

## Healthwatch Herefordshire

# Hospital Discharge in Herefordshire

April 2021



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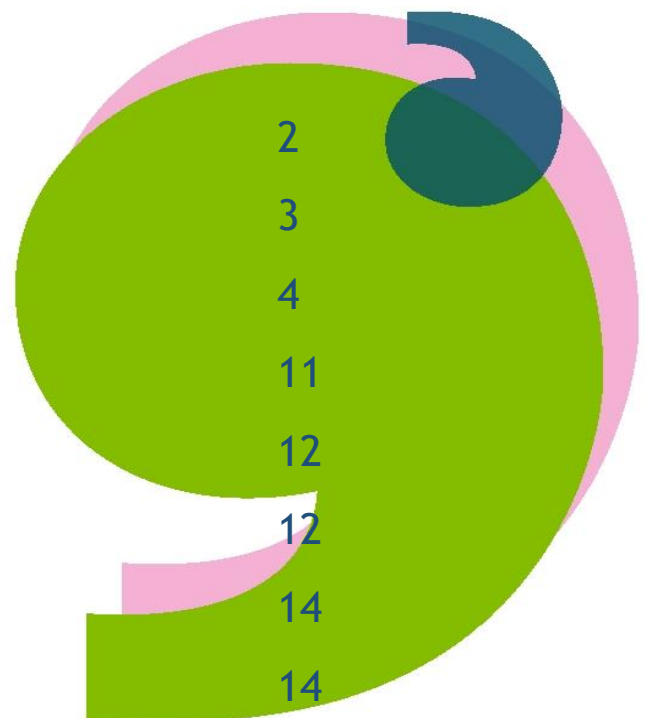
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## Introduction

Efficient discharge planning from hospital is a key aspect of a person's care. Poor discharge planning can lead to negative impacts on both the patient and the hospital. For example, if a patient remains in hospital for longer than they need to be, it can have a detrimental effect on their health and also means they are taking up valuable inpatient beds. Often, patients will need ongoing support when leaving hospital which again, needs to be done correctly to avoid being readmitted to hospital.

The public have regularly told Healthwatch Herefordshire about a range of issues when being discharged from hospital. For example, during our engagement work on the NHS Long Term Plan in 2019, coordination of transport, medication and home support arrangements were often not as good as they could have been. Hospital discharge was then voted by the public, as a topic for us to focus on during 2020/21.

Hospital discharge falls broadly into three types, which includes discharge following planned surgical admission, discharge following acute unplanned admission and complex discharge which involves specialised care after leaving hospital. During this project, we hoped to get feedback from the public on all different types of hospital discharge.

This project was undertaken during the Covid-19 pandemic, which has presented extra challenges for the NHS and a need to have a quicker discharge processes as well as dealing with issues that will have had an impact on hospital discharge, for example, reduced staff and reduced availability of inpatient beds.

We collaborated with the Wye Valley Trust (WVT) to plan this project, looking at the best method of engagement to gather discharge experience. Wye Valley Trust had developed a project called 'Valuing Patient's Time' to address some issues that have been highlighted over recent years through the national inpatient survey.

WVT found that results from the national survey had not been improving despite numerous initiatives made by the Trust to improve patient experience. So the Valuing Patient's Time was a project to target improvements which could be made.

WVT developed a survey, adapting questions from a national survey and Healthwatch Herefordshire also input into this survey to include specific questions about hospital discharge.

In addition to this survey, Healthwatch Herefordshire have coordinated with WVT to gain consent to contact and undertake telephone conversations directly with people who have recently been discharged in order to gather quantitative data which will complement the survey and provide a more in-depth look at the way the public feel about their hospital discharge experience.

## Engagement

The 'Valuing Patient's Time' survey started with inpatients in October 2020, with 153 sent out in week 1 and then there was 50 surveys per week subsequently.

Alongside the survey, patients received an information leaflet and consent form allowing a member of Healthwatch Herefordshire to make contact by telephone to discuss their hospital discharge experience. A freepost return envelope was provided for patients to use once they had left hospital.

The 'Valuing Patient's Time' survey is likely to be an ongoing arrangement so that Wye Valley Trust can continue to collect patient experience data. WVT is using the FORMIC database to build up a dashboard, accessible at ward level, for individual departments to have real time feedback from patients through this survey.

The Healthwatch consent forms were handed out from October 2020 on a weekly basis until the 15<sup>th</sup> February 2021.

Healthwatch Herefordshire have undertaken 58 telephone interviews and received 3 patient stories via email about their hospital discharge experience, which is the information this report is based upon.

The vast majority of these interviews have been from patients who have been discharged from Hereford County Hospital, with one account also describing their experience of Leominster Community Hospital (having stayed in both), and one other account describing their experience of Ross Community Hospital.

During the telephone interviews, members of the public were asked to comment about the following topics related to their hospital discharge experience :

- The date they were discharged.
- When they were told they could leave, compared with when they actually left the hospital.
- Details on medication and transport.
- Were there any delays to discharge, if so what caused these.
- Where they were discharged to.
- Whether they were given clear information explaining the treatment they had had, the process of leaving hospital, details about after care as well as how they felt about the communication they received during their hospital stay.
- Whether they felt prepared to leave hospital.
- Whether any social care support was needed.
- Details of any after care they needed/received.
- Whether they were given information on what to do or who to contact if they were to become unwell again once they were discharged.
- The quality of any communication with unpaid/family carers.
- The protocols relating to Covid-19.
- Their general experience in their own words.

## Findings

In general, the vast majority of patients we spoke to were very positive about their experience, especially highlighting their appreciation to the nurses and hospital staff during a very challenging time.

There were a small number of cases that had a significantly negative experience detailing specific individual circumstances.

However, the experiences of some patients did highlight some areas for consideration and improvement, which broadly fall into the following categories:

### Medication

- 40 participants described a positive experience in relation to medication and how this impacted on delays to being discharged. Of these 40 people, they either didn't have any medication to wait for and therefore no delays, or there was only a very short wait for the medication.
- 11 participants commented that they did have to wait for medication, but had the opinion that it is just something you need to expect as there are always delays in waiting for medication.
- 9 participants had negative experiences in waiting for medication, with long delays.

### Discharge Lounge

This is an area of the hospital where patients are moved to from the hospital bed, on the day of discharge while they wait for coordination of various things such as medication or transport.

- The vast majority of participants that described their experience commented that where there were delays due to medication, transport or other factors, they waited on the ward and this appeared to be a more positive experience compared to being moved to a discharge lounge to wait.
- There were 6 comments about the discharge lounge, with 3 individuals describing a particularly poor experience which was mainly due to the level of comfort in the discharge lounge.

“Taken to the discharge lounge, but it was very cold (especially after coming from the ward), it then took ages to get prescriptions. Had to ask for a sandwich as had only had breakfast on the ward”

“You don't want to wait in the discharge lounge all day as this is no good for my pain management”

## Transport

- 46 participants commented that they were collected by a family member or friend and therefore had no issues with transport or delays due to transport.
- 10 participants commented that they used an ambulance. 7 people describing a positive experience with a minimal wait. 2 people had a negative experience due to a long wait for the ambulance and one person commented that the negative experience was due to a poor suspension on the ambulance, making it an extremely uncomfortable journey home.
- 3 participants organised their own transport either by taxi or paying somebody to collect them. There was a negative issue highlighted about parking charges near the hospital.

## Communication

- 42 participants had a positive experience with the way they were communicated with in terms of the way they were spoken to and the information they received about their treatment and after care.
- 14 participants described a negative experience in relation to communication.
- 4 participants described communication as not necessarily negative, but identified some suggestions for improvement (Some of the individual issues detailed below).
  - **After care:** On reflection after returning home, more information and detail would have been appreciated on practical support in the home following a broken leg.
  - **Who to contact if things got worse again:** One experience described the communication from the doctor as good, but they wouldn't have known who to contact if they became unwell again.
  - **Give the information to me and my carer:** One issue was highlighted that more information was given to a family member as opposed to the patient, which in this scenario was fine, however they would have liked all of the same information relayed to them also.
- There were a small number of participants who described the communication as satisfactory, however they were still slightly 'drowsy' having come around from anaesthetic so the level of communication was only at the amount or level that they could handle at the time.

"They said I could leave, I was given medication, was told what had happened and that was it - it was probably as much as I could take on board anyway."

There were a couple of comments where participants had thought on reflection, if they had felt better, they would have wanted more information or asked more questions. Therefore suggestions were made that in post surgery scenarios, where more written information would have been more suitable for them to read through once they felt better at home.

There was a comment from a family carer, whose husband wasn't able to understand a lot of the information given to him in hospital, and because visitors weren't allowed in hospital at the time, having more information for the family carer once at home would have been very useful.

"Would have appreciated a lot more information on his discharge (my husband was told, but wasn't able to take on board a lot of information), he tried to tell me what was going on, but he couldn't explain it very well and so I wasn't sure what was happening.....my biggest problem was not knowing the treatment."

"Communication - it was a bit chaotic on that ward to be honest, had been on two different wards and did find there was a big difference. Everything came at once....breakfast, the doctor, the nurses, so didn't find it that great (had only just had the anaesthetic) and was a bit confused. Don't think it was anyone's fault, it was just so busy".

"I think because I was still a bit drowsy from the anaesthetic, I probably didn't ask what I needed to, it was emergency surgery so it was all a bit rushed. It may have been useful to have more information written down as I was feeling drowsy after surgery or whether the local doctor or somebody could have phoned when I got home so that I didn't have to look things up on the internet about my care. Also, after surgery, I didn't have to go back as the stitches were disposable so it would have been nice for somebody to call and see how things were going. Normally, I would have thought, right what do I need to ask but everything was just a blur, it's taken ages to get back to my normal self."

- Linked to some of the comments above and further comments during the telephone interviews, it also became apparent that there were a number of individuals that may have benefited from a follow up phone call once they had returned home, to pick up issues or questions that had not been thought of whilst in hospital.

"I knew it was a hernia, but wasn't clear on the follow up, I ended up in hospital for a second time with the same issue. The second discharge experience was more positive as I had the direction of having a referral to a consultant."

"The main issue was not having things explained clearly and not having any after care. It would have been useful to have information on when you can return to doing normal things. I also would have liked a follow up urine or blood test to check the infection had cleared up. I was quite concerned having had an infection that turned to sepsis previously."

“I just felt on discharge, I should have been given more information, help and support about what was needed at home....that would have been a help. I just felt that I got home and didn't know what to do and there was quite a lot to be arranged. I haven't broken a leg before and didn't realise the implications. I was tested on a walker in hospital which I managed, but it was no good when I got home as couldn't get along the corridor....I haven't been in my kitchen for 5 weeks as haven't been able to get there.”

### After Care

- 43 participants described a positive experience in relation to after care, stating they knew who to contact and what to do if they were to become unwell again as well as having all the necessary arrangements in place at home following their stay in hospital.
- 17 participants described a negative experience in relation to after care.
- A small number of people commented that they thought it would have been useful to have visits from a district nurse following their stay in hospital, which wasn't arranged. Although it was a small amount of people, some of these cases resulted in more serious repercussions and a return to hospital :

“I was treated very well in the hospital, the only thing was I think I expected a district nurse to come and check my wound (Sister in law was in at the same time having a big operation and she also didn't get a district nurse to come and check her wound so that is obviously something that isn't part of the after care anymore - this used to happen). There was an issue with the wound which resulted in a massive haemorrhage in the middle of the night and was rushed back to hospital, but again once I got to hospital I was very well cared for.”

“After a week or 2, the dressing fell off, the number I was given didn't work as they were closed for Christmas and had to go to A & E in the end. There was not even a message on the answer phone, the phone just rang and rang. A & E were fantastic - in and out within an hour.”

“I didn't have a district nurse in place, just went home when the amputation was done. Felt like I was on my own at home, it took until the 2<sup>nd</sup> January to get a district nurse out, had tried to organise the district nurse through the GP and surgeons and badger people, but the after care has been awful. The actual stay at the Nuffield was brilliant, but the aftercare was worse than poor.”

“They gave me a sheet of paper, but I looked up on the internet what to do with the dressing at home.”

“Didn't have district nurses, had to find them myself, nobody told the district nurse team I existed so initially managed it myself.”

## Covid-19

- 54 participants commented that everything was handled well in relation to the Covid-19 pandemic during their hospital stay.
- 3 participants couldn't comment as they were unsure whether they had been tested or not
- 3 participants had a slightly negative experience, where 2 of these had been on a ward with other patients who had Covid-19 which meant that one of them also contracted Covid-19 and the another one had to self-isolate once they had been discharged which meant that his son could no longer help out with his recovery at home.
- One individual described being very frightened about catching Covid-19 when they were in A & E, with many people walking around with no masks on. They felt they were vulnerable and should have been kept separate from others whilst waiting to go to the ward for surgery.

## Carers

- 52 Participants commented that communication with family or carers was good or that all communication was done through themselves to their carers (either using personal mobiles or phones at their bedside).
- 7 participants raised some issues in relation to communication with family or carers.
  - 2 people didn't mention family or carers, one saying that things weren't explained clearly to himself either and the other was relatively happy with communication, although said that their discharge form said that he didn't live alone, but in fact he did, but didn't want to make a fuss having lived alone for many years.
  - One person commented that her family members didn't believe various things about her care and therefore more communication with the family may have helped her situation.
  - One person commented that when family had tried to reach him through the reception at the Nuffield hospital, messages often didn't get through to the patient or the phone wasn't answered.
  - One person wasn't sure about communication with her son and commented that if the hospital did speak to him, it should have been made clear on the discharge form.
  - One person commented that their daughter was her carer, but often was not included in discussions.
  - One person commented that as a family carer, it was difficult to get hold of the ward to find out about their loved one. They did appreciate how busy the staff must have been and how impossible it must be to get around to speaking with loved ones. However, it was still difficult as a family carer when waiting and trying to find out how patients are. It also highlighted the point, that due to Covid-19, when no visitors are allowed in the hospital, family and visitors tend to help with small aspects of a person's care and without this in place, more pressure falls to the nurses. With this particular case, the family member



would bring the patient a newspaper every day, and highlighted the importance of this during a long stay in hospital to keep the mind mentally active, but due to lockdown, this was no longer possible.

### Other Comments / Issues

These are other comments that patients have made following their stay in hospital:

“I had no issues, however there was a lady on my ward who got very distressed as she struggled to use the ward phone to contact her daughter and I ended up letting her borrow my mobile.”

“Only complaint was the ward was very cold.....one of the old ones, the floor was very cold, but nothing they can do about it.”

“The only thing I thought about (and it was partly my fault), I had no facilities e.g. toothbrush, toothpaste, flannel etc. I wasn't expecting to stay overnight so hadn't taken a washbag with me so wasn't sure if there were things that can be given to patients who aren't prepared.”

“I wanted to make a comment about the ambulance, they were saying it was a new ambulance, but the suspension was terrible. Came all the way from Hereford to Ross on Wye and jumped all the way, it was appalling. Despite the fact it was beautiful and the driver seemed very proud of it, it was a horrendous journey. If somebody had been really poorly, it would have been awful, I couldn't believe it.”

“Main issue was being put in a vulnerable position in terms of Covid and not comfortable with it all. All the patients in the assessment unit were supposed to have masks, but they weren't all adhering to this. I was trying to avoid catching Covid-19 in order to have surgery.”

“If things had been different with the Covid-19 situation, I would have preferred it (was put on a ward with Covid -19 patients and caught it myself). Had 3 people die around me and it has changed me mentally quite a bit.”

“Regarding the Charles Renton Unit, I had 2 outpatient appointments at 10am and 10.30am. Having checked in when I arrived and had the first appointment, I then waited 4 hours, to then be told that I hadn't been called for the second appointment as I hadn't checked in, but assumed that as I had checked in initially, that was sufficient and nobody said I had to check in twice”.

“Only thing was that somebody tested positive for Covid-19 on the ward I was on so when I returned home, I had to self-isolate which meant my son couldn't stay with me and make me meals etc.”

## General comments

During the telephone interviews, many people had a lot of positive comments about the hospital and in particular, the staff. Here are some quotes from participants, who had a positive experience :

Well done Wye  
Valley Trust

- “Nothing but positive feedback, glad to hear the staff will find out, they deserve a pat on the back”
- “This stay was at the Nuffield, but everything has been second to none. The Charles Renton unit were absolutely brilliant. Everyone doing such a good job in the circumstances. Treatment has continued all through Covid. Diagnosed in April, 2 weeks wait for first appointment and is now cured!”
- “They were brilliant”
- “ Couldn’t complain about anything”
- “Ok with everything”
- “Experience was very good, couldn’t fault Redbrook ward, all the nurses are just fabulous, they need to be looked after. Can’t praise them enough”
- “Experience was all fine, the nurses were really good”
- “Discharge experience was really fantastic, the guys really pulled their finger out to get me out that day. Would commend every member of staff in the hospital, they were 10/10. Couldn’t have visitors due to Covid and they filled all those gaps that the family would normally do. They were truly brilliant. Can’t speak highly enough about them”
- “They treated me with every bit of care and kindness they could show me, please convey that to the staff, especially in the current climate, they had enough to do and that didn’t frighten them, they put me at ease because I was worried. Angels do walk on earth and they work for the NHS. I can’t put into words how much I respect how much they do”
- “The care was fantastic”
- “Treated with respect, they were very nice. Please pass my comments on”
- “Overall, a positive experience, especially in the circumstances, they were considerate and professional, couldn’t fault it”
- “Wonderful really. They were very good to me, some of the nurses were fantastic and went over and above their duties, please pass on my comments to the staff”
- “The staff were excellent, friendly. Was on the critical care ward”
- “The staff were helpful and nice”
- “My discharge was faultless. My heartfelt thanks to all at Hereford hospital!”

## Conclusion

In general the feedback from this project has been very positive, particularly regarding the nurses and staff at the hospital at a very challenging time.

### Communication

There has been many examples of good communication and after care, with patients feeling pleased with the way they were spoken to, comfortable with leaving hospital and confident they knew what to do or who to contact if they became unwell again. However, there have been instances where this has not been the case and requires a need to review communication procedures in order for everybody to receive the same excellent level of care.

Some reports described being moved to different wards and noticing quite a difference. There were a small number of comments regarding health professionals speaking 'about them' rather than 'to them' and although this was only a couple of comments, it is something which can be raised and easily addressed.

There was also a small number of comments regarding communication between different departments within the hospital, and with other hospitals. These patients felt that this could be improved and could have led to a better outcome for them.

### After care

The same is true for after care. There were many examples of the public receiving a very positive experience, having all the support they needed at home following their stay in hospital, but there were a number of individuals where this aspect of their care could have been improved. For example, the need for district nurses and a general 'check in' on patients to check they have the support they need or whether there are questions that they didn't get to ask whilst in hospital for a variety of reasons.

### Medication

Regarding medication as part of the discharge process, many individuals accepted that there can be a long wait for medication and therefore their opinion on the discharge process was based on their expectations which differed. For example, some people acknowledged it would be a long wait and therefore didn't find fault in the process, where as others thought a similar waiting time was unacceptable.

There were a couple of comments regarding medication where people had been given the option to pick up medication from a local pharmacy, which raised the question if this could happen more often to speed up discharge.

A large number of people interviewed said they remained on the ward during their wait for medication which may be a temporary change due to covid-19, patients seemed a lot happier with this scenario. Although we recognise this uses a bed for longer. However, when patients need to go to a discharge lounge to free up beds on the day of discharge, then the comments regarding the comfort of the environment need to be considered to improve this experience for the public.

## Challenges with Engagements

We didn't have many examples of complex discharge cases, which may have given us more insight into the patient experience of the coordination between the health care system and the social care system. We recognise that patients experiencing a complex discharge case may not have been in a position to respond to this request.

There were several additional consent forms returned, where we weren't able to reach the individuals after discharge for numerous reasons.

We also would like to highlight the obvious impact of Covid-19 on our work, restricting the possibility of any face to face work in the hospital setting, or at people's homes.

## Recommendations

### Share good practice to staff

1. Share the positive feedback with the staff at the hospital.

### Medication

2. **Healthwatch Herefordshire to monitor and review the implementation of the new prescribing system.** Healthwatch have worked alongside Wye Valley Trust during this project so are aware of the EPMA (Electronic Pharmacy Medicine Administration) project that is just starting to be rolled out. The aims of this project are to reduce errors and reduce patient waiting times for medication, therefore Healthwatch will monitor and review the progress and results of the project to see whether it meets the needs of the patient and improves their hospital discharge experience.

### Communication

3. **A review of general communication processes with patients.** Although, there were many examples of positive communication with the patient, where everything had been explained clearly regarding treatment, discharge and after care, there were also a number of instances where this was not the case and differences in approach from ward to ward. We would like to ensure that every patient receives the right level of communication regarding their care.
4. **Review and explore the detail on the discharge form** to consider if more written information needs to be provided when a patient has recently had an anaesthetic and may feel 'drowsy', or if a more suitable time can be chosen where the patient can engage more fully in the conversation. This could mean the patient has a good level information to read once they have returned home or a carer/family member has a good level of information that they may not have been able to receive from the patient.

5. **Recording the correct detail about the patients home situation on discharge form**, for example, who they live with and the type of accommodation. This follows a comment made where it was stated the patient didn't live alone and the implication was that there was somebody at home to care for them, however, the reality was that the patient was a full time carer for the other person and therefore they weren't in a position to care for them when discharged.

### After care

6. **Follow up calls:** Explore the option of working with the local voluntary and community sector, to establish whether volunteers could be utilised to do follow up phone calls with patients that have recently been discharged from hospital to see if they have all the support they need, whether they are recovering well or to check whether they have any questions that they didn't ask in hospital. A project like this could help people to navigate the system if they have needed any social support following their stay in hospital or if there are people within the healthcare system that they need to contact, for example, district nurses.
7. **Review the process of discussing the need for a district nurse visit** following on from a hospital stay. Although, only a small amount of people commented that they had expected a visit from a district nurse and didn't get it, or had to arrange themselves, their experience was negatively impacted due to this issue. The decision needs to be explained better to patients.

### Leaving Hospital - The discharge lounge

8. **Explore options to improve the environment of the discharge lounge**, for example, more recliner chairs or reviewing the temperature of the room compared to the wards. Also need to explore options for food and drink for patients if they have missed a meal time while moving from a ward to the discharge lounge.

## Response from Stakeholder

Lucy Flanagan, Director of Nursing for Wye Valley Trust

*“We welcome this report from Herefordshire Healthwatch which provides us with valuable feedback on our services. For this project we have collaborated closely and look forward to continuing the relationship to improve services within Herefordshire.”*

## Acknowledgements

Healthwatch would like to thank all of the people who took part in the project that this report is based on. We would also like to thank all of the organisations who helped to make that possible, especially the Wye Valley Trust.

## Disclaimer

The views expressed in this report are representative of 61 participants with the mix of ages, genders and health user histories described.

The participants have either participated in telephone interview with a member of the Healthwatch Herefordshire team or have emailed an account of their hospital discharge experience.

The views may not be representative of other Herefordshire patients, but are authentic independently gathered views.

It is hoped that commissioners and providers of services and communities will consider the views, celebrate and share good practice and respond to patient concerns by finding ways to improve practice where necessary.

Please tell us if you have used these recommendations so we know how this work has made a difference.

Contact us:

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