NURS020PFC

1. JOB IDENTIFICATION

Job Title: Patient Flow Co-ordinator (Band 6)

Responsible to: Home Team Lead

Accountable to: Home Team Lead

Department(s): Based within (Nithsdale, Annandale & Eskdale, Wigtownshire, Stewartry)

Directorate: Primary and Community Care

Operating Division:

Job Reference:

No of Job Holders: 1

Last Update (August 2022):

2. JOB PURPOSE

- Working in collaboration and partnership with colleagues across a multi-agency department to ensure effective patient flow.
- Ensure efficient patient flow between acute care at DGRI, Mid-Park and the wide range of community services including Community and Cottage Hospitals beds, STARS function, Social Work Department and Third and Independent.
- Within the service prioritise work to ensure the appropriate patient pathway is established for each individual, including the assessment for homecare services, put in place any requirement from external agencies, equipment and support required to facilitate discharge or transfer to another facility. Liaise and support with patients, their families and their significant others.

3. DIMENSIONS

The Patient Flow Co-ordinator will be responsible to the Home Team Lead

There is no financial responsibility with this post; however the post holder is expected to ensure effective utilisation of resources and understand budget constraints.

The post holder will be expected to work as the Single Point of contact within the Home Teams.

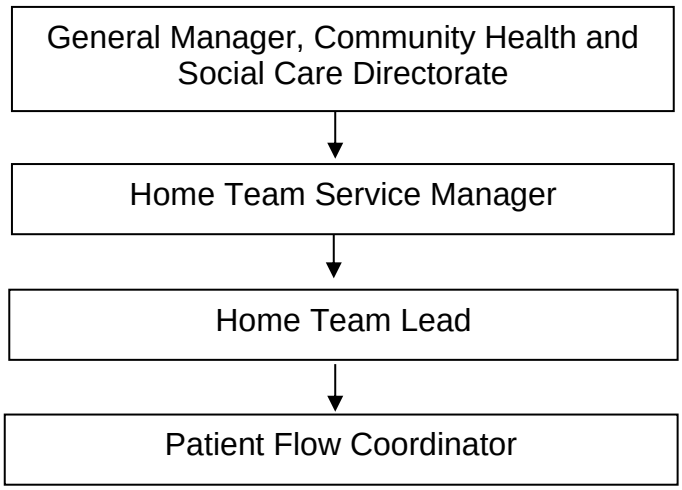
They will communicate on a daily basis with the multi agency partners.

They will identify, facilitate and support the most appropriate setting to meet the needs of the individual.

In conjunction with other Health and Social Care staff, the Patient Flow Co-ordinator will provide a service to facilitate allocation of appropriate community support for patients when leaving hospital, addressing complex health and social care needs.

Assist and advise the Home Team Lead and wider Home Teams management team with community patient management, patient flow and support issues.

4. ORGANISATIONAL POSITION



5. ROLE OF CO-ORDINATOR

The main role of the Patient Flow Co-ordinator is to bring patients home from hospital with appropriate support and ensure an effective seamless pathway in the community or other care settings for people with more complex needs.

The Patient Flow Coordinator is an integral part of the overall community team who supports people to remain in their own home and in ensuring appropriate care and support is available at the point of discharge or transfer. They will provide a wide range of solutions to support care at home, home care and discharge from hospital at the earliest opportunity.

The Patient Flow Co-ordinator will work closely with colleagues in tertiary, secondary, primary and the third and independent sector to ensure that early decisions are made with people to meet their needs in a place as close to home as possible.

6. KEY RESULT AREAS

6.1 Professional Responsibility

- Working within the Home Team as the single point of contact. This will involve assessment based on information given by referrers and decision making with regard to appropriateness of each referral.
- Facilitate discharge through liaison and negotiation with practitioners, patients, relatives/ carers and the multi-disciplinary team, identifying and co-ordinating the most appropriate community support for each individual by the point they are medically fit for discharge or transfer.
- Act as a single point of contact for patients of the locality in DGRI using skills and knowledge for assessment and use judgement and reasoning skills to facilitate safe discharge home or community/cottage hospital.
- Initiate and co-ordinate through the multidisciplinary/agency assessment process for those patients already in the community setting and subsequent care and support packages to facilitate the person remaining at home or in a homely setting.
- Work collaboratively with all relevant members of the multi-professional and multi-agency team (including doctors, nurses, occupational therapists, physiotherapists, social work staff, both hospital and community based staff, private support agencies and voluntary organisations).
- Apply a high level of understanding of the effect that physical/social/psychological/mental health and disability can have on a person's life.
- Work closely with the team involved in the persons care to ensure that a support plan is in place.
- Operate within the framework of the NHS Dumfries and Galloway Joint Health and Social Care Admission, Transfer and Discharge Protocol.
- Develop expertise within area of responsibility.

6.2 Documentation

- Ensure that up to date written and electronic records are maintained in accordance with professional accordance and Health and Social Care policies.
- Ensure that all documentation meets legal and professional standards.
- Contribute to the collection of data for performance indicators including a range of outcome measures.
- Participate in review and audit of individual records

6.3 Governance

- Involvement and development of guidelines
- Implement and maintain appropriate guidelines ensuring clinical effectiveness to optimise the person's personal outcomes
- Contribute to Clinical Governance and improvement work
- Broaden research and development skills by participating in local audit and research projects

- Comply with all relevant organisational policies and procedures. E.g. Health and Safety, Risk Management, Confidentiality of Information, Complaint handling, Infection Control and Adult Support and Protection
- Comply with relevant code of conduct and agreed standards of practice.
- Demonstrate continued Professional Development through participation in internal and external development opportunities, and through use of a portfolio
- Be an active participant in local groups, meetings, conferences and events that enhance or impact on the service and increase knowledge and skills as relevant.

6.4 Managerial

- Follow organisational procedure
- Review and reflect on own practice and performance through effective use of professional and operational supervision and appraisal.
- Participate in professional development planning
- Follow departmental guidelines and procedures

6.5 Service Planning

- Contribute to the service and the efficient delivery of patient flow within the locality.
- Contribute to the evaluation of the service in collaboration with Health and Social Work colleagues.
- Participate in the operational planning and implementation of service delivery
- Effectively manage competing demands within an unpredictable environment.
- Respect the individuality, values, cultural and religious diversity of patients and staff and contribute to the provision of a service sensitive to those needs.

6.6 Education and Training

- Contribute to the promotion of Supported Discharge, utilisation of Community/Cottage hospital transfers by participating in presentations and teaching of health care and social work staff.
- Promote the effective use of the NHS Dumfries and Galloway Joint Health and Social Care Admission, Transfer and Discharge Policy thereby contributing to the reduction of delayed discharges
- Be aware of the staff governance standards and ensure that duties undertaken comply with staff governance.
- Participate in induction and orientation programmes.
- Meet the requirements for relevant and professional standards

6.7 Health and Safety

- Ensure the health and safety of self, patients and other staff
- Use own initiative and discretion to assess risk when recommending patient pathway.
- Comply with organisational policies, procedures and training

- Ensure that practices and procedures are carried out within the regulations of the Health & Safety at Work
- Independently complete the reporting of accidents, incidents or near misses.
- Ensure own actions support local policies on equality, diversity and human rights.
- Undertake Risk assessment of own practice and workplace activities.

7a. EQUIPMENT AND MACHINERY

The post holder may use various pieces of equipment including:-

- Personal Computer (including Intranet, email, Word, Excel, PowerPoint and database management)
- Mobile phone

7b. SYSTEMS

The post holder will be responsible for:-

- Computer systems (Health and Social Work)
  - Patient access database
  - Statistics spreadsheets/excel
  - Power point presentations (occasionally)
  - SSTS
  - Topaz
  - Cortix
- Assessment tools
- Maintaining clear, up to date and accurate records, sharing necessary information with other agencies as required (with permission of the patient), with due regard to confidentially
- Ensuring up to date written and electronic data is maintained in accordance with Professional and organisational standards
- Administrative systems e.g. incident reporting system.

8. ASSIGNMENT AND REVIEW OF WORK

- Work across the locality to ensure effective patient flow without direct supervision.
- Work will be generated by the need for discharge, prevention of admission and general referrals to multi-agency teams

9. DECISIONS AND JUDGEMENTS

The post holder will:

- Make daily decisions in conjunction with the multi-agency team relating to whether patients can be safely managed at home.
- Practice as detailed within professional guidelines.
- Be accountable for decisions and actions taken.
- Contribute to the development and evaluation of the service making recommendations for future service delivery and provision.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Making decisions regarding a patient's ability to return home

- Make decisions during assessment regarding the correct pathway for people and those with complex needs.
- Multi-agency working across traditional professional boundaries.
- Interdisciplinary working
- Assessment and management of risk.
- Prioritising competing demands.
- Participate in the introduction and consolidation of changes to practice.
- Participating in the development of a whole system approach to the management of people with complex needs.

11. COMMUNICATIONS AND RELATIONSHIPS

- Communicate with people who may have complex problems using highly developed interpersonal skills,
- Identify and deploy the most appropriate communication method depending on the individual requirements e.g. hearing or visual impairments, learning difficulties, cognitive impairments, language differences, disinterest, anxiety or perceptual problems.
- Communicate with empathy information which may be sensitive or contradictory to patient/carer expectation
- Negotiate appropriate support based on an assessment of the patient's needs utilising assessment tools.
- Promote awareness of the service and generate appropriate referrals
  (a) for supported discharge and transfers into Primary care.
  (b) from GP practices to the multi agency community team to improve support available to patients to remain at home in the community setting and to avoid unnecessary hospital admission
- Meet regularly with other members of the extended team.
- Negotiate and interact effectively within the MDT to optimise an individual's care and personal outcomes.
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12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical Skills:	**Physical Demands:**
• Key board skills • Ability to travel within and out-with the locality and to Community Cottage Hospitals if required • High level of observation skills.	• A significant element of walking, standing and sitting or a daily basis

Mental Demands:	**Emotional Demands:**
• Concentration required when treating/working with patients through out day. • Continuous levels of motivation and encouragement are required to keep the person centred focus during the assessment process. • Unpredictable interruptions necessitating diversion of concentration to other issues • Compilation of written reports to meet deadlines. • Exposure to unpredictable questions from the person/carers, which require immediate answers. • Long periods of intense concentration when participating in and facilitating multi agency meetings.	• Communicating with distressed/anxious/worried patients/relatives throughout shift • Providing ongoing emotional support for staff, patients and carers.

Environmental Conditions:

- Occasional exposure to a degree of verbal abuse from patients, relatives and members of the public
- Frequent lone working
- Frequent daily use of keyboard / IT skills for extended periods
- Needs led service which leads to peaks and troughs in activity
- Frequent periods of concentration required when completing documentation, organising appropriate services and inputting information to databases.
- Frequent interruptions with unpredictable workloads.
- Communication with anxious patients and relatives/ carers.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

- 1st Level Registered Nurse or AHP equivalent *(with current registration with appropriate professional body)* or a relevant qualification in Social Work or equivalent Project management
- Relevant post registration experience or equivalent experience in a social work setting
- Experience of a Care of the Elderly and/or rehabilitation setting
- Knowledge of Admission, Transfer and Discharge Policy Document
- Understanding of Tertiary, Secondary, Primary, Community and Social Care Services and networks
- Advanced reasoning and assessment skills
- Teaching, presentation and training skills
- Time management and organisational skills
- Computer literacy and accurate data/information recording and collation
- Excellent communication skills

• Long periods of driving in environmental conditions • Valid Driving License

14. JOB DESCRIPTION AGREEMENT	
A separate job description will need to be signed off by each jobholder to whom the job description applies. Job Holder's Signature: Head of Department Signature:	 Date: Date:

PERSON SPECIFICATION

JOB TITLE: Flow Co-ordinator

ESSENTIAL	DESIRABLE
Qualifications Registered Nurse, AHP or Social Work equivalent (with current registration with appropriate professional body e.g. NMC Registration) or equivalent relevant experience Current Full Driving Licence Post Registration qualification to degree level or equivalent relevant experience	Leadership training Quality improvement training European computer driving license (ECDL)
Experience Proven skills as a team worker and ability to work on own initiative Worked within a Care of the Elderly or Rehabilitation setting within primary or secondary care Assessing, planning, implementing and evaluating peoples health and social care / support needs. Admission, transfer and discharge of patients from primary and secondary care Experience of active involvement in Quality Improvement Initiatives/ Process Changes Teaching/ supervisory/mentorship role	Workforce planning
Knowledge Current knowledge of nursing practice and nursing implications or social work practice and implications Working knowledge of professional, Scottish Government drivers for Health and Social Care Knowledge of Health and Social Care Partnership Strategies Knowledge of relevant legislation, policies, procedures, protocols and corporate responsibility. Knowledge of quality improvement initiatives Knowledge of HR policies and procedures Knowledge and understanding of evidence based practice/ research of same	

An understanding of resource management: financial and human. Understanding of Secondary, Primary, Community and Social Care Services	
Skills Numerate/literate/effective communicator Management of multiple issues simultaneously Deal with rapidly changing environment and workload Manage/ priorities and lead effectively Deal with sensitive issues, demonstrating empathy and reassurance Manage difficult and challenging behaviours Demonstrate competence within a particular range of skills Work without direct supervision Completion of accurate clinical and professional records IT literate with a number of IT packages EG excel, work, HR packages,.	Effective communication throughout the Board and Locality and with key external agencies
Personal Characteristics Flexible/adaptable Able to instruct and clarify when necessary Maintain confidentiality Ability to form good working relationships with other team members Stress tolerant Motivated, enthusiastic and willing to participate in service development Willingness to gain knowledge and develop professionally Assertive and can make decisions Innovative	