Appendix A – Patient Survey

Have you been discharged from a hospital or mental health setting in the past 18 months?

- ☐ Yes (If yes, please skip to question 3)
- ☐ No

Are you completing this survey on behalf of someone else who has been discharged from a hospital or mental health setting in the past 18 months?

- ☐ Yes (please continue to question 3)
- ☐ No

When were you discharged?

- ☐ 0-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12
- ☐ 13-18 months ago

Which hospital/mental health setting were you discharged from?

How long did you stay in the hospital/mental health setting?

- ☐ less than 48 hours
- ☐ 2 to 5 days
- ☐ 6 to 10 days
- ☐ 11 to 14 days
- ☐ more than 2 weeks

What was the primary reason for your hospital admission?

- ☐ surgery (planned or unplanned)
- ☐ medical treatment (e.g. chemotherapy, radiotherapy, dialysis etc.)
- ☐ diagnostic tests (e.g. MRI scan, ultrasound etc.)
- ☐ to have a baby (or other pregnancy-related issues)
- ☐ as a result of an accident
- ☐ Other (please specify)_____

How was your admission to hospital arranged?

- ☐ planned admission
- ☐ admitted via A&E Department
- ☐ admitted via urgent care/walk-in centre
- ☐ referred from GP

Were you re-admitted within 3 months of your discharge?

- ☐ Yes (for the same condition)
- ☐ Yes (for a different/unrelated condition)
- ☐ No

Please rate the treatment you received from healthcare staff whilst in hospital

Please leave any further comments on your care in hospital here:

What time of day were you discharged?

- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ During the Night
- ☐ Don't Remember

Where were you discharged to?

- ☐ Own home
- ☐ Home of friend or family member
- ☐ Residential care or nursing home
- ☐ "Intermediate tier", sometimes known as a "step-down" or community bed
- ☐ Other (please specify) _____

Thinking about your experience, to what extent would you agree or disagree with the following statements:

When I was discharged from hospital I felt ready to leave

Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
○	○	○	○	○	○

I felt fully involved in decisions about my hospital treatment and in planning my discharge

Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
○	○	○	○	○	○

After I left hospital I had all the equipment and medication I needed to recover at home and understood how to use it

Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
○	○	○	○	○	○

After I left hospital I received all the additional support (e.g. home care) I needed to recover at home

Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
○	○	○	○	○	○

After I left hospital I knew who to contact and where to go for further help

Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
○	○	○	○	○	○

After I left hospital I felt able to cope in my own home

Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
○	○	○	○	○	○

Please use this space to leave any further comments you have in relation to the questions above or to tell us anything good or bad about your discharge experience.

Were you informed about any changes to your planned discharge time?

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Don't remember

Was transport arranged for you?

- ☐ Yes
- ☐ No
- ☐ Not required

If you needed help at home or nursing care, did you understand what you would have to pay for yourself and what would be free?

- ☐ Yes
- ☐ No
- ☐ Not applicable

If you felt your discharge was delayed, then what do you think were the reasons for this?

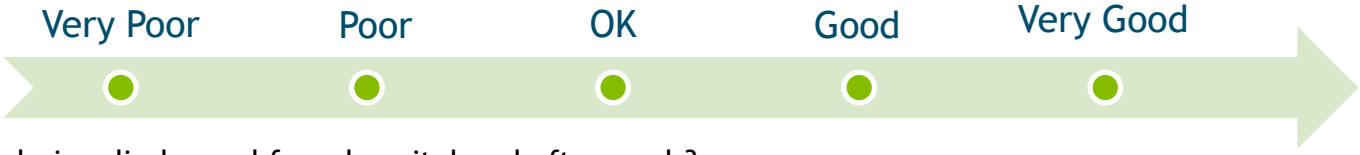
If you felt you were discharged too early, then what do you think were the reasons for this?

Did anyone contact you to find out how you were getting on following your discharge?

- ☐ No
- ☐ Yes (please give details)

How would you rate your overall experience of being discharged?

What (if anything) do you think could be improved for people in your position when being discharged from hospital and afterwards?



Appendix B – Provider survey

Are you…

- ☐ Care home manager
- ☐ Domiciliary care manager
- ☐ Other staff in care home
- ☐ Other staff in domiciliary care
- ☐ Other (please specify)

Thinking about your experience over the last 12 months, please use this box to describe any positive experiences of discharge from hospital from your perspective as a service provider.

Thinking about your experience over the last 12 months, please use this box to describe any negative experiences of discharge from hospital from your perspective as a service provider.

What does a good discharge look like from your perspective?

What does a poor discharge look like from your perspective?

Please use this box to describe any specific good practice examples you would like to share of discharge from hospital?

Thinking about your experience over the last 12 months, please use this box to describe any specific positive experiences of discharge from hospital from your clients' perspective?

Thinking about your experience over the last 12 months, please use this box to describe any specific negative experiences of discharge from hospital from your clients' perspective.

What does a good discharge look like from your clients' perspective?

What does a poor discharge look like from your clients' perspective?

What impact does a poor discharge experience have on your clients?

When a discharge is poor, what impact does this have on your service?

How often in the past 12 months do you think your clients have….

	Never	Not very often	Difficult to say	Sometimes	Very Often
Had delays in receiving appropriate care caused by the discharge process?	☐	☐	☐	☐	☐
Had changes made to their agreed discharge time?	☐	☐	☐	☐	☐
Arrived significantly later than expected or at an inconvenient hour for them?	☐	☐	☐	☐	☐
Been upset or distressed by the discharge process?	☐	☐	☐	☐	☐
Led you to raise safety concerns as a result of their discharge?	☐	☐	☐	☐	☐

How confident are you that the hospital is aware on admission of the care services your clients are receiving?

- ☐ Very confident
- ☐ Fairly confident
- ☐ Fairly unconfident
- ☐ Not confident

How informed does the hospital keep you of the services/care delivered to your clients whilst in hospital?

- ☐ Fully informed
- ☐ Fairly well informed

☐ Not very well informed
☐ Not informed at all

How often does the hospital give you sufficient notice to provide appropriate services for discharged patients?

☐ Always adequate notice
☐ Often adequate notice
☐ Rarely given adequate notice
☐ No notice given
Ideally,how much notice do you need?_____

How satisfied are you with the provision of the following upon discharge?

	Very satisfied	Fairly satisfied	Fairly dissatisfied	Very dissatisfied
Discharge notes	☐	☐	☐	☐
Medication	☐	☐	☐	☐
Information about medication	☐	☐	☐	☐
Risk assessment	☐	☐	☐	☐
Adaptations	☐	☐	☐	☐

What three things would you like to see change to improve the experience of discharge for your clients/patients?

One

Two

Three

Thank you for providing your views on discharge from hospital.

Appendix C

Enter & View Reports

Enter & View Visit Report – Hull Royal Infirmary

Premises visited: Discharge Lounge Hull Royal Infirmary Hull	Date of Visit: 28.11.2016	HW Reference: HWERY 20161128
	Duration of visit: 1.5 hours	
	HWERY Representatives: Mrs Pam Wakelam Michelle Harvey	Staff met during visit: Manager Staff nurse Healthcare Assistants (HCA)

Purpose of Visit

1. To gather patients' experience of being discharged from hospital.

2. To give an external perspective on the discharge lounge environment/experience for patients.

Introduction

The 'Discharge Lounge' (DL) is situated on the ground floor of the hospital next to the foyer and A/E department. This provides ease of access for admission and discharge and also for ambulance access to facilitate many of the discharges.

The hospital has undergone a programme of external renovation over the last year or so.

Internally the unit is bright and airy with simple décor but lacks colour and vibrancy and appears quite clinical. The area around the café can also get quite crowded, particularly around meal times.

The unit has facilities for 20 chairs and 4 beds. Three members of staff were on duty; one registered nurse and two health care assistants.

The patients passing through the unit are on their way home, or awaiting transfer to another health care facility e.g. Castle Hill hospital. They are given arm chairs to sit on or beds to lie in depending on their level of need.

According to the members of staff we asked, the process for discharge begins on the ward, where patients are booked in to the unit via the computer system. A communication form is completed advising the discharge staff on matters such as medication, ambulances/transport booked and where the patient is being taken.

During our visit we noted approximately 10 patients going through the unit, the lounge was visibly busy and staff were welcoming.

Environment and Accessibility

Disabled access is easy as the unit is on the ground floor. Although disabled access is not an issue, there is no designated area for wheelchair users to be seated and one patient was frequently moved around to allow access to a stock room by the staff.

There is no hearing loop though the staff nurse advised us that they used to have one.

Toilets are provided outside the unit and patients who need assistance are taken by the nursing staff. Baby changing facilities are provided in one of these areas. There is a sign for toilets but it is not clear that these facilitates are situated outside the unit.

A water fountain is provided plus a trolley with water jug and juices for people to serve themselves. Tea and coffee is also available on request to the nursing staff and is made in a small kitchen off the unit. The staff nurse advised me they felt they would benefit from a boiler being installed to avoid boiling kettles which is time consuming.

Papers and magazines are provided. However, there were no information leaflets in evidence (other than a couple of posters on the walls) and although there was a box available for patients and families to post their comments, there were no forms or pens provided to collect that information.

There was no payphone available within the Discharge Lounge.

Safety

There were no apparent safety problems. The unit is quite spacious and free from hazards.

A 'Resuscitation trolley' was provided for clinical emergencies.

Hand gel was provided for control of infection purposes.

Policies, Procedures, and Care Plan

The policy for the admission of patients to the unit seemed to be a problem. During our time observing the unit, three patients arrived from the 'Emergency Admissions Unit' (EAU) unannounced. They were told to walk down to the unit to await their relatives etc. Fortunately the unit was not full and the staff dealt efficiently with the unexpected arrivals. No paper work had been completed and there had been no call to

advise what care might be required for these patients. Had protocol been followed in these instances, it would have made the discharge process for these three patients, and the staff working in the discharge unit, much smoother

Only one relative was present during our visit – though it is clear that they are welcome to be with their relative while awaiting transport.

Patient Experience

We spoke to seven patients during our visit to the unit. All of the patients we spoke to expressed overall happiness with the care received as an in-patient, four however felt that the discharge process had been rushed and that they did not have enough information, or the information given had been conflicting between different staff members.

Note: Two of the seven patients left on transport before the questionnaire could be completed in full.

Three patients had experiences of being moved at least once to another ward during their stay. Three also felt they had not had an opportunity to discuss discharge plans or their own concerns/worries.

Four patients had been advised of the discharge that day, and one the previous day. One did not remember and one felt the day had been changed numerous times (this may have been for been for clinical reasons).

All of those questioned advised that they had not been given a time for discharge other than morning or afternoon. Some were waiting for medications; one patient we spoke to identified this as a reason for waiting. It was also noted that the patients' drugs were given to the ambulance staff when taking the patients home rather than to the patient directly: one patient was observed to find this confusing.

There seemed to be an overall frustration with the discharge process amongst those we spoke to.

Average length of stay in the DL is reported by the manager to be about three hours and discussions held with patients supported this.

Some patients felt that their stay in hospital had not uncovered what their medical problem was, and they were going home with no answers. This made them question why they were being discharged. It is noted that most of the patients we spoke to were elderly and may have been a little confused, however it was a common theme amongst those spoken to.

Privacy, Dignity, and Respect

The bed area had curtains around the beds but otherwise there was limited provision for private conversations with patients and families. The reception desk had no confidential area and was manned by the nursing staff when they were free.

Staff

The staff nurse felt that there was no requirement for special training for the roles in the unit and she felt her nurse training was satisfactory.

Leadership

The manager met us when we arrived but had to leave after introducing us to the unit staff. The staff nurse in charge was also part of the nursing team. We were therefore unable to assess the overall leadership of the unit.

Effectiveness

The discharge unit helps the hospital to free up beds in the wards for the next admission. However, the patients we spoke to felt a little abandoned and had limited understanding of why they had been sent there.

Staff members were as attentive as possible, given there were only three on duty. They had to move patients around as well as deal with admissions and discharges, and as a result there were often only two of them physically in attendance.

The concept of the unit is good but some processes need to be addressed; most notably, staff on wards sending patients to the discharge unit ensuring that all pertinent information has been shared correctly, and orders for medication to be taken with the patient to be dealt with promptly.

Recommendations

- Ensure all the hospital wards/units understand the process of admission to the discharge lounge to prevent surprise arrivals
- Consider the need for information leaflets in the unit
- Consider reinstating the Hearing Loop.
- Review procedures for communication between patients and staff regarding the purpose of the unit and the reason they are transferred there.
- Medication delays were noted as a problem by one patient – consider reviewing the potential causes of delay and put in place measures to effectively communicate these causes to patients who are waiting to go home.
- Seek to reduce length of stay

Conclusion

The concept of DL's is good and if processes are followed should help to provide a smooth transition for patients and free up much needed beds in the hospital. However, some patients felt that the amount of time they had to wait to be discharged was excessive. This had the potential to cause distress to some who just wanted to get home. A lack of clear communication between ward staff and the patients we spoke to, about the discharge process emerged as a theme. This is something else which could be improved easily, and could have an impact on reducing levels of distress/confusion felt by patients.

Response to Enter & View Report from Hull & East Yorkshire Hospitals NHS Trust

Firstly, I'd like to take this opportunity to thank you for taking the time to review the facility and the processes which are responsible for admitting and discharging patients therein. I think your overall assessment of the facility is accurate and a number of the recommendations you have put forward are helpful in creating a smoother discharge process and transitional environment from hospital to discharge destination, wherever that may be:

1. Reinstatement of the hearing loop
2. Improved toilet signage
3. More colourful / vibrant décor
4. Designated areas of wheelchairs
5. Information leaflets
6. Forms and pens for comments

We have an established Discharge Lounge Task and Finish Group and I'll ensure that the consideration / delivery of these recommendations are incorporated into this structure.

The report's comments on the discharge processes (including the policy for admission to the discharge lounge) are of great interest to me. The implementation of Discharge Lounge admissions via the Cayder (IT) System is a relatively new concept. Prior to this, all admissions were phoned through to the unit and recorded on paper which was inefficient (lines busy on the wards / unit) and limited the number of patients being transferred to the Discharge Lounge. We are still having a few teething problems with the new process which is probably contributing to the number of unannounced patients. The Discharge Lounge Task and Finish Group should be working to embed the new admission process and therefore resolve this issue.

One of the reasons for introducing the new IT system is to enable us to develop an electronic Discharge Lounge Dashboard. This allows us to electronically capture Discharge Lounge activity information, including patients' length of stay in the unit. Until the introduction of this process, we did not have robust information of patient activity and length of stay as all data collection was manual. The Discharge Lounge Dashboard is now live and is published on the Business Intelligence website which is accessible by all staff. It also allows us to see who the biggest users are (in terms of Wards and Departments) of the Discharge Lounge and what percentage of their daily discharges go via the Discharge Lounge versus direct from the wards.

I'm saddened to hear that some patients reported that they felt that the discharge process was rushed / lacked information / was conflicting and that some of them felt abandoned by their transfer to the Discharge Lounge. We have a discharge process here at HEY which is called the Ticket Home. This should provide patients with information

regarding the discharge process. I'll ensure that this feedback is provided to the Nurse Directors of the Health Groups. I think there is more that we can do to inform patients, whilst sill on the wards, and reinforce that the likelihood is that they will be transferred to the Discharge Lounge prior to discharge. We need it to become embedded as the 'way we do things here' rather than an exception. That said, at times of significant operational pressure, we do sometimes need to expedite the discharge to accommodate acute patients waiting in the Emergency Department, and therefore it may feel a little rushed.

I think some caution needs to be applied to the perceived problem with patients being moved at least once. Many patients will be moved once as they are admitted to an assessment area (i.e. AMU or EAU). If the patient requires a longer inpatient stay, the patient is then moved to an inpatient ward to receive their ongoing treatment and care. This is a nationally established process and is in accordance with best practice. It is important to retain assessment unit capacity to receive 'new' patients who require assessment. It is when patients are moved multiple times that we perceive this to be a problem. We actively monitor the number of times a patient is moved and try to prevent this from happening.

Similarly some caution needs to be applied to the perceived problem with patients being advised on the day that they are being discharged. Many patients will have a 0 / 1 / 2 day length of stay and therefore realistically they can only be told on the day that they are being discharge. However, I do accept that there is more work to be done on ensuring that patients with longer lengths of stay are notified as early as possible of their imminent discharge. The EDD (expected date of discharge) is a date that we assign each and every patient, and this should be shared with the patient as part of the Ticket Home process. The EDD should be updated as part of the daily board rounds / ward rounds and patients notified of any changes. We are currently undertaking a piece of work to ensure that this process is well embedded.

The timely availability of patients' discharge medication can be a factor which delays discharge. Here at HEY we have a comprehensive urgent and emergency care improvement programme and this issue is being picked up in the Enabling work stream. I am confident that over time this will improve.

I was interested in the observation that some patients believed that their hospital stay had achieved nothing in relation to understanding their medical problem. Without patient identifiable information, it is difficult to respond adequately to this. As your report suggests, some of the patients may have been confused, and this may have played a factor in their response to the observers. Often, patients may not be completely 'cured or fixed' following an inpatient stay in hospital. The goal of the inpatient stay may be to stabilise the patient and remove them from the acute phase, allowing them to be discharged and picked up by other teams / services (e.g. GP or outpatient services) to identify causes / long term treatments to their medical problem etc.

Finally, it was a shame that the manager had to leave during the visit which meant you were unable to observe the leadership of the unit. Again, as part of the Discharge Lounge Task and Finish Group we are reviewing the leadership of the unit and believe that some changes will further enhance what is in place.

Michelle Veitch, Deputy Chief Operating Officer, Hull & East Yorkshire Hospitals NHS Trust

Appendix D

Enter & View Visit Report – Scunthorpe General Hospital (Announced Enter and View)

Premises visited: Discharge Lounge Scunthorpe General Hospital Scunthorpe	Date of Visit: 10.01.2017
	Duration of visit: 2 hours (approximately)
	HWNL Representatives: Annabel Tindale Louisa Coombs Denise Fowler Jane Brown

Purpose of the Visit

1. To gather feedback from patients, families and visitors about their experience of using the Discharge Lounge.
2. To give hospital staff an opportunity to have their say on the service and general care provided.
3. To give an external perspective on the Discharge Lounge - environment / experience of patients.
4. To observe the routine of the Discharge Lounge.

Introduction

Healthwatch North Lincolnshire (HWNL) spent approximately two hours at the Discharge Lounge. Unfortunately neither of the two patients present were able to comment (one was unwell and the other asleep). Nevertheless observations were still made about the environment including accessibility and the provision of information. Staff were also on hand to explain processes and provide feedback.

Initial Observations

The discharge lounge is based on the ground floor and is easily accessible for patients as there is a pick-up and drop-off point located right outside. This is particularly convenient for the three patient transport ambulances, which are assigned for discharge.

The building in general looked to be in a satisfactory condition both internally and externally and no trip hazards were identified.

Part of the discharge lounge contains consultation rooms which are often used for Stroke and Transient Ischemic Attack (TIA) clinics.

Inside, the discharge lounge appeared clean and had a quiet and relaxed atmosphere.

Accessibility

Signage around the hospital, directing people to the Discharge Lounge, was easy to follow. Signs were also present in the discharge lounge which included one above the office door and those indicating the male and female toilets.

Double automatic doors lead straight into the discharge lounge providing easy access for disabled people and those with pushchairs or prams. The discharge lounge also had a good quantity of wheelchairs available for patients to use.

The Enter and View representatives could not find any information available in alternative formats including other languages or large print. It was also noted that the discharge lounge has a speakerphone but no hearing loop.

Information

Posters advertising: services, information and events were displayed in the discharge lounge, for example: a Lloyds pharmacy poster, a Carer's Support Centre poster, a ward cleanliness poster, a poster about the NHS Friends and Family test and three posters advertising the HWNL's Enter and View visit.

Information leaflets that were available included: NLAG News, Stroke News, Carer's Support Centre and the Hub Newsletter. Transport literature was also displayed including: a bus timetable, park and ride details and information on the hospital transport service.

During the visit it was established that staff try to give an estimated time of discharge but this is often dependent upon the patients transport arrangements.

Comment cards were also available for patients, however, no pens were provided nor a box for them to be left in.

Finally a white board displays all the staff's names so that patients are aware as to who is on duty.

Facilities

Although there is no reception desk the discharge lounge does have an office which patients are asked to report to. The office also has a telephone that patients are able to use.

Other facilities included: a television, a vending machine and magazines. Toys were not provided as children do not go through the discharge lounge.

Basic clothing is also available for patients who require appropriate clothes on discharge.

Medication

Medication can be stored in the discharge lounge and medications are checked with patients before they leave.

Confidentiality and Privacy

Screens can be put up in order to provide privacy for patients whilst in the lounge. Indeed HWNL witnessed them being used during their visit.

The lounge also has one bed in a bay and a holding area which can be used to ensure confidentiality.

One Enter and View representative also noted that patient notes are locked up.

Staff

The discharge lounge is run by staff nurses and supported by healthcare assistants who were found to be informative, helpful and friendly.

One member of staff confirmed that employees undertake online training, which they have to book on. If staff want to request any training then this can be done online.

The Enter and View representatives gained the impression that more information is required for staff situated in other wards and departments around the hospital. This may then result in the discharge lounge being used more effectively.

Conclusion

Overall the discharge lounge was found to have appropriate access and facilities. The helpfulness and friendly nature of the staff helped to create a welcoming feeling and the measures taken to ensure privacy and confidentiality were felt to be appropriate.

Only a few issues were identified surrounding: the provision of information in alternative formats, patients' feedback and the installation of a hearing loop.

Recommendations

Overall, it is important to share with staff the findings of this Enter and View visit, and to celebrate the areas of good practice. The following recommendations for improvement are based on the findings of the visit on the day:

- Look at providing information in alternative formats including other languages and large print.

- Consider installing a hearing loop system.
- Increase the opportunity for feedback by providing pens next to comment cards.
- Encourage people to leave comments by providing secure comment / suggestion boxes next to comment cards.
- In order to maximise the discharge lounge's efficiency establish whether more information is required for staff situated in other wards and departments around the hospital.