

Why not home? Why not today?

HomeFirst

IN THE BEGINNING...

- People were assessed for Discharge To Assess!
- Care needs were planned in hospital environment
- Delays in awaiting POC to start
- High percentage of people going to bed based care following acute admission
- Lack of confidence in home discharge if person had ongoing needs
- HomeFirst pathway was launched on the 14th May 2018

HOMEFIRST PATHWAY – WHAT IS IT? HOW DOES IT WORK?

- National Initiative
- How it works
- MDT jointly agree HomeFirst pathway with the person.
- Ring fenced more effective care starting on the day of discharge

POSITIVES

- Ring Fenced care
- Closer working relationships
- Improved Patient experience – better care
- Improving patient flow
- Reduced LoS and DToC
- Effective use of resources
- One assessment

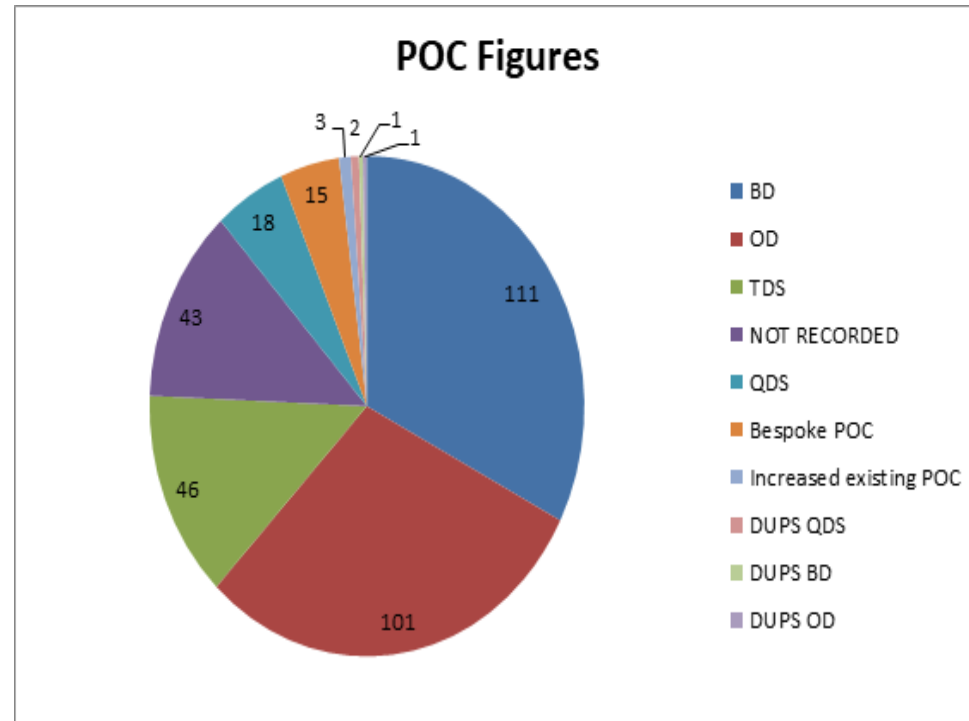
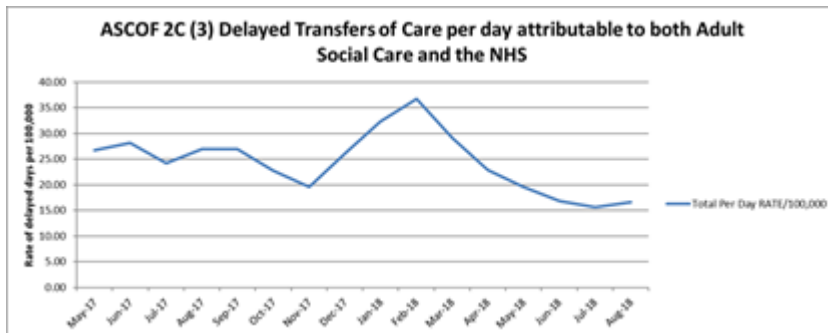
CHALLENGES

- Culture Change
- Challenging perceptions of risk
- Processes

HOMEFIRST PACKAGES OF CARE

14/05/18 - 18/09/18 18 weeks 2 days	Total	%
Total Requests	655	
Cancellations	162	25%

Completed Visits	493	
No POC	119	24%



Supporting people to be Safe, Well and at Home

CULTURE CHANGE – WHAT ARE WE DOING?

- HomeFirst Ambassadors in UHP
- HomeFirst weekly news bulletin Livewell / UHP
- HomeFirst Intranet page Livewell / UHP
- Joint working with ward MDT
- Team meetings
- Ward handovers
- 'Ask Tina' Q&A sessions



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GOOD NEWS STORIES:

Patient feedback: One of your clients couldn't praise you enough. The advice that you gave her regarding her mobility has really boosted her confidence, so much so that she has been shopping on her own. She thought the HomeFirst Service was excellent and that you have been a good advocate for promoting this service.

DCM feedback: My first impression is how wonderfully passionate they are about helping the service to succeed and their boundless supply of ideas and thoughts on how the service could be improved for all users, not just the patients. They all work incredibly hard to make sure that a patients needs are met as quickly and efficiently as possible. There are of course areas that can be improved and some of these areas could be improved fairly quickly as they are related to the flow of information and communication.

WHAT NEXT?

- Shadowing of staff; both UHP & Livewell
- HomeFirst champions
- Ongoing team meetings
- Positive Risk training
- Promotional stands in UHP / Drakes circus / Local Care Centre etc.
- GP engagement
- Apprentice for feedback cycle
- Scaling up Homefirst team
- Community services – waiting lists, consistency, 7 day service

ANY QUESTIONS?