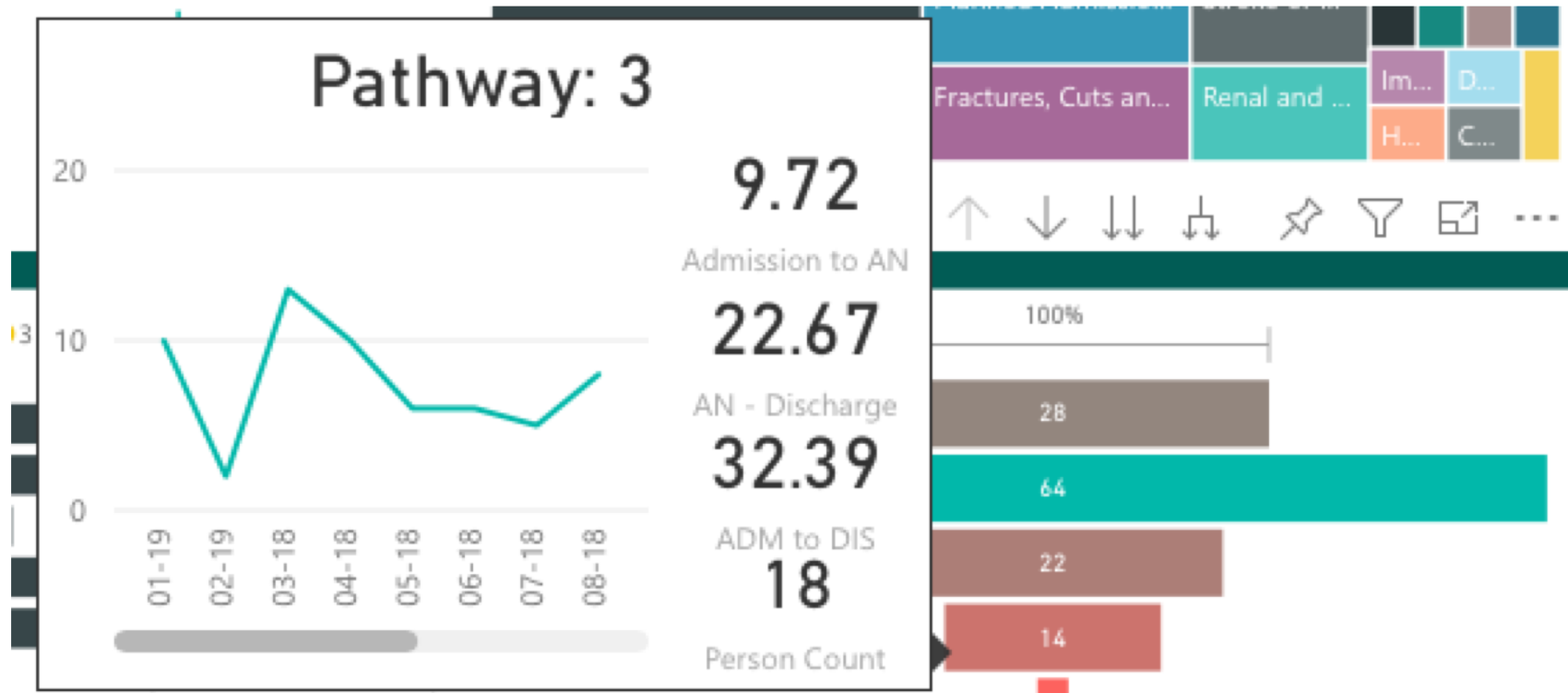


# Length of Stay – Reablement Discharge

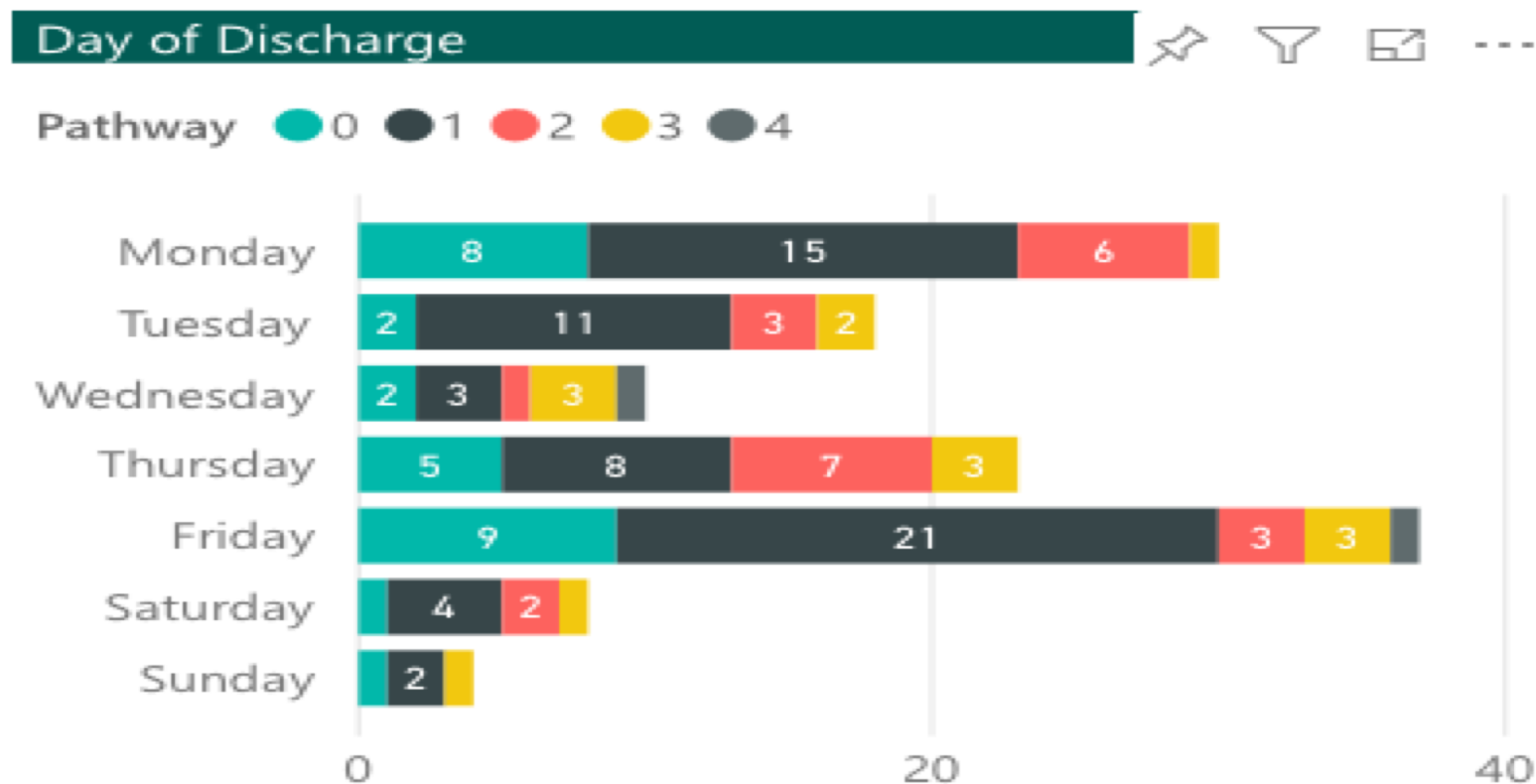




# Length of Stay – Complex Care Discharge



# Day of Discharge Monitoring



# Next Steps

- Widening use of tracker to provide overview of interplay between acute and community based services
- Facilitate integrated responses to discharge planning
- Targeted Admission Avoidance Strategies through multi disciplinary working
- Targeted activity to reduce Length of Stay
- Innovative & flexible ways to discharge people from hospital