

Adults Quick Guide

Adult Community Transfer of Care Case Monitoring

The workflow for Community hospital and transfer of care referrals starts with the recording of the **Adult Community Transfer of Care Notification** step via the **Start > New ...** sidebar menu. This step is usually recorded by Business Support when a referral is received.

The next action **Adult Community Transfer of Care Case Monitoring** is recorded. This is usually assigned to the relevant Community Hospital and Transfer of Care Team (East or West) so that case monitoring and screening activity can commence.

The Community Hospital and Transfer of Care Team manager may record activity in **Section 2. Case Monitoring Activity**.



If it is identified that continued involvement is required by Adult Care, the manager will open an appropriate **Worker relationship** via the **Person details > Worker relationships** in the sidebar.

This should be **Key Worker (Adult Care)** if the worker is the only one involved, or **Involved Worker** if there is already a Key Worker on the case.

The manager will then re-assign the **Adult Community Transfer of Care Case Monitoring** step to the appropriate worker for on-going case monitoring.


Recording the Adult Community Transfer of Care Case Monitoring

To start/resume the **Adult Community Transfer of Care Case Monitoring** step, from within the person's record:

- Click the **Incoming work** icon  / **Incomplete work** icon  within **Current work** on the **Person summary** screen
- Click **Start / Resume work** from the menu

The **Adult Community Transfer of Care Case Monitoring** will open in a separate window

Tips for completing the form


Click the **Save** icon  throughout your input to the form. We recommend that you save your work at least at the end of each section, but the more often the better. Once you click save, any section's mandatory fields will be highlighted in red.



For detailed guidance on completing a workflow step or form please refer to the **Working with Workflow Steps or Forms** user guide.

This guide will only cover some significant fields.

When completing this step, all fields should be completed as comprehensively as possible based on the information gathered.

Section 1. Personal Details

Fields with a **blue cog**  are prepopulated from the person's record. To correct information or add missing information:

- Click the **Show subject summary** icon  to minimise the workflow step window
- Edit the information on the **Person summary** screen (user guides on updating the person's details can be found on the **Mosaic Hub**)
- Maximise the workflow step window and then click the **Refresh current form** icon  to pull the information into the workflow step

GP / Medical Practitioner or GP Surgery- a red warning message will display if:

- there is no named GP or GP Surgery recorded on the person's record
- the named GP and GP Surgery already recorded do not match
- the GP Surgery has previously been recorded as not known, or the person has been recorded as not registered with a GP Practice.

It is best practice for the **GP Surgery** to be recorded as an **Organisational relationship**, even if a named GP is already recorded on the person's record. Refer to the **GP Details** user guide for guidance on how to record/update the GP or surgery.

Section 2. Case Monitoring Activity

This section is used to record details of case monitoring activity. It should be updated throughout the transfer of care activity.

To log relevant activity click the **Add** button and fill in the necessary details.


The **'Worker recording activity'** field will default in with your information but can be updated if required. It is important because this step could be updated by multiple workers during transfer of care activity.

Within the popup window that opens, click the **Add** button to add one entry and then add another, or click the **Add and close** button if only recording one entry or when all entries have been recorded. The **Close** button will close the popup without adding an entry.

If activity is recorded the following icons are displayed:

 **Edit** – to edit/amend a line of activity

 **Delete** – to delete/remove a line of activity

 **Move this row up** – to rearrange the order of the activity logged (only displays if more than one activity is recorded)

Is this a new or open case? = Pulls through from the **Community Transfer of Care Notification** and cannot be amended.


Depending on the answer to this question you will see either a question relating to **'New case'** or **'Open case'**.


Once you answer the additional question you may then see a prompt on the screen to indicate the appropriate next action to select.


Community Hospital admission date and **Name of Hospital the person is being discharged from** both pull through from the **Community Transfer of Care Notification** but can be amended if recorded incorrectly.

The next questions should **only** be completed at the point of discharge or end of your involvement.

Discharge plan = This should be captured for all cases so we can report on the outcome of our involvement with the person – what's being planned for their discharge from hospital or at the end of our involvement with them.

Medically optimised for discharge date = Only appears once the **Discharge plan** has been selected. As per the **Show guidance** icon , this date should be the date the person was medically optimised for discharge and should be updated if the discharge status changes to reflect the latest date we were advised the person was medically optimised.

Confirmed date of discharge / Community Hospital involvement ended = As per the **Show guidance** icon , this date should be recorded once the date of discharge is confirmed or when the hospital involvement is ending.

Once the date is recorded - if the case is being transferred to the area team following discharge, you must send the notification **Adult Hospital discharge confirmation** to let the area team know the person has now been discharged. The notification is found within the **Requests** icon . A note should be added to confirm discharge arrangements e.g. discharged home with a package of personal care or discharged to a temporary admission (short term care) etc.

Section 4. Next actions

Next actions are mandatory in all forms. At least one next action must be added before the **Adult Community Transfer of Care Case Monitoring** can be finished.

To record a next action:

- Click the **Add** button
- Select the relevant action from the **Select action** dropdown menu
- Tick the **Send Immediately?** checkbox where necessary (only available for certain actions)
- Assign to = Select/Find as appropriate - Not required for NFA actions
- Reason = Select as appropriate from dropdown menu (only available for certain actions)

- Note = Record any necessary information – recommended when assigning a next action to another team/worker
- Priority = Select radio button as appropriate – use the **Note** field to explain why you have changed the Priority from Normal if you change it
- Click the **Add** button if more than one next action is required or click the **Add and close** button if only adding one next action or once all actions are added

Remember to click the '**Send Immediately**' checkbox for all relevant next actions to allow workflow to progress before this step is finished.

Exit the step using the **Close** icon  and click 'yes' to save changes.

Action	When to use	Who to assign to
Adult My Assessment: Non-Area Team	<p>Only for new cases when the need for involvement is identified - check Person summary - there should be no services in place and no Adult My Review showing in Current work.</p> <p>Or open cases where the area worker has abandoned/cancelled their assessment due to the community hospital / transitional care bed admission</p>	Self using the Assign to Me button
Adult Start Review Process on an open case (NFA)	<p>For open cases when there is a review scheduled in the Current work - The worker facilitating the discharge will need to 'Start' this review.</p> <p>Important note: Do not select this action if the review has already been started. In this scenario, the area worker will need to complete or abandon the review (as appropriate) and schedule a new review to the hospital worker arranging discharge as soon as possible.</p>	This is a terminating (no further action) action, so does not need to be assigned.


Action	When to use	Who to assign to
Adult Change in Care Package Delivery Request	Used to advise Serco or Brokerage of certain changes in service e.g. to request a service suspensions due to hospital admission. For further details refer to the Adult Change in Care Package Delivery Request user guide	Self using the Assign to Me button
Adult Internal Contact (assign to self)	If the person needs involvement from OT (Occupational Therapy) This should only be used for cases not already open to an OT practitioner.	Self using the Assign to Me button
Adult Referral to Reablement (assign to self)	To refer to home based reablement service (Libertas)	Self using the Assign to Me button
Adult Referral to ILT (NFA)	If a case has been referred to ILT	This is a terminating (no further action) action, so does not need to be assigned
Adult End Services Request	Only to be used when it is identified services need to end before a review or assessment can be completed i.e. where the person is likely to be medically unfit for discharge for a long period of time. Before using this action, please consider if suspending the service may be more appropriate.	Self using the Assign to Me button
Adult Risk Assessment and Management Plan	If case monitoring has indicated there are high or severe risks which need a risk assessment	Self using the Assign to Me button
Adult Referral to Wellbeing (assign to self)	If a case requires screening for the Wellbeing Service	Self using the Assign to Me button

Action	When to use	Who to assign to
Adult Referral to Other Agency	If the case needs to be referred to an external agency (outside of Mosaic)	Self using the Assign to Me button
Adult Referral to LPFT Mental Health Social Care (assign to self)	If a case needs referring to LPFT (Lincolnshire Partnership Foundation Trust) for Mental Health Social Care intervention.	Self using the Assign to Me button
Adult Admitted Back to Acute Hospital	Used when a person is being transferred from a community hospital to an acute hospital. This case monitoring step should be finished at the time of transfer and a new workflow started by the acute hospital team.	Self using the Assign to Me button
Adult Information and Advice Provided (NFA)	Used if a review or assessment has not taken place and information and advice has been provided	This is a terminating (no further action) action, so does not need to be assigned
Adult Case Monitoring No Longer Required (NFA)	Used for open cases (open prior to hospital admission) if the case monitoring is no longer required as the case is not progressing i.e. the person was discharged before being assessed/reviewed but the case is to remain open to another team (e.g. Area, Safeguarding etc)	This is a terminating (no further action) action, so does not need to be assigned
Adult Safeguarding Concern	If safeguarding concerns are raised and the case potentially needs to be referred to the Safeguarding Team	Self using the Assign to Me button
Adult Proposed Case Closure	Used if a full case closure is required e.g. if the person was not open to any other teams and had no services prior to admission and does not need support for discharge. For further details refer to the Case Closures – Full, Team or Involvement user guide.	Self using the Assign to Me button

Action	When to use	Who to assign to
Adult Case Closure Already Started (NFA)	Used when there is already a closure workflow step (Adult Proposed Case Closure or Adult Case Closure in Progress) showing in the Current work section	This is a terminating (no further action) action, so does not need to be assigned.

Toolbar Icons

You should always consider whether you need to use any of the toolbar icons at the top of the screen throughout your input to this step.


Use the **Close** icon  to exit the step once you have recorded appropriate next action(s) and between logging activity entries.

You must consider if you need to send a request or notification via the **Requests** icon 

For cases transferring to the area team following discharge, you must send the **Adult Hospital discharge confirmation** notification to let the area team know the person has now been discharged.

Request (R) / Notification (N)	When to use	Who to assign to
(R) Adult Please review information and authorise	Optional authorisation.	Your manager using the Pass to worker > Find button.
(N) Adult Notification of approved Temporary Residency request	To be used by the manager to inform Business Support that the temporary residency placement has been approved	Business Support (Adult Admin Team) using the Pass to team dropdown menu

Request (R) / Notification (N)	When to use	Who to assign to
(N) Adult Hospital discharge confirmation	<p>For cases being transferred to the area team following discharge.</p> <p>A note should be added to confirm discharge arrangements e.g. discharged home with a package of personal care</p>	<p>The relevant area team using the Pass to team dropdown menu</p> <p>Or a worker using the Pass to worker > Find button.</p>
(N) Adult OPG 100 search	<p>Sent to request an Office of Public Guardian (OPG) search or to notify Adult Care Finance of the outcome of an OPG search.</p>	<p>Adult Care Finance using the Pass to team dropdown menu</p>
(R) Adult Please convene Best Interest meeting / send invitations	<p>To be used to request the Safeguarding and Review team arrange a Best Interest Decision Making meeting and/or send out the meeting invitations</p> <p>The optional form Adult Best Interest Meeting Invitation List should be completed to provide sufficient information for admin to complete this request</p>	<p>Adult Safeguarding – Meeting using the Pass to worker dropdown menu</p>
(R) Adult Best Interest meeting cancellation	<p>To be used to request the Safeguarding and Review team cancel a Best Interest Decision Making meeting</p>	<p>Adult Safeguarding – Meeting using the Pass to worker dropdown menu</p>
(R) Adult Best Interest meeting re-arrangement	<p>To be used to request the Safeguarding and Review team re-arrange a Best Interest Decision Making meeting</p>	<p>Adult Safeguarding – Meeting using the Pass to worker dropdown menu</p>
(R) Adult Please Action	<p>This request type appears in most workflow steps. It can be used as and when required.</p>	<p>Another worker or team as appropriate using the Find button</p>

The **Finish** icon  will finish and complete the Community Transfer of Care Case Monitoring step. This step should **only** be finished when the person has been discharged from the community hospital or when Adult Care involvement has ended.

Once the **Finish** icon can be clicked, it will lock down your step and no further input can be made. You will find the finished forms completed in the monitoring step in the **Documents** section in the sidebar menu.

Completing the Hospital Stay

For transfer notifications from community hospitals, a **Hospital stay** should be recorded. The **Hospital stays** screen is accessed via **Health > Hospital stays** in the sidebar menu.

Hospital stays can be recorded by any worker that receives details to advise that a person has been admitted to hospital. It is highly likely that most Hospital stays will be recorded by Business Support on receipt of the transfer notification so the stay should already have been recorded.

It is therefore important to check that the hospital episode hasn't already been recorded in the **Hospital stays** screen before adding a new entry.

The 'Departure Date' should be recorded at point of discharge, by the worker involved in facilitating the hospital discharge.

Refer to the **Hospital Stays** user guide for further guidance.

Organisational Relationships (Team Involvements)


When the person is discharged from hospital/hospital involvement is ended the **Organisational relationship** for the **Adult Care Community Hospital and Transfer of Care** team needs ending.

This will be completed by Business Support for full case closures.

For cases where the case is transferring to an Area team or is already open, and remaining open, to another team it is the worker's responsibility to end the **Adult Care Community Hospital and Transfer of Care** team's involvement.


- Click **Person details > Organisational relationships** in the sidebar menu or click the **Change** hyperlink against 'Organisational' within **Professional and organisational relationships**.

The **Organisation relationships** screen displays

- Click the **Edit Pencil** icon  next to the Hospital team
- **To** = Record relevant date (date discharged from hospital/hospital involvement ended)
- **End Reason** = select from the dropdown menu
- Click the **Save** button

Workers are also responsible for checking and recording (adding) the Area Team as Key Team (Adult Care) for cases being transferred to Area, that were not previously open before the hospital admission.

From the **Organisation relationships** screen:

- Click the **Add** button
- Click the **Find** button to perform a search for the relevant Area Team
- From the search results click on the **organisation name** hyperlink to pull through the selected organisation.
- **Organisation** = defaults in based on the Area Team selected from search results
- **Relationship Type** = Select **Key Team (Adult Care)** from dropdown menu
- **From** = Defaults in – if required this can be amended using **date picker** icon 
- **To** = Ignore – use to end an organisation relationship only
- Click the **Save** button
- Click the **OK** button to return to the **Person summary** screen