In this study, the primary care trusts were identified as having a high number of delayed discharges. This is due to multiple reasons, including changes in patients’ medical condition, delays in getting equipment, and waiting for social services or continuing care funding. The audit revealed that for 48% of patients, their preferred place of discharge was not available, and it took more than 30 days for 51% of patients and more than 60 days for 21%. Seven case notes had missing data.

Outcome of requests for continuing care: more than half (55%) of patients had funding for care packages agreed at the first attempt, while 5% of funding decisions affecting two patients were deferred (the continuing care panel had requested further information on the patient), resulting in an additional delay of between 16 and 30 days for both patients. More than one quarter (28%) of patients were refused continuing care funding on their first attempt, resulting in additional documented delays of under seven days for three patients, 31-60 days for two and more than 60 days for one. Other delays could not be deduced from the remaining five case notes.

Proposed date of discharge to actual date of discharge: although these patients were flagged up by either the oncology multidisciplinary team or the trust discharge system as delayed, the proposed date of discharge was poorly recorded in patients’ notes, making it difficult to determine the difference between proposed date of discharge and actual date. There is full documentation for 17 patients, of whom eight were discharged more than two weeks after the initial proposed date. Of these eight, three were discharged more than one month later. Our review also revealed seven out of 40 patients died while waiting for their preferred place of discharge to be offered and become available.

Total number of days from proposed date of discharge to panel date: the audit also looked at delays between the proposed date of discharge and the date on which the panel reviewed the patient information. Nearly half the data could not be found; there were significant delays of 16-30 days for 8% of patients and over a month for a further 8%.

Reasons for delay: individual patients had multiple reasons for delay. Of note, 28% experienced changes in their medical condition that affected planning. The most common reason for delay, however, was “waiting for care packages” to be set up. Some 40% of patients were waiting for continuing care packages and 25% for social care packages (Fig 1). Delays in getting equipment accounted for delays in 25% of cases.

OVERVIEW
The audit provided evidence that there are multiple reasons for delays in discharging patients with complex needs. This group often has changes in their medical condition (28% of cases reviewed). It has not been possible to determine whether delays were detrimental to any patient’s physical condition, although it is likely that prolonged admission puts this group at increased risk of hospital-acquired infections.