

Hospital Discharge Findings

October 2020



Background

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. We feedback what Lincolnshire people had to say.

Research objectives

- Gather intelligence that can help inform how discharge **processes are working** at the current time and ensure we are sharing both locally and nationally.

Methodology

- Developed 2 surveys (1. Patients; 2. Paid/unpaid carers) in collaboration
- with HWE teams, external organisations and LHW, which assessed patient

Who did we speak to

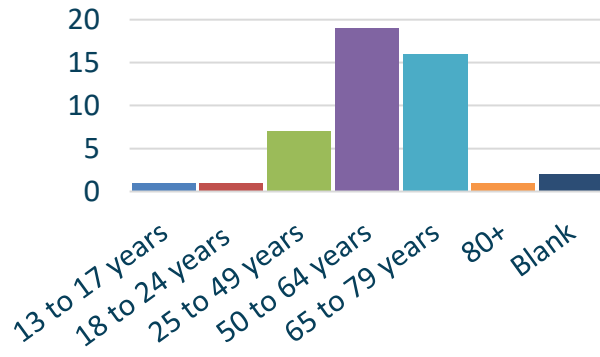
- *Survey*
 - 529 people responded to the survey across all 42 STP/ICS footprints in England:
 - +352 patients
 - +177 unpaid/paid carers

 - In Lincolnshire that resulted in:
 - 47 responses
 - 34 patients and 13 carers
- Includes experiences from March - August 2020.
- 70% (33) accessed hospitals in Lincolnshire

Demographic information

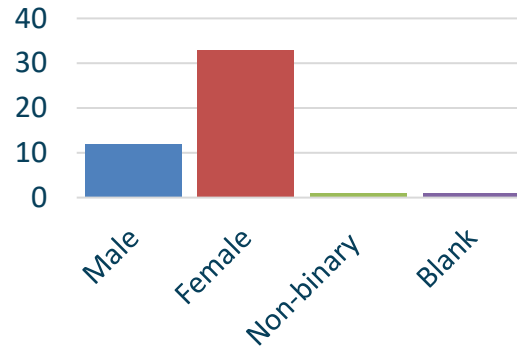
Age

	Total
13 to 17 years	1
18 to 24 years	1
25 to 49 years	7
50 to 64 years	19
65 to 79 years	16
80+	1
Blank	2



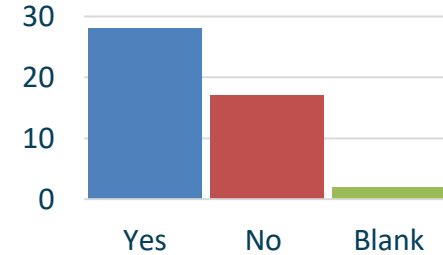
Gender

	Total
Male	12
Female	33
Non-binary	1
Blank	1



Long Term Condition

	Total
Yes	28
No	17
Blank	2



When were patients discharged?

Discharge time	Patient	Carers	Total
During the day (between 8am and 8pm)	30	8	38
During the night (between 8pm and 8am)	4	3	7

7 (15%) discharges occurred during the night (between 8pm and 8am)

Night discharges (7) – 4 from Lincoln County Hospital, 1 Peterborough Hospital, 1 Grimsby hospital and 1 unknown

How long did you wait between being told you were well enough to leave hospital and leaving the hospital?

	Total
Less than 1 hour	4
Between 1hr + 2hrs	13
Between 2hrs + 24hrs	25
Don't know	3
More than 24 hours	2

What were the reasons for waiting for more than 2 hours?

Reasoning

The main causes of these delays included:

- +Waiting for medication. (10)
- +Waiting for transport arrangements. (9)
- +Waiting to be seen by a doctor. (5)

Information & Communication

60% (28) of people said they were not given information explaining 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

Patient comments

- *Advice and information was 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.*
- *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.*

79% (37) people felt prepared to leave hospital

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 didn't need to assess him and could of been discharged.*
- *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*



What went well?

Praise for care

It was clear to see that patients and their carers generally valued staff delivering their care.

- Praise for attitudes -caring, kind.
- Praise for clear explanations -updating on health, providing information on follow up support and discharge process.
- Grateful for the treatment that they received.

- *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.*
- *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. Couldn't ask for better nurses*
- *I had a short one day stay, for an gallstone/bladder removal. Extremely happy because I was home the same day. Treatment and care couldn't 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 really nice and the operation went well, was quick and painless.*
- *Did not have to wait for pharmacy so that speeded-up discharge.*
- *The night shift were caring and informative and I felt empowered to help... brilliant! - carer*

Post discharge

Patient comments

- *I have had no follow up and it's very difficult to get any help from GP*
- *Follow up needed for further tests too 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*



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.



Next Steps Questions...?

More information
call 01205 820892 or email
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