

Hospital Discharge Report

Hospital Discharge during COVID-19

The usual processes the NHS follows to discharge people from hospital changed during the coronavirus pandemic.

Unless there was a clear need for someone to remain in hospital, acute and community hospitals were asked to discharge patients as soon as possible after it was deemed clinically safe to do so, in order to free up beds. Once the decision had been made that this was safe, patients should have been transferred from the ward to the discharge area within one hour and then discharged as soon as possible after that, and usually within two hours.

The expectation during this period was that 50% of patients would experience a simple discharge process and that this would be dealt solely by the acute hospital. The remainder of patients would have their discharge managed by community health providers, taking into account the level of additional support they would need upon discharge:

- 45% will go home but with additional support
- 4% will need rehabilitation, usually in a care setting
- 1 % will have a life changing experience which will mean that home is not an option for them

[The guidance for hospitals about the new discharge process](#) was published on 15 March 2020 to support this.

What should happen before leaving hospital

During the pandemic [we published information to explain to people what to expect during the discharge process](#). If a patient required additional support, they could expect:

1) Discussion

When you are ready to be discharged from hospital, your health team will discuss this process with you, and you should be escorted to the hospital discharge lounge within one hour.

2) Hospital lounge and patient transport

While you are waiting in the hospital discharge lounge, the discharge co-ordinators should discuss with you your transport home, and support with immediate practical measures such as shopping and the turning the heating on, if there is no one at home to help you do this.

3) Future care

You should be told that a health professional will visit you in your home or other place of discharge to assess your ongoing healthcare needs after your leave hospital. If you need immediate care or support on

Hospital Discharge Report

the day of your discharge from hospital, this should be arranged by a care coordinator before you leave hospital.

If your condition means that you will be discharged to a care home or other place with additional support, you may not be given a choice about where you will go, but you should be supported to move to your preferred long-term care home later.

4) Contact information

Before you are discharged you should be given information about who to contact if you need further health advice or support after leaving hospital. Before discharge they should have been given information about who to contact if they needed further health advice or support after leaving hospital.

About this report

In July 2020 [Healthwatch England](#), in partnership with the [Care Quality Commission](#), launched the **#BecauseWeAllCare** campaign. This was developed to help services identify and address quality issues, as well as support patients in response to COVID-19, by encouraging people to share feedback about their experiences of health and social care services in England.

As part of this year long campaign the hospital discharge survey was launched for one month, starting in July and finishing in August 2020. The aim of this was to find out people's experience of hospital discharge during the height of the pandemic.

We heard from **46** people in Swindon, **10** of which were carers. Most of the respondents had been admitted to Great Western Hospital (GWH) and one had also been transferred to the Mental Health Inpatient Unit. One person had been admitted to Bristol Royal Infirmary (BRI).

There were two surveys with one specifically for carers. All of the questions in the surveys were the same apart from three additional questions, asking whether carers felt involved in the decision making process, whether their needs as carers were taken into account and whether or not they had enough information to support the person they were caring for after they left hospital. We have combined the findings from both, apart from in these specific areas, which we will comment on later in this report.

This report provides a summary of:

- What worked well and what the key issues were that the public faced when being discharged from hospital because of COVID-19
- If Great Western Hospital were able to meet the targets set within the guidance

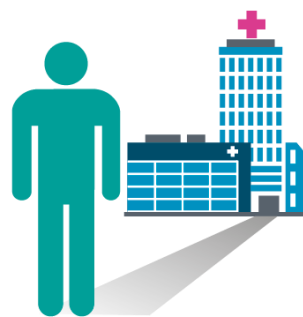
Hospital Discharge Report

Demographics

Who are we hearing from?

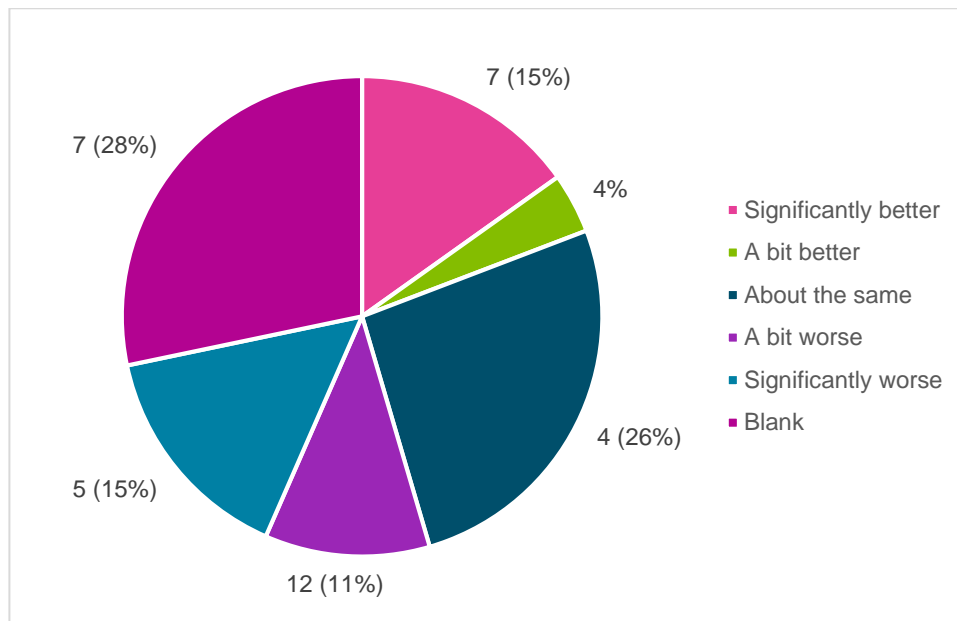
The following information provides a snapshot of the people who completed our survey about their experiences of hospital discharge, during March - August 2020.

- 83% were women, and overall 98% were cisgender.
- Just over half of people we heard from were between 25 - 49 years old.
- 87% told us they were White British, English, Welsh, Scottish or Northern Irish.
- 83% identified as heterosexual.
- A third had a disability and half had long term health condition



Hospital Discharge Report

How did people rate the service they received in comparison to previous hospital admissions?



There were lots of examples of exemplary care delivered by staff at GWH and we recognise how hard staff have worked during incredibly challenging and unprecedented times.

“The whole experience was great.. no complaints the nurses and [doctors] were great.”

“I was admitted with covid and this was confirmed in March. Very good service”

In a small handful of cases people felt that staff attitudes were poor. Some concerns were raised about the fact that there was a rush to get patients discharged to the detriment of the quality of care received:

“It was obvious that our needs were secondary to keeping a bed”

We also heard that some people found that after care from services after they had been discharged could have been better. One person had been admitted to hospital very rapidly following on from a cancer diagnosis, but was not given their test results until having to follow up with the hospital themselves five weeks later.

Communication either between staff or to patients, cropped up several times throughout the survey. Two people, who needed back braces fitted following discharge said that no instructions were given to fit this.

Hospital Discharge Report

Case study 1 (August 2020)

What worked well?

“All arranged and was brought back by hospital transport. Carer came in evening and twice a day as required. All equipment was installed. Was in for damaged vertebra and fall.”

What could have been better?

“Only complaint was the difficulty everyone had with fitting back brace as no written instructions.”

What have we learned?

- There have been some fantastic examples of high quality care being provided but it is important for this to continue once patients leave hospital, particularly if they have additional support needs.
- It is vital to communicate clearly with people clearly about why changes are happening, particularly during a pandemic when lots of changes have been implemented. The high levels of care being given should be maintained regardless of this.

What people told us about their experiences of hospital discharge

Information

All hospitals were issued with leaflets to give to patients when they were ready to leave, explaining why there were being discharged and what to expect. Half of the respondents told us that they did not receive this information.

The majority of respondents (39%) who did receive this information across both surveys said that the information was easy to understand. Only one person said that it was not easy to understand, so it is difficult to draw significant conclusions from this. Another respondent, who left this question blank did cite elsewhere in the survey the need for interpreters to be made available for those whose first language is not English.

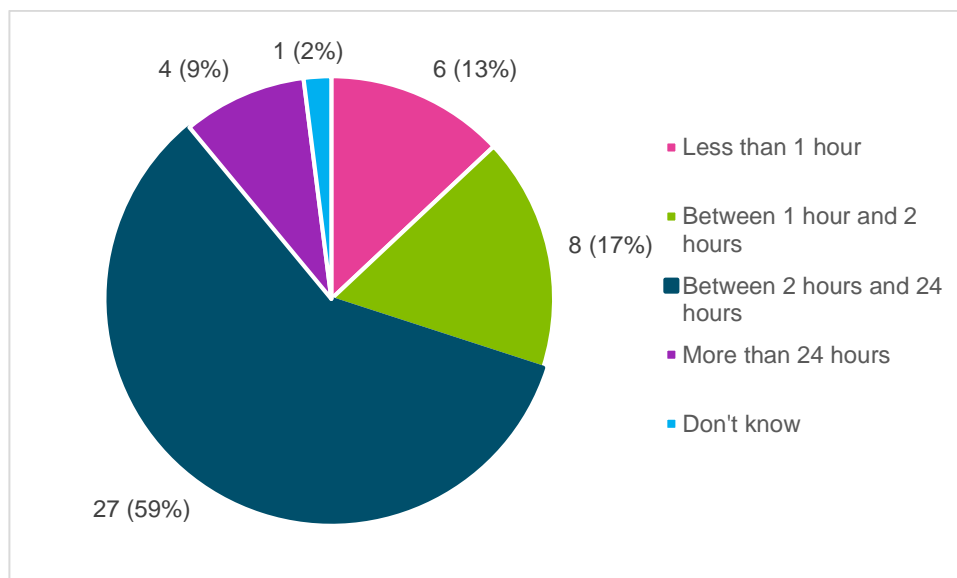
Hospital Discharge Report

What have we learned?

- We know from other research carried out across the Healthwatch network during COVID-19 that getting information in an accessible way has been an issue and the need to provide clear and easy-to-understand information, especially during a pandemic, is vital. People also need to be aware of why changes have been put in place and ensuring everyone was given a leaflet about the discharge process would have helped this.

How long were people waiting to be discharged?

People told us:



The requirements during the pandemic set out that the transfer to the discharge area should be within one hour of the decision being made that a patient was fit for discharge and that they should be discharged as soon as possible after that, but usually within two hours.

For the majority of patients who waited either between 2 - 24 hours or more than 24 hours, they were either waiting for medication, transport, to see a doctor, to find out where they were being discharged to or another reason (not specified), or it was often a combination of more than one of these additional support needs.

“Felt there was a delay on getting discharged due to the fact that my prescription was being processed by the on-site pharmacy at the hospital. As it was a Sunday this took a long time for me to be given my medication, so I was able to go home. I was told I was okay to be discharged but just needed my medication (my insulin) before I could leave”

Hospital Discharge Report

It should be noted that being discharged on a weekend is not necessarily indicative of longer wait times to be discharged and with the small numbers reporting on this we cannot draw significant conclusions.

Case study 2 (July 2020)

What went well?

My operation

What could have been better?

Wasn't enough staff, I saw doctors at around 9ish I was ok to go home, I waited hours until 4pm to be told the doctors still hadn't done my discharge papers I was then told at 4.30 by the nurse to ring my partner to leave to come get me, when my partner rang to say he was outside there was no sign of my papers and painkillers, I rang the bell which wasn't answered for almost 10 mins to see what was going on a different nurse came and said she didn't know anything and she would find out, another 15 plus mins I waited for this nurse to come back and tell me that she didn't know what was going on and that my discharge papers still weren't ready and my painkillers won't be ready to collect until 7pm. I had to leave because my two young children were in the car waiting to take me home, so I left with no sick note or painkillers no information on what I should do if signs of infection or bleeding, which I was disgusted at!!! My partner also had to drive back out from [] back to hospital at 7pm to get my painkillers but still no sign of a sick note, which I didn't receive till another 6 days after my operation which again I had to collect myself. This is the 5th operation I have had at the great Western and they the staff were fab, but this time unfortunately was a terrible experience and I think I would much rather be referred to somewhere further afield just to get the proper care I deserved!!!

Additional support

A third of respondents told us that they did not require additional support prior to leaving and all of these individuals were discharged in under two hours, irrespective of which day of the week this fell on.

A small proportion of respondents did not feel ready to leave hospital. Just over 40% of respondents said that they were told they would receive support from health or social care services when they left and just over 60% said that they were told who to contact if they needed additional support once they left hospital.

Not everybody was asked if they needed help with transport. Four people told us that they needed help with this but did not get it. Most people were collected by a relative or an unpaid carer.

Over the half of the respondents told us that someone spoke to them about where they were being discharged to and it was the place that they wanted to go to. Some said that no one had discussed this with them.

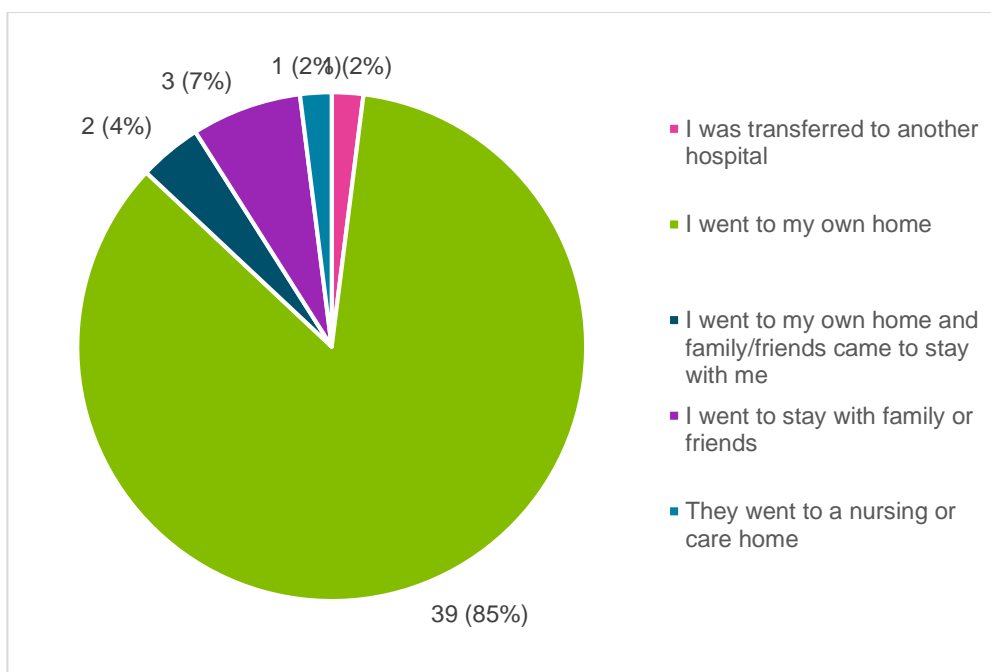
Hospital Discharge Report

What have we learned?

- Where possible patients should be discharged as soon as possible and delays in the process reduced. If obtaining medication is going to be delayed could this be established prior to letting the patient know they are going to be discharged to help manage their expectations? If this is not possible communicating regularly with the patient about what is happening and why delays are occurring would help to manage their expectations.
- People's experiences of hospital admission do not start and end at the hospital doors - their journey begins at home, so transport arrangements must be considered. This is especially important while public transport is reduced, or people feel unable to use it.

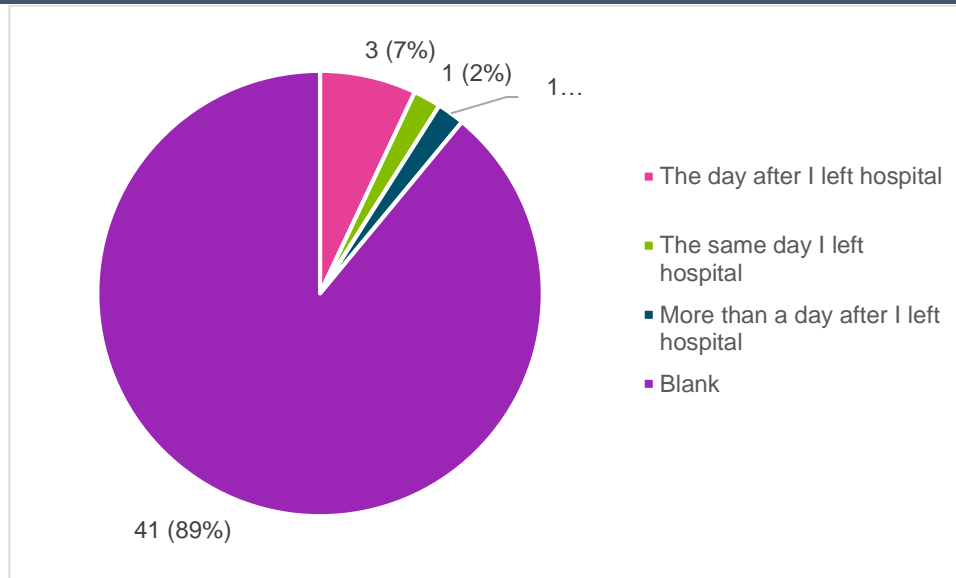
Where were people discharged to?

The majority of people - 85% - were discharged back to their own homes again, which is always the preferred choice. Only one respondent was discharged to a care home, and it was to the care home of their choosing.



Most people told us that they were not visited by a health care professional to assess their care needs. For the small proportion that did have the discharge assessment, this happened:

Hospital Discharge Report



They should have been asked:

- Whether any changes were needed to make their home safe and comfortable (e.g. working heating)
- Whether there were people to support them and keep them company
- How they were feeling and if they had any general concerns
- If they were concerned about finances
- Whether they might need support for tasks (e.g. washing, getting dressed, cooking)
- Whether a short-term wheelchair loan would be helpful for them
- Whether they needed support taking any medication

At the time of responding to the survey a small proportion of people - 11% - had some support needs that they were not getting any help with. Of these, two did not know where to go to get help and one person told us that the service they have used in the past was closed.

What have we learned?

- Not everybody felt they had the support they needed. A robust process needs to be in place to ensure people either get the help they need or know where to go to. Everybody being discharged should be assigned a single point of contact.

Hospital Discharge Report

Emerging themes

Maternity Services

We received five pieces of feedback from new mums about their experience of giving birth during COVID-19. All spoke about how brilliant the care they received was, with one mum saying:

“Everything went well. From the moment I called the delivery suite with my concerns, to being met at the unit, triaged and admitted the care I received was outstanding. The doctors, nurses and midwives at GWH are a credit to the trust. They treated me as if they were caring for a member of their own family.”

In some cases they expressed anxiety about the fact their partners were not able to be with them during this time. Three of the mums had caesarean births and had to leave the hospital, despite this, carrying the baby and all of their personal items.

Case Study 3 (May 2020)

What went well?

Overall, staff were great and helpful throughout. The doctors probably saved my life and my baby's life. Aftercare was great, but I wish my husband did not have to leave due to new rules regarding visitors during the pandemic.

What could have been better?

I was discharged earlier than expected after 3 nights in hospital, however, I had to ask for the results of my COVID test and was not given a test on leaving the hospital. I was more worried that I would have caught COVID in hospital than not, as not all staff that entered the room that me and my baby were in wore full PPE or had masks on. I had to have an emergency c section due to contracting a potential infection, lots of tests were taken, but none of the results were shared with me on leaving the hospital or after. I was told that due to COVID I would not receive my hospital notes, however, I was not informed of how I could obtain these and ask for a debrief. I wish I had in writing the dosage of painkillers and antibiotics to continue with at home, as it was poorly explained to me due to a shift change. I was not able to remember when I got home due to the strength of painkillers I was given. Thankfully, I was able to ring the ward up later that night. Finally, after having a c-section you are not supposed to lift/hold anything heavier than your baby, however, I was made to wheel my baby out in the hospital cot with my bags, which was all very heavy and caused me pain. My husband was not allowed in to help me, despite him being there 2 hours earlier during visiting hours.

Hospital Discharge Report

Case study 4 (June 2020)

What worked well?

Midwife was brilliant. Well looked after.

What could have been better?

I understand we was in a pandemic but my first baby I have given birth to so it felt horrible being induced and my partner only allowed in certain times , I didn't like he only just made the c section. I felt the doctors was trying to send me home to quickly after c section to the point the Midwife's said no she isn't well enough to go home the next day after surgery. Didn't like when I was discharged I had to carry baby car seat and bags out myself as partner wasn't allowed to walk on the ward to help with with bags

What have we learned?

- Where it is safe to do so partners need to be present for births. [A recent article in The Guardian](#) highlighted the urgent need to allow partners to be present for check- up appointments and labour - particularly important during a difficult birth.
- Help given to mums, particularly those who have had a caesarean section, when leaving hospital so they are not left to carry their babies and personal items themselves.
- Providing clear and concise information about after care and writing down instructions for taking medication.

Carers' experiences of care and the hospital discharge process

The carers' survey had all of the same questions apart from three which asked carers the following if:

- they felt sufficiently involved and informed in decision-making about their friend, relative or client's discharge from hospital,
- they felt that their caring responsibilities were considered in the decision making about their friend, relative or client's care and support after they left hospital, and if
- they had enough information to support their friend, relative or client after they left hospital

Hospital Discharge Report

We received one piece of feedback from a carer, who replied yes to all of these questions, which was an example of how someone's experience of hospital care had significantly improved in comparison to their previous experiences of this. This is also an excellent example of the right support being place for somebody with a learning disability and how this has transformed their experience of care:

“Discharge Liaison at the hospital who is employed to support discharge of those with Learning Disability back home was involved with the discharge on this occasion. This was the first time we have had this support and it greatly improved the experience. She was able to provide all information needed, act as intermediary between the hospital staff and nursing home staff and this aided an appropriate discharge plan with all appropriate follow ups in place.”

40% of the carers responded no to the three questions, with one highlighting the need for more instructions about after care.

Case study 5 (Carer: August 2020)

What worked well:

He had bowel surgery which was brilliantly done & the staff team on the ward were excellent. There was a good staff to patient ratio & they were attentive to his needs during his week on the ward.

What could have been better:

He was not in a good condition when he left hospital & I was not given any information about how to manage his recovery or improve his chances of getting well. I would have liked some advice on diet. I think the mobility assessment was not thorough enough, as he is not able to get around easily & I am too weak to help.

In this particular case the patient did not feel prepared to leave hospital, they were not given information about leaving hospital or who to contact if they needed support and nor does it appear a care package was put in place. It is important for this to change so that an individual has sufficient support in place once they have been discharged - and to reduce the possibility of readmission,

Hospital Discharge Report

Case Study 6 (Carer: May 2020)

What worked well?

Discharge itself was well managed

What could have been better?

My relative (aged 90) was discharged post-stroke and having been diagnosed as Covid positive in hospital albeit symptom free. The stroke ward had wanted to discharge on the day of the positive test as they felt he was medically fit (they suggested this was appropriate as “the chances are his partner has had it too”). They were very dismissive of her concerns. They also dismissed the fact that he had only recently been discharged from a psychiatric ward having attempted suicide. His mental health was only considered after the intervention of the mental health team (which I had to insist upon in a very direct conversation with the ward sister). The mental health team was adamant that he was not safe for discharge as self-isolation would put him at risk. The outcome was that he remained in hospital for 7 days post the positive test, and was moved to another ward but only after he felt he was very much “in the way”

In this case the carer, to some extent, felt involved in the decision-making process and that they were given enough information to support their relative after discharge, but they did not feel their carer’s responsibilities were taken into account.

What have we learned?

- It is vital that carers are involved at all time in decision-making for the person they care for
- Information and support must be provided in a clear and timely manner to ensure the care needs of the individual are met and so that the carer is supported sufficiently as well. Families and carers have been providing even more care than usual during the pandemic - but this can go unnoticed, and many need more support.
- When the right support is in place for someone with a specific care need it transforms their experience of care and makes the entire process a lot less stressful.

Hospital Discharge Report

Testing for COVID

Not all respondents were tested for COVID - nearly a quarter said that they were not. Of those that were, nearly three quarters of respondents, nine people did not receive their results. The guidelines for hospital discharge during this period stated that COVID-19 test results would be included in discharge documents 'where appropriate'. It is not clear from the guidelines when this would be appropriate and clarification on this point will be sought from the Trust.

Anxiety was expressed by some of the respondents about contracting COVID-19 whilst in hospital and the fact that not all staff were wearing PPE:

"I was placed on a ward and was worried about people in there as I had been shielding so when admitted early hours of the morning [I] felt nervous about Covid 19" (July 2020)

"Quicker prescription. A leaflet on discharge about self care. All staff wearing masks." (May 2020)

"Staff could have been wearing masks or some ppe gear. Now changed as regulations came in." (May 2020)

What we have learned?

- It is important to keep people informed during a pandemic as to why certain decisions have been taken, to allay their concerns. If the Trust does not have to test patients for COVID-19 or release the results if one has been done, it would be helpful to understand why that decision has been taken.

Comment from Great Western Hospital Trust

In response to this report the Trust have said:

"We welcome this report - its findings provide some really positive feedback in relation to patients who were discharged from our organisation during the COVID-19 pandemic. It also provides some valuable insight and learning that we will be able to use in order to improve the way we work moving forward and particularly as we enter a second wave of the pandemic. Discharging patients safely back home, or to the best place for them to receive the best possible care next, is one of our main priorities. We've recently launched a new campaign called Helping You to Get Home which aims to enable us to make improvements in this area. We would like to thank Healthwatch for the report and look forward to continuing to work closely together moving forward."

Tania Currie, Deputy Chief Nurse

Hospital Discharge Report

Healthwatch England and the British Red Cross

[Healthwatch England](#) and the [British Red Cross](#) have also written a report about people's experience of the new hospital discharge policy. In this report they look at [590 people's stories of leaving hospital during COVID-19](#) and make a series of recommendations.

What will we do next?

We will be sharing this report with all stakeholders across Swindon.

We will continue to ask people to share their experiences of health and social care in our [#BecauseWeAllCare](#) campaign.

Thank you

We would like to thank everybody for sharing their views and taking part in this survey.