| MENTAL HEALTH<br>IMPROVED PATIENT PATHWAYS – ACUTE CARE | |
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| **Indicator number** | 7 |
| **Indicator name** | Improved Patient Pathway - acute care |
| **Indicator weighting**<br><br>**(% of CQUIN scheme available)** | 0.75% |
| **Description of indicator** | Building on the work achieved by BSMHFT with the management of NAIPS beds the purpose of this CQUIN is to facilitate improvements in patient experience of in-patient episodes by improving the flow of patients through the system with advanced, timely and effective discharge planning BSMHFT are required to demonstrate evidence of effective and joined up working with the local authority and third sector partners where required. |
| **Numerator** | |
| **Denominator** | |
| **Rationale for inclusion** | To improve the flow of Birmingham and Solihull patients in and out of area , through the in-patient system, and to ultimately reduce the need to place patients requiring admission out of area. For BSMHFT to deliver effective treatment within the optimum timeframe. For BSMHFT to utilise community alternatives to the full extent. To minimise the disruptive effect of hospital in-patient length of stays. To reduce the impact of hospitalisation on service users daily living and community skills. To reduce the impact that out of area (overspill) hospital stays have on the patient, their family and their exit outcomes |
| **Data source** | Use of daily bed state information to Colin Evans, Lead Nurse Joint Commissioning Team |
| **Frequency of data collection** | Daily |
| **Organisation responsible for data collection** | BSMHFT |
| **Frequency of reporting to commissioner** | Performance reports to Michael Kay, Senior Strategic Joint Mental Health Commissioner, Joint Commissioning Team Panel |
| **Baseline period/date** | N/A |
| **Baseline value** | Occupied bed days, number of individual patients, numbers of delayed discharges, evidence of initial discharge plan at 72 hours |
| **Final indicator period/date (on which payment is based)** | End of Q4 2014/15 |
| **Final indicator value (payment threshold)** | |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | see monitoring requirements |
| **Final indicator reporting date** | 31st March 2015 |

| **Are there rules for any agreed in-year milestones that result in payment** | |
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| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | |

| **Milestones (only complete if the indicator has in-year milestones)** | | | |
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| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
| Q1/Q2/Q3/Q4 | Establishment of robust 72 hour discharge planning process. Audit to be undertaken in Quarters 1 and 3; reported in Quarters 2 and 4; evidencing a baseline of 72 hour discharge planning and how this has improved discharge process (by identifying problems at an earlier stage, reducing DTOCs etc) | Sept/March 15 | 5% for each report received – 10% total |
| Q1/ Q2/ Q3/Q4 | Exception reporting, with reasons for continued stay and exit options for in-patient LOS longer than 60 days, 90 days - reported by CSU, Trust to provide Exception commentary | Monthly | 10% |
| Q1/ Q2/ Q3/Q4 | Evidence of integrated working between Acute and NAIPS wards resulting in early identification of those requiring rehabilitation - quality audit baseline | June/ Sept/Dec/ March 15 | 5% for each audit received – 20% total |
| Q1/ Q2/ Q3/Q4 | Availability of bed sitrep | Daily | 15% |
| Q1/ Q2/ Q3/Q4 | Number of OBDs where the person could have gone from acute to rehab if a service was available - reported via DTOC quarterly | June/Sept/ Dec/March 15 | 5% for each report received – 20% total |
| Q1/ Q2/ Q3/Q4 | No. of patients admitted from General Acute Hospitals via RAID - reported quarterly | June/Sept/ Dec/March 15 | 5% for each report received – 20% total |
| Q2 | No. of patients held by home treatment teams after decision has been made that admission is indicated - audit | One off | 5% |
| | | **Total** | **100%** |