



Leaving Hospital Survey

Final Report

April 2011



Introduction

Local Involvement Networks (LINKs) were set up by the government to give communities a voice in how their health and social care services are delivered under The Local Government and Public Involvement Act 2007.

The role of a LINK is to promote involvement from the wider public. Plymouth LINK talks to local people about what they want from health and social care services. By establishing strong strategic partnerships with health and social care providers the LINK is able to feed in the views of the local population, allowing providers of services to consider how to better meet the needs of Plymouth people.



Following feedback from the wider LINK membership regarding their experiences of leaving hospital, Plymouth LINK consulted patients leaving inpatient beds at Derriford Hospital.

Feedback received by the LINK suggested that there may be delays experienced by patients when they were ready to leave hospital. In a climate where demand for hospital beds is on the rise, Plymouth Local Involvement Network was keen to investigate the reasons for any such delay in the hope that suggestions for improvement to the discharge process could be presented to Plymouth Hospitals NHS Trust.

Plymouth LINK has a positive relationship with Derriford Hospital, and as a result the hospital agreed to place a Leaving Hospital questionnaire, LINK booklet and freepost envelope into all discharge paperwork. Every patient discharged between 25th January 2011 and 24th February 2011, received the invitation to take part in the survey. The exact number of questionnaires distributed is unknown, distribution took place at Derriford Hospital only, from which 128 responses were received.

The questionnaire was loosely based upon a version used by Devon LINK during 2010, of which data was also received regarding Derriford Hospital. This information is contained in the latter part of this report. Plymouth Hospitals NHS Trust were invited to view the questionnaire prior to distribution, following which several additions were made, to encompass not only the physical discharge process but also information provided to patients and carers about their hospital stay.

Each section of the report focuses on particular areas of the discharge process in the order that they appear in the questionnaire.

In consultation with NHS Plymouth, the survey was also distributed to patients leaving Mount Gould hospital wards to look at issues facing discharge from community beds.

Assessment of needs upon leaving hospital

As not all those who have an inpatient stay at the hospital are expected to stay for a prolonged period of time, planning for ongoing care and support once home is crucial to ensure a smooth transition from hospital to the home environment. Providing patients who have planned hospital admissions with information prior to their arrival in hospital allows the patient and their support network to make plans for their care and support on discharge, should this be needed. This may mean that a delay discharging a patient because adequate care is not in place could be avoided.

Overall, 61% of patients who responded to the survey said that their needs upon leaving hospital had been discussed with them or their relatives/carers prior to their admission.

Several wards were identified from those that responded where 100% of patients did not have the opportunity to discuss their needs upon discharge prior to admission. These were Fal, Brent, Burrator and Monkswell. These wards did have low response rates to the survey so this result although not positive, should be taken in context.

Comments from patients included:

- My needs were discussed and it was very helpful
- My discharge needs were not discussed at all
- A lot of consideration was given about my return to home and if the appropriate nursing care was set up

Receiving written information

Written information about leaving hospital can be used when planning the care and support required when returning home. From those that answered this question, 50% of patients had received some form of information in writing prior to being admitted. Of the wards stipulated on the questionnaire there are several where 100% of patients state that no written information was provided prior to admission. These include Brent, Burrator, Fal and Mayflower.

Pleasingly, despite this, 90% of patients who answered question three felt that their needs had been considered. However, a small number of patients felt that their needs had not been considered, this being 100% of the response for Fal ward.

Comments from patients included:

- Information received was limited
- I did not receive any written information
- I received written information on my last day in hospital
- I didn't receive any information, a leaflet telling me what I could and couldn't do after my operation would have been useful

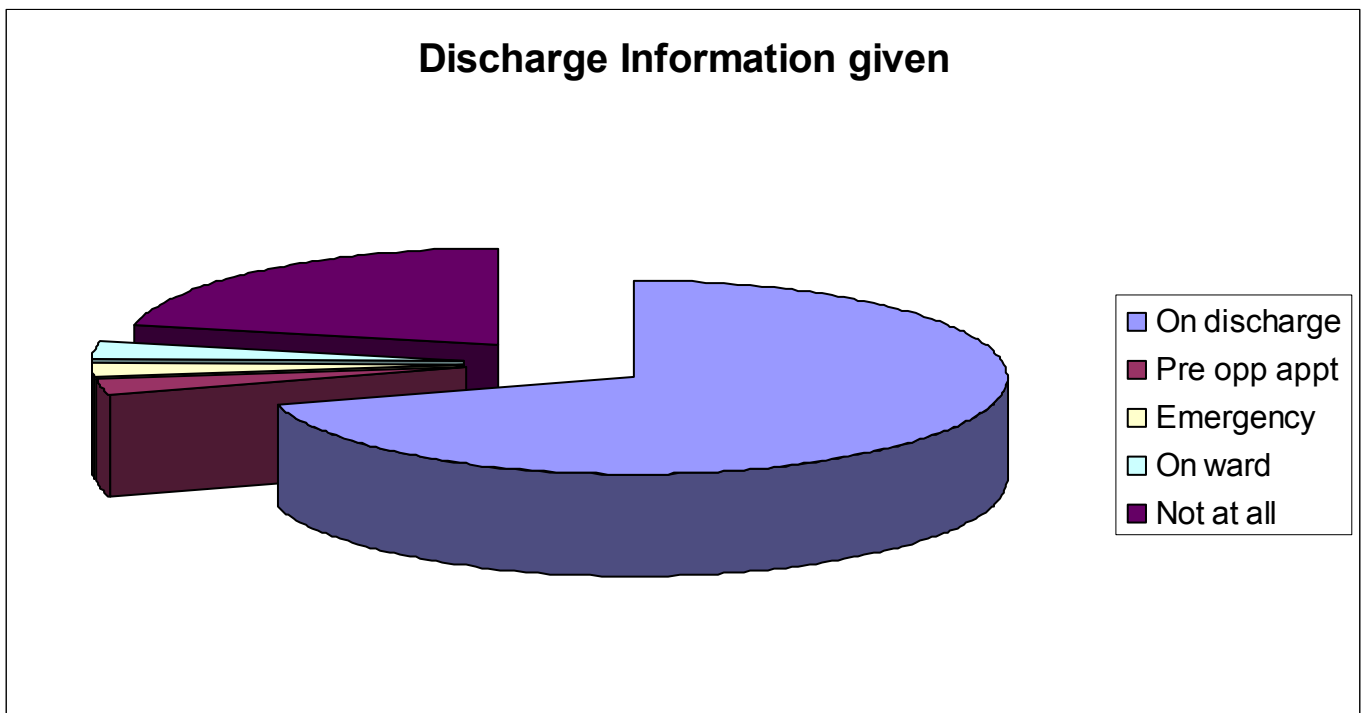
Getting the timing right

The LINK talks to the people of Plymouth regularly at events and meetings across the City and a common theme is that information from healthcare providers is not received at the right time to make it useful.

Question four of the survey asked when patients received the information about what to expect when they returned home, if they did not receive it prior to admission. Overall, of the patients who answered this question, 71% stated that they received information about what to expect when leaving hospital when they were actually discharged. 21% said they did not receive this information at all.

Comments from patients included:

- I received my information on the day of leaving
- I was given my information by the doctor on the day I left whilst I was waiting for medication
- I was given information as I was getting ready to leave
- A lot of information was given to me at discharge in the last couple of hours which was very rushed and hard to take in. Would have been better to ensure this had been done the day before discharge to allow time for any questions that I may have had
- All my questions were answered



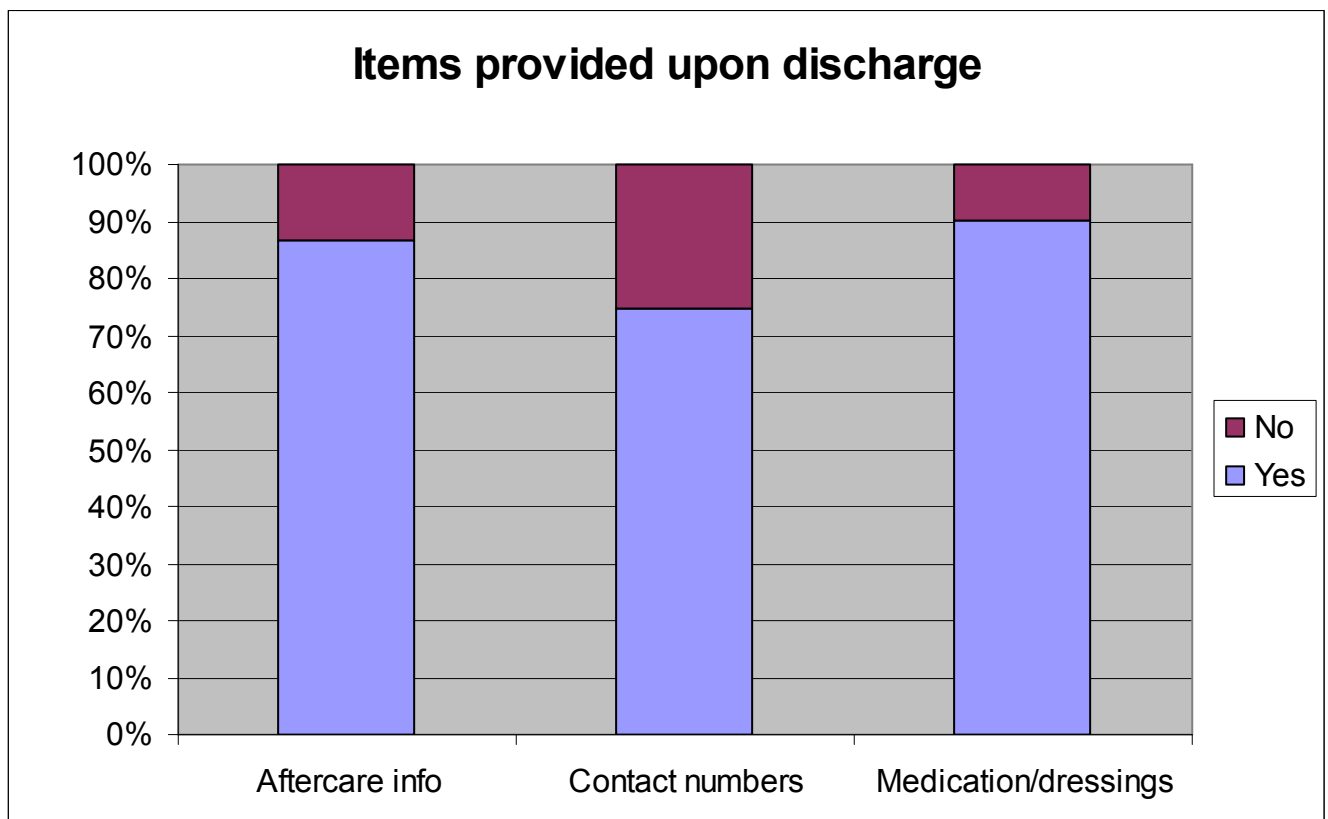
LINK recommendations: Planning of onward care is an important aspect of the transition from hospital to the home environment. To enable a patient to effectively plan their onward care and manage their own expectations of care/ support needed following an inpatient stay, the LINK recommends that written information about what to expect after a stay in hospital is included with all correspondence sent to patients at the time their procedure is confirmed.

When leaving hospital

Of the patients who answered question 5, 85% received information about their aftercare at the point of discharge. Essential contact numbers for further assistance after discharge was not provided to 24% of patients who answered this question. Although not every patient would receive further medication or dressings, the LINK would anticipate that all patients should receive information regarding their aftercare and telephone numbers for further assistance should they require it after returning home.

The hospital are interested to know what patients would like to receive at the point of discharge. Suggestions from those completing this survey include:

- Contact from someone at Derriford rather than my G.P.
- Painkillers—my midwife had to sort this on her first visit
- Information on bottle feeding, I was only given information on breast feeding even though they knew I was not breast feeding.
- Advice on aftercare of stitches and contraception
- Information about where to get a wheelchair
- We would have liked to be more prepared for the side effects
- A wheelchair as I was non weight bearing, it took three weeks to get me a wheelchair
- I couldn't live without my aids and adaptations they are very very useful
- Very useful, no problems



LINK recommendations— If not currently the procedure, the LINK recommends that information regarding what to expect following a procedure and contact numbers for further assistance if needed, should form part of the patient's discharge paperwork, therefore ensuring that all patients receive this information at the most relevant time.

Delays

Delays in leaving hospital are well known to cause anxiety for the patient as well as increased costs to the hospital due to the delay in beds becoming available for other patients. Overall, of the patients who answered this question, 41% experienced a delay in being discharged from their inpatient stay. An emerging trend from the responses provided shows that the reason for delays on many occasions was medication from the pharmacy not being available, or that discharge paperwork was still not finalised.

Some patients explained further that they had been advised they were ready to go home by the doctor/consultant, but remained in hospital another night as discharge paperwork and medication had not been readied for them to leave.

Comments from responses include:

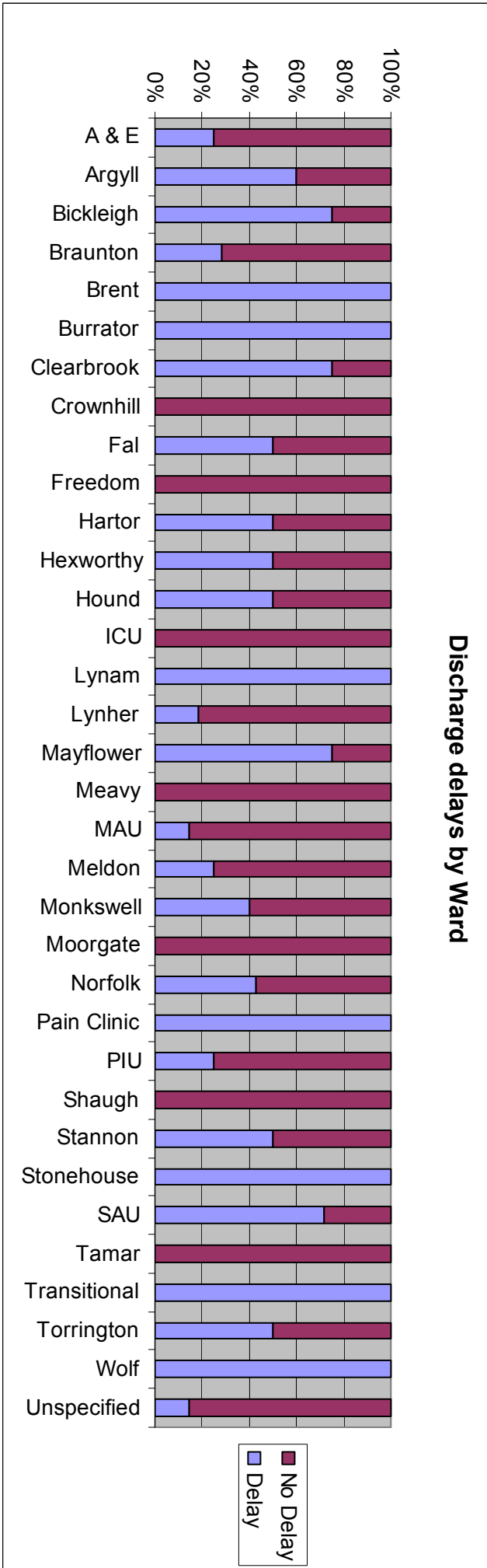
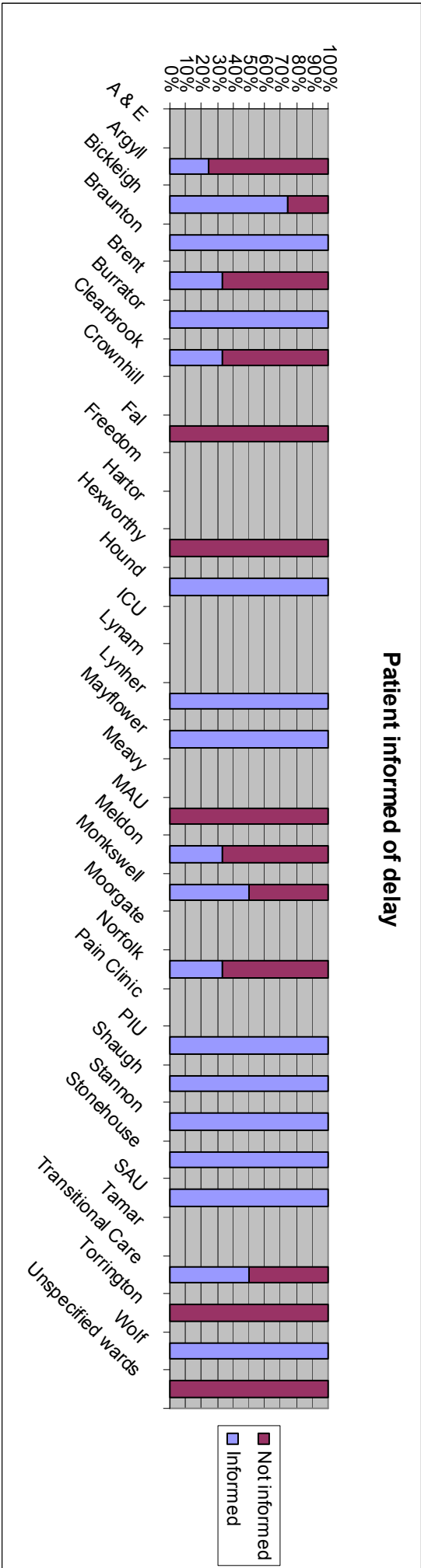
- Waited an hour for medication from Pharmacy
- I was delayed all day
- No delay—very smooth
- 2 hour delay as no availability of transport
- No delays everything went smoothly
- 3 hour delay waiting for medication from Pharmacy
- 4 hour delay waiting for discharge papers
- 4-5 hour delay waiting for Pharmacy!
- Waiting for prescription to come from Pharmacy—2 1/4 hours
- I was told at 8.30a.m. that I was going home, didn't get my discharge paperwork until 11.00a.m. and I said I would buy my own medication as a lady the day before had to wait until 4.00p.m. for medication
- Waited five hours for my discharge letter
- 2/3 hour delay as the porter had my meds and we were on Level 11 so last to be seen
- Waited 6 hours for medication from Pharmacy

Keeping patients informed

From the delays that were identified in the survey responses, 60% of patients were informed as to the reason for the delay. Individual wards are detailed in graph form on the following page.

Comments from patients who responded include:

- Don't know why there was a delay but it was on Pharmacy
- Was told about delay, they were waiting for medication from the Pharmacy
- Keeping to the time told would be useful as patient transport had been arranged for me
- When I asked why there was a delay I was informed that it was a busy hospital and patients needed to be patient!
- There was no delay but I was warned there could be and why
- Was advised the delay was due to lack of staff
- Told delay was as there was only one doctor to do admin
- Told that my discharge would be after midday because of preparing the papers, at 16.30 I was advised it was because of waiting for medication
- Only found out when I asked, was told doctor was too busy with other patients to send my details to the Pharmacy—delayed 6 hours!
- Delayed 7 hours waiting for medication—was informed



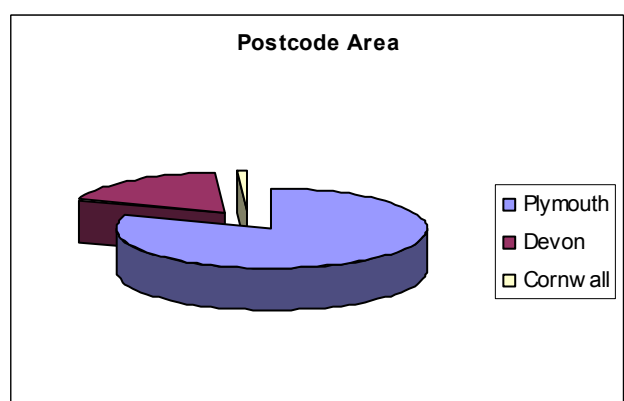
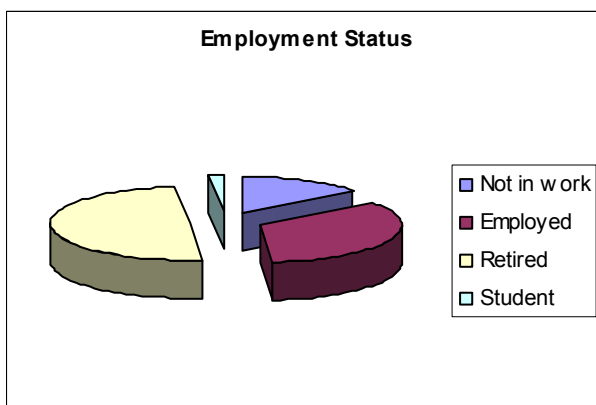
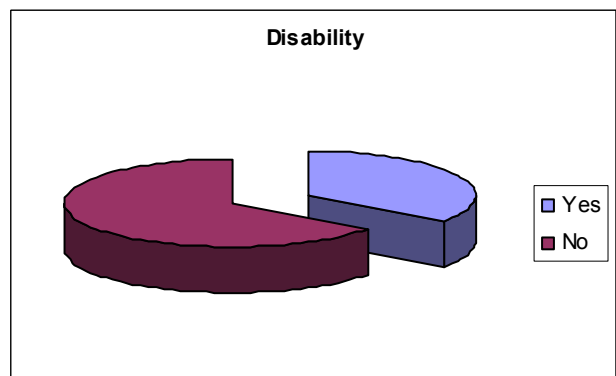
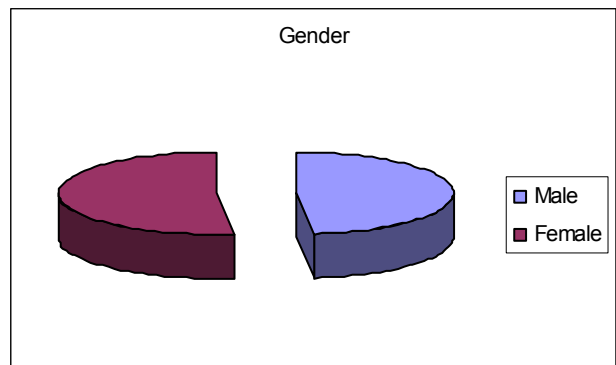
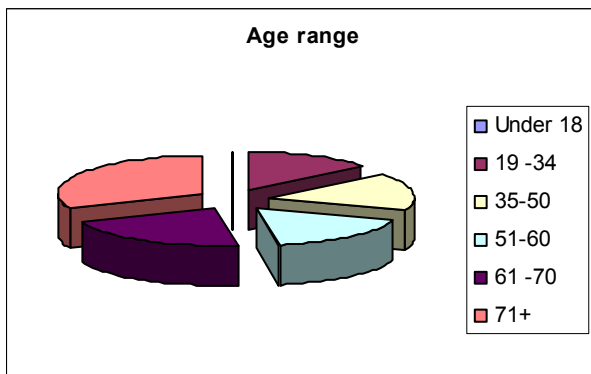
Aftercare

When leaving hospital 31% of patients who responded were provided with aids or adaptations to assist them once home. Of those receiving aids or adaptations, 32% felt that they were of use to them.

Furthermore, 15% of patients responding to the questionnaire received additional professional help and support once in the home environment. 95% of those who received this help were happy with the service provided.

Demographics

The Leaving Hospital questionnaire was anonymous for all those who chose to take part, with the option to identify which area of the community the respondent felt they were placed.



Mount Gould Hospital

The Leaving Hospital Survey was placed into discharge paperwork for patients leaving Mount Gould Hospital throughout May 2011.

Patients leaving Mount Gould after an inpatient stay are considerably lower in number than Derriford Hospital. Responses were received from 10% of those who were discharged during the period.

Every response received regarding Mount Gould Hospital was positive. For those patients who had been admitted unexpectedly and therefore had not had the opportunity to receive information about what to expect during their stay, were informed about what to expect when leaving in good time.

There were no delays to the discharge process indicated by the responses.

Comments from those completing the survey included:

- My stay at Mount Gould Hospital was very good. The Doctors, staff and also the food were wonderful, they helped me to get well and come home. I can't praise them enough.
- Everyone was very supportive.
- Very well looked after by friendly staff.



Devon wide patient experiences

LINK Devon conducted a Leaving Hospital Survey for patients leaving inpatient care in the period May—November 2010. Of the response received by LINK Devon, 26 responses related to treatment at Derriford Hospital.

This survey focused solely on the discharge process and included questions to ascertain if after-care information, contact numbers for assistance and medication/dressings was provided on discharge. The Devon questionnaire also asked for a response regarding delays in leaving hospital and the patients understanding of why these delays had occurred.

Of the responses received by LINK Devon 27% of patients had not received any information about aftercare when they were discharged. 50% of patients providing a response had experienced delays in the discharge process. These delays were predominately due to waiting for medication and discharge paperwork.

Comments received at LINK Devon included:

- From the time I was told I was to be discharged (12 noon), I finally received the medication and discharge papers at 5pm after several enquiries as to what was happening
- I could have gone home before lunch but doctors letter was not signed until 3pm
- Moorgate Ward—the staff were very thoughtful and efficient
- Unwarranted long delays, conflicting information from numerous staff from the different professions, no clear printed information.

Summary of LINK recommendations

Planning of onward care is an important aspect of the transition from hospital to the home environment. To enable a patient to effectively plan their onward care and manage their own expectations of care/support needed following an inpatient stay, the LINK recommends that written information about what to expect after a stay in hospital is included with all correspondence sent to patients at the time their procedure is confirmed.

If not currently the procedure, the LINK recommends that information regarding what to expect following a procedure and contact numbers for further assistance if needed, should also form part of the patient's discharge paperwork, as well as pre-admission information, therefore ensuring that all patients receive this information at the most relevant time.

Further LINK recommendations

The responses received by Plymouth LINK during the period of the survey have highlighted the delays faced by patients when leaving Derriford Hospital. Although some delays will be inevitable, as some aspects of the discharge process will be outside of the hospital's control, delays experienced waiting for medication and paperwork are still common place.

Feedback of this nature is not confined to this survey alone, as many members of the public have commented about the delay in receiving medication during our community engagement events.

Plymouth LINK recommends that in conjunction with Derriford Hospital the discharge process is assessed in detail, with particular emphasis upon the system for obtaining medication and associated paperwork. The LINK would hope that from this the discharge process can be improved significantly for patients whilst having a positive impact upon financial and reporting factors for the hospital.

In addition, the LINK also recommends that further consultation is undertaken with patients that are seen in day surgery wards, as from the data collected so far there appears to be a need for streamlining of the discharge process in this area. Plymouth LINK is keen to work with Plymouth Hospitals NHS Trust further on this issue.

Plymouth LINK would like to Plymouth Hospitals NHS Trust for their input into the questionnaire and the distribution throughout discharge paperwork.