



Patient experiences of Discharge at the Royal Shrewsbury Hospital

June 2016



Chapter 1 Introduction

Healthwatch Shropshire (HWS) has received feedback on people's experience of discharge from the Royal Shrewsbury Hospital (RSH) since it was set up in 2013. One of priorities for further work identified at a Healthwatch Shropshire event in November 2013 was discharge.

As a consequence of the new supported discharge project (Integrated Community Services - ICS) HWS didn't take forward its own work initially. HWS undertook a project to evaluate the supported discharge project (ICS) from the patient perspective and reported in 2014. The report is available on the HWS website at www.healthwatchshropshire.co.uk

HWS has continued to receive feedback on discharge experiences from the Royal Shrewsbury Hospital, including feedback from care homes.

HWS has a stakeholder group at which all the key providers and local commissioners are represented. At a stakeholder group meeting in 2016, patient experience of discharge was raised and there was support for some work on this by HWS. It was agreed that HWS would approach Shrewsbury and Telford Hospitals Trust and a cross section of different types of ward to visit was agreed (patients with previous experience, patients with unexpected admission, short stay patients) to survey for their discharge experiences.

HWS works closely with HW Telford & Wrekin as local health services providers work in both areas and it was agreed that the two Healthwatch would use comparable tools.

Chapter 2 How the information was gathered

Healthwatch Shropshire volunteers visited four wards in the Royal Shrewsbury Hospital during the period Jun 14-24, 2016. The wards were:

- Ward 21 (Urology)
- Ward 22 (Stroke and Rehabilitation)
- Ward 28 (Nephrology and General Medicine)
- Ward 29 (Acute Medicine)

After checking with nursing staff to make sure that they did not approach patients who should not be disturbed, the volunteers asked patients if they would consent to answer some questions. If they agreed, volunteers recorded the answers in writing. When the interview was complete, they then asked if that patient was willing to receive a follow-up phone call two weeks later. If so, the patient signed a consent form. Family members were in some cases interviewed instead of or as well as patients themselves.

The telephone calls were made from Healthwatch Shropshire offices by the same volunteer who had met the patient and/or family member in hospital. During the call, the volunteer completed a second questionnaire.

How the method was devised

Draft questionnaires were devised by Healthwatch staff and volunteers, adapted from but broadly comparable with those used by Healthwatch Telford and Wrekin. This was so that results would be compatible, enabling an easier understanding of the discharge process at Shrewsbury and Telford Hospital NHS Trust. It was agreed that HWS would undertake its follow up questions by telephone as the large area would make it impossible to visit all the patients once discharged from hospital.

The drafts were then discussed in full by a selection of the volunteers, so that they had a chance to become familiar with the issues and to suggest changes that would make them feel more

comfortable during the completion of questionnaires. Changes to the questions were adopted to make them more user friendly.

Advantages and disadvantages of the method

The advantages of the questionnaire method are that:

- it was possible to devise, organise and implement the project fairly quickly;
- it gathered standardised information which made analysis relatively straightforward;
- it did not require much time from patients.

The disadvantages are that:

- important individual-specific details may not be mentioned or recorded;
- standard questions may not reflect the issues of most importance to the patient;
- patients and family members may not recall details accurately, or fully understand the purpose of the question.

Analysis of the information gathered made it clear that patients had not always understood the purpose of the question or answered them accurately. This is to be expected: being unwell, in hospital and (usually) anxious, people may well find concentration and accurate recall difficult. Such discrepancies were only evident in a limited number of cases, and there is therefore no reason to suppose that the information received is unreliable as a whole. Discrepancies included the following:

- some questions were not answered: we cannot tell if this was because the person interviewed did not answer or because the volunteer did not record what they said, and in either case the reason for the omission is not known;
- some people made incompatible answers: for example, saying that there was no plan for discharge, and then saying that they were happy with the plan.

The discharge process is complex, and may not be understood by patients: occasionally, volunteers recorded such comments as, 'I did not understand what the doctor said'. This may further explain some discrepancies.

Chapter 3 What the patients told us

Responses to questions are reported below. It is essential to note that, because of the relatively small numbers of patients consulted, and because the sample was not random, these results cannot be assumed to be representative of the whole hospital. Where figures do not add to the expected total, this is because data is missing or unclear.

Who did we talk to?

Table 1 shows in detail and by ward the age, sex, ethnicity and length of stay of those interviewed.

Table 1: Basic information about the fifty-eight respondents in the study

	Ward 21 (no. of patients = 14)	Ward 22 (no. of patients = 12)	Ward 28 (no. of patients = 21)	Ward 29 (no. of patients = 11)	Total (no. of patients = 58)
<i>Gender:</i>					
Male	10	6	9	5	30
Female	3	6	12	6	27
<i>Age:</i>					
18-65	2	0	6	2	10
66+	11	12	15	9	47
<i>Ethnicity:</i>					
White	13	12	20	11	56
Asian	0	0	1	0	1
<i>Length of stay in hospital:</i>					
Less than 7 days	12	3	6	10	31
7 - 10 days	1	2	7	1	11
11+ days	1	7	8	0	16

Patients were on:

Ward 21 Urology - short stay planned

Ward 22 Rehabilitation - long stay

Ward 28 Nephrology - renal short stay but can be regular in-patients

Ward 29 AMU - emergency service, may be there short time but can be admitted; patients don't know systems

Interview in hospital: findings

Fifty eight patients and/or their relatives were interviewed. This included forty-three patients; six family members; and in four cases, a patient and family member were interviewed together. In five cases, the identity of the person interviewed was not recorded.

For simplicity's sake, the summaries that follow refer to patients. For example, 'Four people said that they had been in hospital for four days' might reflect interviews with two patients and two family members but the term used for the respondents is patients

Discussing discharge

Those interviewed were asked if anyone had spoken to them about what would happen on leaving hospital. The results are recorded in Table 2.

Table 2. Has anyone spoken to you about what will happen when you leave hospital?

	Ward 21 (no. = 14)	Ward 22 (no. = 12)	Ward 28 (no. = 21)	Ward 29 (no. = 11)	Total (no. of patients = 58)
Yes	4	4	15	2	25
No (in brackets: those whose stay was already 7 days or more)	8 (1)	6 (4)	5 (4)	7	26 (9)
Leaflet only	1	2	1	-	2

Of those who answered No, at least eight went on to make answers to later questions that suggest that some mention of discharge had in fact been made by staff (for example, an expected discharge date).

In eight cases, volunteers recorded additional information that may help to explain why mention of discharge had not yet been made. Two (ward 29) had been admitted only that day and were still waiting to see a doctor; another (ward 21) was waiting to see a surgeon. Two (wards 28 and 29) were awaiting further tests and/or results. One (ward 21) expected to be in hospital for at least another month, though this in itself suggests that some sort of discussion about discharge may in fact have taken place. One patient (ward 22) was undergoing a rehabilitation programme to learn to walk again.

Those interviewed were also asked:

- Has a specific team spoken to you about what will happen when you leave hospital?

Twenty-three people answered Yes, and mentioned one or more professional, as follows:

- twelve mentioned doctors (four on ward 21; two on 22; three on 28; three on 29);
- five mentioned occupational therapists (one on 22; four on 28);
- four mentioned nurses (two on 28; two on 29);
- two mentioned physiotherapists (one on 28; one on 29);
- one mentioned a speech therapist (28);
- one mentioned the ICS team (28); and
- one said that s/he had 'lost count' of the different staff (22).

Evidence of discharge plans being made or discussed

Those interviewed were asked:

- Could you tell us about what has been said to you so far about the arrangements for when you leave hospital?
- Have you been told when you will be leaving hospital?

Table 3 records the results.

Table 3. Patients mention at least one element of a discharge plan

(e.g. date, destination, future care needs).

	Ward 21 (no. = 14)	Ward 22 (no. = 12)	Ward 28 (no. = 21)	Ward 29 (no. = 11)	Total (no. of patients = 58)
Any element of discharge plan mentioned	6	4	14	4	28
Discharge discussed but no plan yet	3	1	1	-	5

In a further two cases, the patient's family was reported to be researching options for discharge, but staff involvement was not mentioned.

Of those who reported having been given a discharge date of some sort, six had already said that no-one had talked to them about what would happen when they left hospital. In these cases, it is not clear whether the earlier question was answered or recorded wrongly, or whether the discharge date represented the patient's own hopes or judgement rather than something planned by staff.

Involvement of patients and their family in discussions about discharge

Those interviewed were asked:

- Did you get a chance to say what you think?
- If appropriate, have your family been involved in arrangements?
- Did the staff listen to you?

Table 4 records the results.

Table 4. Evidence of staff-patient/family discussions about discharge

	Ward 21 (no. of patients = 14)	Ward 22 (no. of patients = 12)	Ward 28 (no. of patients = 21)	Ward 29 (no. of patients = 11)	Total (no. of patients = 58)
A chance to say what you think?	5	2	14	3	24
Have your family been involved?*	7	5	13	2	27
Did staff listen?***	8	3	15	6	32
Yes to all three	4	2	8	1	15
Yes to two	4	0	8	2	14
Yes to one	0	4	2	3	9

*Not always relevant, so numbers saying Yes are lower.

**Patients may have been thinking of staff's communications generally rather than specifically in relation to discharge. This may explain why more people felt listened to than had had a chance to speak.

Fifty-two people said that they could be phoned after a fortnight to see how plans had worked out.

Telephone interviews

Thirty-five of those fifty-two patients were successfully contacted by telephone. Of these, twenty-five had been discharged and ten were still in hospital. Table 2 shows in detail and by ward the age, sex, ethnicity and length of stay of those interviewed. Nineteen interviews were with the patient, nine with family members, and one with both.

Table 5: Basic information about the twenty-nine patients interviewed by telephone

In all tables in this section, the ward number relates to where patients were first interviewed.

	Ward 21 (no. of patients = 10)	Ward 22 (no. of patients = 3)	Ward 28 (no. of patients = 9)	Ward 29 (no. of patients = 3)	Total (no. of patients = 25)
Gender:					
Male	7	2	4	21	15
Female	3	1	5		10
Age:					
18-65	1	0	3	1	5
66+	8	3	6	2	19
Ethnicity:					
White	10	3	9	3	29
Length of stay in hospital:					
Less than 7 days	3	0	2	2	7
7 - 10 days	3	0	3	0	6
11+ days	3	2	4	1	10

Specific discharge plans were only recorded in the first interview for five of the twenty-five who had been discharged. Four of these plans had been carried out; one had not.

None of the ten not yet discharged had had a clear discharge plan at the time of first contact. One had been discharged to a community hospital, but was sent back because s/he was too unwell. Only one had a provisional discharge date, but this was dependent on successful treatment.

Discharge day and destination

Patients were asked 'Did you leave hospital on the day you expected to leave?'. Table 6 records the replies.

Table 6. Did you leave hospital on the day you expected to leave?

	Ward 21 (no. of patients = 10)	Ward 22 (no. of patients = 3)	Ward 28 (no. of patients = 9)	Ward 29 (no. of patients = 3)	Total (no. of patients = 25)
Yes	4*	1	5	2	12
No, later	2	-	1	-	3
No, earlier	1	2	1	-	4
Only told on day of discharge	3	-	1	1	5

**includes one patient who did not remember the discharge data, but the hospital questionnaire indicates that the planned date was adhered to.*

The table shows that four patients left earlier than they had expected: one because she was walking more confidently than anticipated; one because the bed was needed; two gave no reason. Two of those who left later than planned explained that this was because they needed more treatment.

People were asked whether they felt ready to leave hospital when they did, and their destination on discharge. Table 7 records the results. No-one reported being discharged to an unexpected destination.

Table 7. Readiness and destination on discharge.

	Ward 21 (no. of patients = 10)	Ward 22 (no. of patients = 3)	Ward 28 (no. of patients = 9)	Ward 29 (no. of patients = 3)	Total (no. of patients = 25)
<i>Felt ready to leave when discharged</i>	10	2	7	3	22
<i>Did not feel ready</i>	-	1	1	-	2
<i>Discharged home</i>	9	3	7	3	22
<i>Discharged to care home</i>	-	-	2	-	2

Time of discharge

Twenty-three people were discharged between noon and 6 p.m., and two between 6 p.m. and midnight (both on ward 29). Table 8 records data about waiting times for discharge.

Table 8. Were you discharged at the time you expected?

	Ward 21 (no. of patients = 10)	Ward 22 (no. of patients = 3)	Ward 28 (no. of patients = 9)	Ward 29 (no. of patients = 3)	Total (no. of patients = 25)
<i>Yes</i>	1	1	2	1	5
<i>Not given exact time of discharge</i>	3	1	4	1	9
<i>Had to wait longer</i>	5	1	1	1	8
Waiting times:					
<i>1 to 2 hours</i>	3	-	-	-	3
<i>4 to 7 hours</i>	1	1	1	1	4

Patients who had not been given an exact time reported that it had been explained that they would have to wait, once the decision had been taken, for test results, for paperwork to be completed, for transport to be arranged, or for medication.

People were asked where they had waited: Table 9 records the answers.

Table 9. Where did you wait immediately before discharge?

	Ward 21 (no. = 10)	Ward 22 (no. = 3)	Ward 28 (no. = 9)	Ward 29 (no. = 3)	Total (no. of patients = 25)
On ward: <i>by bed</i>	4	-	5	1	10
<i>in bed</i>	1	1	1	-	3
<i>chair in middle of ward</i>	-	1	-	-	1
<i>Lounge/day room/side room</i>	1	1	-	1	3
Elsewhere: <i>Discharge lounge</i>	-	-	-	1	1
<i>Day unit/ward/centre</i>	3	-	-	-	3

Another patient waited in a chair but did not specify the location. All reported being comfortable except one. This patient (ward 28) was in bed, but another patient was on a gurney nearby waiting for his/her bed.

The hospital arranged transport for nine patients, while family did so for sixteen.

Medication

Patients were asked about medication arrangements as they left hospital. Table 10 records the results. Nineteen patients took medication home with them.

Table 10. Medication arrangements on discharge.

	Ward 21 (no. of patients = 8)	Ward 22 (no. of patients = 3)	Ward 28 (no. of patients = 7)	Ward 29 (no. of patients = 1)	Total (no. of patients = 19)
<i>Medication explained</i>	6	2	6	1	15
<i>Not explained</i>	1	-	1	-	2
<i>No explanation necessary*</i>	1	1	-	-	2
<i>Medication ready on time</i>	5	1	3	1	10
<i>Medication not ready on time</i>	3	1	3	-	7
<i>Waiting times where remembered</i>	2 hours 4 hours 5 hours	-	1.5 hours 4 hours	-	-

**as there was no change to the medication they took prior to hospital admission*

Of those who said that the medication had been explained, one added that the written explanation contained long words, and another that s/he found an oral explanation unsatisfactory and needed it written down. One person who did not take any medication home wished that staff had explained why s/he needed to stop taking medication already prescribed prior to hospital admission.

Fifteen said that they had been given written information (medication information or the discharge letter were specified by a few). One said that s/he had *not* been given the information

needed about the use of leg bags. Four said that they had not been given written information: two from ward 21, one from 22, one from 28.

Support at home

Seventeen said that they were receiving the care they needed at home. No-one said that they were not receiving the care they needed, though one patient said that her wheelchair was unsatisfactory, and one relative thought that the patient needed more physiotherapy. Four people said that no support was needed, and three reported receiving visits or phone calls from community nurses that they had not expected.

People were asked to score (from 1 (very poor) to 5 (excellent) various aspects of care. The average scores were as follows:

- the process of leaving hospital: 4.0 (24 people gave a score);
- staff attitudes to you during the process of leaving hospital: 4.5 (23 people);
- being treated with dignity and respect: 4.8 (23 people).

In fourteen cases, comments were recorded alongside these scores, and these are listed by ward in appendix 1. These are not included in the main text as they appear to be general comments about the hospital experience rather than specifically about discharge.

Chapter 4. Discussion

Overall the feedback showed that people were satisfied with their experience of the discharge process at the Royal Shrewsbury Hospital. However, the results also show that the process does not always work well, all the time for every patient and their family. This is reflected in the feedback that HWS continues to receive.

The Trust has also focussed on the discharge process during recent months; it is part of its work programme, Transforming Care Initiative, under the Virginia Mason programme. Workshops on discharge, led by the Trust, have taken place with local partners, including HWS, to share feedback from their own work and discuss findings and how recommendations can be implemented. Later this year the Trust is planning active engagement to collect additional feedback on the discharge processes and HWS is proposing to repeat its survey to see how experiences have changed.

Appendix 1.

Telephone comments about staff and the discharge process.

Ward 21 (7 people commented)

- Very nice with her.
- Nurses excellent. Very efficient and helpful. Brilliant.
- Full of praise.
- Everything went smoothly.
- Very kind. Impressed with staff. Attitude of the nurses in 2009 was so poor compared with 2016. A completely different regime now.
- Absolutely brilliant. Staff were run off their feet but they were lovely.
- No-one could have had better treatment or more helpful arrangements for discharge.

Ward 22 (2 people commented)

- Staff working under difficult circumstances but nothing missed.
- No organisation (not much)... it was only when she said that doctor had said she could go home (no-one on rounds with him) that they checked notes and then put medication /paperwork etc. into action. *(This patient gave a score of 4.5, illustrating the limitations of scoring systems in representing experiences in hospital.)*

Ward 28 (3 people commented)

- Has paid privately in the past but very impressed with the care he received.
- Family understood the process and spoke to the doctors that they weren't sufficiently involved - and things improved immediately. The ward sister only returned from holiday the final week and communication was then much better.
- Physios didn't keep appointments... Nothing was too much trouble for the nurses.

Ward 29 (2 people commented)

- Staff looked overworked. But professional in carrying out their work.
- Very happy with it. Everyone polite. Treated well.