



Plymouth LINK

Leaving Hospital Survey

Your Local Involvement Network (Plymouth LINK) is set up to enable people in Plymouth to have their say on their local health and social care services. Plymouth LINK is currently looking at what happens when patients are discharged from hospital and want to give you the opportunity to say what you think about these services, what is working well and what is not so good.

You have recently been a hospital inpatient in Plymouth and we would appreciate it if you took a few minutes to complete this survey.

Your participation is voluntary, anonymous and confidential. All feedback will be used to help to influence the way that services are delivered. Please return your completed form in the freepost envelope attached by 28th February 2011.

Please contact the Plymouth LINK office if you require this survey in another format.

Section 1: Background

Hospital name.....

Ward(s).....

Date of stay.....

What was your anticipated length of stay?.....

What was your actual length of stay?

Call us on 01752 202407 mail us at info@plymouth-link.co.uk
FREEPOST RRZE-AGZT-EXRS, LINK/PAPOP Support Team, Unit 15, HQ Building, 237
Union Street, Plymouth, PL1 3HQ

Section 2: Information

1. Were your discharge needs discussed with you or your relatives/carers before your stay in hospital or on admission?

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2. Did you receive any written information about leaving hospital before your admission?

Please tick Yes No

3. Did you feel that your needs were considered?

Please tick Yes No

4. If you did not receive information about what to expect upon leaving hospital when you were admitted, when did you receive this information?

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5. On leaving hospital, were you provided with the following?

Information regarding your aftercare Please tick

Yes No Don't Know Can't remember

Contact numbers for further assistance Please tick

Yes No Don't Know Can't remember

Medication, including dressings Please tick

Yes No Don't Know Can't remember

Is there any other information you would have liked to receive?

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Section 3: Being discharged

6. Did you experience any delays when being discharged from hospital?

Please tick Yes No - please go to question 7

If yes, how long did you have to wait?

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7. Were you kept informed as to why there was a delay?

Please tick Yes No

8. What was the reason for the delay?

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Section 4: At home

9. Were you provided with any aids or adaptations at home when you left

hospital? Please tick Yes No - please go to question 10

If yes, how useful were they and were there any problems?

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10. Did you receive any professional help at home when you left hospital?
(For example, a paid care worker or physiotherapist)

Please tick Yes No

11. Were you happy with the service you received in your home?

Please tick Yes No

12. Please explain why you feel this way

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13. If there is anything else that you would like to tell Plymouth LINK about regarding your experiences of leaving hospital and returning home , please give details below

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Please continue on a separate sheet if necessary.

Age Group, please tick

Under 18 19 – 34 35 – 50 51- 60
61 – 70 71 and over

Gender

Ethnic Origin

Do you have a disability?

Employment Status.....

Postcode



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