

Hospital Discharge Report

April 2014



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EXECUTIVE SUMMARY

Background

In 2013, hospital discharge was identified as a priority for Healthwatch Sutton following substantial feedback received from local people who had experienced problems at local hospitals. Hospital discharge was therefore added to the work plan for 2013/14.

Remit

Healthwatch Sutton agreed it would create a Project Brief and work collaboratively with Epsom and St Helier Hospitals NHS Trust and South West London and St Georges Mental Health Trust (Springfield hospital) to develop an engagement programme to find out the experience of discharge of a significant number of patients. The sites chosen were St Helier Hospital and Springfield Hospital.

Methodology

Authorised volunteers visited a variety of wards at both sites to ask patients if they would be willing to take part in a telephone interview about discharge after they had left the hospital. Healthwatch Sutton created an interview questionnaire of 22 questions designed to collect both qualitative and quantitative information. Healthwatch volunteers and Directors conducted 33 interviews with patients who had attended St Helier at during February and March 2014. 7 service users from Springfield signed up to participate, however, volunteers were unable to contact any of them after discharge and as such the report findings are centred entirely around St Helier hospital.

Key Findings

1. **Communication** - In many cases discussions about discharge happen late in the patients stay. Several issues arose due to poor communication between the hospital and the patient about the services a patient required after discharge. GPs are receiving Discharge Summaries late and containing insufficient information.
2. **Delays** -
 - a. Delays on the day of discharge due to the late availability of medication, transport and for other reasons.
 - b. Delays to the planned day of discharge due to tests, procedures and services.
 - c. Discharges late in the day.
3. **Discharge Process** - Late notification to patients of discharge.
4. **Information** - Low number of patients told by staff who to contact if they are worried once they have left hospital. Some patients have not received written information about their medicines. Some friends and family have not received enough information about how to care for a patient, information about support services in the community and/or information about the discharge process.

Recommendations

Communication

1. Discussions regarding discharge to be commenced earlier during a patient's stay (i.e. an improvement on the 41% that had discussed discharge within 3 days of admission).
2. Improvement in communication between the hospital and external providers of patients' requirements post-discharge (community services, social care etc.)
3. Investigate the disparity between the feedback given by GPs concerning delays in receiving Discharge Summaries and the figures collected by the hospital Trust.
4. Improvement in the quality of information given in Discharge Summaries given to GPs.

Delays

1. Reduction in the number and length of delays incurred on the day of discharge (45% of respondents experienced a delay, 43% of those over 4 hours) including those due to the following issues:
 - a. Dispensing of medicine
 - b. Transport
 - c. Final tests, other procedures and test results
2. Reduction in the number of delays of more than a day from the originally arranged discharge date due to availability of tests or services (e.g. scans, OT)
3. Reduction in the number of discharges made in the evening (i.e. after 6pm)

Discharge Process

1. Improvement in the time given by staff to patients advising them when they will be able to leave in order to allow patients and others to plan effectively

Information

1. Details to be provided to all patients on discharge as to who to contact in the event of any concerns regarding their condition or treatment
2. Clear information to be given to all patients about their prescribed medication
3. Improvement in the sharing of information with friends and family so that they have the information they need to care for the patient
4. Improvement in the sharing of information about support services and groups available in the community
5. More written information to be given/available for patients to explain the discharge process.

Next Steps

Findings to be considered by providers with potential actions developed to address areas highlighted. Possible repeat of process at a later date to see if proposed initiatives and actions have had the desired impact. Alternative methods of engagement to be investigated to find out about the experience of service users at Springfield hospital.

HOSPITAL DISCHARGE REPORT

1. Prioritisation

The work plan for Healthwatch Sutton was developed using the feedback that was received at the launch event held in May 2013 and other feedback received from voluntary and community groups through outreach.

The feedback highlighted several areas of concern voiced by the audience including difficulties relating to patients' discharge from hospital. This feedback related to discharge from St Helier hospital and Springfield hospital that provides inpatient services for people experiencing mental health issues.

2. Remit

The remit of this work was to respond to the feedback that Healthwatch Sutton had received by putting together a process of engaging with patients and their carers who have recently had experience of being discharged from either Springfield or St Helier hospital.

3. Objectives

1. To identify current policies, discharge issues and ongoing projects already underway in this area at the two hospitals
2. To collect the discharge experiences of a variety of patients and their carers. This would include both qualitative and quantitative information.
3. To collect discharge experiences from a number of GPs
4. To analyse response data and identify themes and/or areas for improvement/areas of good practice
5. To produce a report with a series of recommendations

4. Methodology

A Project Brief document was created and shared with all relevant parties. Several meetings were held with key staff at both provider organisation to establish the feasibility of our work and the practicalities of implementation. At these meetings both Trusts were keen to share existing programmes that were being carried out by the Trusts to reduce or remove issues that negatively affected the experience of patients being discharged from hospital. The Trusts' staff worked with Healthwatch Sutton collaboratively to develop the methodology and questions to ask. Both Trusts were keen to be involved and responded very positively to the idea of an independent evaluation of patients' experience of discharge being carried out by Healthwatch Sutton. Epsom and St Helier Hospitals NHS Trust expressed an interest in further developing this work once this piece of work had been complete.

The methodology employed for this work replicated that used by the Patient's Association when they carried out similar piece of work at another hospital Trust. There are some specific difficulties in capturing the patient's experience of discharge due to the fact that the discharge process continues beyond the point that the patient leaves hospital. Carrying out surveys with patients on wards would not enable Healthwatch Sutton to gain an understanding of their experience of discharge from hospital. The methodology therefore required Healthwatch Sutton to use a method of engagement that would be practical after the patient has left hospital. Information Governance issues would arise if Healthwatch Sutton were to request patient contact information directly from the hospital Trust. In order to work around these issues the following methodology was employed.

Healthwatch Sutton used its team of trained Authorised Volunteers to carry out a series of visits to St Helier and Springfield hospitals. The visits were carried out over a three week period in late February and early March 2014 across the following wards:

A1 (AMU)	Acute Medical Unit
A5	Care of Elderly
B3	Orthopaedic
B5	Care of Elderly
B6	Gastroenterology
C6	Respiratory/Coronary Care Unit (CCU)
Ward 3 (for Sutton residents) at Springfield Hospital	

The Authorised volunteers approached patients on these wards or patients' carers to ask if they would be willing to take part in a telephone interview after they left hospital. Patients and their carers were given information about Healthwatch, an agreement form to sign and a confirmation of contact letter. The estimated discharge date was collected from patients. Healthwatch Sutton volunteers then rang the patients approximately 48 hours after they had left hospital to ask them a series of questions about their experience of hospital discharge. In total 22 questions were asked containing a mix of both quantitative (closed) and qualitative (open) questions.

Healthwatch volunteers supported the project further by entering the questionnaire responses on to a database for analysis.

Quantitative feedback has been converted into statistical information to form the basis of the Key Findings with quantitative feedback being used to develop themes to back up the statistics. Recommendations have been developed from the Key Findings.

5. Implementation and Variation

Various issues arose during the implementation of this project that led to some changes to the original brief.

1. The number of patients who agreed to participate from one care of the elderly ward was small so it was decided to include both care of the elderly wards in the project
2. Out of the 58 people who agreed to participate in the telephone interview only 7 were service users at Springfield hospital and Healthwatch Sutton was unable to contact any of the Springfield patients at the time of telephone interviews. As such it was agreed that this report would relate to St Helier only and that other methods of engagement would be explored for people who had stayed at Springfield.
3. 33 St Helier patients were contacted to complete the Hospital Discharge Questionnaire (please see gender and demographic information in Appendix A).

6. Key Findings

- A majority of the feedback is positive and responses indicate that involvement by relatives and carers in the discharge process worked well. Negative responses centred around delays to discharge and in one case due to access to allied health professionals. Three comments received state that no discussion took place about discharge or that the patients can't remember a discussion.
- 59% of patients advised that they were not given an estimated discharge date within the first three days of admission.
- Approximately 50% of feedback comments in response to a question about areas where the discharge process could be improved were positive. The following themes were identified from the comments relating to this question:
 - Community support arrangements made quickly
 - Delays experienced due to tests
 - Discharge at 7pm
 - Delays awaiting medication (x3)
 - Late notification of discharge (x2)
 - Poor communication delaying discharge (x2)
 - No Discharge Summary given or received by GP
 - Community services not informed of discharge
- 60% of patients rated their experience of discharge as 'good' or 'excellent' with only 6% describing the experience as poor. Most, 34%, described the discharge as average.
- The vast majority of patients felt that they were discharged at the right time (78%). Of the remaining 22% of patient who didn't feel it was the right time, 71% felt that they were not ready and 29% felt that it should have been earlier.
- 88% of patients felt that they were able to discuss their concerns with the medical team. Positive comments were made about doctors and nurses and other staff being understanding, professional and approachable.
- One comment implied that the patient only felt able to discuss concerns with day staff. One negative comment was made about helpfulness of doctors.
- 77% of respondents advised that they were given the right amount of notice before discharge. 13% says it was too soon and 10% too late.
 - Late notification of discharge (mostly on the day) (x7)
 - Delays due to medication (x2)
- 70% of patients did not experience a delay in their planned discharge date. Those that did reported the delay to be for the following reasons:
 - Delay due to tests (x2)
 - Delay due to transport
 - Delay for OT
- A majority of patients stated that they had definitely agreed that they had been discharged at an acceptable/convenient time of day. Nearly 1 in 10 patients responded that the time had not been acceptable/convenient. Most advised that they were picked up by a relative. Comments given show that there were some long delays and some discharges later in day.
 - Long delays (more than 4 hours) (x2)
 - Discharge after 6pm (x2)
- On the day of discharge 45% of respondents advised that their discharge was delayed.

- Of those patients who were delayed a third were due to medication, a quarter due to transport and a fifth for 'something else' (blood tests, injection, discharge summary)
- 86% of those patients, who had been delayed, experienced a delay of more than 2 hours with half of those experiencing a delay of more than 4 hours. Patients commented that:
 - There was no explanation of medication
 - Staff spoke too fast when explaining medication
- Of those that needed written or printed information about medicines, 15% advised that they did not receive any.
- Over a third of respondents who had family or friends involved advised that their family and friends did not want or need information. Of those that did want or need information, 31% advised that the hospital did not give them all they needed to help care for them.
- 71% of patients stated that hospital staff had not told them who to contact if they were worried about their condition or treatment.
- Most patients (47%) advised that they did not need information about support services and group available in the community. Of those that did, 50% said they had received it and 50% said they hadn't.
- Most patients hadn't yet seen their GP after leaving hospital (58%) though this may have been due to the fact that interviews were often carried out soon after patients had arrived home. Of those that had seen a GP the majority (73%) advised that their GP had 'definitely' or 'to some extent' received all information needed from the hospital with 27% stating the GP hadn't.
- A majority of respondents advised that they had received mostly verbal information and little written information that helped them through the discharge process. Written information in most cases was the discharge summary.

7. GP Feedback

As part of the information gathering involved in this project a few Sutton GPs were asked to give Healthwatch Sutton feedback about their experience of patients who have been discharged from hospital.

The general view is that the information given to GPs is variable, frequently inadequate. The GPs have stated that discharge summaries are not received in a timely manner, frequently not received for a week or more following discharge.

Patients are sent home with summaries and if they need to see the doctor soon after discharge the first the doctor might get any information is when the patient shows them their copy of the form. Sometimes patients are shocked that their GP does not have information about their hospital stay.

Discharge summaries from A & E are received quickly, but it is a tick box form which says very little. It might just say 'chest infection', giving no indication of treatment, tests undertaken etc. Other forms are also frequently inadequate, with little or no narrative. They may say that a test was undertaken, but give no result, and the GP cannot access all results directly on their systems. Sometimes it is not clear why a medicine has been stopped and if/when it should be restarted. Sometimes they have to phone the hospital for clarification.

It would appear that the timeliness of discharge summaries being sent to GPs is firstly dependent on the junior doctors having time on the wards to complete them, and then on the availability of the ward clerk to discharge the patient from the IT system before the letter is sent (usually electronically).

There was little experience of patients being discharged from Springfield, although one doctor said that she had recently received a very comprehensive discharge report from there.

One doctor said that reports were coming through more quickly than they were a few years ago, but that the system still needed to be improved. More than one doctor said that St Helier performs better than St. George's in this area.

The Trust has stated that the February 2014 figures for the % of discharge letters sent out to GPs within 24 hours was 84.26%. They recognise that this is a significant improvement on past figures. However, clearly there is a disparity between this figure and the experience of GPs.

Another doctor said that the system could be improved by an integrated care approach. This has been trialled successfully in some other London areas, including Lambeth and NW London.

8. Recommendations

Communication

1. Discussions regarding discharge should be started earlier during a patient's stay (improvement on the 41% that had discussed discharge within 3 days of admission).
2. Improvement in communication between the hospital and external providers of patients' requirements post-discharge (community services, social care etc.)
3. Investigate the disparity between the feedback given by GPs concerning delays in receiving Discharge Summaries and the figures collected by the hospital Trust.
4. Improvement in the quality of information given in Discharge Summaries given to GPs.

Delays

1. Reduction in the number and length of delays incurred on the day of discharge (45% of respondents experienced a delay, 43% of those over 4 hours) including those due to the following issues:
 - a. Dispensing of medication
 - b. Transport
 - c. Final tests, other procedures and test results
2. Reduction in the number of delays to the date of discharge from the originally arranged discharge date. These could be due to availability of tests or services (e.g. scans, OT)
3. Reduction in the number of discharges made in the evening (i.e. after 6pm)

Discharge Process

1. Improvement in the time given by staff to patients advising them when they will be able to leave in order to allow patients and others to plan effectively

Information

1. Details to be provided to all patients on discharge as to who to contact in the event of any concerns regarding their condition or treatment
2. Clear information to be given to all patients about their prescribed medication
3. Improvement in the sharing of information with friends and family so that they have the information they need to care for the patient
4. Improvement in the sharing of information about support services and groups available in the community
5. More written information to be given/available for patients to explain the discharge process.

9. Areas for Commendation

Overall discharge experience

Nearly two thirds of patients who completed the telephone interview stated that they found their overall experience to be 'good' or 'excellent'

Able to discuss concerns

Approximately 9 out of 10 respondents felt that they were able to discuss their concerns with the medical teams.

Discharge timing

Just over three quarters of patients said they felt that were discharged at the right time.

Praise

There are many individual comments received praising individuals, staff groups and the hospital as a whole. Please see some examples below.

- *"Surprised he was discharged so soon but transport, walking frame and nursing support at home was organised"*
- *"All went smoothly. Ambulance arrived promptly for transfer"*
- *"Fully kept up-to-speed by staff"*
- *"Could not be faulted"*
- *"Pharmacy had everything ready in Discharge Lounge. Information was printed out"*
- *"Copy discharge summary, detailed discussion and agreement on discharge with consultant"*
- *"The Doctor was really understanding and staff went extra mile"*
- *"Senior came with students, had excellent manner so patient felt comfortable speaking to him"*
- *"All staff very professional"*
- *"Care team co-ordinating. Phoned on day of discharge - very helpful"*
- *"Pleased with medical staff - professional and efficient"*
- *"The process was well executed by the ward nurses"*
- *"OTs and Physios particularly helpful, after discharge"*
- *"Very smooth, had dinner before discharge which was very helpful"*

10. Next Steps

1. Meetings to be held with St Helier to discuss the findings of the report and what actions could be developed as result
2. At the initial meetings with St Helier, the Trust advised that there are new initiatives that are being implemented to improve the discharge process.
3. It may be beneficial to repeat this survey using the same methodology and questions in the future to measure the improvements made and their impact on patient experience. It was provisionally agreed, subject to resources, that this could be carried out.
4. Due to the issues encountered with collecting the views of Springfield service users, it was concluded that the methodology employed for this work may not suit the service users. Healthwatch has agreed to investigate other methods of engagement to find out about the experience of discharge from Springfield hospitals.

11. Acknowledgements

A special thank you to all of the following people who have made this work possible:

Project Methodology

The Patients' Association who employed a very similar methodology as part of their work with a hospital Trust.

Patients

All the 58 patients who signed up and the 33 patients who took part in interviews.

Healthwatch Sutton Staff Directors and Volunteers

All the Healthwatch Sutton volunteers who helped in the following

- Finding patients on the wards to participate
- Carrying out telephone interviews
- Adding the question responses to the database

Hilary Smith	Director and Lead Director for this project
Val Benn	Volunteer
Roy Bentley	Volunteer
Rosemary Bloxham	Volunteer
Annette Brown	Director
Isabelle Harding	Volunteer
Shri Mehrotra	Director
Neena Mehrotra	Volunteer
Daphne Norman	Volunteer
Clare Nunns	Volunteer
Sally Sauvageot	Volunteer
David Williams	Director
Pam Howe	Healthwatch Volunteer and Engagement Coordinator
Sara Thomas	Healthwatch Communication and Administration Officer

Hospital Trusts

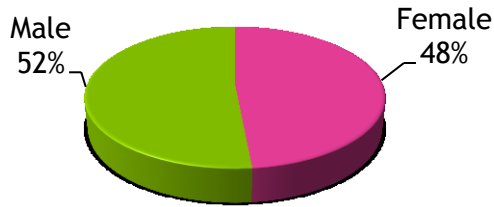
Epsom and St Helier Hospitals NHS Trust (especially Lucy Roberts, Shirley Edghill, Ward staff)

South West London and St Georges Mental Health NHS Trust (especially Carina Erasmus, Sandie Belcher, Ward staff)

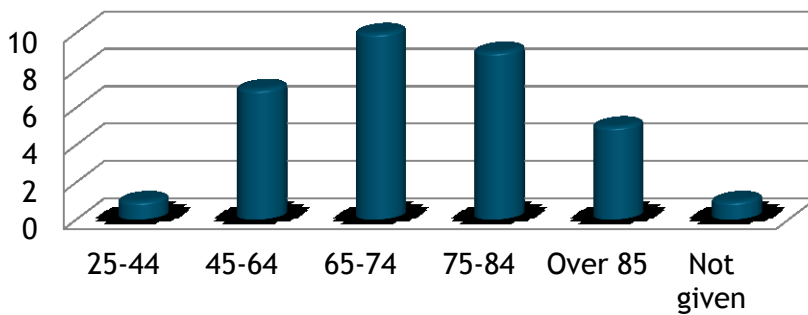
Appendix A

Monitoring information

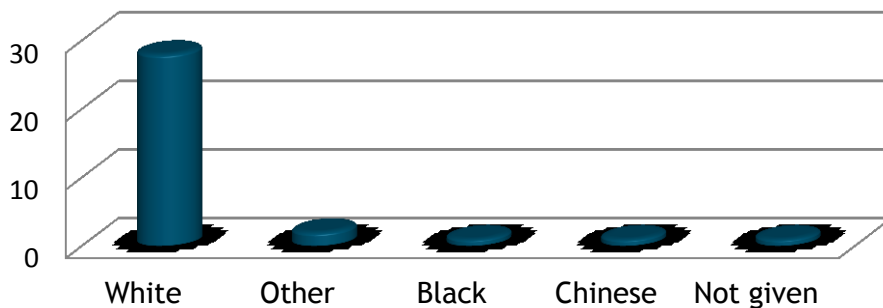
The following information has been taken from the 33 completed questionnaires.



The majority of respondents were aged 65-74.



The majority of respondents indicated their ethnicity as “white”

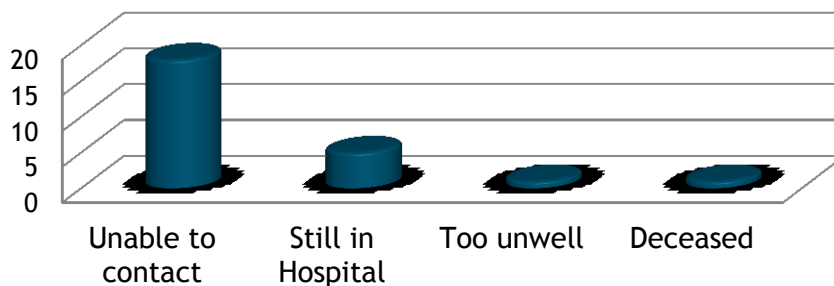


Questionnaire Responses

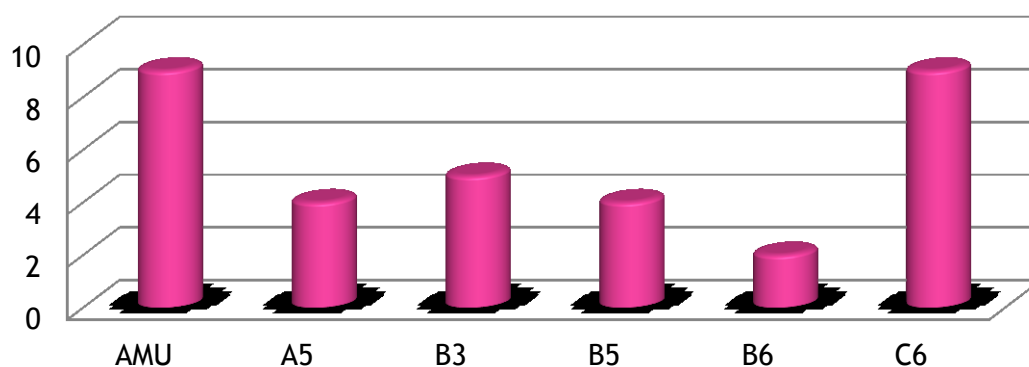
58 questionnaires in total

33 Completed of the 33, 6 were completed by Carers

25 Incomplete (see chart below)



Respondents were asked which ward/s they stayed on whilst in St Helier.



Ward name	Specialisations
A1 (AMU)	Acute Medical Unit
A5	Care of Elderly
B3	Orthopaedic
B5	Care of Elderly
B6	Gastroenterology
C6	Respiratory/Coronary Care Unit (CCU)

Question 1

When you were in hospital, what was your experience of discussing and planning your future discharge with hospital staff and others?

Positive experiences/responses

- *"Fine. A bit of mix up, came out on Saturday"*
- *"Absolutely fine. Articulate and intelligent so could discuss. If someone isn't then may be difficult....Also being treated at RMH"*
- *"Smoothly, straight forward"*
- *"Very good, all staff - very helpful"*
- *"Stayed in hospital for 7 days. Saw doctor and was discharged. Was told that RMH would be in touch, they have been in touch and appointment has been made"*
- *"Discharge discussed with client/patient. (Wording would indicate that responses came from carer but no carer's name is given on front sheet.)"*
- *"Discussed someone to help at home. It was organised"*
- *"No problem. Son spoke with staff"*
- *"Excellent"*
- *"Did discuss"*
- *"Wife was able to discuss on husband's behalf"*
- *"Yes, it was good"*
- *"Fully informed"*
- *"Consultant said he was arranging transfer to Brompton Hospital"*
- *"I was told that I would be in for just a few days and I would be discharged once I had a scan which would be the next day"*

Negative experiences

- “Confused. Dr said “go” but had to wait until seen by OT - delay 3 days. 2 weeks in hospital. Aged 93 - first time in hospital”
- “Discharge constantly being revised. Discharged myself”
- “Not given definite information until 2-3 days before discharge”
- “No discussion took place”

Don’t know/can’t remember

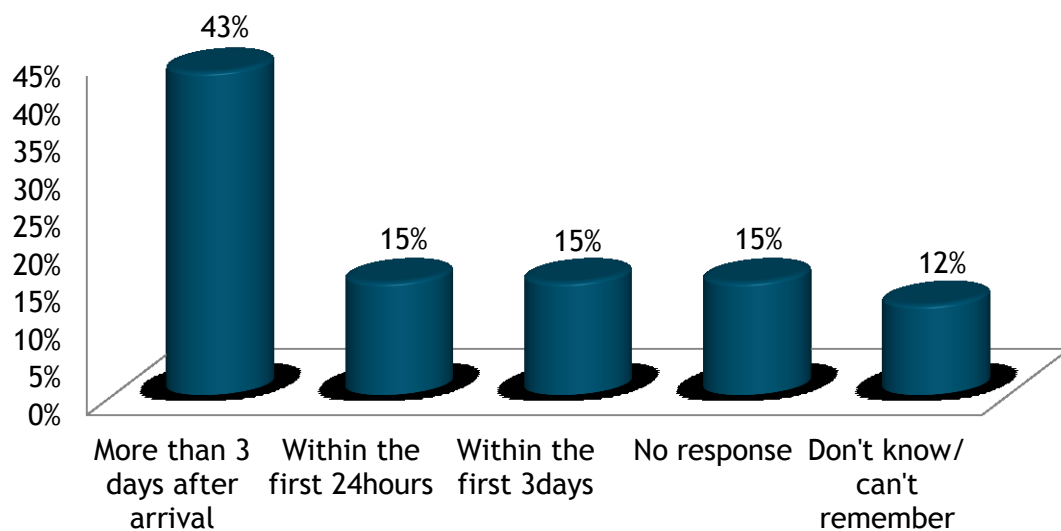
- “Cannot recall any discussions. (May be possible that daughter might have been told, who seemingly only tells what she think the person should know or capable of understanding)”
- “Don’t remember any such discussion”
- “Did not expect to stay long”

Analysis

A majority of feedback is positive and responses indicate that involvement by relatives and carers worked well. Negative responses centre around delays to discharge and in one case due to access to allied health professionals. Three comments received state that no discussion took place or that the patients can’t remember a discussion.

Question 2

When were you given an estimated discharge date?



Analysis

59% of patients advised that they were not given an estimated discharge date within 3 the first three days of admission.

Question 3

Following your experience of discharge, are there any areas of the discharge process that you think could be improved?

Areas to be improved;

- *"Joined up, thinking" required. Dr said "Go". Had to see OT first - 3 days later"*
- *"Yes. Doctor came and said "One more blood test" then can go home following day. However, was not told until 4.30pm so stayed overnight. When Doctor came following day and asked why "was still here?" so went straight home"*
- *"Just like most hospitals - medication was not ready. Son had to return twice to collect medication"*
- *"Bit shambolic. Was discharged at 7.00pm but was not told anything beforehand. Son collected by 7.30pm"*
- *"Poor communication. Many hoops to go through"*
- *"The wait for medicines"*
- *"Two senior medics gave different discharge dates. This was alarming"*
- *"Yes. Some help regarding timing on day of discharge"*
- *"Yes. No discharge note given; GP not informed but did get a letter about a future appointment"*
- *"Yes. District Nurses and Physiotherapist not notified of patient's discharge, eventually daughter had to make arrangements for these people to come"*
- *"Yes. The waiting time was disappointing and really unacceptable"*
- *"Yes. The length of time waiting for discharge papers and medication"*
- *"Went smoothly except for medication and porter delays"*
- *"Discharge was fine for her but not for other patient - lady opposite her bed"*

Comments below indicate no improvement needed;

- *"Surprised he was discharged so soon but transport, walking frame and nursing support at home was organised"*
- *"All went well"*
- *"Everything went O.K. didn't know - had been told on Friday and discharged on Saturday afternoon"*
- *"All O.K"(x2)*
- *"Not in my case"*
- *"Very good" (x2)*
- *"All went smoothly. Ambulance arrived promptly for transfer"*
- *"Fully kept up-to-speed by staff"*
- *"Could not be faulted"*
- *"Not in my experience"*
- *Community support arrangements made quickly*
- *Delays experienced due to tests.*
- *Discharge at 7pm*
- *Delays awaiting medication (x3)*
- *Late notification of discharge (x2)*
- *Poor communication delaying discharge (x2)*
- *No Discharge Summary given or received by GP*
- *Community services not informed of discharge*

Analysis

Approximately 50% of feedback positive.

Question 4

What experience did you have with regards to receiving information (both written and verbal) to help you through the discharge process?

No information received - wanted/needed more

- *“Felt didn’t know what was happening, wanted more information”*
- *“NO information was provided”*
- *“Information lacking, not followed up”*
- *“Nothing, only told about 3 days, afterwards all went smoothly”*
- *“None that can remember, possibly relative was told”*
- *“Don’t know”*
- *“No written information. Saw doctor in morning of discharge”*
- *“No written information except for discharge letter”*
- *“Everything organised but information about process not given in advance”*
- *“Given some papers about medication, would send some to GP”*
- *“Nothing given to patient or wife”*
- *“Only previous experience of being discharged, no written or verbal info”*

Some Information received

- *“Letter from nurse regarding operation and discharge process”*
- *“Information received was appropriate”*
- *“All explanations given to daughter”*
- *“Very good verbal information was given”*
- *“Son able to get verbal info”*
- *“Verbal info was good”*
- *“Verbal info given”*
- *“No real info provided - Just verbal info only”*
- *“Clearly explained”*
- *“Pharmacy had everything ready in Discharge Lounge. Information was printed out”*
- *“Copy discharge summary, detailed discussion and agreement on discharge with consultant”*
- *“Information was provided. Friday was original date but delayed 24 hours”*

Previous knowledge of hospital discharge

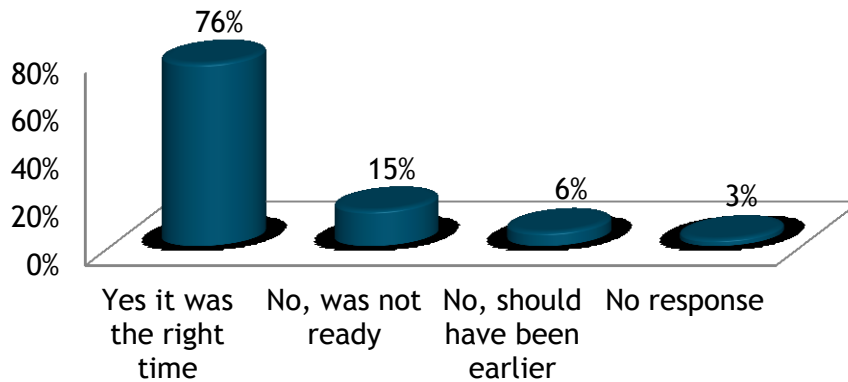
- *“Previous stays in hospital”*
- *“Familiar with process”*
- *“No information was given. I had an idea what to expect”*

Analysis

A majority of respondents advised that they have received mostly verbal information and little written information. Written information in most cases was the discharge summary.

Question 5

Did you feel that you were discharged from hospital at the right time?

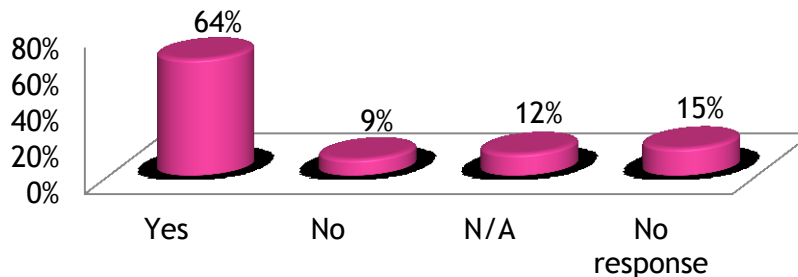


Analysis

The vast majority of patients felt that they were discharged at the right time (78%). Of those patients who didn't feel it was the right time 71% felt that they were not ready and 29% felt that it should have been earlier.

Question 6

Did you feel able to discuss your concerns with the medical team?



Additional comments from Question 6 (Did you feel able to discuss your concerns with the medical team?)

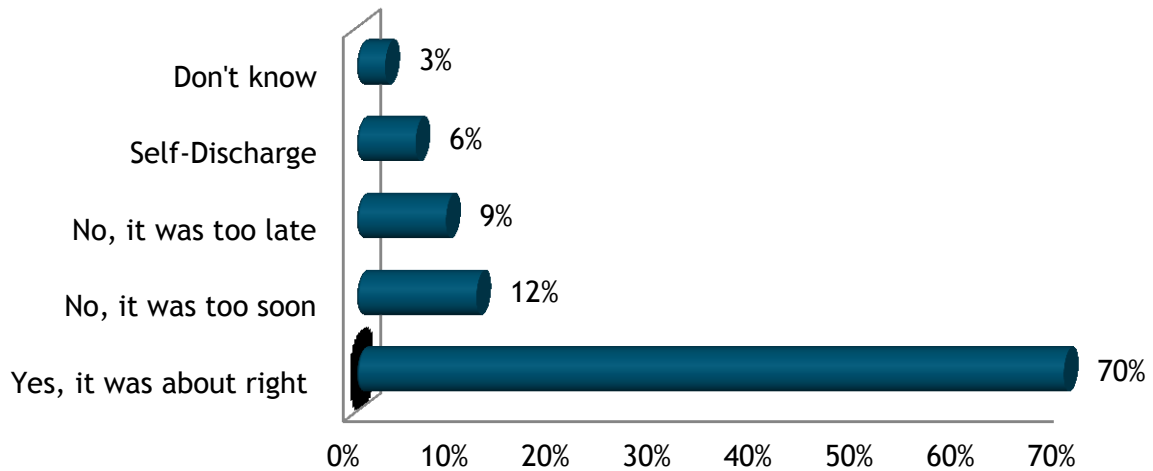
- "Yes with the nurses, Doctor made the decision to be discharged"
- "The Doctor was really understanding and staff went extra mile"
- "Senior came with students, had excellent manner so patient felt comfortable speaking to him"
- "Didn't feel comfortable - shy"
- "St. Helier doctors not particularly helpful"
- "Doctor was worried about early discharge"
- "Day staff only"
- "All staff very professional"
- "Always kept informed"

Analysis

88% of patients felt that they were able to discuss their concerns with the medical team. Positive comments about doctors and nurses and other staff being understanding, professional and approachable. One comment implied that the patient felt able to discuss concerns with day staff only. One negative comment about helpfulness of doctors.

Question 7

In your opinion, were you given the right amount of notice before you were discharged from hospital?



Additional Comments

- *“Should have been told earlier and planned better”*
- *“Advised day before that he could go home but told differently by someone else. However, when doctor suggest going home, so left immediately”*
- *“Told on the day”*
- *“Told in the morning but had to wait for daughter”*
- *“I was informed in the morning that I would be discharged in the afternoon (not discharged until 6pm)”*
- *“Was told by doctor to go home so went home”*
- *“Was advised that will go at 7.00pm and will go immediately, left at 7.00pm”*
- *“A little soon”*
- *“Delays because of no "joined up" thinking”*
- *“Waited about 4 hours for prescription”*
- *“Thought it was too soon but changed mind, No hospital infection”*
- *“I was told the previous evening that I would be leaving between 9 and 10 the next morning. I had to wait four and half hours in the discharge room”*

Analysis

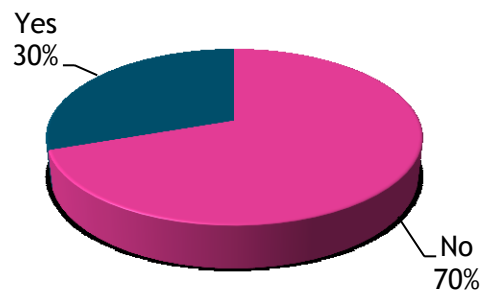
77% of respondents advised that they were given the right amount of notice before discharge. 13% said it was too soon and 10% too late.

Late notification of discharge (mostly on the day) (x7)

Delays due to medication (x2)

Question 8

While in hospital, was your planned date of discharge delayed at any point during your stay?

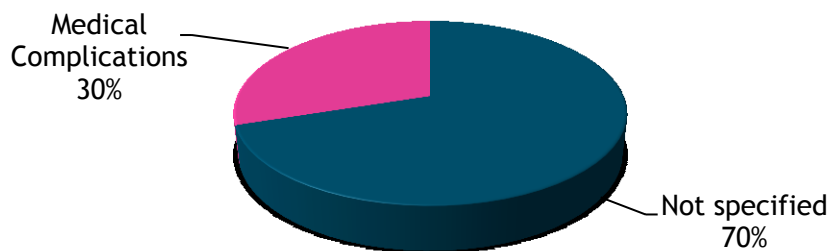


Analysis

70% of patients did not experience a delay in their planned discharge date.

Question 9

What was the reason for the delay?



Additional comments;

- *“Discharge depended on tests and stability of medical condition”*
- *“One Dr said, “Go” while someone else said, “another blood test””*
- *“Waited 2 hours in lounge for transport. Some confusion among staff over timing of discharge”*
- *“3 day delay for a scan”*
- *“3 day wait to see OT”*

Analysis

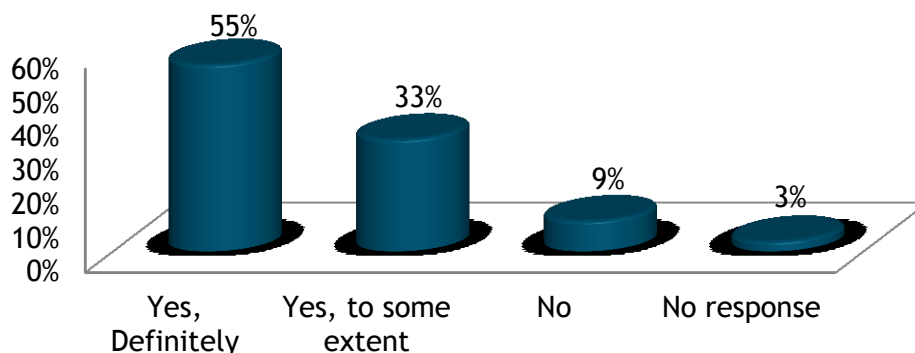
Delay due to tests (x2)

Delay due to transport

Delay for OT

Question 10

Were you discharged at a time of day that was acceptable/ convenient?



Analysis

A majority of patients stated that they had definitely agreed that they had been discharged at an acceptable/convenient time of day. Nearly 1 in 10 patients responded that the time had not been acceptable/convenient. Most advised that they were picked up by a relative.

- Long delays (more than 4 hours) x2
- Discharge after 6pm (x2)

Question 10 additional comments;

Transport

- *“Told mid-afternoon that he could ‘go’ - needed ambulance to go home, approximately 7.00/8.00pm before it was his turn”*
- *“St Helier arranged a taxi, took 10/15 minutes only, fare provided”*

Medicine

- *“Waiting for medication to be delivered, about a couple of hours”*

Own Transport

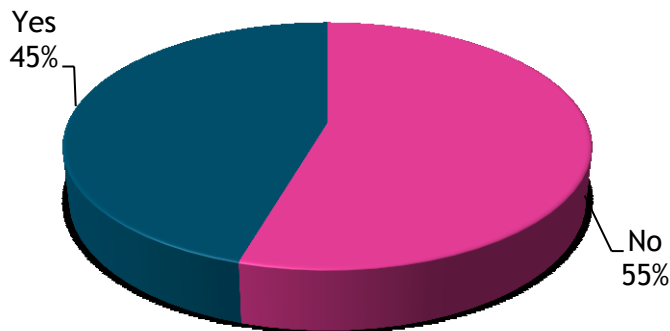
- *“Happy to go, to get home, was picked up by husband who is licenced taxi driver”*
- *“Left at 10.00am, was collected by son, no delays”*
- *“In the afternoon - Husband and Son came to collect”*
- *“Was told that it would be AM but was actually discharged at 5.30pm. May be because daughter could not get there”*
- *“Had arranged to be picked up”*
- *“Son came and collected”*
- *“Advised at lunchtime. Son collected at 5 pm”*
- *“Son-in-law collected”*

Other

- *“Was told that would go at 7.00pm and was collected at 7.30pm”*
- *“Indecision caused delays. Left at 5 p.m”*
- *“Would have liked it to be earlier. Son had to lose a day’s work”*
- *“Patient wanted Friday evening even though it was late. Seems no discharge weekends”*
- *“Was told at 13.30 - didn’t go until 20.00”*
- *“2pm exactly as arranged all by nurses who were excellent”*
- *“If I had gone at the planned time between 9 and 10 then yes, not at 2.30pm”*

Question 11

On the day you left hospital, was your discharge delayed for any reason?
(18 respondents answered No, 15 respondents answered Yes)



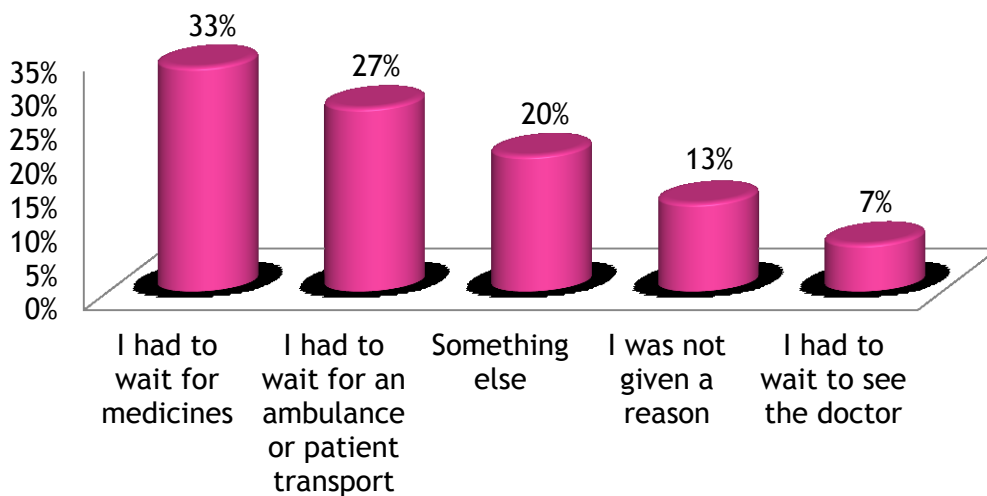
Analysis

On the day of discharge 45% of respondents advised that their discharge was delayed.

Question 12

What was the MAIN reason for the delay?

Of the 15 responses from question 11, the main reasons specified were;



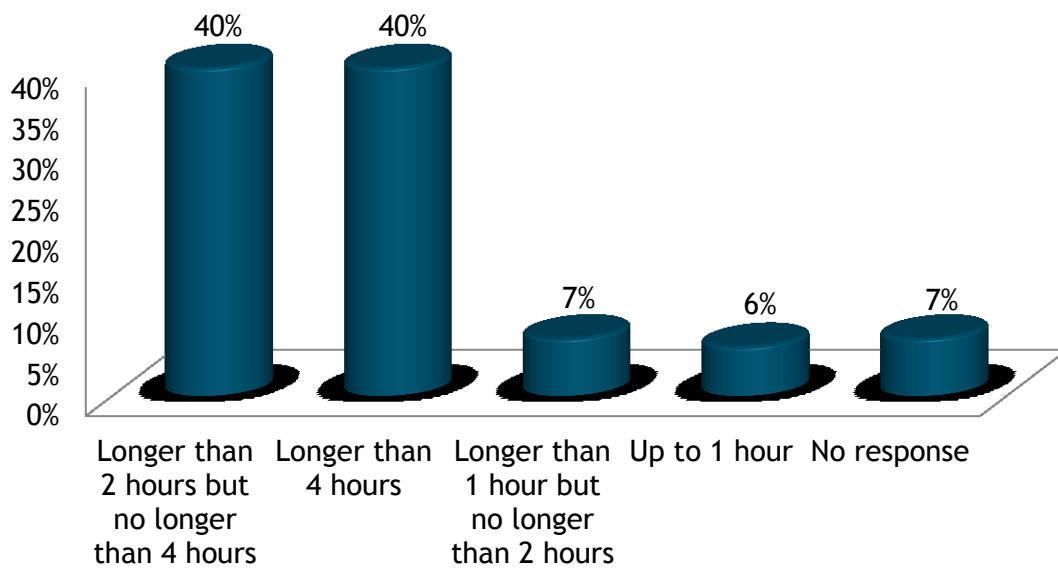
Comments received under the “Something else” category include;

- “Blood tests were low, needed to wait”
- “Waiting for an antibiotic injection”
- “Waiting for discharge note, eventually went home without, told it would be posted”

Analysis

Of those patients who were delayed a third were due to medication, a quarter due to transport and a fifth for ‘something else’ (blood tests, injection, discharge summary)

Question 13
How long was the delay?

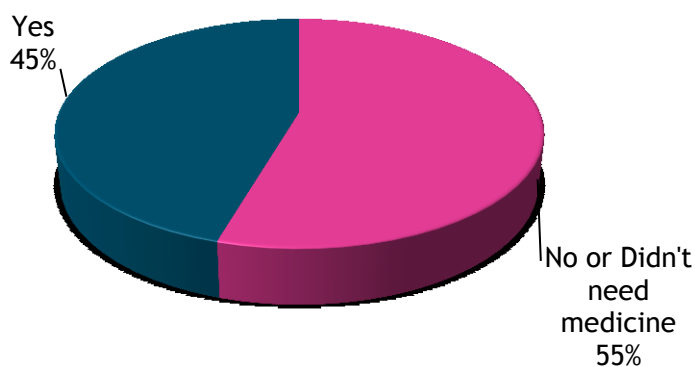


Analysis

86% of patients surveyed experienced a delay of more than 2 hours with half of those experiencing a delay of more than 4 hours.

Question 14

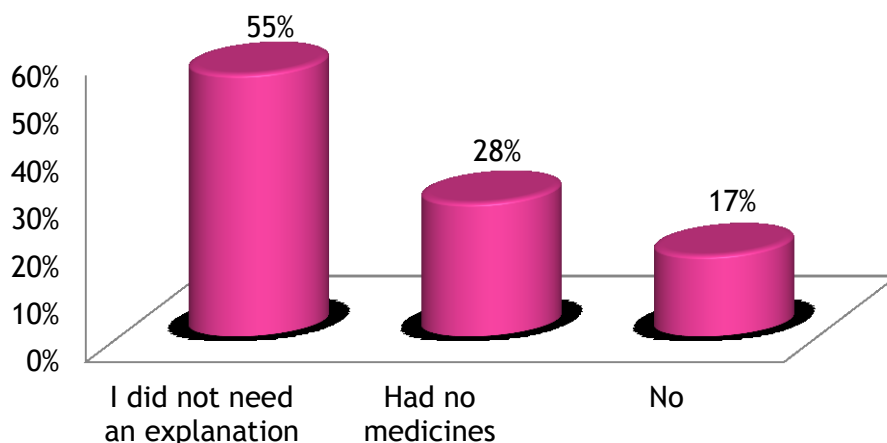
Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?



Comments received under the “yes” category include;

- “Spoke too rapidly. Poor language skill but understood purpose of medicine”
- “It took a while to explain changes in medication”

55% “no or didn’t need medicine” from question 14, broken down in the chart below;



Comments received under “No” category include;

- “Lots of medication needed. Not told about medication at all”
- “May be that explanation was given to daughter”
- “Mother would not have understood”

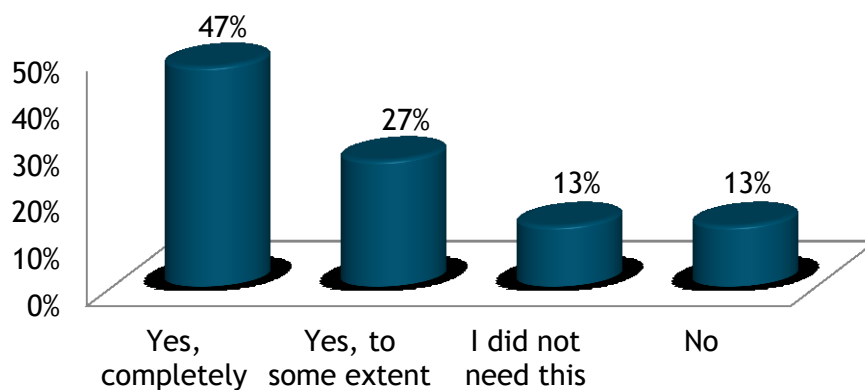
Analysis

No explanation of medication

Spoke too fast when explaining medication

Question 15

Were you given clear written or printed information about your medicines?



Additional comments regarding medication include;

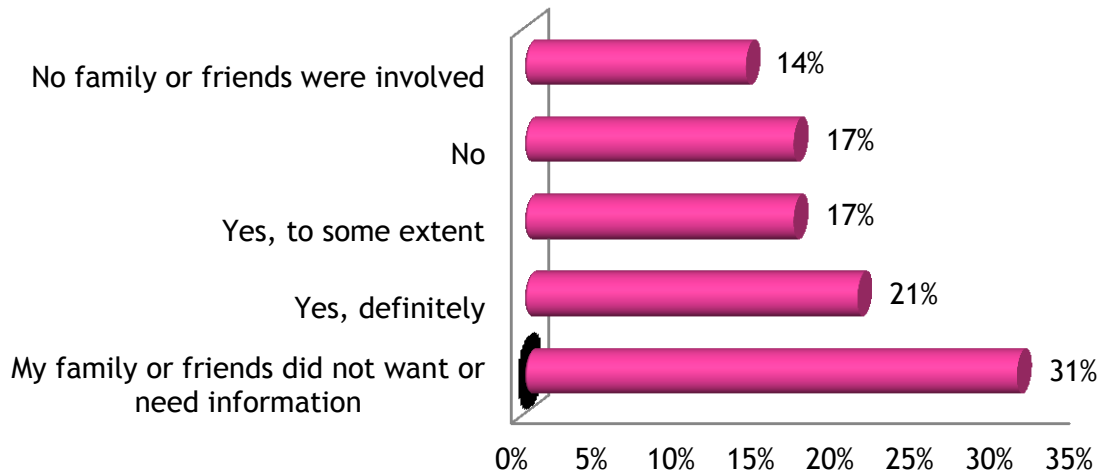
- “Only what was written on actual package itself”
- “Daughter deals with medication”
- “I haven’t read it yet”
- “All given to daughter”
- “Applies to additional medicines given on this visit”
- “Yes and it was very informative”

Analysis

Of those that needed written or printed information about medicines, 15% advised that they did not receive any.

Question 16

Did the doctors or nurses give your family/friend/carer all the information they needed to help care for you?



Analysis

Over a third of respondents who had family or friends involved advised that their family and friends did not want or need information. Of those that did want or need information, 31% advised that the hospital did not give them all they need to help care for them.

Question 16 additional comments broken down into categories (majority of respondents did not make additional comments on this question).

My family or friends did not want or need information

- “Allowed to self-medicate”
- “Cared for by family x4”
- “Patient deals with everything”

No

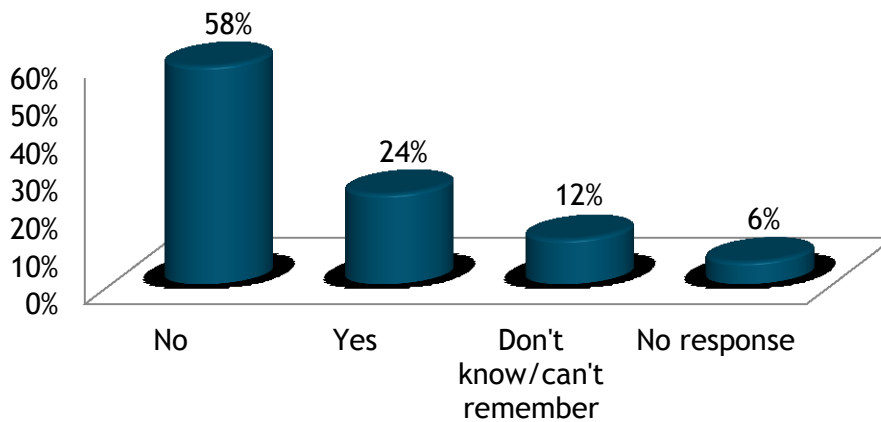
- “Lives alone. Discharge papers said no help needed but Community Nurse came to change dressing”
- “No. I had to phone my son and I had all the information. I said to my son that I would call my GP”

Yes definitely/Yes, to some extent

- “Didn't need much information”
- “St Helier did tests, explained why. However, ongoing treatment is at RMH”
- “Family popping in”
- “A carer will visit”

Question 17

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?



Analysis

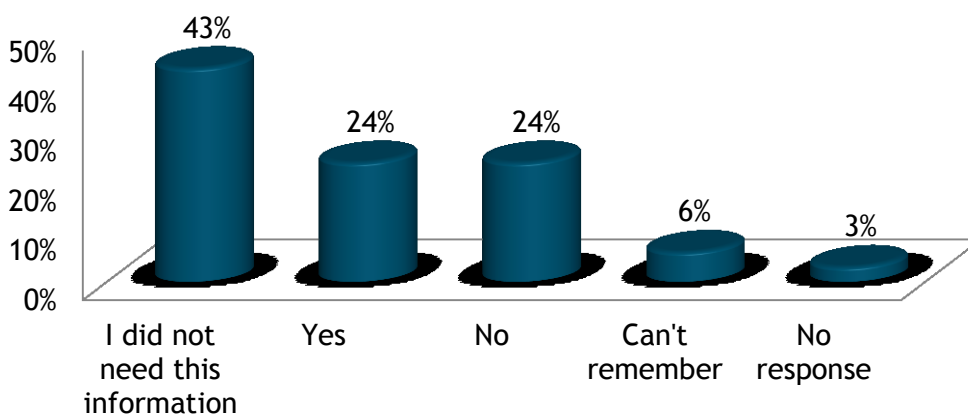
71% of patients stated that hospital staff had not told them who to contact if they were worried about their condition or treatment.

Question 17 additional comments

- *“Just contact hospital”*
- *“Saw bowel nurse. There is named person to contact in case any problem”*
- *“Has number of Airways Clinic - mother has oxygen”*
- *“Someone phoning from St. Helier this afternoon”*
- *“Care team co-ordinating. Phoned on day of discharge - very helpful”*
- *“I would have phoned Duty Doctor at surgery”*

Question 18

Have you received information about support services and groups that are available in the community including those provided by voluntary and community organisations which might be of assistance to you?



Additional comments

Yes

- *“Been useful”*
- *“Mother doesn't want to go. Daughter wishes she would2*
- *“Will ask about aftercare this afternoon”*
- *“Again, it was very helpful and useful. Medical booklet and a BHF booklet”*

No

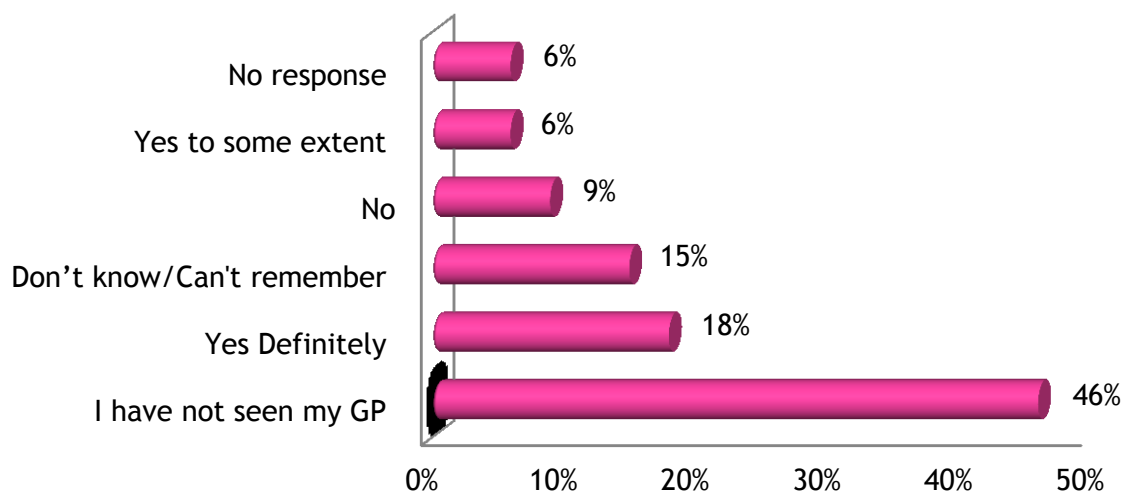
- *“Normally self-sufficient, family help when needed”*
- *“Was worried about lack of information about support services”*
- *“Support services have done all that needed to be done”*

Analysis

Nearly half (47%) of patients (excluding those patients who couldn't remember) advised that they did not need information about support services and group available in the community. Of those that did, 50% said they had received it and 50% said they hadn't.

Question 19

Has your GP received all the information needed from the hospital to support you now that you are no longer in hospital?



Analysis

Most patients hadn't yet seen their GP after leaving hospital (58%). Of those that had seen a GP the majority (73%) advised that their GP had 'definitely' or 'to some extent' received all information needed from the hospital with 27% stating the GP hadn't.

Question 19 additional comments

GP aware

- *“Some information still in system, Home 3 days - saw GP. Some info still awaited”*
- *“Saw practice nurse at surgery. Had been informed”*
- *“Letter delivered to GP”*
- *“Visited GP to hasten physiotherapy appointment”*
- *“All on GP.s Screen, letter from hospital scanned in”*
- *“Yes. I have contacted him” ??*

GP not aware

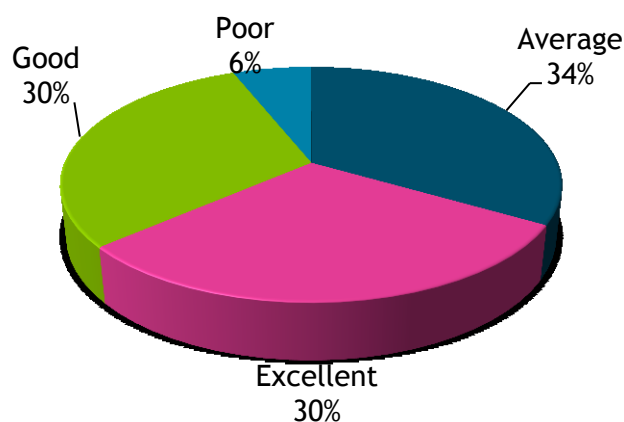
- *“GP still to be advised formally”*
- *“Was given papers to take to GP”*
- *“GP still no heard, 5 days after discharge”*
- *“I had to see my GP as an emergency this week, He did not appear to have the information but I cannot be certain”*

Unknown

- *“He has not called me so I do not know”*
- *“Not seen GP”*
- *“Not needed to see GP”*
- *“Appointment with GP to be made in a week or so”*
- *“Won't know until I see my GP”*
- *“I have an appointment”*
- *“He'll contact re home visit”*
- *“Would assume that information will have been passed on”*
- *“They said they would contact my GP”*
- *“I was told by the hospital that he (GP) will receive info and then will contact me”*
- *“Appointment has already been made with RMH to see them on Wednesday at 2.30pm then GP in due course”*

Question 20

Overall, how would you rate your last experience of discharge from hospital?



Analysis

60% of patients rated their experience of discharge as 'good' or 'excellent' with only 6% describing the experience as poor. The largest percentage (34%) describing the discharge as average.

Question 20 comments included;

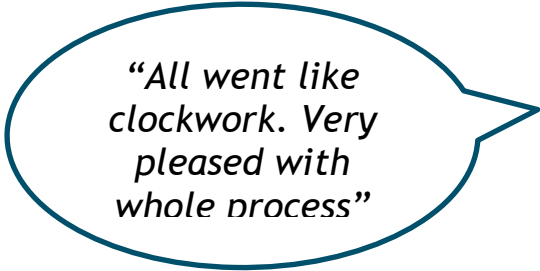
- *“Went as planned”*
- *“Everything fine, No delays”*
- *“Good, Apart from the waiting”*
- *“Pleased with medical staff - professional and efficient”*
- *“The process was well executed by the ward nurses”*
- *“Needed zimmer frame or wheelchair - not provided by ambulance team”*
- *“As I have been in several time and know the process that it takes hours to get the medication and discharge paper”*

Question 21

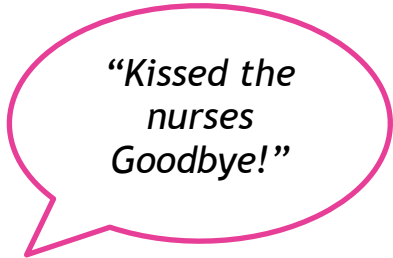
Were there any areas of the discharge process that you felt went particularly well?

Staff

- *“3 in charge nurses on ward, were excellent, also at weekend”*
- *“Nurse K - bowel nurse and Nurse S from Epsom, both are absolutely brilliant. However, nurses on ward “not good”. Family member had to shower (patient), clean teeth”*
- *“Information from Staff Nurse on C5 was very useful”*
- *“The ward nurses who solely managed the discharge”*



“All went like clockwork. Very pleased with whole process”



“Kissed the nurses Goodbye!”

Good / no complaints

- *“When it came to time to go. All went well”*
- *“Just ordinary, straight forward discharge”*
- *“Mother hasn't complained so must be fine”*
- *“Very kind”*
- *“Very smooth, had dinner before discharge which was very helpful”*
- *“All went smoothly”*
- *“OTs and Physios particularly helpful, after discharge”*
- *“Allowed to wait for wife to take home - not just pushed out of his room”*
- *“Told that he could be discharged when certain medical conditions were met, so he knew where he stood”*
- *“Well looked after at all stages”*
- *“The information and support I was given despite the wait it went smoothly”*
- *“Transport organised well”*
- *“As soon as medicines arrived they phoned son immediately from discharge lounge.”*

Poor

“No it did not go well”

Question 22

Any other comments

- *“Nurses very impressive. Some Doctors were very Good”*
- *“In 12 years, always had good treatment. Nothing but praise. Cleanliness and food excellent”*

“Extremely pleased with care given in St. Helier”

“Staff very pleasant and kind”

“No real complaints, Staff were good, food was reasonable”

“Very pleased with staff and their attitude was good”

Need improvement

- *“Angry about not being given a sleep monitor machine which he had asked for”*
- *“Food was appalling”*
- *“NHS and hospital staff were excellent but system still hasn't delivered a discharge note and no info has gone to his GP”*
- *“Discharge lounge is a very gloomy place”*

“Discharge lounge is a very gloomy place”

“Saw few things, blood seen on floor, needed cleaning”

Appendix B

National Context

There has been a strong focus on the process of discharging patients from hospital for many years. A poor discharge process has been identified as an area of service provision that results in poor health outcomes for patients and in turn poor financial outcomes for the hospital due to the cost of the delay and rectifying any problems that have arisen. Many of the issues identified come about as a result of the complexity of ensuring that all elements of a multi-agency process are involved in the planning and carrying out the discharge of a patient.

Headlines in newspapers seen several years ago focussed on bed-blocking which in many cases was caused due to delays in being able to discharge patients in order to free up beds for patients being admitted to wards.

More recent national targets have been developed that centre around re-admission rates. These are used as one indicator that the process of leaving hospital has been carried out to a high standard that has been proved by the reduction in the number of preventable readmissions.

The Better Care Fund that was launched nationally in 2014, requires local Clinical Commissioning Groups, service providers and local authorities to pool funding to ensure continuity of care between provider organisations. The Funds key objective is to provide integrated health, social care and voluntary and community services. The guidance on the use of this pooled funding has a strong emphasis on reducing issues that can arise during the transition between different health and social care services. Prevention of re-admission is also a key aim of this initiative.

Age UK have very recently carried out a significant number of initiatives and produced guidance to assist people to understand how their discharge from hospital should be managed.

Local Context

Sutton Local Involvement Network (LINK)

In 2010, Sutton and Merton LINKs worked together to carry out a service review of discharge from St Helier hospital. The report published in October 2010 and identified the following as the main issues affecting discharge:

1. Initial Discharge Planning: Carried out at an early point during the admission
2. Actual Discharge: Long delays between discharge and patients leaving the hospital
3. The need for effective discharge information and communication with patients, carers and relatives
4. The need for effective discharge information and communication with GPs, District Nurses, social care services and relevant voluntary sector organisations.
5. Information to ward staff about services available in the community

Recommendations included:

- A discharge planning checklist that must include informing all parties involved to be checked with 48 hours of admission
- Staff allow sufficient time to review and order medication, arrange transportation, make referrals and ensure any supplies needed are given
- Enough time should be made available to fully involve carers, relatives, social services, wardens, District Nurses, GPs etc.
- Improvements in discharge communication to patients including; information and support including diagnosis, medication, referrals, what to expect, useful telephone numbers
- A clear, detailed discharge plan to be given to patients.
- A standard leaflet with useful contact numbers
- Improvements in accuracy, timeliness, detail and ongoing contact details of discharge letter
- Improvement in the knowledge of staff concerning services available in the community. Ward Managers to work closely with the Information Centre.

A follow up visit was conducted at St Helier Hospital in 2013 that demonstrated that some improvements had been made, however a number of issues identified previously still had room for improvement.

Older Person's Pathway (formerly ICOPP)

Epsom and St Helier NHS Trust, Adult Social Services, Sutton CCG and Sutton voluntary sector have developed a new initiative to improve the outcomes and experience of elderly people being discharged from St Helier Hospital. The service is designed to support prevention of admission, reduce re-admissions and reduce the length of stay as clinically appropriate. The integrated approach is comprised of 5 elements.

1. Pro-active Healthcare - Health and Social Care working through proactive case management. Use of risk stratification tool. Primary care led Multi-Disciplinary Teams (MDTs) facilitating information sharing. Voluntary sector acting as 'caring neighbour'
2. Crisis Intervention - Use of Community Prevention and Admission Team. 4 prevention of admission beds. Home from Hospital service facilitating admission/crisis avoidance. Urgent Care at Home service supporting top 20 referring homes (Nursing, Residential, Sheltered Housing). Falls prevention service
3. In-Hospital Care - 'One Team approach ensuring integration with Social Care and health providers. Patients identified using criteria and pathway managed by Navigator. Dedicated Geriatrician. Daily MDT meetings. Enhanced OPALS service. Intermediate Care.
4. Discharge to Assess - Enhanced discharge planning commenced on admission. In/out reach from community and social services. Resources to follow up and monitor elderly respiratory discharges. Daily integrated MDT approach to discharge planning. Discharge to home, virtual ward services. Discharge to Community Rehab beds and community rehab at home. Home from hospital service.
5. Enabling Optimum Independence and Well-being - Enhanced community-based therapy and re-ablement service. Improved links with the voluntary sector. Care co-ordination/navigation. Integration of social care in Active Case Management.

This work entails the Trusts (St. Helier and the South West London and St. George's NHS Mental Health Trust), the Clinical Commissioning Group, Social services, Community and Voluntary Sectors working in an integrated one-team approach in a number of areas. This includes areas such as, crisis and in hospital care, as well as ensuring enhanced discharge planning, co-ordination for all patients over the age of 65 across their pathway.

Elderly Discharge CQUIN Pilot

This CQUIN was developed by Sutton CCG and The Acute Trust in response to Stakeholder engagement with patients, carers and voluntary agencies to address the discharge period which is often unsettling, confusing and challenging for Older people.

The aim was to:-

1. Improve information provided to older patients and their carers at discharge.
2. Support patients and carers in the immediate post-discharge period so that they understand follow-up arrangements and who to contact if they have concerns.
3. Develop the Trust's knowledge and understanding of voluntary services to further support patients and carers holistic needs.

To achieve the aims three key indicators for delivery were identified;

1. Development and implementation of a Next-Steps document (patient held). The document contains bespoke arrangements for follow up, information on medication and direct telephone numbers and names of the medical staff involved in patient's discharge. It is issued and discussed with patients and carers prior to discharge so the arrangements are clear prior discharge.
2. Implementation of phone-calls post discharge
3. Improve links with and referrals to the Voluntary sector

The Trust recruited a Health Care Assistant (HCA) and worked jointly with Age UK in the provision of a Pathfinder to implement the Pilot Patients, carers and clinician's alongside Sutton Carers, Age UK, Sutton Senior's forum and the Alzheimer's Society led on the design, development of protocols, processes and documents.

The Pilot ward was B5 short-stay and for patients over 65 years of age. The pilot began in December 2013 and ends ended on 23rd May 2014.

An evaluation has been completed and demonstrated improved patient experience and improved outcomes in relation to activities of daily living and social networks. The Trust are currently working on plans to extend implementation across the Older Persons Pathway for patients aged over 65 years of age.

Epsom and St Helier Hospitals NHS Trust

Epsom and St Helier Hospitals NHS Trust has a discharge policy that outlines how discharge should be carried out. The Trust has also produced a 'Helpful advice about your hospital stay and discharge' leaflet.

This leaflet covers:

- Planning your discharge from hospital
- The day you leave hospital (including an explanation about the discharge lounge)
- Transport
- Discharge summary
- Medication
- Who should I contact if I am worried
- Patient Advice and Liaison Service (PALS) contact.

The Trust has set targets to improve areas of discharge that will be reported in the Quality Account for 2013-14. For this period the Trust set the following targets in relation to discharge:

1. Priority 4 - To reduce clinically unexpected re-admissions through review and redesign of patient pathways. Target no more than 6.6% of patients being readmitted as an emergency within 30 days.
2. Priority 5 - To improve our communication on discharge ensuring discharge summaries include clinical information about a patient's treatment and care, are completed and shared in a timely way.

Appendix C

Healthwatch Sutton - Discharge Survey

Possible script/prompt

You may need to adapt this for each patient. You may have to remind the patient that they had agreed to take part while in hospital.

Hello.....

This is from Healthwatch Sutton. I'm calling to ask you a few questions about your experience of discharge from hospital. Is this a convenient time?

Are you happy that you understand what we mean by the discharge process? (if not, please give an explanation)

The questions will take 15-20 minutes to discuss.

We will use this information to put together a report to the hospital that will include some recommendations suggesting how discharge can be improved. We will not use any personally identifiable information in the report.

Comment boxes are available after each of closed questions on Section 2 to capture any comments that the patient makes in response to the question.

1. When you were in hospital, what was your experience of discussing and planning your future discharge with hospital staff and others?

2. When were you given an estimated discharge date?

- Before I came in
- Within the first 24 hours
- Within the first 3 days
- More than 3 days after arrival
- Don't know / can't remember

3. Following your experience of discharge, are there any areas of the discharge process that you think could be improved?

4. What experience did you have with regards to receiving information (both written and verbal) to help you through the discharge process?

5. Did you feel that you were discharged from hospital at the right time?

- Yes, it was about right **Go to 7**
- No, I was not ready to be discharged **Go to 6**
- No, I should have been discharged earlier **Go to 6**

6. Did you feel able to discuss your concerns with the medical team?

- Yes
- No

7. In your opinion, were you given the right amount of notice before you were discharged from hospital?

- Yes, it was about right
- No, it was too soon
- No, it was too late
- Don't know

8. While in hospital, was your planned date of discharge delayed at any point during your stay?

- Yes **Go to 9**
- No **Go to 10**

9. What was the reason for the delay?

Medical complications

- Social Care arrangements
- Lack of available support at home
- Availability of intermediate care (step down beds)
- New care home arrangements
- Something else
- Don't know

10. Were you discharged at a time of day that was acceptable/ convenient?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't remember

11. On the day you left hospital, was your discharge delayed for any reason?

- Yes **Go to 12**
- No **Go to 13**

12. What was the MAIN reason for the delay?

(Cross ONE box only)

- I had to wait for medicines
- I had to wait to see the doctor
- I had to wait for an ambulance or patient transport
- Something else
- I was not given a reason

13. How long was the delay?

- Up to 1 hour
- Longer than 1 hour but no longer than 2 hours
- Longer than 2 hours but no longer than 4 hours
- Longer than 4 hours

14. Did a member of staff explain the **purpose** of the medicines you were to take at home in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I did not need an explanation
- I had no medicines

15. Were you given clear written or printed information about your medicines?

- Yes, completely
- Yes, to some extent
- No
- I did not need this
- Don't know / can't remember

16. Did the doctors or nurses give your family/friend/carer all the information they needed to help care for you?

- Yes, definitely
- Yes, to some extent
- No
- No family or friends were involved
- My family or friends did not want or need information

17. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- Yes
- No
- Don't know / can't remember

18. Have you received information about support services and groups that are available in the community including those provided by voluntary and community organisations which might be of assistance to you?

- Yes
- No
- I did not need this information
- Don't know / can't remember

19. Has your GP received all the information needed from the hospital to support you now that you are no longer in hospital?

- Yes, definitely
- Yes, to some extent
- No
- I have not seen my GP
- Don't know / can't remember

20. Overall, how would you rate your last experience of discharge from hospital?

- Excellent
- Good
- Average
- Poor
- Very poor

21. Were there any areas of the discharge process that you felt went particularly well?

22. Any other comments?

Would you like to receive a copy of the Healthwatch Sutton Discharge Project report when it has been written?

Yes

No

If yes, please give your contact details below (email address or postal address)



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Sutton, Surrey, SM1 3AA
Company limited by guarantee no: 8171224
Registered charity no: 1151601

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Twitter: @HW_Sutton