The successes and challenges of developing a trusted assessor role to reduce the number of hospital admissions

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Overview

★ Learning objectives
★ Background and policy
★ Trusted assessor role
★ Generic working
★ Successes
★ Challenges
★ Community Hospital Admission Avoidance Team (CHAT) and looking forward
★ Conclusion

Source: TRFT Stella Krain and Nicky Wear
Achieve an understanding of a Trusted Assessor role by a community-led therapy service

Learn how Occupational Therapists (OTs) and Physiotherapists (PTs) can work effectively together in generic roles

To realise the successes of the new service

To understand the challenges
Background

- Occupational Therapist (OT) / Physiotherapist (PT) working in Urgent Locality Therapy team (community)
- 6 month Trusted Assessor pilot starting June 2018
- Job share Band 7 OT/PT
- In-reaching into hospital: Emergency Department (ED) and Acute Medical Unit (AMU)
- Working in both acute hospital and community settings
Policy Context

- Government: 5 Year Forward View and trusted assessment
- RCOT: Urgent Care 2015
- Local: Rotherham Place Plan
- Emphasis on “Home First”: reducing hospital admissions, reducing delayed transfers of care and supporting patients in the community
**Trusted Assessor Role**

- Helping patients “move from hospital back home or another setting speedily, effectively and safely”
  
  (NHS England, 2018 - “Trusted Assessor scheme)

- A health professional “trusted” to carry out an assessment on behalf of the care provider

- Assessment in consultation with other professionals

- Considers social issues as well as therapy issues

Source: Stella Krain.
Generic Working

- **T** shape – generic skills in common and specific OT / PT skills
- Generic assessment means sharing and increasing knowledge
- Blurring boundaries
- Overlap with other professions – social work / frailty

“T Shape” – with special permission from Laura Diciacca, Physio/Clinical Lead at Doncaster Royal Infirmary

Source: Own Photo.
Successes

Discharge Destination of Assessed Patients

- Usual Place of Residence, 155, 73%
- Admitted, 50, 24%
- Intermediary Care Bed, 5, 2%
- Step Up Step Down Bed, 3, 1%
Successes

- Reduced delayed transfers of care (DTOCs) – better for patient and cost-effective
- Generic assessment and care-coordination role for more efficient working
- Less duplication of assessments
- Continuity of care across hospital and community
- More resource given to community therapy
Challenges

- Not enough capacity to meet the high demands for the Trusted Assessor service
- Social Services – limited resource and response times
- Integrated Rapid Response Service – limited capacity to assess / provide care
- Equipment provision

Source: https://bit.ly/2IN84I
CHAT: The New Team

- Launched 1st February 2019
- 1 x 0.5 Band 7 OT and 1 x 0.5 Band 7 PT
- 2 x Band 6 OTs
- 1 x Band 6 PT
- 2 x Therapy Support Workers
- Mon – Fri 08:00 to 18:00 and Sat – Sun 08:00 to 17:30
Addressing the Challenges

- High demand – CHAT now cover weekends and extended hours – impact on Urgent Therapy Team in the community
- Social Services – on-going discussions to improve Social Work response times – MDT meetings
- Integrated Rapid Response Service – CHAT are now carrying out a “trusted assessment” on behalf of Fast Response nurses
- Equipment – satellite equipment store and pool car
Looking Forward

- Increased staffing to better cover weekend work
- Training up other staff to cover annual leave / sickness
- Development of assessment documentation
- Improving links with Social Work, In-patient therapists and Frailty service
- Developing smoother processes with ED colleagues and IDT / Social Work
Conclusion

- Trusted assessor – care-coordinator role
- Generic working – saves time and duplication
- Community in-reaching – works well – risk management – knowledge of community support services
- Therapy-led service – OT’s are unique in being trained and in working across social services and health
- OT’s therefore have a greater understanding of how to lead, develop and deliver a multi-disciplinary generic service
I AM AN OCCUPATIONAL THERAPIST (AHP).
I CAN INFLUENCE WHERE I WORK.
I WILL USE MY SKILLS AND VALUES TO IMPROVE PEOPLE’S LIVES.

I Am. I Can. I Will. - with special permission from York St John’s University.
References

Any Questions?

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Source: https://bit.ly/2FcFMyq