East Staffordshire Discharge to Assess Model

- Ward Sisters or Multidisciplinary Team staff refer to Rapid Discharge Assessor
- Rapid Discharge Assessor checks capacity with Provider (Living Independently Staffordshire)
- Visits patient on the ward and completes screening tool (where possible) with support worker who will be completing 1st Visit upon Discharge
- Referral is made to Living Independently Staffordshire

Rapid Discharge Assessor:

  - liaises with Therapists; any equipment needs identified will be ordered by the therapist and in place for discharge
  - Checks medication needs and completes HSF31
  - Confirms with Provider (Living Independently Staffordshire) Capacity and rota availability and confirms Discharge Date
  - Completes documentation and forwards to provider (Living Independently Staffordshire)
  - Refers to Multidisciplinary Team if required

Care is provided on Discharge. Assessment at Home Continues with package of care decreasing as individuals become more independent

  - Package ends with no ongoing care needs, or;
  - package is reduced following review and alternative provider is sourced

Self- funders will be supported to find care provider.