

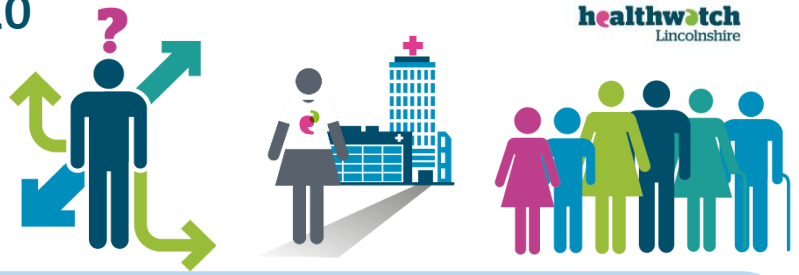
# Patient experience of Hospital Discharge

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healthwatch  
Lincolnshire

- between March - August 2020

Healthwatch Lincolnshire took part in a joint national survey with Healthwatch England and the British Red Cross to understand people's experiences of hospital discharge. This document provides an overview of what Lincolnshire people had to say.



**47**  
Responses



**34** Patients  
**13** Carers

Includes experiences from March - August 2020.

**70% (33 people)** accessed hospitals in Lincolnshire



**7** (15%) discharges occurred during the night (between 8pm and 8am) - 4 from Lincoln County Hospital, 1 Peterborough Hospital, 1 Grimsby hospital and 1 unknown.

**60%** (28)

Of people said they were not given information explain the process of leaving hospital had changed due to COVID-19.



**55%** (26) were not given information about who to contact if they needed further health advice or support after leaving hospital



**79%** (37) people felt prepared to leave hospital

**6** out of **13** carers said they were not sufficiently involved and informed in decision making around discharge

## Recommendations

- Ensure no one is discharged at night unless transport can be arranged: Patients who require transport should not be discharged at night unless transport home can be arranged. When discharging patients, checklists should be used to support conversations with patients and family/carers to ensure they have the immediate support they need.
- Recognise the voluntary and community sector: The voluntary sector should be embedded into hospital discharge processes.
- Involving carers and family: While visitation restrictions continue, special arrangements need to be put in place to ensure that families and carers can participate in patient decision-making during and after the discharge process, particularly for those with disabilities or additional needs. E.g. asking patients for a named carer at time of admission and ensuring they are contacted at every stage of decision-making.
- Provide everyone leaving hospital a follow-up contact: ensure patients are assigned to a single point of contact for further support, in line with the national guidance.
- Ensure follow up visits and assessments happen: Local and national efforts must be made to ensure everyone who may need a recovery plan is assessed after discharge.

## What could have been better? (a selection of patient comments)

### Waiting for discharge - communication between social care and hospital

- *He was medically fit for discharge on Friday, but the ward would not discharge him until he had been assessed by the hospital social work team. 24 hours later they told me they did not need to assess him and could have been discharged.*
- *[we wanted the hospital] To check proper care was in place before discharged, spent a whole day on the phone as it was a fail discharge between adult social care GP and transitional services to still not have a bed after 36 hours disgusting service*

### Staff related comments

- *Discharge staff were quite threatening about leaving*
- *The day staff made us feel like a burden and we had to ask for pain killers often when they were supposed to be given on time*
- *The care on the ward by the Doctors and Nurses was good though I did not feel ready to leave hospital. I was still in pain but I had medication at home. I felt rushed to be discharged and it was rather sudden.*
- *I did not feel comfortable with the ward I was in. One or two of the staff seemed a bit short in their response attitude.*

### Waiting for scan

- *I waited two days to have a scan as it was not known what the problem was. The result of the scan showed cracked ribs. I was treated with painkillers as this was what was recommended. No other advice was offered at that time.*

### Communication

- *whilst [in hospital] I did notice some lack of communication between doctors and nursing staff*
- *Knowing about the discharge the day before and being able to discuss if I felt fit to be discharged. I was just told you are going home today.*
- *Someone telling me more details about the operation would have been nice, after coming out of the operation, I think he was a doctor, said 'operation went well, no problems.' I left home anxious as I was not exactly sure what to do.*

### Information and advice

- *Advice and information were non-existent on departure.*
- *Very little information given about my diagnosis, what to expect during my recovery or what follow up I would receive*
- *No guidance given about aftercare after major abdominal surgery.*
- *Probably clearer information regarding leaving*
- *A little more information about follow up and any further investigations needed.*

### Social workers

- *Everything, too much to mention, discharge was shambolic, social workers rang me and told me what was going to happen and what I had to do with no consideration of whether any of it was physically possible. It was hell on earth for a month, a miracle mum is still alive!*

## Hospital experience

- *More information - moved wards four times in 3 days once at 3.30 in the morning. Was in the same pyjamas for three days with no washing facilities offered. No visitors allowed.*
- *After the operation I was informed that I needed to have passed urine before discharge, no mention of how much. This I did; although very little. No measure or checks as to the volume of urine was made; and I was released to go home. Consequently, when I got home, I could not pass urine and spent a further 3 days in Boston hospital where a catheter has been fitted awaiting an appointment with a urology department.*
- *The discharge told I was being discharged to the discharge lounge at 11.50 as dinner was being served voluntary helper came about 5mins later no dinner no drink. I then sat in the lounge until after 5 waiting for medication. I had been admitted with breathing problems and to have to sit and wear a mask for that long was a struggle. Also, people from A&E were also being brought into the lounge they had not been tested for Covid.*

## Post discharge

- *I have had no follow up and it is very difficult to get any help from the GP*
- *Follow up needed for further tests to establish the cause and treatment plan but not available told 3 months min, now July and still no contact.*
- *After care - gone from round the clock care to being home and unsure of my condition*
- *I would have liked to have been tested before I left the hospital, so I did not have to be quarantined. I would have liked all my belongings to be kept safely. I would also have liked to have been next door to my home rather somewhere out of the way from my partner. I would have liked my treatment to carry on, but I have not had anything*

## What went well?

### Hospital care

- *The care I got was amazing full of kindness, from nurses, carers, physio, occupational therapists, CT scanners, Cardiac team including pacing and echocardiogram ambulance crews, ambulance control, doctors, Professors etc.*
- *I was treated in hospital following a road traffic accident. I found almost all medical staff did their job well, kindly and cheerfully on a busy night and next day. All introduced themselves to me. Checks were thorough and good care taken of me and my two fellow travellers.*
- *In hospital the staff were very good*
- *Staff were very professional and caring. They ensured I had all the medication, advice and support I required.*
- *It was well run and great staff. Very informed and everything was as I expected and hoped.*
- *Admitted with pneumonia. Nurses in full ppe sat with me and said they were my family as no one could visit. Amazing caring people. Could not ask for better nurses*
- *I had a short one day stay, for a gallstone/bladder removal. Extremely happy because I was home the same day. Treatment and care could not have been better. Excellent*
- *Treatment and care whilst in hospital was first class from all staff*
- *All staff were brilliant from resus to the wards.*
- *Everyone was nice, and the operation went well, was quick and painless.*

- *I was very pleased with the way I was looked after, and everything explained. All Doctors and nurses were full protected against the virus as well. Cannot think of anything that could have been better.*
- *Support needs were checked.*
- *Did not have to wait for pharmacy so that speeded-up discharge.*
- *The night shift was caring and informative and I felt empowered to help... brilliant! - carer*

## Case Studies

### Discharge to care home experience

*1] My Father went into hospital after multiple falls in his care home, the final one resulting in a subdural haemorrhage. He has dementia at middle stage. was very frail and poorly and had been designated end of life several weeks previously by his GP. I was told that I was not allowed to meet him at the hospital to help him settle in despite info on the hospital website suggesting that dementia patients could be supported by a relative.*

*He was left in A and E and I do not believe he was helped to drink for many hours, despite an ongoing intractable UTI.*

*I believe he arrived on the medical assessment ward very dehydrated and a nurse on the phone asked me how he could be settled as he was constantly trying to get out of bed and was a fall risk due to his very limited mobility. He was transferred to a Care of Elderly ward to monitor his head injury and on discharge on 1st July after approx. 4 days in hospital the discharge nurse informed me that the care home had requested nursing care on discharge for him. She said that she had refused it stating that "It's just the care homes wanting more money". When I was eventually allowed to see him in the care home a few days later I was convinced this was the wrong decision and I believe he suffered as a result He is now in nursing care with probably only a few days of life remaining, can no longer take oral medication or oral nutrition. I believe that the return to a dementia unit was very wrong for him and Corona is preventing people with dementia representation which should be their right*

*2] I had a stroke on the 18th June. I am unable to walk and my speech is not good, and people cannot understand me in the care home I am in now. I was getting physio and speech therapy in hospital. I was told I needed to go in a care home as I could not go home. My home is next door to a care home but instead I have been brought to Bassingham where I am left in a small room. I have not seen anyone and am not allowed to see anyone for 14 days. The hospital has lost my dentures and many of my clothes. I feel like I have been dumped here to die as I also have stage 4 cancer please help me.*