

DECISION SUPPORT TOOL (DST)

A Decision Support Tool is a document which applies for funding from NHS Continuing Health Care, on behalf of the patient.

It must be completed by an appropriate health care professional (usually the Discharge Nurse), with a different professional in attendance (usually a Social Worker, either from the community if the patient has one allocated prior to admission, or a member of the hospital Adult Care team). The document is currently hand-written, and completed by the Discharge Nurse.

Ideally, the patient should also attend and participate in the DST, but if they lack mental capacity, an appropriate representative will be invited. This could be their identified next-of-kin, friend, carer, Power of Attorney, or, in cases where the patient has no representative, an Independent Mental Capacity Advocate (IMCA) will be sought.

The DST considers 11 domains. These are:

- 1) Behaviour
- 2) Cognition
- 3) Psychological and emotional needs
- 4) Communication
- 5) Mobility
- 6) Nutrition – food and drink
- 7) Continence
- 8) Skin (including tissue viability)
- 9) Breathing
- 10) Drug therapies and medication
- 11) Altered states of consciousness

For each domain, the health care professional must document the relevant information, supported by evidence available in the medical notes, nursing kardex, risk assessments etc. All present at the DST must then select a level from the following choices: No need, Low, Moderate, High, Severe and Priority. Each choice is supported by a statement; all present must decide which statement best describes the patient.

The DST is an evidenced-based document. This is the reason you may be asked to complete behaviour charts on a patient with behavioural issues.

Taking into consideration the levels selected and the evidence available, the Discharge Nurse and Social Worker must make a funding recommendation.

If we can provide evidence of one or more of the following:

- Nature
 - Complexity
 - Unpredictability
 - Intensity
- we can recommend full funding, whereby NHS Continuing Healthcare will fund the entire cost of the placement (up to a “cap”, unless an exceptional level of care is required, for example, around severe mental illness/behaviours).

If there are identified health needs, but we cannot provide evidence to support a recommendation for full funding, then we recommend Funded Nursing Care contribution (FNC). This contribution is

reviewed annually, but currently stands at £112 per week (from April 2015). The remainder of the cost of the placement will be calculated on a means-tested basis.

FAST TRACK PATHWAY TOOL

Fast Track Pathway Tool is employed when a patient has a rapidly deteriorating condition and has entered, or is about to enter, a terminal phase.

A doctor or Specialist Nurse (for example, Palliative Care, Upper GI) completes the Tool, and a Registered Nurse completes a 2 page nursing assessment. These documents are then forwarded to NHS Continuing Healthcare to request funding for the preferred place of care for end of life care delivery.

The term, “Fast Track”, can be quite misleading. Contrary to popular belief, Fast Track isn’t always a fast method of discharging a patient from hospital. It is actually a fast way of obtaining funding, (completing a DST funding agreement often involves a 2-3 week wait), when funding can be approved on the same day that the Fast Track is submitted.

A patient on the Fast Track pathway has several choices of discharge destination:

- Own home
- Community Hospital
- Nursing Home
- Remain in the acute setting

If the patient chooses their own home, we must ensure that this is a safe, effective discharge, and that their care needs can be adequately met. This may still involve the same procedures as a regular discharge, for example, mental capacity assessment, best interests decision, Occupational Therapy access visit if a large amount of equipment is required. The equipment required is ordered; the

patient can be discharged when both the equipment and appropriate package of care is in place.