

# The Hilton 'Home to Decide' Model

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## What is Home to Decide (H2D)?

- A nurse led model of care to reduce unnecessary residential care admissions, through an intensive discharge programme back to a person's own home.
- Nurse led, holistic support and assessment for patients identified as requiring residential care prior to discharge.
- The level of support is continuously reviewed; 24 hour support, reducing as the patient shows confidence and the ability to function independently.
- The model draws on health and social care skills within Hilton Nursing Partners – Registered Nurses, Occupational Therapists and Personal Nursing Assistants.

## Why was it created?

- To reduce residential care admissions.
- To reduce DTOC days.
- To support patients who believe they are capable of living independently.
- To provide high quality, person centred assessments.
- To allow patients and their families time and space to make informed decisions about future care.
- To provide support, advice and signposting to patients and their families.



## Who was involved in the development?

- Jointly funded pilot with Kent County Council Social Services in West Kent.
- A Lead Nurse oversaw the development and delivery of the pilot, working with colleagues with a wide variety of experience.
- Each potential referral was assessed individually, in full consultation with the patient, family, medical team, case manager and therapists.
- We integrated with community services to streamline patient care, including GP's, District Nurses and Community Mental Health Teams.

## What were the challenges?

- Identifying patients who met the criteria for the service, including assessment of capacity.
- Co-ordinating multi-agencies and agreeing the best way forward for the patient.
- Ensuring any equipment was delivered and installed prior to discharge home.
- Communicating the aims of the service and our role to other health and social care professionals.

## What were the outcomes?

- The results of the pilot surpassed expectations and all five patients were able to continue living at home.
- The H2D model would allow for a significant saving – the pilot achieved a pay back of 2.3 times the cost.
- Our integrated processes resulted in high quality care – all of the patients rated our service as excellent.
- The success is not just where the patients stay, but that they have been given the opportunity to make the choice themselves.

## What have we learnt?

- Discharge times can be drastically reduced once clear processes between all parties are decided and agreed. There is potential to embed H2D within Discharge to Assess.
- We need to continue to strengthen multi-agency relationships in community and acute settings and build on our integrated workforce.



## Feedback from patients and professionals

The two nurse assessors are lovely and approachable. They will make contact with the staff and the patient. We've had feedback from one patient, who we were concerned about, but she has been able to stay at home. It is working really well.  
(Nurse on Ward 20)

It was wonderful to have the security of a 24/7 service. Overall, brilliant.  
Many thanks.

The person leading the team was very helpful and her team of nurses were very kind and considerate to my mother. All of them were a credit to your company.

They were very good and helped me a lot. It was very helpful to me when they stayed 72 hours.

From my point of view, it's been running well and the people are very good.  
(Doctor on Ward 20)