

ENTER AND VIEW

Report on Hospital Discharge, Royal Stoke University Hospital

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. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: University Hospital North Midlands, Royal Stoke University Hospital

Address:
Newcastle Rd,
Stoke-on-Trent
ST4 6QG

Service Type: Discharge Lounge

Date of Visit: 12th May 2016 @ 10:30am

Authorised Representatives

Name: Gwyneth McLaughlan
Role: Author

Name: Caroline Goodfellow, Ann Langdale and Harry Ferguson
Role: Observers

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
- 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

Car parking was very difficult and patients being picked up by relatives would find it difficult to park in the pickup/drop off area as it was full of ambulances. People were observed driving around trying to find parking spaces. The Discharge Lounge was a little difficult to find as it was behind another department, even though it was signed it was still difficult because it was not obvious that it was behind another building.

The Discharge Lounge is not on a permanent site. This is their 3rd site and staff were not sure if it was a long term home for the lounge but were under the impression that this was not the permanent site.

We spoke to a very enthusiastic Staff Nurse and Ward Manager (who was over Discharge Lounge and A&E).

The opening times are 8am-8pm (staff stay over if patients are still waiting). Patients can go home if waiting long periods for medication and medication can be sent by taxi if this is not available. This did not seem a very good use of resources for the want of a more efficient pharmacy service.

The Discharge Lounge takes all patients, complex discharges, palliative, and A&E radiotherapy but use discretion on unstable patients eg. Dementia, learning disabilities and infection control.

There is a phone available for patients, sandwiches, and cold food and hot and cold drinks throughout their stay.

There is no dedicated Doctor available within the Discharge Lounge, the Doctors from Wards or A&E are called if medical help is required.

The Discharge Lounge has thirty chairs, four trolleys, six wheelchairs, one bariatric chair with curtains (this can be used for dressing). It is a small space for this many patients though the Authorised Representatives did not see it at capacity during their visits.

All the patients' information is collected on a comprehensive form and saved on ward.

No discharge letters are sent to GP or with Patient from the Discharge Lounge.

There is a tracker system for medication, the pharmacy is only available until 6pm and then the on call pharmacist is utilised.

Patient Experiences and Observations

A second visit to the lounge was undertaken at a later time during the busy period.

The male and female patients share the lounge facility, but are on different sides of the room. I spoke to four gentlemen and one lady. The lady was extremely happy with the service, she had only been in the Discharge Lounge for half an hour, but was just waiting for transport as she already had her medication (the reason for this was that she was due to be discharged the previous day). Three of the four gentlemen said they were happy as they had only been waiting between $\frac{3}{4}$ and $1 \frac{1}{2}$ hours, and had got drinks etc, but all were waiting for medication so that transport could be arranged. One gentleman had been there for $3 \frac{3}{4}$ hours and was not happy, he didn't understand why he'd had to come and why he couldn't have just stayed on the ward.

Family and Carer Experiences and Observations

There were no relatives or carers available to talk to during the visit.

Staff Experiences and Observations

There are two Staff Nurses and the rest of the team are Healthcare Support Workers.

The Staff Nurse we spoke to was very enthusiastic, the Ward Manager was not as knowledgeable about the lounge as she covered a few wards, but was also very enthusiastic.

The staff were very committed to the Discharge Lounge doing cake baking to raise money for clothes etc for patients who had none to go home in. These are mainly patients who were admitted during the night, and those with no relatives to bring in clothes.

Staff reported that they would like a permanent site for the lounge and some sort of entertainment ie TV or radio, for patients who are waiting a long time for their discharge, and of course a quicker pharmacy turnaround so that patients can leave as soon as possible.

The ward staff were in the process of putting a directory of voluntary services together for the patients and relatives so that patients and their family could access services if needed after discharge.

The Authorised Representative phoned to ask permission to visit and speak to a few patients, at first this request was refused as they were very busy and short staffed but after discussion the Authorised Representative visited, by which time things had calmed down, A few patients and staff were spoken to. Comments are outlined above.

Summary, Comments and Further Observations

It was difficult to ascertain the criteria for using the Discharge Lounge. There appeared to be patients mainly under 70's using this facility during these visits, which seemed to be an appropriate use of this service as opposed to more frail and older people being discharged through this route.

The staff seemed motivated to offer a good service to patients but want a 'settled' permanent site and more efficient pharmacy so that patients can be discharged more speedily.

The discharge lounge seems to be a good use of space for Outpatients having Radiotherapy or visiting A&E as it is somewhere comfortable for them to sit while waiting for transport, it also frees up space in these departments. It did not seem to be an appropriate environment for ill, palliative, elderly, frail or dementia patients of which seems an unnecessary move from the ward.

Recommendations and Follow-Up Action

1. More active involvement in the planning and running of the Discharge Lounge by staff may help to improve the service.
2. It would benefit the service to have Operational Guidelines with clear criteria for admission to the Discharge Lounge in place, these should be closely monitored, to ensure staff follow the guidelines.
3. The leaflet explaining about the Discharge Lounge, should be given to all patients so that they and relatives understand why they are there and what they can expect in terms of the service they receive.
4. A full analysis of the requirements of a Discharge Lounge, taking all environmental factors into account as well as the comfort and wellbeing of patients, would be beneficial.
5. Improved pharmacy cover is required, if waiting times on the Discharge Lounge are to be kept to a minimum. A full audit of the current pharmacy service may be advisable.
6. Any audit should consider the other causes of delays to patients from the Discharge Lounge, eg the delays in doctors writing Discharge Letters and Take-Home Medication.
 - Permanent site
 - Not used by palliative/terminal care patients.
 - Ground floor, clear signposts
 - Better Pharmacy organisation
 - Wards preparing for discharge prior to discharge day (if known)
 - Pre-planning pharmacy (unless medication is significantly changed)