

healthwatch

Kingston upon Hull

Enter & View Report - Discharge Process

Hull & East Yorkshire Hospitals

Hull Royal Infirmary

Anlaby Road

Hull



Premises visited during March 2015

by Healthwatch Kingston upon Hull Enter & View Ambassadors



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Purpose of visit

Healthwatch Kingston upon Hull have received a number of contacts from patients regarding discharge from Hull Royal Infirmary (HRI). These contacts have related to delays in leaving HRI once patients have been discharged by Consultants. The purpose of this visit is to ascertain reasons for delays in patients leaving the hospital and gather patient opinion of the discharge process.

We have previously undertaken two discharge surveys at HRI & CHH to collect patient feedback by post but these have produced limited responses. It was agreed that in order to collect patient feedback at the time of discharge we would undertake two visits to the patient lounge and two sets of visits to wards to speak to patients in the process of discharge. Follow up letters were sent to patients who had consented to be contacted to gain feedback of the complete discharge process.

Subsequent to any visit a report is prepared, factual detail agreed by the manager of the facility visited, and then shared with the HWKuH Board before distribution.

The visits were pre-arranged. We used prepared questionnaires to find out relevant facts, observed all aspects of the premises or specific areas and spoke to staff, residents and visitors as relevant.

Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users who contributed to the report on that date.





Introduction

Hull Royal Infirmary (HRI) is one of two sites operated by Hull & East Yorkshire Hospitals NHS Trust (HEYHT). HEYHT were established in October 1999 following the merger of the Royal Hull Hospitals NHS Trust and East Yorkshire Hospitals NHS Trust.

HRI is on one of the main roads leading into the city and is close to bus routes and within walking distance of the train station.

HRI currently has approximately 700 beds, however during our visit the site was undergoing a period of redevelopment which included some services being moved from the Castle Hill Site to the HRI site. The HRI site also houses the new Emergency Department, Women & Children's department (including maternity), Renal, Surgery, the eye hospital and a large amount of outpatient facilities. Hull York Medical school and HEYHT administration are also housed on the HRI site.

The site is made up of a large tower block with 13 floors, and an additional 3 story building making up the rear wing of the tower block. A number of new buildings have been added to the site over recent years with much of the adjacent land being utilised. There are a number of 3 story Victorian wards towards the rear of the site which are no longer used. The main tower block was opened in 1967 and replaced the old infirmary in the city centre.

Many Thanks to Sarah Bates, Assistant Chief Nurse, and members of her team and support staff who provided us with the opportunity to meet patients, and freely ask questions to enable us to understand both the discharge process and patient experience.





Discharge Process

The trust has a published discharge process which is communicated to patients by leaflets and posters displayed in wards (appendix 3 & 4). The process described in the patient information includes details around times of discharge, transport, medication and any required support. The process is supported by the use of the 'Ticket Home' system which requires that the patient be issued with a 'ticket home' card upon admission. This card gives similar information to the leaflet described above as well as information regarding a patient stay in hospital and an estimated discharge date (EDD). All patient information relating to discharge gives an expectation that discharge will be in the AM.

There is a patient lounge available for patients to wait in comfort for medication or transport if clinically appropriate. The patient lounge is located on the ground floor of the tower block, on the corridor leading to the Emergency Department. The patient lounge is a large bright & airy room with 10 seats and additional space for wheelchairs, there is a patient toilet available and a hearing loop is in use with clearly visible signage. Patients are provided with refreshments and biscuits during their wait with sandwiches being available if a patient is in the lounge during mealtimes. There is no provision for hot food in the patient lounge.

Patient Information

We spoke at length to a large number of patients and staff during our visits. Of the patients spoken to 12 completed our discharge survey. Approximately half of the patients who completed our surveys were registered with East Riding of Yorkshire GP practices, this information has been shared with the HWERY. 8 of the patients who completed surveys were in the over 65 age bracket which seems to reflect local patient demographics.

The response to the surveys was mostly patients who had been inpatients for less than 7 days. Only 1 patient spoken to had been moved between wards during their stay.





Findings

From our conversations with patients and completion of questionnaires it was apparent that a large proportion of patients were unaware of why they were waiting to go home. Patients had medication and assumed they were waiting for transport when in most cases they were waiting for either medication or discharge paperwork.

Discussion with staff confirmed the discharge process as follows:

- patients are seen by consultants and advised that they are to be discharged, consultants complete all rounds before completion of discharge paperwork
- Once discharge paperwork is received medication is ordered from Pharmacy
- Once medication is received transport is booked

Patients can be transferred to the discharge lounge at any point during the process. Transport booking is done by either the ward or the lounge dependant on where the patient is located when all discharge requirements are in place.

Staff and patients reported delays in all aspects of the process specifically:

- Time taken for medication from Pharmacy (patient lounge get priority service)
- Time taken for discharge paperwork to be produced
- Time spent on hold when booking transport (15 minutes during our visit)
- Length of time between transport booking and arrival





All of the patients had nothing but praise for staff and treatment, the only issues raised were time spent waiting either in A&E or to go home. All staff were happy that all belongings had been returned to them. Not all patients spoken to felt that they had been given the opportunity to discuss their discharge and several said that it felt rushed.

Patients advised that their discharge dates had been moved several times and in some cases they had not been kept informed of this. None of the patients we spoke to had been given, or were aware of, a ticket home. When we discussed the ticket home with the ward staff we were advised that it wasn't used as the estimated discharge date fluctuates so much that they would be constantly crossing out or re-issuing them. We were provided with a ticket home as an example but this was under a pile of paperwork and not in use.

During our visits to wards we were given a list of all proposed discharges for that date, however once on the ward it was apparent that the situation was constantly changing and that the use of Cayder boards was invaluable when managing patient flow and discharge.

During our visits usage of the patient lounge varied, we observed discharge lounge staff going to collect patients after identifying them as suitable to wait in the lounge, as well as porters bringing patients down from wards. It was not clear after discussion with staff whether it is the responsibility of the ward or patient lounge to identify patients who are suitable for a discharge lounge wait and transport them to the patient lounge. It was also unclear as to whether all departments worked to the same criteria for patient suitability for movement to the patient lounge or if there were any specific criteria set out in the discharge process. Staff spoken with on wards advised us that the patient lounge is not considered to be suitable for patients with dementia, again it was unclear as to whether this was a criteria put in place by HEYH as part of the discharge process or at the discretion of individual wards.





We observed a number of occasions when transport had been booked by the ward and patients subsequently moved to the discharge lounge. Ambulance staff had not been aware of the movement and had gone to collect patients from the ward, to be told that they were in the discharge lounge. This was causing delays in the patient being collected and also causing some issues in staff and ambulance crew relations. Again the process is unclear but it would seem that that it is the responsibility of whoever booked the transport to advise of the patients location change, it was suggested that the delay in connection to the Patient transport service booking line may add to this miscommunication.

We were advised by staff that the patient lounge is not a permanent department and as such does not have a fixed staffing structure or rota. There are always 3 staff in the patient lounge however these are bank staff, 1 of which is 'permanently' allocated to the patient lounge. Opening times of the patient lounge vary dependant on need and staffing, we were advised of one occasion when the patient lounge was open till almost 10pm as a patient waited for transport. We were unable to ascertain whether the patient lounge would be open during our scheduled Saturday AM visit prior to arrival due to no fixed rota being in place.





Conclusions

Our observation found that there are a number of factors affecting patient discharge experience at HRI.

- Timing - Each element of discharge has its own timeframe, which causes delays to the patient
- Communication - staff are not effectively communicating with each other regarding patient suitability for and movement to the patient lounge
- Communication - Patients are unaware of the reason for their wait
- Process - Different departments have different ways of working. This was apparent in the differing answers to our questions and seems to be adding to the general confusion felt by patients around discharge.

The overwhelming sentiment of patients we spoke to was that of praise for the staff and the level of care they had received. Patients were very aware of difficulties at the trust and felt that staff were doing a fantastic job under, sometimes, difficult circumstances.





Recommendations

Further to our visits we would make the following recommendations:

- HEYH to conduct a review as to the use of 'Ticket Home' and its inclusion in discharge processes
- HEYH to ensure that a Trust discharge process, suitable for use by all wards and to include responsibility for PTS transport booking and liaison, is adhered to
- HEYH to conduct review of patient lounge usage and staffing, and its inclusion in discharge processes
- HEYH to conduct a review of IDL timescales and reasons for delays



Appendix 1

Visit Details

Visits were carried out by the following Healthwatch Kingston upon Hull Enter & View Ambassadors:

Graham Gedney

John Wilkinson

Christina Hamilton

Veronica Miller

Accompanied by Healthwatch Kingston upon Hull Insight & Intelligence Officer: Gail Purcell.

All Enter & View Ambassadors are fully trained in accordance with Healthwatch policy and have undertaken Disclosure & Barring service (DBS) checks.

The visits were carried out over the following dates and times:

Monday 16 th March	2 - 4pm
Wednesday 18 th March	10am - 12pm
Saturday 21 st March	10am - 12pm
Friday 27 th March	2 - 4pm

Appendix 2



HRI discharge Enter & View record sheet

Premises (ward) visited: HRI Anlaby Road Ward _____	Date of visit: 18.3.15	HW reference: KuH15-03-08(ii)
	Time of discussion:	Premises representative:
		HW Ambassador:

Patient Information		
		Response / Notes / Observations
Name		
Address		
Post-code		
Contact Number		
e-mail		
Preferred method of contact		
Registered GP Practice		
Gender		
Age Range	18-25	
	26-35	
	36-45	
	46-55	
	56-65	
	Over 65	
Which ward(s) have you been a patient on during your stay		
Date admitted to HRI		

Discharge Information (Ward visits)		
	Yes/No	Response / Notes / Observations
Has an agreed care plan in place in preparation for your discharge		
Have other services which need to know been advised of your discharge from Hospital (e.g GP)		
Have you been given a discharge letter or ticket home ?		
Were you kept informed of your expected discharge date and were any changes clearly explained to you ?		
Were you able to discuss arrangements for leaving hospital with staff and talk about any concerns you had?		
Has all of your property (including clothing) returned to you ready for when you leave the ward?		
Are you aware if your family / carers have been provided with information regarding your discharge from Hospital?		

Discharge Information (Patient Lounge visit)		
	Yes/No	Response / Notes / Observations
What time did you leave the ward		
What was the last meal / drink you were provided on the ward? (breakfast / lunch / evening meal)		
Have you eaten / drunk during your time in the patient lounge?		
Reason for wait in patient lounge:	Awaiting medication	
	Awaiting discharge paperwork	
	Awaiting equipment	
	Awaiting transport (Ambulance / private)	
Have all unnecessary medical devices been removed (e.g. device for a drip)		

Was an agreed care plan in place before you left the ward		
Have other services which need to know been advised of your discharge from Hospital (e.g GP)		
Have you been given a discharge letter or ticket home ?		(please mark in reason for wait)
Were you kept informed of your expected discharge date and were any changes clearly explained to you ?		
Were you able to discuss arrangements for leaving hospital with staff and talk about any concerns you had?		
Was all of your property (including clothing) returned to you when you left the ward?		
Are you aware if your family / carers have been provided with information regarding your discharge from Hospital?		

Is there anything else you would like to tell us about your stay in Hospital ?

Enter & View Ambassador comments:

I give consent for Healthwatch Kingston upon Hull to contact me by phone / e-mail / letter (delete as applicable) to discuss my discharge from Hospital

Signed:

Date:

Signed (EVA):

Date / Time:

Healthwatch Enter & View Ambassador Information

<u>Colour</u>	<u>To be completed</u>
	During all visits
	When speaking to patients in the discharge lounge
	When speaking to patients on wards

OTHER FACTORS FOR YOU TO CONSIDER WHEN PREPARING FOR YOUR DISCHARGE

Transport - you are expected to arrange your own transport home. Hospital transport is available to patients who are unable to use their own, or public transport because of their medical condition. If your relatives or friends are taking you home your Expected Date of Discharge should enable them to make the necessary arrangements in advance. Remember to let them know that you may be in the Patient Lounge or ward day room if they are unable to collect you before 10am.

Outdoor clothing – you will need to arrange for outdoor clothing to be available before your day of discharge. This is not only important for your onward journey from the hospital but will be necessary for when you are transferred to the Patient Lounge or ward day room.

Keys - if you were admitted as an emergency you may not have considered bringing your house keys with you at the time. Please ensure you have your house keys available on your day of discharge or have arranged for a relative or friend to be at your home when you arrive.

Your home – may have been empty while you have been in hospital. Ask a relative or friend to check that the heating is on and the house is prepared in advance.

Food - you will need to ensure that there is food at home for you. If this is not possible please discuss this with your nurse before your discharge date as welfare packs can be ordered. Please be advised – welfare packs should be ordered a minimum of 24 hours in advance.

As part of your care, when you come to the hospital,

information about you is shared between members of a healthcare team, some of whom you may not meet. It may be used to help train any staff involved in your care. Information we collect may also be used after you have been treated to help us to maintain and improve the quality of our care, to plan services, or to research into new developments.

We may pass on information to other health organisations to help improve the quality of care provided by the NHS generally.

All information is treated as strictly confidential and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998), Hull and East Yorkshire Hospital NHS Trust is responsible for maintaining the confidentiality of any information we hold on you

ANY OTHER QUESTIONS?

We hope that this leaflet has provided you with the information you require to enable your discharge to occur smoothly and safely. However, if you have any further questions please contact a member of the nursing team on your ward.

After your discharge, let us know about your experience so we can improve.
Visit us at www.hey.nhs.uk/survey

RIGHT CARE IN THE RIGHT PLACE

Information for patients leaving hospital



INTRODUCTION

This leaflet has been produced to give you and your family, carers and friends information on how your discharge or transfer will occur when you are ready to leave Hull and East Yorkshire Hospitals NHS Trust. Most of your questions should be answered by this leaflet however if you still have concerns or require further information please contact a member of the ward team.



LEAVING HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

We hope that your stay in hospital will be as comfortable as possible. Our aim is to get you home as soon as you are well enough. The following information has been produced to provide you and your family with the necessary information to support your discharge. You will be ready for discharge when your consultant, and if appropriate, other members of the multi disciplinary team agree you are well enough and that necessary support is ready and available for you.

Planning your discharge is an important part of your care. A planned coordinated approach will enable you to get home as quickly as possible and enable sick patients waiting for treatment to be admitted onto the appropriate wards.

WHEN WILL I KNOW MY DISCHARGE DATE

We will begin to plan your discharge on admission. We will confirm your Expected Date of Discharge within 24 hours of your admission. You will be informed of any change to that date throughout your hospital stay.

WHAT TIME WILL I BE DISCHARGED

We will aim to discharge you in the morning. If you are still on the ward at 10am we will arrange for you to be transferred to the Patient Lounge (Hull Royal Infirmary) or the ward day room (Castle Hill Hospital) where you can wait in comfort for your medications and transport.

This will enable patients waiting for treatment to be admitted onto the appropriate wards as early as possible in the day.

WHAT IF I REQUIRE SUPPORT ON DISCHARGE

We will discuss and agree with you and your family your care needs and any support you may require on discharge. Where possible this will occur during the admission process. We will then make referrals to appropriate health care team members on your behalf. During their assessments you will be kept fully informed of the options available to you. It is essential that you raise any concerns as early as possible.

This will ensure a safe and timely discharge. Raising concerns at an early stage will enable the necessary assessments to be completed so as not to delay your discharge.

WHAT IF I AM WAITING TO BE TRANSFERRED TO AN ALTERNATIVE SETTING

We will ensure you are kept fully informed of all the options that are available to you. If you are waiting to be transferred to a Nursing or Residential home of your choice and they do not have a vacancy when you are ready to leave hospital, we will provide you with a list of alternative homes that can meet your needs, where you can wait until your preferred choice becomes available.

If you require transfer to an alternative care setting for rehabilitation you will be transferred to the first available setting that can meet your needs. Please be aware - this may not be the setting nearest to your home. The priority is to begin your rehabilitation as soon as possible.

This will ensure you are cared for in the right place at the right time. A hospital ward is not the best

place to continue your care once your acute illness is over. Remaining in hospital too long may affect your confidence in your ability to care for yourself and may increase your risk of acquiring an infection.

WILL I RECEIVE ANY MEDICATION ON DISCHARGE

We will provide you with 28 days supply of the medications you require. This will include the medications you brought into hospital and still need. We will supply you with the new medications your consultant has prescribed. An information leaflet will be provided with each medication and your nurse will explain and discuss with you all your medications and any changes at your point of discharge.

This will ensure you are aware of any changes that have been made. It is important that you are aware why your consultant has discontinued medication you were taking prior to coming into hospital and why new ones have been prescribed. It will also ensure you are aware of the process to follow when you require a new supply.

WILL I BE INFORMED OF ANY AFTER CARE

We will inform you of any follow up appointments or community support that has been arranged for you.

You will also be provided with a copy of your Immediate Discharge Letter and discharge checklist. We will forward a copy of your Immediate Discharge Letter to your GP for you.

This will ensure all aspects of your hospital stay have been discussed with you and all necessary arrangements and checks to complete your discharge safely have been made.



YOUR MEDICINES DURING YOUR HOSPITAL STAY

Introduction

If your ward has a pharmacist or pharmacy technician they will try to review your medicines as soon as possible when you are admitted. If you have any questions about your medicines please ask the ward pharmacy team, or the doctors or nurses looking after you.

During your stay in hospital

- ❖ Depending on which ward you are admitted to, your medicines may be stored in a locker by your bed or in the medicine trolley. If you move wards during your stay please check that your medicines are sent with you.
- ❖ Please ask us about your medicines. Your medicines may be changed in hospital depending on your condition when the doctors see you.
- ❖ If you or your carers have any questions about why your medicines are different to those you have at home please ask the doctors, nurses or pharmacy staff. The pharmacy staff can answer questions about any side effects you may be experiencing and discuss any concerns with the doctors and nurses.
- ❖ If your ward has a ward pharmacy technician or pharmacist they may check your medicines soon after admission to see if they can be used during your admission, with your permission.
- ❖ If you are well enough it may be possible for you to administer your own medicines whilst you are in hospital. If you would like to take your own medicines please discuss this with your nurse or the ward pharmacy team.

Leaving hospital

The team looking after you will decide when you are ready to leave hospital (be discharged). We try very hard to ensure this process goes smoothly, however we may be trying to get lots of patients home safely at the same time, so please be patient if you experience a delay.

In order to ensure you receive the correct medicines the doctors have to write a discharge letter which includes information about your medicines, any changes to your medicines and also information for your GP. The pharmacist then needs to review this letter and, if the ward pharmacist is on the ward at this time, they may talk to you about your medicines.

The pharmacy team will make sure you have all the correct medicines to go home with, which may involve giving you some medicines from the hospital pharmacy.

We will ensure you have a minimum of 14 days' supply of the medicines you need. With some medicines you may receive a smaller quantity, for example antibiotics or pain relief medication.

You should be provided with a copy of the discharge letter which has been sent to your GP. If you do not receive one, please ask.



LEAVING HOSPITAL: INFORMATION ABOUT YOUR DISCHARGE FROM HOSPITAL

When do we start planning your discharge?

Discharge planning will start as soon as you come into hospital. This helps us to make sure you have everything you need to leave hospital.

Why do we start planning so early?

We start planning to make sure all arrangements are in place as soon as possible. This helps to minimise delays once you are ready to leave hospital. We will always try to discharge you as quickly as possible once the medical team looking after you have decided you are fit to leave hospital.

Who will be planning your discharge with you?

We will talk to you about any arrangements that we make. With your permission, we will also talk to your next of kin and/or your carers. Your nurse on the ward will oversee your care, including your discharge, whilst you are in hospital. If you have any concerns at all about leaving hospital, please ask to speak to the nurse in charge.

What sort of arrangements need to be made?

When you are ready to leave hospital, we will make the following arrangements with you:

- Outpatient appointments – we will make any appointments necessary and explain that you may be sent an appointment direct to your home.
- Your property - please make sure you take all of your property with you. If any money or valuables are being stored, we will return this to you before you go home.
- Transport arrangements – please arrange for a friend or relative to collect you. If your medical condition meets the criteria for hospital transport to take you home, your nurse will arrange this for you.

You might also find it useful to ask yourself the following questions, when thinking about leaving hospital:

- Do I have house keys?
- Do I have food at home? Will I have clean clothes and suitable footwear when I leave hospital?

This is your ticket home

NAME: _____

WE EXPECT THAT YOU WILL BE DISCHARGED FROM
HOSPITAL BEFORE LUNCH ON

IF YOU HAVE ANY CONCERNS REGARDING THIS
DATE PLEASE SPEAK TO THE NURSE IN CHARGE OF
THE WARD

If this date changes for any reason we will let you know

