

Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	Discharge Lounge Countess of Chester Hospital (COCH) Countess of Chester NHS Foundation Trust Liverpool Road Chester CH1 1UL
Date	Wednesday 4 th February 2015 at 12.30
Authorised Representatives	Andrew Firman and Chris Banfi
Service Provider Staff	Nicola Sweeney and Caroline Jones
Background	The Countess is a Foundation Trust Hospital covering the Chester and Ellesmere Port area. The hospital also caters for certain admissions and elective surgery for patients from North Wales and the Wirral areas. The discharge lounge is located in an area near the main reception area of the hospital and designated for the use of patients about to leave hospital.
Overall Impression including any ideas or suggestions for improving service?	<p>Representatives feel that in terms of overall scrutiny of the service that the full picture has yet to be seen. As a result of this they have requested a further visit to the pharmacy and to individual wards with regard to the discharge procedure and that resultant observations/comments will feature on subsequent reports.</p> <p>A further meeting will be requested with the head of the Integrated Discharge Team.</p> <p>We were unable, in this visit, to explore any additional issues arising in complex discharge cases, for example, those involving discharge to care homes or requiring the arrangement of support services in the home.</p> <p>Our visit observations and conversations with staff and patients suggests an apparent need for better communication between the ward, the pharmacy and the discharge lounge in order to speed up the overall procedure. Although the staff in each of these areas is working hard and cares for the patients, they need to understand the problems of their colleagues so that improvements can be made.</p> <p>Transport issues also seem to have impact on discharge in terms of waiting time/ organization etc.</p> <p>Representatives feel that the issues outlined in this report should be reviewed with an exploration how they could lead to adjustments to minimise the time patients who are medically optimised spend in the ward and in the discharge lounge before leaving the hospital.</p>

Observations - Welcoming/Safety/ Caring and involving/ Well organised and calm

We visited the discharge lounge at about 10 o'clock. There were about eight patients waiting, most of whom were dressed, two appeared to be in hospital gowns/sleepwear, covered in blankets. There were hot drinks available, as well as squash, water and biscuits. Staff would make the drinks if necessary or patients could help themselves. We were told that sandwiches were available at meal times.

We spoke to Nicola Sweeney and Caroline Jones, both Assistant Practitioners. They are band four qualified care assistants, who are trained to administer medication. Also, we were informed, on a shift, there can be up to two, band two assistants, who bring patients down from wards and collect their belongings. There are two male volunteers who have been helping in this department for a number of years. One covers Monday and Tuesday, 12-4, and one Thursday and Friday, 10-6. Part of the volunteers' job is to help patients fill in questionnaires about the service.

The room itself appeared to be well ordered, with comfortable seating. Staff said it can be cold in winter when the doors are often open for loading ambulances etc. Information leaflets regarding medication were available as were complaints forms.

A small extension to the lounge is planned within the current building to provide space for two beds for patients who are transferring by ambulance.

A whiteboard behind the reception desk displays information about the patients who are waiting. We saw this being updated while we were there. It showed the name of patient who was to be discharged with the ward number, the time they actually arrived in the discharge lounge and colour coded information about medication and transport.

One patient had been waiting four hours and 20 minutes. He did not look particularly comfortable. There had been a problem with his medication. We witnessed Caroline Jones ringing the pharmacy for more information. She was asked to hold, and was still waiting on the telephone when we left the lounge at least ten minutes later.

We had developed a short questionnaire prior to this visit after studying the hospital's discharge policy and procedure document which the hospital had helpfully provided. We used this to have one to one informal conversations with patients after checking they were content to speak to us. One patient who had been on Ward 47 for 3 days was very satisfied with the discharge procedure. He had considered self-discharge the previous day but changed his mind after a conversation with a nurse on the ward. He was very pleased he had stayed as this had given time for a number of issues to be resolved and arrangements made for follow-up with his GP. Whilst he was awaiting his medication the hospital arranged a taxi. It was noted that hospital staff provided him with cash equivalent to his bus fare home and also some clothes to wear for his journey.

Another patient spoken to by a Representative had been in the lounge for about 30 minutes. She and her husband said they had been pleased with their experience of ward 42. He said he was, "***Pleased with the staff on the ward.***" He said that although they were, "***under strain***" they were, "***still polite.***" The patient said that her appointments for after her discharge were all in place as they had been arranged before her hospital stay. She was waiting for her medication. She said that she had been asked on the ward if she had help at home but neither her or her husband was aware of a designated discharge nurse being allocated to her.

This patient received her medication after an hour's wait.

A patient who had been waiting in the discharge lounge for 2 hours for his medication was frustrated as he had arranged his own transport with a family member which was no longer possible because of this unexpected delay. He had managed to get a neighbour to agree to collect him. He could not understand why this was taking so long given that he had brought much of the medication with him to the hospital in the first place. Although otherwise satisfied with the discharge process, this patient raised another issue which had arisen during his 3 day stay on Ward 54. Following his medical procedure a doctor advised at 10am that he should get out of bed. The patient needed help to do this but no help was offered and when the doctor returned at 3pm finding the patient still in bed he put the blame on the patient for not getting up. This man felt an injustice had been done to him but did not wish to raise this as a complaint, but was happy for

this to appear in our report.

Representatives conversations with patients and staff indicates there are three main problems affecting the discharge procedure, leading to delays and frustration.

- Transport
- Organisation and communication
- Pharmacy

Transport - Nicola Sweeney told us that the transport contract changed to St John's Ambulance in December last year. They had one ambulance available between 10.00 am and 6.00 pm and one car available between 2.00 pm and 7.00 pm. There is an identified need for prioritisation but sometimes patients are promised transport whilst still on the wards when they could arrange it themselves. This overloads the system, causing delays and frustration.

The Welsh Ambulance Service (PCS) is required for patients living in Wales. The discharge staff has no control over this service which causes long delays: promised times are not kept to. We witnessed one elderly patient waiting for a long time for this service, which had been promised earlier in the day. Staff had to ring to remind the service of the patient's needs.

Organization and Communication - We witnessed an ambulance driver waiting for a patient who should have been in the discharge lounge. The patient was not ready on the ward. We were informed that this can be caused by a number of problems on the ward - doctors not signing relevant paperwork was one suggestion. Nicola suggested that the ward should only ring to tell them a patient was to be discharged when the patient was ready to leave. This would avoid frustrating hold ups in the discharge lounge. We were told that it was not unusual for up to ten phone calls per patient to be made when trying to track down a patient. This obviously uses up valuable time and resources.

Pharmacy - The wait for medication is the main cause for concern and the main cause of complaint.

There has to be a paper copy of each prescription, so an electronic system would not appear to help matters. The pharmacist seems to keep all the paper scripts and then send them together to the dispensary. The process could be speeded up if the scripts were sent down as and when they were written.

Nicola told us that they had a morning in the pharmacy to familiarise themselves with procedure. Both nurse practitioners felt that the procedure seemed time consuming and confusing: there were three stages, with checks at each stage. The final stage - 'the checking bench' - meant that dispensed medicine was waiting for a member of staff to be available and free, in order to check the medicine again. This didn't seem to be an efficient use of resources and despite these checks, discharge staff informed us that they still sometimes had to return medicines where mistakes had been made.

We were told that another source of delay is apparently the making up of blister packs of pills needed for some patients and requiring two members of the pharmacy team working together. The discharge lounge is now open until 7pm. This appears to be a good idea in that a relative can now call in after work to pick someone up. However, it does appear that late afternoon is too late for some vulnerable patients to be discharged because any delays means they can be arriving home extremely late and in the dark, especially in the winter. Discharge staff told Representatives that they are worried about the consequences of this and think it in the best interest of the patient if the procedure began earlier in the day. *"If it gets too late, the discharge should be organised for the next day,"* and *"If discharges were organised the day before, a more efficient use of transport could be arranged."*

Nicola Sweeney said that a patient's time in the discharge lounge, *"Should be a good experience because it is the last one of the hospital."*

Additional Comments

Before visiting the discharge lounge, both Representatives spoke at length to a visitor who was having lunch in the cafe. He was a retired engineer, articulate and reasonable. His partner, 51, and her mother, 88, had both been in hospital on a few occasions over the last months, and they

had encountered a number of problems. He had experienced four incidents of discharge during this time. These are some of his comments and suggestions:

- He suggested that relatives should be asked for information about the patient as they were before admission. This way, comparisons in presentation and behaviour can be noted. A patient can appear to be suffering from dementia when they have a urine infection, for example.
- He commented that most problems came about because of a lack of communication. This is exacerbated by the number of shift changes and turn over of staff.
- Example: He was told his partner needed to see a dietician as she had a thiamine deficiency. They waited 2 days. When they finally met with one, they were told that no booking with her had been made. (ward 49).
- They found it very difficult to get information because of the different number of agencies involved in the patient's care. "There is no clear communication line unless you insist."
- Staff on the ward were overworked which led to problems. - Example: on the stroke ward the bed pan situation was very difficult (although Representatives were unsure what these difficulties were).

Feedback from Provider of Service

We are pleased to see some positive feedback from the recent visit to the discharge lounge. We would agree that the staff in the department work hard to ensure that the experience in the lounge is good one.

Ensuring the safe and effective discharge of patients is a top priority to the Trust and we would accept that there is a delay at times to some patients going home in a timely fashion. We are continually looking at ways to improve this and are using a number of pathway reviews with an aim to improve the delays in the system.

The Trust continues to make safe and timely discharge a priority. We will continue to use our patient's feedback as well the information taken from the recent local Healthwatch report to ensure we try and improve this.