ENTER AND VIEW

Report on Discharge Lounge - Queens Hospital Burton

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end.

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Provider Details

Name: Queens Hospital

Address:
Belvedere Rd,
Burton-on-Trent
DE13 0RB

Service Type: Discharge Lounge

Date of Visit: 9th July 2016
Time of Visit: 11am

Authorised Representatives

Name: Gwyneth Mclaughlan
Role: Author

Name: Ann Langdale
Role: Observer

Rationale for the Project

Healthwatch Staffordshire are undertaking a project looking at the experience of patients being discharged from hospital via discharge lounges. The background to the project stems from local intelligence received from patients, their relatives, and care home providers and from national research reports, which indicate that hospital discharge particularly for physically and mentally frail and unwell patients often leads to poor experience.

The report 'Safely Home' published by the Parliamentary Health Service Ombudsman: highlighted 5 core reasons why patients had reported on poor discharge.

- People experiencing delays through a lack of coordination of different services
- People are feeling left without services and support they need after discharge
- People feel stigmatized and discriminated against and are not treated with respect because of their condition or circumstances
- People feel they are not involved in decisions about their care or given the information they need, and
- People feel that their full range of needs are not considered.

These findings in addition to Healthwatch Staffordshire's own feedback about hospital discharge have prompted a piece of work to establish the position from

patient, staff and organizational perspective across Staffordshire's 3 Acute Hospitals.

Discharge lounges were chosen because they are discreet areas from where discharge takes place and are therefore easier to observe from a patient and staff perspective.

Methodology

The methodology Healthwatch volunteers used to undertake this project were:

- To examine the literature around best practice models of hospital discharge and reports of research findings of people's experience.
- To visit hospital discharge lounge's at the 3 acute hospitals in Staffordshire to observe the process of discharge, to talk to patients about their experience on the discharge lounge using a questionnaire as a guide.
- Talk to staff who work on the discharge lounge to establish how these operate on a day to day basis, how decisions are made as to which patients are suitable for discharge via a lounge and identify what if any are the requisites.

The outcome this project seeks to achieve is to:

- Gain an understanding of the patient experience of discharge via a discharge lounge
- Highlight areas of good practice from the perspective of the patient and their family
- Identify and share areas of the discharge process that could be improved
- Identify models of best practice for hospital discharge
- Report our findings to each Hospital Trust and make recommendations for improvements in the experience of discharge based upon feedback received from patients, their families and staff working on the discharge lounge.

Physical Environment

External

Parking on the hospital site was a major problem, it took the Authorised Representatives (ARs) considerable time to park having driven around the grounds several times before a space became available. This led us to surmise that; relatives picking patients up from the Discharge Lounge would it find it extremely difficult to do this in a timely manner. Signposting to the lounge is not very clear, the Discharge Lounge is located on the second floor of the main building a little out of the way. If there is a pick-up/drop-off point we didn't see one.

Internal

The Discharge Lounge has been in existence for the past 7 years and has been on the current site for the past 12 months. This did not appear to be a settled site and currently at the weekend the Endoscopy Ward is being used for discharge. Queens Hospital however, was the only Hospital operating Discharge Lounge facilities at the weekend.

The ARs observed and were informed that there are twenty spaces and two beds available for patients although the space is a bit small and cramped, we were told that with bags and belongings the lounge could cater comfortably for 15 people and this is about the average. On the date of the visit there were 6 patients on the ward.

There is a Disabled toilet, but no bariatric chair, however we were told that one is available from elsewhere if needed.

Most patients on the ward have to wait for medication we were told that there was no tracking system for medication so patients would not really have any idea how long they may have to wait for their medication. The Discharge Lounge had recently been given a direct line to the Pharmacy. Ibuprofen and Paracetamol were available on the ward for pain relief but no other medications and we were unclear about what happens if a patient requires regular prescribed medication.

A television was available within the Discharge Lounge for entertainment if required.

The ARs were informed that if there were long delays with patient transport there was access to Private Ambulances if necessary. Staff had to contact their management team to negotiate this service.

Patients are assessed on the ward by a nurse and a doctor, the discharge letter for the patients GP is done by the doctor and the letter for the patient is done by the nurse and these are generated from the same computer system.

The environment on the discharge did not seem to the AR's to be conducive for dignity and respect, as it is an open ward with no partitions. Patients with incontinence, palliative care needs etc. were all sitting around on chairs with little or no privacy. We were informed that people with dementia or with a learning disability would be considered for the lounge if the staff felt that they could care for them.

Although there is a discharge policy document which we were told was under review, there is no mention in the document of the discharge lounge, its use or any criteria as to who it is suitable for.

Patient Experience and Observations

There were 6 patients on the ward at the time of this visit. The ARs spoke to 3 patients. One lady spoken to was terminally ill and waiting to go to a hospice. She appeared confused and told the AR that she did not know why she was there or where she was going. She may have been told this but as she had been sitting there since 9.15 and was still there at 12.15 this may not be surprising. The staff were clearly concerned with this situation and were of the opinion that she should not have been there and it was clear to see why. Two other patients were also spoken to both of whom said that they hadn't been told that they were being transferred to the ward. One went to the bathroom and when he returned the bed was being stripped. Both could not understand why they could not have stayed on the ward to wait but had not complained about the service they were receiving on the discharge lounge. They were both awaiting medication prior to ambulances being booked.

Staff Experiences and Observations

The ARs were informed that the Discharge Lounge was open from 8am-6pm at present with two Staff Nurses, two Healthcare Support Workers and a Ward Sister (four days a week) and volunteers covering three days a week.

There was no dedicated Doctor, however a Doctor would be used from either A&E or a Ward if needed.

Staff seemed fairly flexible on hours worked, e.g. 10-6, 8-4, and 9-5.

The staff had access to the patient's notes and printed them off for each patient which were then given them to take home.

The staff came over as very caring and seemed quite concerned that they didn't have a 'final say' on patients transferred to them, for example, they had refused to accept a lady needing palliative care, but she arrived anyway and she was totally unsuitable as the staff did not feel that they had the facilities to cope with her needs. In addition to the staff on the ward, there were also 3 volunteers who were sat chatting with patients, fetching food and drink etc. and ensuring that they were as comfortable as possible.

Feedback from staff indicated that they felt unsettled as they had no permanent base, although they were motivated to give the best possible service, they seemed upset that unsuitable patients were being transferred to the Discharge Lounge and therefore from a patient perspective this was not the best service that they should be able to expect.

Summary, Comments and Further Observations

The Discharge Lounge is located on the 2nd floor of the hospital which is a little out of the way with signage that is not totally clear. The space is small and cramped but can cope with around 15 patients more comfortably. The staff appeared well motivated to deliver a good service and volunteers were used to add value to the patient experience.

It was difficult to ascertain what criteria is used for admission to the Discharge Lounge and it seemed even when the Staff raised concerns and tried to refuse unsuitable patients, they were overruled by their managers. One lady was obviously elderly terminal/palliative with a syringe driver in situ, the Discharge Lounge staff had raised concerns in respect of this lady but were overruled, there was a gentleman who was obviously incontinent; this raised concerns for the ARs about the dignity and privacy that the service affords patients who are clearly frail and very ill and whether this is the right place for these patients to be.

The overall impression of the ARs is that Discharge Lounges would be best used for ambulant, lucid, continent, relatively well people who are just waiting for medication and transportation home. Somewhere they can sit comfortably, freeing up space in a clinic or department. Given the length of time patients may have to wait for these to

be arranged it would be preferable for Patients on wards, to be discharged from wards or even the day rooms of those wards.

The Discharge Lounge site was not permanent and was used by wards, outpatient clinics, A&E and X-Ray departments, it was planned to open at weekends in the endoscopy department.

It seems the reason for delays in discharge were again waiting for medication.

The staff were motivated but wanted a settled site.

Recommendations and Follow-Up Action

1. The Review of the discharge policy document should outline clear criteria that should be in place for patients moved from a ward to the Discharge Lounge and should have very clear guidelines about people who are terminal / palliative care, elderly frail, or people with dementia.

2. Staff would like a permanent, easily accessible discharge lounge, a full analysis of the requirements of a discharge lounge including where it is sited, clear signage would be beneficial, car parking, size and facilities would benefit both patients and staff. Are there plans in place to have a permanent site for the discharge lounge?

3. Pharmacy appears to be the main cause of delays to discharge, it would be helpful to patients and staff if this service was reviewed to see how this could be made more efficient.

4. A leaflet for patients explaining about the discharge lounge would be of benefit to them, outlining the expectations of their experience whilst there.

5. Any audit should consider the other causes of delays to patients from the Discharge Lounge, e.g. the delays in Doctors writing Discharge Letters and Take-Home Medication.