**Potential Benefits:**

- Enable patients to be managed in the most appropriate environment, and to receive care to meet their needs.
- Reduction in time from referral to the patient being accepted for transfer.
- Improved experience for patient and relatives/carers.
- Transfers to take place in a more timely fashion (i.e. earlier in the day).
- Earlier access to support services i.e. pharmacy and transport.
- Increased capacity for the ED. Strategically this will improve patient flow and thereby reduce delays.
- Improved working relationship with community colleagues. Building and maintaining trust is integral.

**Emerging challenges to overcome as project progresses.**

Changing referral criteria - not involved/ had no input into the development of the processes.

Time remains an issue – we have a finite amount of time to be able to keep patients in ED whilst we await decision/availability for beds. Once we have been given a bed, time then becomes an issue for us to get medications organised and transport sorted in order to get patient to the unit by the required time, potentially then leading into a longer stay in ED.

Staff responses to us at individual units is variable – sometimes we are told bed availability, other times not.

Changing situation with Solent and Southern

**The Future: Reconsidering the focus of the project.**

Our ongoing project will now be to try and decrease length of stay by improving communication with the therapists in UHS and by early referral to rehab beds. This is currently in the early stages, as we are setting up meetings in UHS.

However we have developed 2 stickers to aid in the communication. The first sticker is to highlight to UHS staff that the patient has either

- a) Been referred to rehab in Hampshire via the SPoR, with a direct SPoR contact number.
- b) Been referred to rehab in Southampton City and with a contact number for updates.
- c) Is being admitted for further therapy, no referrals done.
- d) Medically unwell.

The second sticker will be used to send on the faxed referral to SPoR to let them know where the patient has been admitted to, so that they can update the correct ward with details of a bed if/when accepted, in order to help with efficient communication and timely transfer between units.

- We would hope that these would help to make the referral/acceptance procedure smoother, reduce the amount of time patient has to be in hospital if we can start the referral process as appropriate, and let our colleagues know so they can liaise directly with regards to rehab beds.
- Information on potential bed availability in Hampshire would be useful on the day of referral so that we can make our colleagues in ED aware of the need for admission in order to wait for a bed or whether a bed is likely to be available that day.