



Queen Elizabeth Hospital Gateshead – Discharge Review August – October 2015



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1. What is Healthwatch?

Healthwatch organisations were established across England to create a strong, independent consumer champion whose role is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs.
- Enable residents to find the right health and social care service for them by providing appropriate information, advice and signposting.

Healthwatch works with local residents, patients, service users, carers and community groups, organisations, service providers and commissioners to get the best out of local health and social care services.

1.1 Healthwatch Nationally and Locally

Healthwatch Gateshead was established under the Health and Social Care Act 2012 and is the independent local consumer champion across Gateshead.

Healthwatch Gateshead provides an opportunity for local residents to have a stronger voice to influence and challenge how health and social care services are provided locally.

The organisation brings together residents views and experience of local health and social care services and uses this feedback to build a picture of where services are doing well and where they can be improved.

Healthwatch Gateshead can provide residents with information about the choices they have and what they can do if things go wrong.

Nationally the Healthwatch Network is made up of 148 local Healthwatch's with Healthwatch England in place to offer leadership, guidance and support to the network.

2.Executive Summary

This report presents the outcome of the Healthwatch Gateshead review of discharge arrangements at the Queen Elizabeth Hospital in Gateshead.

The aim of the study was to examine the experience of patients who have recently been discharged from the Queen Elizabeth Hospital and where necessary make recommendations for improvements based on the evidence received from patients.

Overall the patient's experience of discharge was good with some patients highlighting areas for improvement.

2.1 Recommendations

The two major recommendations resulting from the research undertaken by Healthwatch Gateshead are as follows: -

Recommendation 1 - Review and improve the process by which medication is issued during discharge.

Recommendation 2 - Review communications and information regarding the discharge process provided to staff, relatives and patients to ensure it is consistency, timeliness and relevance.

3. Research Remit

3.1 Aim of the Report

The hospital discharge survey was undertaken to gather information from patients and carers about their experience of being discharged from the Queen Elizabeth Hospital in Gateshead. The objective was to examine whether the current discharge process meets the needs of patients, families and carers. The Healthwatch Board has directed this review of the Queen Elizabeth discharge process because of information gathered from patients through a variety of public engagement and consultation activities.

The review:

- Gathered information on the discharge experience from patient's and carers perspectives.
- Collected information about how patients and carers are involved in the hospital discharge process.
- Explored the extent to which the discharge process is 'joined up'
- Make recommendations to improve the discharge process from the perspective of patients and carers.

For the purposes of this report, discharge from hospital is defined as the following:

“Discharge or care transfer is an essential part of care management in any setting. It ensures that health and social care systems are proactive in supporting individuals and their families and carers to either return home or transfer to another setting”(*Source- Dept of Health Ready to go? - Planning the discharge and the transfer of patients from hospital and intermediate care* ³<http://tinyurl.com/prckhct>)

3.2 Methodology

Healthwatch Gateshead initially worked with the Queen Elizabeth Hospital Patient Public and Carer Involvement and Experience Group to find out what level of service patients should expect to receive to provide a baseline to compare the results from the survey.

The survey was launched in August 2015 and ran until the end of October 2015.

The survey was given to patients as part of the discharge process to complete in a paper format.

The questions were developed in partnership with the Queen Elizabeth Hospital Patient Public & Carer Involvement & Experience Group to gauge patient's experiences on the following: -

- Is the hospital discharge process being followed?
- Identify any key areas for improvement

Please note: patients were given the opportunity to skip any questions they did not wish to answer.

3.3 Overview

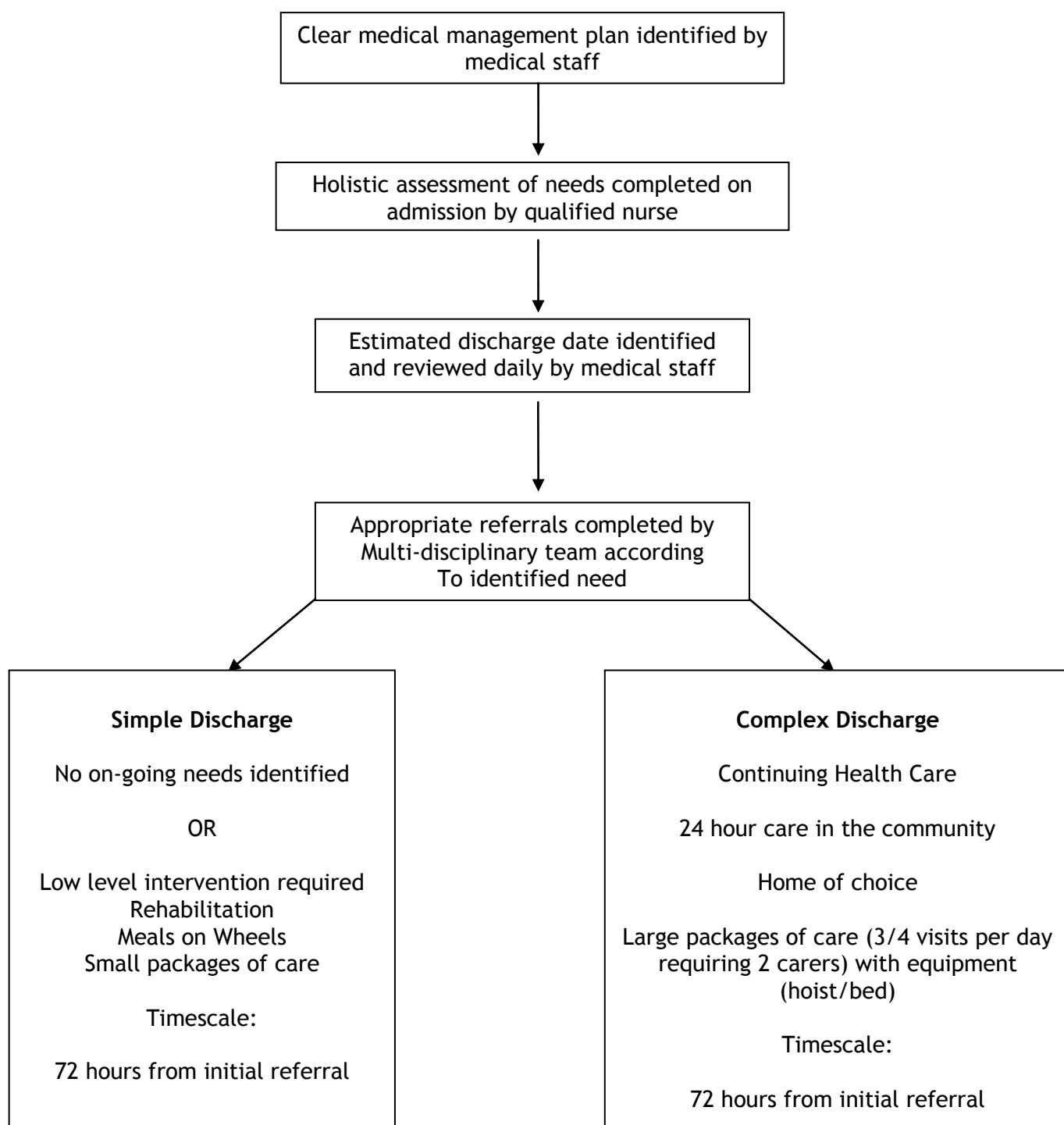
Of the 186 responses 62.37% (116) of the patients discharged during the survey period live in the Gateshead Borough council area, 70 lived outside the Gateshead area and 4 did not answer the question. A breakdown of the area data can be found in Appendix 2. Patient profile of respondents can be found at Appendix 1.

Healthwatch Gateshead would like to thank all those patients and carers who responded to this survey with their experience of the Queen Elizabeth Hospital Gateshead (QE) discharge process.

Healthwatch Gateshead would also like to thank the staff at the QE Hospital and the Safecare team for their cooperation, support and help in drawing this survey to patient and carers attention and encouraging them to take part.

The Queen Elizabeth Hospital staff has responded to this study in a positive fashion and is clearly committed to ongoing improvements to the patient experience.

4. Queen Elizabeth Hospital Discharge Policy



Gateshead Health NHS Foundation Trust – Care Standard 20 - Discharge Planning
Appendix 4

5.Key Findings

5.1 Conclusions:

The Gateshead Health NHS Foundation Trust – Care Standard 20 Discharge Planning guidance provides a clear structure for the discharge process. The process highlights a proactive approach that commences on admission with a pre-assessment via a holistic assessment of patient's needs.

In reviewing the process HWG looked at the following elements within the communication and planning for patient discharge:

Timescales – On admission 51% (96) patients were not given an estimated date of discharge; generally, patients/family/carers were told of their discharge on the day the patient went home and 54% (95) patients/family/carers felt they were given enough notice.

The survey data highlights that discharge planning is not always commencing on admission.

Patients gave a range of responses to what time they had been told about discharge. There appears to be no pattern to this.

Communication – 14% (26) of patients discharge date was changed, 7% (12) patients could not recall if their discharge date was changed; of this number 20% (34) patients felt the change had been fully explained to them and their family. 69% (129) patients felt that they were fully involved in decisions about their discharge.

This data demonstrates a **95.5% satisfaction rate** for patients being fully involved and informed around their discharge.

Delays in discharge - 46% (85) patients experienced a delay in their discharge 34% (60) patients attributed the delay to waiting for medication.

The discharge process for medication is clearly not working and requires a review.

Discharge Lounge – 17.5% (33) patients used the discharge lounge, of these patients 82% (27) said they preferred to go to the discharge lounge than stay on the ward; 88% (29) of these patients rated the service they received as good or above.

The survey highlights a high satisfaction rate for the low numbers that used the discharge lounge, it would be useful to explore why only 17.5% (33) of the 190 patients who completed the survey used the discharge lounge, 1 patient did not respond to this question.

Referrals, Adaptation's, Equipment and Care Packages – 25.81% (48) of patients stated that it was not discussed with them as to whether they may need any further health or social care services after leaving hospital. From the data available it cannot be clear if this is because these patients would not require any ongoing interventions.

In relation to care assessments 58% (105) patients did not have a family carer;

23.76% (43) stated that they were not offered a family carer assessment but it is unclear from the data if these patients have family carers.

4.76% (8) patients felt that their family carer may need support to care for them. **N.B.** There is insufficient detail to identify if the 4.76% (8) patients/carers who felt their carer may need support were not asked the previous questions.

From the 190 patients surveyed 9.29% (17) patients felt that they had not received the support they needed when they returned home. From comments received there is no clarification as to the

reasons why these patients have not received the support they feel they need when they returned home, therefore a negative conclusion cannot be drawn from this.

54.35% (100) patients stated that hospital staff did not discuss whether they required equipment or adaptations to return home. 33.15% (61) patients did have this discussion and 12.50% (23) stated it was not applicable.

An assumption from the survey data is that the 'no' responses were from patients who the hospital knew did not require any equipment or adaptations to return home. This is based on the additional question which asked 'Did you need any equipment or adaptations at home?'

8.05% (14) patients from the 174 patients who answered this question stated that they did require any equipment or adaptations at home.

From the survey data no clear negative inference can be drawn around the care pathway not being in place when a patient is discharged. Therefore, the conclusion drawn is that hospital staff does discuss these issues with relevant patients and make the appropriate arrangements.

Hospital Transport – Of the 184 responses 15.21% (28) patients used hospital transport. 25 of these patients confirmed that they were happy with the service; 2.29% (4) patients reported this delayed their discharge.

Comments provided by patients highlighted that on one occasion a patient had a three and a half hour wait between the time the transport was booked to arrive and when it arrived. On another occasion a lack of communication between ward staff and the ambulance crew regarding the type of property the patient was returning home to result in the crew not having the correct equipment to transfer the patient inside. There is insufficient data to draw a negative conclusion from this information as they may be isolated incidents.

Medication – From the 185 responses 75.14% (139) patients required medication on discharge. From the 175 responses 34.29% (60) stated that waiting for medication **delayed** their discharge, this equates to 50% of patients who required medication on discharge.

Patients requiring medication were asked 'was the purpose and possible side effects of the medication fully explained to you?'

From the 178 responses 52.81% (94) patients had received the information they needed and 5.62% (10) patients stated they had not been given the information they needed

Based on this information the conclusion drawn is that this is unsatisfactory. Delays in discharge due to waiting for medication requires a review and all patients should receive information relating to the medication they are discharged with and it should be checked that they understand the information.

Information for the Patient Post Discharge – 73.34% (132) patients confirmed that they received information about what to do after leaving hospital however 18.33% (33) patients did not. 82.15% (143) patients received information about who to contact if they were worried about their condition after being discharged, 10.93% (20) patients did not receive this information.

Communication of information is essential on discharge to avoid unnecessary re-admissions and avoidable worry for patients.

Discharge Process – 186 patients from the 190 who responded to this survey provided feedback on how they rated their discharge from hospital. 95.16% (177) patients were happy with their discharge; 3.23% (6) patients felt the process was poor; 3 patients were neither satisfied nor dissatisfied.

This data provides an overall good satisfaction rate for patient's experience when discharged from the Queen Elizabeth Hospital.

6. Recommendations:

Healthwatch Gateshead makes the following recommendations:

Discharge Planning -To review and better establish discharge planning commencing on admission – this could be done at ward meetings.

Medication - Review and where possible improve the process by which medication is issued for discharge. Healthwatch Gateshead is aware that the Patient Public and Carers Involvement and Experience Group have been looking at this issue. The preparation and delivery of medication appears to cause the delay and this is for a number of reasons that are not covered in this report.

Consider using the electronic prescription method whereby a patient can pick up their prescription at a local pharmacy could alleviate some of the problems faced by patients waiting for discharge.

Discharge Lounge - To promote the use of the discharge lounge as this was very low for patients who completed this survey and if it is not being used effectively to ask 'why'.

Adaptations, Equipment and Care Packages – The Trust to better establish the 'Care Pathway' process to ensure that it is operating effectively.

Transport – At ward meetings promote the importance that transport crew are aware of the type of property a patient may be returning to especially if the patient is not mobile. Explore with the ambulance service the average waiting time for transport and the importance of advising the ward staff if a long delay is expected so patients and carers/families can be kept up to date.

Communication - The Trust is asked to better establish the consistency of information provided to patients.

- Every patient should receive a discharge leaflet.
- Every patient should receive clear information about who to contact if there are any issues post discharge.
- A discharge letter should be readily available to patient and carers.
- On discharge, every patient should have personal contact with a member of staff detailing the discharge process including medication and time of discharge etc.

Overall there are no high areas of concern around the Queen Elizabeth Hospital Discharge process and the hospitals approach to continuous improvement of the patient's experience.

6.1 This report has been presented to the Queen Elizabeth NHS Hospital for comment and to inform their continual improvement process.

Healthwatch Gateshead Recommendations	Response from Trust	Lead Responsibility
<p>Discharge Planning- To review and ensure that discharge planning is Commenced on admission; this could be done at ward meetings.</p>	<p>Staff recently attended a discharge planning workshop to highlight the importance efficient discharge planning. Matron Janet Thompson and the discharge liaison team have organised a further 4 workshops aimed at newly qualified band 5 staff nurses to ensure our patients have a safe discharge. The trust plan to establish a trust wide training plan for discharge improvement.</p> <p>There is a transfer of care and transformation group which has a combined action plan to improve discharge planning and transfer of care. This is led and monitored by the associated group. An example of this work is the implementation of roistered, ward based discharge co-ordinators on certain wards to improve discharge planning and the patient flow.</p>	<p>Transfer of Care Transformation Team</p>
<p>Medication – Review and where possible improve the process by which medication is issued for discharge. Healthwatch Gateshead is aware that the public Patient and Carers Involvement & Experience Group have been looking at this issue. The preparation and delivery of medication appears to cause the delay and this is for a number of reasons that are not covered in the report. Healthwatch Gateshead would like to suggest that the Trust look into using the electronic prescription method that GPs use. This would mean that where it is appropriate for the patient prescriptions could be sent to their local pharmacy and delivered or collected whichever the patients prefer.</p> <p>An arrangement could be put in place between the hospital and local pharmacy's that sign up to the arrangement that prescriptions are received no later than an agreed time for same day delivery. If this was in place it would certainly reduce this area of delay in the discharge process for some</p>	<p>One of the trusts priorities in the Quality Account for 15/16 was to improve patient safety by the use of patient's own drugs. The aim of the project was that the patient would use their own drugs whilst in hospital and would be discharged home with them where appropriate. The aim was to increase usage from a baseline of 31% to 50% by the end of March 2016. This target has already been met.</p> <p>Electronic prescribing is being rolled out across the trust which should also aid the discharge planning process.</p> <p>Increasing awareness of the whole discharge planning process emphasised in the workshops, should reduce delays waiting for discharge medication. Discharge medications we feel should be given to the patient at the point of discharge so that nursing staff can be assured that the</p>	<p>Chief Pharmacist</p>

<p>patients.</p>	<p>patient/ carer has the correct medication and education is delivered on the administration of the medications. This process would be lost if it was outsourced and delivered to the patient. Also if the patient was to collect from a local pharmacy there is no assurance that the patient has collected the medication in a timely manner.</p>	
<p>Discharge Lounge- To explore the level of use of the discharge lounge as this was low for patients who completed the survey and if it is not being used effectively to ask “why”.</p>	<p>Discharge lounge have produced a leaflet to promote the area. The sister is currently undertaking an audit of which areas utilise the facility.</p>	
<p>Adaptations, Equipment and Care packages – The trust to review the “Care Pathway” process to ensure that it is operating effectively.</p>	<p>The discharge liaison team advise wards about care packages. This subject is also covered in the workshops and is within the remit of the transfer of care transformation team.</p>	
<p>Transport – At ward meetings highlight the importance that the transport crew are aware of the type of property a patient may be returning to especially if the patient is not mobile.</p> <p>Explore with the ambulance service the average waiting time for transport and the importance of advising the ward staff if a long delay is expected so patients and carers/families can be kept up to date.</p>	<p>The trust currently has contracts with the North East Ambulance service (NEAS) and a private company ERS Medical. Due to current issues with NEAS frequently cancelling booked stretcher and two man crews after 15:30 the trust has contracted ERS Medical to provide an additional service between 12:00 and 18:00.</p> <p>Mr Rob Willers Service Line Manager is currently reviewing both contracts due to the ongoing issues. Mobility of the patient is a standard question on the ambulance booking criteria; therefore crews should be aware of patient’s mobility. Ambulances for discharge need to be booked at least 24 hours in advance especially for patients requiring a 2 man crew or a stretcher. Same day bookings requests are not guaranteed. NEAS are no longer able to give the wards time band. Therefore the wards cannot give patients/ families times of discharge.</p>	<p>SLM, Medical business unit.</p>

<p>Communication – The Trust is asked to look into consistency of information provided to patients.</p> <ul style="list-style-type: none"> • Every patient should receive a discharge leaflet • Every patient should receive clear information about who to contact if there are any issues post discharge • A discharge letter should be readily available to patient and carers • On discharge, every patient should have personal contact with a member of staff detailing the discharge process including medication and the time of discharge etc. 	<p>The transfer of care transformation team is developing pathways to implement a collaborative discharge process, including: Family/ care giver inclusion and education, communication between health workers and family and a sharable care plan.</p>	<p>Transfer of Care Transformation Team</p>
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7. What next?

The contents of the table above will be monitored at the Queen Elizabeth Hospital SafeCare council meetings and reported as part of their Patient, Public and Carer Involvement and Experience Group work stream.

Healthwatch Gateshead has a place on this group and will be able to keep up-to-date with the QE Hospitals progress against the recommendations.

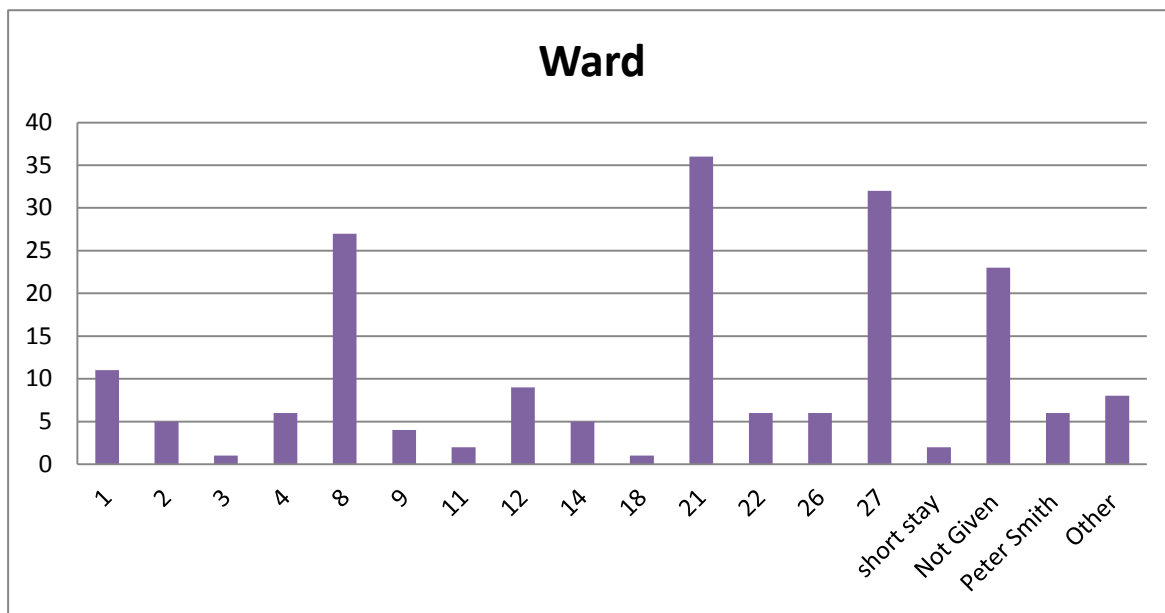
The report will be available on the Healthwatch Gateshead website and may also be presented to the following organisations as appropriate for information:

Healthwatch England
Care Quality Commission
NHS England
Gateshead Health and Wellbeing Board
Newcastle Gateshead NHS Clinical Commissioning Group
Gateshead Council Public Health
Gateshead Council Care Health and Wellbeing Scrutiny Committee

Healthwatch Gateshead will look at re-issuing the survey across all wards in the Queen Elizabeth Hospital in 12 months to monitor improvements against the baseline data.

8.Data Analysis

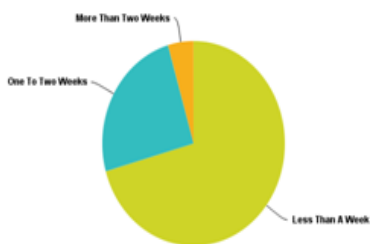
A total of 190 surveys were received by Healthwatch Gateshead for analysis from the 1600 surveys provided to the wards in the Queen Elizabeth Hospital to be given to patients on discharge (Appendix 2 Ward breakdown of survey distribution; Survey data Appendix 3). This represents an 11.87% response rate; the target percentage of returns was 25%. The University of Nottingham guidance was used to calculate the response rate¹. A 10% response rate is indicated as a reasonable level to provide a snapshot of the target audience’s perception of the Queen Elizabeth Hospital discharge process.



Of the 177 responses 70.62% (125) patients had been in hospital for less than a week; 24.86%(44) had been in hospital for one to two weeks and 4.52%(8) had been in hospital for more than two weeks; 13 patients/carers did not answer this question

Q14: How long have you been in hospital on this occasion?

Answered: 177 Skipped: 13



Answer Choices	Responses
Less than a week	70.62% 125
One to Two Weeks	25.86% 44
More than Two Weeks	4.52% 8
Total:	177

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The following themes emerged from this study: Some questions on the returned surveys were left unanswered.

Gateshead Health NHS Foundation Trust Hospital Discharge Policy (page 23) - Care Standard 20 Discharge Planning (Appendix 5) sets out the process to be taken on admission to plan towards discharge.

Timescales:

(3) The discharge planning process states an estimated date for discharge is identified within 24 hours of admission.

50.79% (96) patients were not given an estimated discharge time within 24 hours of being admitted - 189 patients/carers answered this question.

53.67% (95) patients felt they were given enough notice of when they were going to be discharged – generally patients/family/carers were told of their discharge on the day the patient went home - 177 patients/carers answered this question.

Communication:

(4) The discharge planning process highlights ensuring effective communications strategies at both ward level and with the patient/family/carer regarding the discharge planning.

14.36% (26) patients discharge date was changed -181 patients/carers answered this question

19.65% (34) patients who answered the second part of the question about the reason for the change felt this had been fully explained to them and their family - 173 patients/carers answered this second part of the question.

68.98% (129) patients discharged during the survey period felt that they were involved in the decisions about their discharge - 187 patients/carers answered this question.

Delays:

Of the 186 responses 45.70% (85) patients experienced a delay in their discharge because they had to wait for something

Of the 175 responses patients/carers 34.29% (60) patients completing this survey stated the main reason for delay in discharge was waiting for medication from the pharmacy

Discharge Lounge:

Of the 189 responses 17.46% (33) patients used the discharge lounge

Of the 33 patients who used the discharge lounge and answered this question 81.82% (27) patient's said that they preferred to go to the discharge lounge than stay on the ward.

87.88% (29) patients rated the service they received in the discharge lounge as good or above, 33 patients answered this question - sample of comments received below:

'More comfortable seating would be nice'

'No improvements needed - staff very helpful and room very comfortable'

Referrals, Adaptations, Equipment and Care Packages

(5 & 6) In the discharge planning process it requires appropriate referrals to be made if required for post discharge intervention

Of the 186 responses 65.59% (122) patients had a discussion with hospital staff about whether they needed any further health or social care services after leaving hospital

Changes in the Care Act that came into place from the 1st April 2015 require professionals to offer family carers an assessment to see if they need any help to care for a relative.

Of the 181 responses 11.05% (20) patients/relatives stated they were asked this question

If the answer to the question above was **NO** Patients/carers were then asked if they thought their family carer may need support to care for them.

This question was relevant to 30.09% (64) patients of which 4.76% (8) felt their family carer may need support to help care for them -168 patients/carers answered this question. *N.B. There is insufficient detail to identify if the 4.76% (8) patients/carers who felt their carer may need support were not asked the previous question).*

Respondents to the survey were then asked if they had received the help and support they needed when they returned home. 70.49% (129) are receiving the support they need when they returned home. 183 patients answered this question.

For those patients who answered PARTLY to the question above they were asked to explain why.

20 patients responded with comments:

8 patients were receiving visits from the District Nurse but did not indicate if any other assistance is needed or in place for now or when the District Nurse is no longer visiting;

7 patients are receiving assistance from either their husband/wife/partner or other family members and in some cases with support from external carers;

1 patient had to call emergency out of hours because they were alone;

1 patient is alone and sometimes needs help and this is not in place;

1 patient indicates that the option of help at home was not discussed;

1 patient indicates they have been discharged to a care home for recovery but is unsure what will happen when they return home

1 patient has had a miss-carriage and indicated they had not been given any information regarding support when they returned home to help emotionally manage the loss.

(7) The discharge planning process requires staff to ensure that any identified equipment has been delivered and installed prior to discharge.

Of the 184 responses 33.15% (61) patients had a discussion with staff regarding equipment/adaptations they may/would require at home

Of the 174 patients who responded 8.05% (14) required any equipment or adaptations to return home.

Transport:

(8) The discharge planning process requires staff to establish the mode of transport a patient will use when discharged and to book an ambulance if necessary.

Of the 184 responses 15.21% (28) patients used hospital transport for their discharge

The patients who answered **YES** to the question above were asked 'Did this go smoothly'?

Of the 162 responses 15.43% (25) were happy with the service

From this 2 comments were received.

Transport booked for 10.30 but
it did not arrive until 14.00

Transport operatives were not told by the hospital that I
was to be taken upstairs so didn't have the correct
equipment. Ambulance service should be given more
information regarding patient's circumstances

Medication

(10) The discharge planning process requires staff to discuss with the patient/family/carer their discharge medication and check their level of understanding in order to promote self-awareness of their condition

Of the 185 responses 75.14% (139) patients required medication on discharge

If the survey respondent answered **YES** to the question above, they were asked 'was the purpose and possible side effects of the medication fully explained to you?'

Of the 178 responses 52.81% (94) patients had received the information they needed and 5.62% (10) patients stated they had not been given the information they needed

Contact information for Patient's Post Discharge

(11 & 12) The discharge planning process requires staff to explain to the patient/family/carer any advice or instructions given for post discharge and any follow up appointments. The content of conversation and leaflets given are recorded and patients/carers/family is advised to contact the Ward if they have any concerns post discharge.

Of the 180 responses 70.56% (127) patients confirmed that they received information about what to do after leaving hospital

Of the 183 responses 82.15% (143) patients received information about who to contact if they were worried about their condition after being discharged

10.93 (20) patients could not remember or didn't know if they had received information;

10.93% (20) patients stated that they had not received any information.

Overall Patient Experience of the Discharge Process

186 patients provided feedback on how they rated their discharge from hospital.

95.16% (177) patients were happy with their discharge;

3.23% (6) patients felt the process was poor.

Following on from the responses above patients were asked how they felt the discharge process could be improved - 76 comments were received (Appendix 4). A sample is below:

Did not wait for medication on ward Carer returned at 5pm to pick up prescription. Medication from pharmacy for patients waiting for discharge could be improved.

The waiting to be discharged needs improvement.

A larger pharmacy staff is required to cope with demand for medicines - waited over 1 hour for hospital transport. Did not know there was a discharge lounge.

Being less hurried and a little more considerate, but overall, generally speaking I received kind helpful attention from skilful, dedicated staff possessing considerate abilities and with a welcome sense of humour to be applauded and thanked, most sincerely.

Apart from the wait for medication everything was satisfactory. I was very thankful for the care I received.

Perhaps a dedicated discharge parking bay outside?

Medication needs to be ready at the time of discharge. Hospital notice does state that it can take up to 4 hours for medicines to arrive from the pharmacy. I had remained on the ward up until my discharge therefore I was bed blocking as I was unable to sit in a chair due to the pain.

More information about follow-up treatment and appointments.

I was on Ward 8 the staff was very good they were all very friendly and caring and worked well as a team.

No improvements required I was discharged on or around the time I was told.

Appendix 1 – Patient Profile

82.42% (136) of the 165 respondent are 55+ in age, 14.55% (24) aged between 35-54 and 2.42% (4) aged between 18-34; the gender breakdown of respondents is 63.64% female, 36.36% male; 96.36% (159) patients describe themselves as of a White ethnic origin.

54.88% (90) patients who responded to this survey described themselves as having a long-term health problem or disability which limits their day to day activities; 95.15 (157) of respondents are living independently in their own home with 65.41% (104) who have someone who helps them

The survey was completed by 86.23% (144) patients; 8.38% (14) patients and carers; 5.39% (9) carers.

Q33: Gender

Answered: 165 Skipped: 25

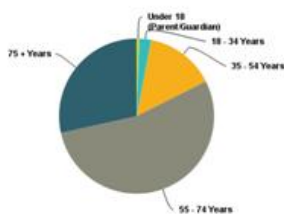


Answer Choices	Responses
Male	36.36% 60
Female	63.64% 105
Total:	165

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Q34: Age

Answered: 165 Skipped: 25



Answer Choices	Responses
Under 18 (Parent/Guardian)	0.61% 1
18-34	2.42% 4
35-54	14.55% 24
55-74	53.94% 89
75+ years	28.48% 47
Total:	165

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Q37: Do you have a long-term health problem or disability which limits your day-to-day activities? By long term we mean one that has lasted or is expected to last, at least 12 months.

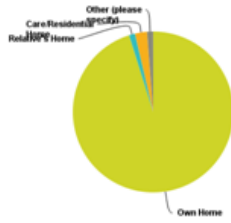


Answer Choices	Responses
Yes	54.88% 90
No	45.12% 74
Total:	164

Powered by SurveyMonkey

Q38: Are you returning to your own home, the home of a family member, or to a care/residential home?

Answered: 165 Skipped: 25



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Answer Choices	Responses
Own Home	95.15% 157
Relative's Home	1.21% 2
Care/Residential Home	2.42% 4
Other (please specify)	1.21% 2
Total	165

Q39: (IF OWN HOME) Do you have a 'family carer' - someone who helps look after you ?

Answered: 159 Skipped: 31

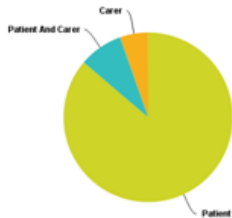


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Answer Choices	Responses
Yes	65.41% 104
No	34.59% 55
Total:	159

Q40: Survey Undertaken By

Answered: 167 Skipped: 23



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Answer Choices	Responses
Patient	86.23% 144
Patient and Carer	8.38% 14
Carer	5.39% 9
Total:	167

Q41: White

Answered: 165 Skipped: 25



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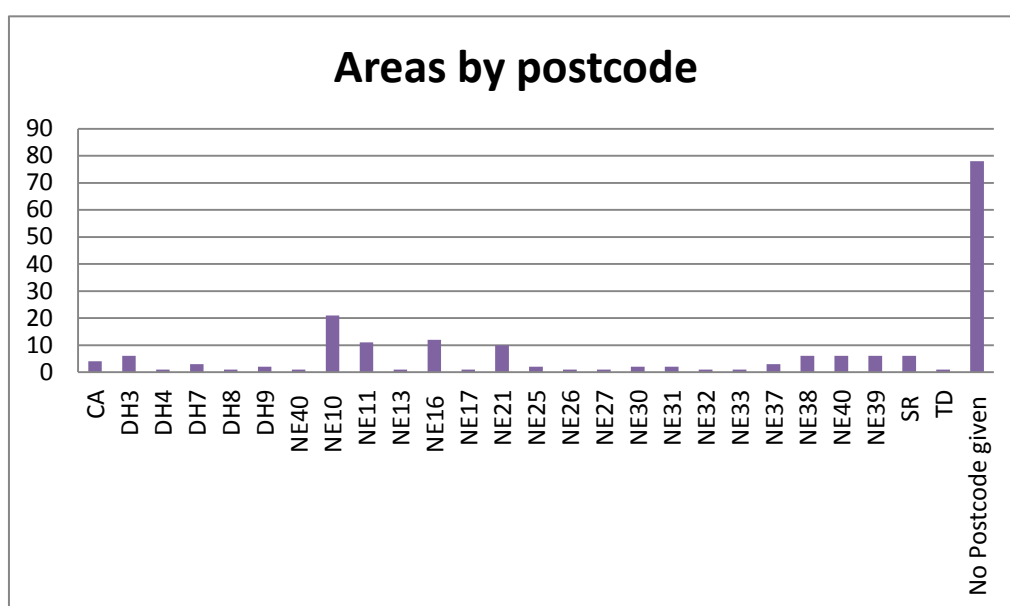
Answer Choices	Responses
English/Welsh/Scottish/Northern Irish	96.36% 159
Irish	0.61% 1
Gypsy or Irish Traveller	0% 0
Other	3.03% 5
White & Black Caribbean/African/Asian	0% 0
Indian/Pakistani/Bangladeshi/Chinese	0% 0
African/Caribbean	0% 0
Total:	165

Appendix 2 – Breakdown of survey distribution

QE HOSPITAL DISCHARGE SURVEY – RETURNS NOVEMBER 2015

Ward	Aug	Sep	Oct	Grand Total	Given out	Discharge surveys received
Short Stay Unit Ward 2	192	139	130	461	175/175	12
Ward 1 ECC	62	49	50	161	50/50	12
Ward 11 General Med	124	111	108	343	20/85	2
Ward 12 Gen Med/Haem	73	68	66	207	60/60	10
Ward 14 Trauma	72	92	78	242	85/85	6
Ward 21 Jubilee Wing Gynae/Oncol	129	108	125	362	95/195	39
Ward 26 Treat/Centre	159	161	144	464	160/165	11
Ward 27 Treat/Centre	223	187	224	634	200/200	34
Ward 4 Gen Medicine	148	138	172	458	140/140	7
Ward 8 Cardiology	103	140	139	382	70/70	28
Ward 9 Surgery	116	128	134	378	60/120	6
WD 22 Jubilee Wing	67	59	48	174	38/40	7
WD 23 Jubilee Wing	32	41	37	110	35/35	0
WD 24 Jubilee Wing	48	56	46	150	44/45	24
WD 25 Jubilee Wing	56	66	57	179	45/45	0
No ward identified						15
Grand Total	1604	1543	1558	4705	1,277/1,510	190

Patients by postcode:

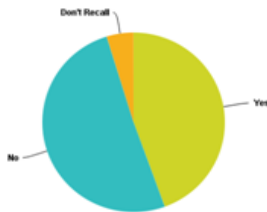


Appendix 3 – Survey Data

Timescales:

Q4: Were you given an estimated time of discharge within 24 hours of being admitted?

Answered: 189 Skipped: 1

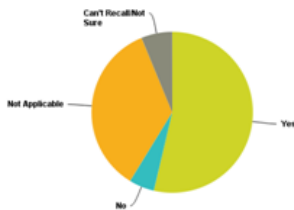


Answer Choices	Responses	
Yes	44.44%	84
No	50.79%	96
Don't Recall	4.76%	9
Total:		189

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Q5: If No to Q4, do you think you were given enough notice about when you were going to be discharged?

Answered: 177 Skipped: 13



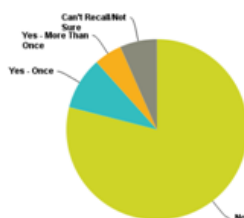
Answer Choices	Responses	
Yes	53.67%	95
No	5.08%	9
Not Applicable	35.03%	62
Don't Recall/Not Sure	6.21%	11
Total:		177

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Planning and Communication

Q7: Did your discharge date change at all?

Answered: 181 Skipped: 9

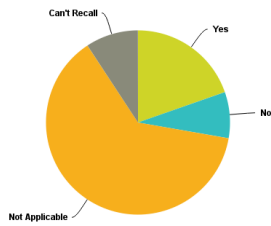


Answer Choices	Responses	
No	79.01%	143
Yes - once	9.39%	17
Yes – more than once	4.97%	9
Can't recall/Not sure	6.63%	12
Total:		181

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Q8: If your discharge date was changed was the reason why explained to you and/or your family?

Answered: 173 Skipped: 17

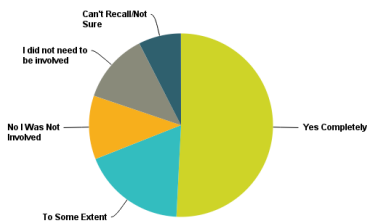


Powered by SurveyMonkey

Answer Choices	Responses
Yes	19.65% 34
No	8.09% 14
Not Applicable	63.01% 109
Can't Recall/Not Sure	9.25% 16
Total:	173

Q9: Did you feel you were involved in decisions about your discharge?

Answered: 187 Skipped: 3



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Answer Choices	Responses
Yes Completely	50.80% 95
To some extent	18.18% 34
No I was not involved	11.33% 21
I did not need to be involved	12.30% 23
Can't Recall/Not Sure	7.49% 14
Total:	187

Delays in Discharge

Q15: Was there any delay in your discharge because you had to wait for something?

Answered: 186 Skipped: 4

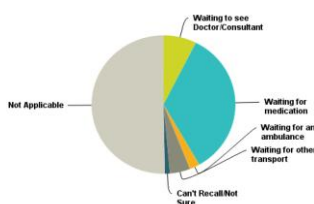


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Answer Choices	Responses
Yes	45.70% 85
No	54.30% 101
Total:	186

Q16: If Yes to Q.15, what was the reason given for the delay? (Please tick one)

Answered: 175 Skipped: 15



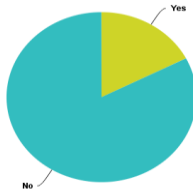
Powered by SurveyMonkey

Answer Choices	Responses
Waiting to see Doctor/Consultant	7.43% 13
Waiting for medication	34.29% 60
Waiting for an ambulance	2.29% 4
Waiting for other transport	4.57% 8
Can't Recall/Not Sure	1.14% 2
Not Applicable	50.29% 88
Total:	175

Discharge Lounge

Q10: Did you use the Discharge Lounge?

Answered: 189 Skipped: 1

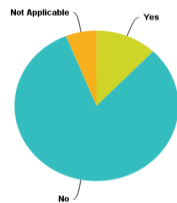


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Answer Choices	Responses	
Yes	17.46%	33
No	82.54%	156
Total:		189

Q11: Would you have preferred to have waited on the ward until you were ready to leave hospital?

Answered: 33 Skipped: 157

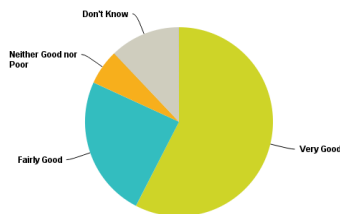


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Answer Choices	Responses	
Yes	12.12%	4
No	81.82%	27
Not Applicable	6.06%	2
Total:		33

Q12: How would you rate the service in the discharge lounge?

Answered: 33 Skipped: 157



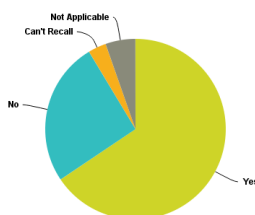
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Answer Choices	Responses	
Very Good	57.58%	19
Fairly Good	24.24%	8
Neither Good nor Poor	6.06%	2
Fairly Poor	0.00%	0
Very Poor	0.00%	0
Don't Know	12.12%	4
Not Applicable	0.00%	0
Total:		33

Adaptations, Equipment and Care Packages

Q19: Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social service or the voluntary sector)

Answered: 186 Skipped: 4

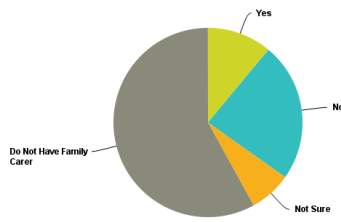


Powered by SurveyMonkey

Answer Choices	Responses	
Yes	65.59%	122
No	25.81%	48
Don't Recall	3.23%	6
Not Applicable	5.38%	10
Total:		186

Q20: If you have a family carer, were they offered an assessment to see if they needed any support to help care for you?

Answered: 181 Skipped: 9

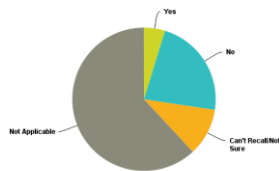


Powered by SurveyMonkey

Answer Choices	Responses
Yes	11.05% 20
No	23.76% 43
Not sure	7.18% 13
Do not have a family carer	58.01% 105
Total:	181

Q21: If No to Q.20, do you think your family carer may need support to help care for you?

Answered: 168 Skipped: 22

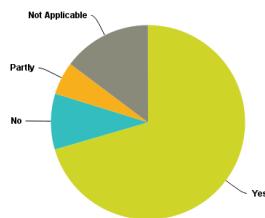


Powered by SurveyMonkey

Answer Choices	Responses
Yes	4.76% 8
No	22.62% 38
Not sure	10.71% 18
Do not have a family carer	61.90% 104
Total:	168

Q22: Have you received the help and support you needed when you returned home?

Answered: 183 Skipped: 7

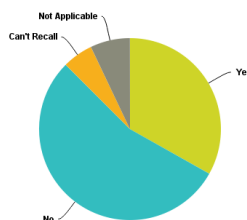


Powered by SurveyMonkey

Answer Choices	Responses
Yes	70.49% 129
No	9.29% 17
Partly	5.46% 10
Not Applicable	14.75% 27
Total:	183

Q17: Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?

Answered: 184 Skipped: 6

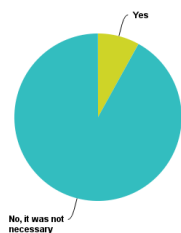


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Answer Choices	Responses
Yes	33.15% 61
No	54.35% 100
Can't Recall	5.43% 10
Not Applicable	7.07% 13
Total:	184

Q18: If No to Q.18 – Did you need any equipment or adaptions at home?

Answered: 174 Skipped: 16

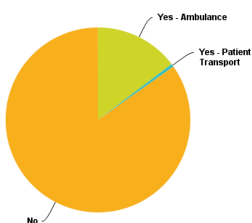


Answer Choices	Responses	
Yes	8.05%	14
No	91.95%	160
Total:		174

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Q28: Did you use hospital transport for your discharge?

Answered: 184 Skipped: 6

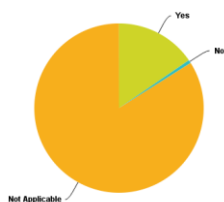


Answer Choices	Responses	
Yes - Ambulance	14.67%	27
Yes - Patient Transport	0.54%	1
No	84.78%	156
Total:		184

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Q29: If Yes to Q.28, Did this go smoothly?

Answered: 162 Skipped: 28

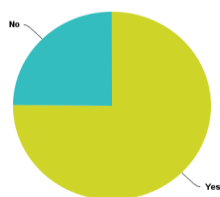


Answer Choices	Responses	
Yes	15.43%	25
No	0.62%	1
Not Applicable	83.95%	136
Total:		162

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Q26: Did you require any medication on discharge?

Answered: 185 Skipped: 5

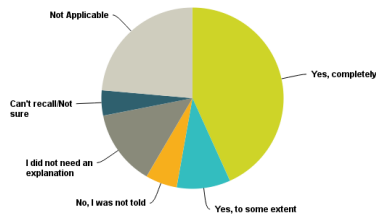


Answer Choices	Responses	
Yes	75.14%	139
No	24.86%	46
Total:		185

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Q27: If Yes to Q. 27, was the purpose and possible side effects of the medication fully explained to you?

Answered: 178 Skipped: 12



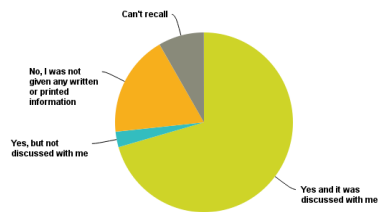
Powered by SurveyMonkey

Answer Choices	Responses
Yes, completely	43.26% 77
Yes, to some extent	9.55% 17
No, I was not told	5.62% 10
I did not need an explanation	13.48% 24
Don't Know	4.49% 8
Not Applicable	23.60% 42
Total:	178

Point of Contact for Patient

Q24: Were you given any written or printed information about what you should do after leaving hospital?

Answered: 180 Skipped: 10

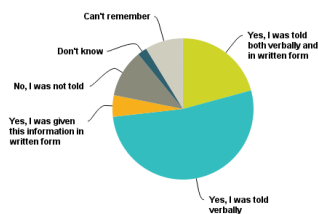


Powered by SurveyMonkey

Answer Choices	Responses
Yes, and it was discussed with me	70.56% 127
Yes, but not discussed with me	2.78% 5
No, I was not given any written or printed information	18.33% 33
Can't Recall	8.33% 15
Total:	180

Q25: Were you told who to contact if you were worried about your condition after being discharged?

Answered: 183 Skipped: 7

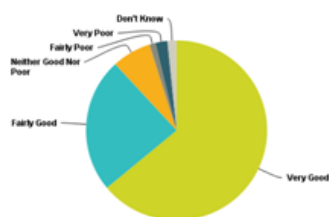


Powered by SurveyMonkey

Answer Choices	Responses
Yes, I was told both verbally and in written form	20.77% 38
Yes, I was told verbally	56.46% 96
Yes, I was given this information in written form	4.92% 9
No, I was not told	10.93% 20
Don't Know	2.19% 4
Can't Remember	8.74% 16
Total:	183

Q31: Overall, how would you rate your discharge experience up to now?

Answered: 186 Skipped: 4



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Answer Choices	Responses
Very Good	63.98% 119
Fairly Good	24.19% 45
Neither Good Nor Bad	6.99% 13
Fairly Poor	1.08% 2
Very Poor	2.15% 4
Don't Know	1.61% 3
Total:	186

Appendix 4: Patient and Carer comments regarding how the discharge process could be improved.

.Answered 98 – Skipped 90

Number	Responses	Date
1	I was readmitted on the 31/10/2015 after being discharged on the 30/10/2015 - satisfied with process.	Nov 17, 2015
2	Satisfied with process	Nov 17, 2015
3	I feel my wife was discharged to early in view of her age and condition (dementia) but I understand the constraints under which the QE hospital operates. We were very impressed by the care provided.	Nov 17, 2015
4	A larger pharmacy staff is required to cope with demand for medicines - waited over 1 hour for hospital transport. Did not know there was a discharge lounge.	Nov 9, 2015
5	The waiting to be discharged needs improvement.	Nov 9, 2015
6	Get the pharmacy to deliver prescriptions in a quicker time i.e. less than 5 hours.	Nov 3, 2015
7	Being less hurried and a little more considerate. Overall, generally speaking I received kind helpful attention from skilful, dedicated staff possessing considerate abilities and with a welcome sense of humour to be applauded and thanked, most sincerely.	Nov 3, 2015
8	Apart from the wait for medication everything was satisfactory. I was very thankful for the care I received.	Oct 28, 2015
9	A delay in waiting for medication needs to be sorted out.	Oct 28, 2015
10	No improvement needed	Oct 28, 2015
11	More speed required.	Oct 21, 2015
12	Less hanging around waiting for medicine etc.	Oct 21, 2015
13	I have no complaints about my care and discharge arrangements.	Oct 21, 2015
14	My discharge was absolutely fine. Staff and Doctors were most helpful.	Oct 21, 2015
15	Earlier notification of discharge.	Oct 14, 2015
16	Get your tablets ready early and get the Doctors to pull their fingers out instead of leaving it to the Nurse. Sort one person at a time.	Oct 14, 2015
17	Discharge went smoothly - no improvement necessary.	Oct 7, 2015
18	Nothing. Care I received was wonderful. Doctors, Nurses, Domestic, everyone was very professional. But all had all the patience in the world. Best hospital in the North East.	Oct 7, 2015
19	More information could be given to carers.	Oct 7, 2015
20	Perhaps a dedicated discharge parking bay outside?	Oct 7, 2015
21	I did not have to wait for medication. But others n ward had to wait a long-time.	Oct 7, 2015
22	Excellent. Doesn't need to be. Perfect already.	Oct 7, 2015
23	Nothing - everything good.	Oct 7, 2015
24	More information on new medication prescribed following admission.	Oct 7, 2015
25	I think they do fine job. Hard to find how to improve.	Oct 7, 2015
26	Not to wait as long for medication. But hospital care was good indeed.	Oct 7, 2015
27	Did not wait for medication on ward. Carer returned at 5pm to pick up prescription. Medication from pharmacy for patients waiting for discharge could be improved.	Oct 7, 2015
28	Staff having a chat with patient's husband as she couldn't remember everything.	Oct 5, 2015
29	It's alright.	Oct 5, 2015
30	Not needed.	Oct 5, 2015
31	Pharmacy often causes delays for discharge but I appreciate they deal with 100's of scripts.	Sep 21, 2015
32	Kept informed a little more.	Sep 21, 2015
33	It could not be improved.	Sep 21, 2015
34	Shorten time waiting for medication.	Sep 21, 2015
35	Apart from waiting for an ambulance my discharge went well.	Sep 14, 2015
36	It was first class it could not be improved.	Sep 14, 2015
37	No problems	Sep 14, 2015

38	Happy with the discharge process.	Sep 14, 2015
39	No complaints very good.	Sep 14, 2015
40	Not having to wait so long for medication.	Sep 9, 2015
41	No improvement required	Sep 3, 2015
42	Discharge went smoothly.	Sep 1, 2015
43	I was on Ward 8 the staff was very good they were all very friendly and caring and worked well as a team.	Sep 1, 2015
44	Cooperation between wards would have helped.	Sep 1, 2015
45	Medication should be ready and on the ward before the allocated time for discharge.	Sep 1, 2015
46	Delays with medicines need to be addressed.	Aug 27, 2015
47	Discharge went very smoothly and I was assisted to my pick up in a wheelchair by a very obliging nurse.	Aug 24, 2015
48	Discharge went smoothly.	Aug 24, 2015
49	No problems	Aug 24, 2015
50	More information prior to discharge	Aug 24, 2015
51	Time between doctors advising patient of discharge time and the pharmacy being given the prescription for medication needs to be improved.	Aug 24, 2015
52	Medication being ready when you are advised you are being discharged.	Aug 24, 2015
53	Would have liked not to have had to wait so long for medicines.	Aug 18, 2015
54	Explaining that although you have been given a discharge time you may have a considerable amount of time to wait for your medication to be ready.	Aug 18, 2015
55	More information about times of follow-up treatment and times.	Aug 17, 2015
56	Discharge was how I expected it to be very straight forward. The only delay was waiting for the medication to arrive on the ward from the pharmacy.	Aug 17, 2015
57	It took a lot of time for everything to be in place to be discharged but this is for the care of the patient - so not problem with the process.	Aug 17, 2015
58	No improvements I was completely satisfied.	Aug 17, 2015
60	I think after the miss-carriage what had happened to me should have been explained properly and I should have been given some help, information and advice.	Aug 17, 2015
61	Medications need to be reading at time of discharge. Hospital notice does date that it can take up to 4 hours for medicines to arrive from pharmacy. I had remained on the ward up until discharge therefore I was bed blocking as I was unable to sit in a chair due to pain.	Aug 17, 2015
62	No improvements required I was discharged on or around the time I was told.	Aug 17, 2015
63	No improvements required discharge ran smoothly	Aug 17, 2015
64	I think after the mis-carriage what had happened to me should have been explained properly and I should have been given some help, information and advice.	Aug 17, 2015
65	There was a long delay of about 6 hours waiting for pharmacy. Can this process be streamlined?	Aug 14, 2015
66	Only thing is the wait for the medication	Aug 14, 2015
67	In my opinion it doesn't need improving	Aug 14, 2015
68	Attempt to lessen waiting time for medication from pharmacy. THIS IS NOT A COMPLAINT	Aug 14, 2015
69	maybe an earlier time than 1500 hrs we were given	Aug 14, 2015
70	Don't think it can be	Aug 14, 2015
71	I think it would have been more re-assuring if someone had looked at my wands AFTER the medical strips had been removed not just before	Aug 14, 2015
72	Better and quicker ways of obtaining medications	Aug 14, 2015
73	hard to say I was being transferred to Freeman from QE	Aug 14, 2015
74	It was how I expected it to be, straightforward and if you need medication you have to wait until its sent to the ward	Aug 14, 2015
75	I thought it was all done exceedingly well, I am most impressed.	Aug 13, 2015
76	Just keep it as it is	Aug 13, 2015

Appendix 5: Gateshead Health NHS Foundation Trust – Care Standard 20 - Discharge Planning

<p style="text-align: center;">Care Standard 20 DISCHARGE PLANNING</p>	<p style="text-align: center;">NHS Foundation Trust</p>
<ol style="list-style-type: none"> 1. Ensure proactive discharge planning commences on admission / pre assessment via an individual holistic assessment of needs incorporating a social history and establishing current level of support. 2. Identify the severity of discharge needs (Simple or Complex) 3. Establish with members of the multi-disciplinary team an estimated date for discharge within 24 hours of admission and review on a daily basis. 4. Ensure effective communication strategies are adopted at both ward level and with the patient / family / carer regarding the discharge plan whilst maintaining the patient's privacy and dignity. 5. Complete appropriate referrals to other members of the multi-disciplinary team according to identified needs (e.g. Physio / OT). 6. Complete appropriate referrals if required for post discharge intervention <ol style="list-style-type: none"> a. Short term intervention (Intermediate Care) b. Long term intervention (Community Based Services) <p>If a patient is likely to require 24 hour care please complete a Continuing Health Care Screening Tool</p> <ol style="list-style-type: none"> c. Nursing intervention (Community Nursing Service) (Advice and support available from the Integrated Discharge Team – please contact switchboard) <ol style="list-style-type: none"> 7. Ensure any identified equipment has been delivered and installed prior to discharge. 8. Establish mode of transport required for discharge and book ambulance if indicated. 9. Ensure discharge letter / script has been fully completed and available at time of discharge. 10. Discuss with the patient / family / carer their discharge medication and check their level of understanding in order to promote self-awareness of their condition. 11. Explain to patient / family / carer regarding any advice or instructions required post discharge and any follow up appointments (Please record content of conversation and any leaflets given). 12. Patient / family / carer to be advised to contact Ward if they have any concerns post discharge. 13. Please completed 'Patient Discharge Summary' on discharge and provide the patient with a copy. <p>REFERENCES: Department of Health. (2010) 'Ready to go? London: DH. Department of Health. (2004) '<i>Achieving 'simple' discharge from hospital, a tool kit for the multi-disciplinary team</i>'. London: DH. Department of Health. (2003) '<i>Discharge from hospital, pathway, process and practice</i>'. Health and Social Care Joint Unit and Change Agent Team. London: DH. Department of Health (2003b). 'The Community Care (delayed discharges) acts LAC/2003 guidance for implementation' London: The Stationary Office GHNHSFT (2009) Hospital Discharge Policy. Lees, L.(2004) '<i>Improving the quality of patient discharge from the emergency setting</i>' British Journal of Nursing: 13, (7) pp. 414-421</p>	



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