

Delayed Discharges

Notification of Revisions to Definitions and Data Recording Arrangements

Introduction and background

ISD in conjunction with the Scottish Executive and health and local authority partners at local level has been reviewing the application of the definition as to what constitutes a 'delayed discharge' and presentation of the census data. All of the changes outlined below have been the subject of wide-ranging and extensive consultation and have been agreed by the National Advisory Group on Delayed Discharges Information. In some instances the revisions have been made to reflect the introduction of Scottish Executive revised targets. The revisions will be made to the report on the July 2006 census and subsequent publications.

Specific changes introduced with effect from July 2006

a) Complex Needs

Patients delayed due to awaiting place/bed availability in a specialist residential facility where no facilities exist (codes 24DX, 24EX and 42X), or due to requirements of the Adults with Incapacity Act (code 51X) are already reported on separately. (Census Report, Appendix 5 – Supplementary Items.) These patients will continue to be reported on separately; but will now be categorised under a new principal reason code 'Complex Needs' (code 9). Codes 24DX, 24EX, 42X and 51X will now operate as a secondary reason code to 'Complex Needs'. From July 2006, cases where partnerships are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital will also be shown under the category 'Complex Needs' but with no secondary code. These cases were previously included in the main report but will now be included in the supplement. Directors of Social Work, NHS Board Chief Executives or their nominated representatives will report these cases formally to ISD and the Scottish Executive. As before, all Complex Needs cases will be shown separately as a supplement to the report.

b) Zero Delay (i.e. less than 3 working days)

From the July 2006 census patients whose 'clinical readiness for discharge' has only been ascertained within the 3 working days or less preceding the census date will be omitted from the reported census totals. However, ISD will continue to collect the full census data, including patients affected by the foregoing change, and the effect of the change will be reported in the July and subsequent censuses. The change will necessarily only affect the number of extremely short delays and, consequently, it will have the effect of increasing both the reported mean and median duration of delay.

Three working days is considered to be an acceptable period of time for making arrangements to move patients to their next stage of care. Specifically, it is designed to avoid a case being described as a delayed discharge when, for example, a clinician has declared a patient 'clinically ready for discharge' in the course of a ward round without the required multi-agency involvement and agreement.

c) Planned Discharges

From the July 2006 census patients who have a planned discharge and an agreed discharge date within 3 working days of the census will be omitted from the reported census totals. However, ISD will continue to collect the full census data, including patients affected by the foregoing change, and the effect of this change will be reported in the July and subsequent censuses. In addition, specific quality assurance arrangements will be made to monitor the application of the revision.

The change has been introduced as ISD, in the course of its quality assurance arrangements, became aware that there were inconsistencies in recording practice at partnership level i.e. some partnerships (but not all) were already excluding, on the basis of differing criteria, patients who had an agreed and planned discharge date. The introduction of this change is designed to achieve consistency. Although the effect of this change on numbers of delayed discharges can be calculated for the July census and for future censuses, it is not possible to estimate the effect of this change on numbers recorded in previous censuses.

d) Change in Patient's Health Circumstances.

In the April 2005 census Principal reason code 33 (change in patients health circumstances i.e. patient too ill at the time of the census to be discharged) was taken out of the census total and reported on separately. (Census Report, Appendix 5 – Supplementary Items.) The definition of a delayed discharge has now been amended to exclude such cases and census reports are being adjusted accordingly. Based on the four quarterly Census reports for the period July '05 to April '06, the average number of patients being reported on separately due to a change in health circumstances was 20. This change has no effect on the numbers of delayed discharges reported on in the main report.

Effect of changes

The removal of cases with 'zero delay' and of cases whose planned discharge is within 3 working days of the census will result in a reduction in the reported numbers of delayed discharges. The size of this reduction for the July 2006 census will be described in the census report, to be published on 31 August 2006, and will continue to be described in subsequent census reports.

ISD estimate that the changes in recording changes instituted with effect from the July 2006 Census will reduce the total number of recorded delays by 12% approximately.

The effect of the changes on the number of delays of over 6 weeks duration is estimated to be a reduction of the between 3 and 4%.