**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | Claire Horsfield | **Responses to be sent back to:** | Claire.horsfield@lthtr.nhs.uk |
| **Date request made:** | 13th August 2018 | **Date sent out:** | 13th August 2018 |
| **Details of Request:** | *Our network currently collects information relating to the % of patients followed up within 36 hours of discharge from critical care. One of our trusts has asked if this is still applicable to patients who have significant delays in being transferred to a ward area. i.e. Some patients are almost ready for home by the time they leave the unit, so the question has been asked if the follow up time frame should be related instead to the time from ‘deemed fit for discharge’ -in which case, a number of patients are still within critical care.* *I would welcome comments about this please. Many Thanks.* |
| **No.** | **Response Received From:** | **Details of Response:** |
| 1 | *Shelly Griffiths MSc*Ymarferydd Clinigol Uwch /Advanced Clinical Practitioner Tîm Ymyrraeth Aciwt/Acute Intervention TeamGRhG Anaestheteg, Gofal Critigol a Phoen / Anaesthetics, Critical Care & Pain CPGBwrdd Iechyd PrifysgolBetsi CadwaladrUniversity Health BoardBLEEP 4495 Phone 01745 583910 ex 6096 | Hi Claire,Our outreach team follows up post discharge from the high care area (if a patients steps down to CCU we follow them up after discharge from CCU as it is deemed level 2 care).To be honest I have not considered delays discharges before but it should be a consideration.Any further information please get in touch. |
| 2 | Ifor Evans | I assume this is related to the contract in England and therefore not applicable to us in Wales. For what it’s worth, my view is – the standard is presumably to ensure that all patients are seen by outreach promptly to ensure that they are being safely cared for on the wards and to provide ward staff with advice if necessary, therefore it doesn’t make any sense to start the clock at “when deemed fit for discharge”. I don’t suppose you can alter the standard but again my view would be that those patients whose transfer from the unit is delayed so long they are almost ready to go home don’t need the input of outreach and those resources could be better spent elsewhere. For such patients I think they should be categorised as not needing outreach and excluded from the figures. I hope that is some use |
| 3 | Karen BerryGMCCMTN | Within GM we don’t collect that information for each unit…most units collect it themselves We also have an increasing number of patients going home from critical care units …it would be interesting to hear what other Networks do. |