



Hospital Discharge Report

April 2021



Introduction

Healthwatch Leicester and Healthwatch Leicestershire (HWLL) are the public champions for Health and Social Care. We collect feedback from the people of Leicester and Leicestershire who have used health and social care services about their experiences. The feedback is used to influence Health and Social Care commissioners and providers to share good practice and develop service improvements.

In July 2019, HWLL visited the discharge lounges at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. The report found that most admissions were unplanned or emergency admissions. This would mean that their discharge planning would take place whilst they were in hospital and that no planning could take place prior to their admission as could happen with a planned admission.

A recurring theme was that patients did not feel that they had been involved in their discharge planning. On the day delays was another area of concern. Communication was a key element of the delays and patients reported that they were not kept informed of when they might be able to leave the hospital.

Another key issue was waiting for medication, which was a major cause for de-lays, with patients left in the discharge lounge for long periods of time with little or no information.

The findings of this work were shared with local NHS, Clinical Commissioning Groups (CCGs) and service providers.

In October 2020, HWLL decided to revisit the lounges to find out if there had been any changes or improvements since our visits.

Discharge planning was still an issue as patients were still finding it difficult to find out what was happening with their discharge and how long it would be before they could go home.

Communication remained a key issue for patients, with no information on what was happening and waiting for medication was still a reason for people not being discharged. Paperwork not being signed off caused further delays and frustration for patients alongside the delays in medication.

Methodology

Due to covid-19 restrictions, the interviews were conducted by the Matron and her team at Leicester Royal Infirmary only. University Hospitals of Leicester (UHL) have introduced new covid-19 pathways for all processes including discharge.

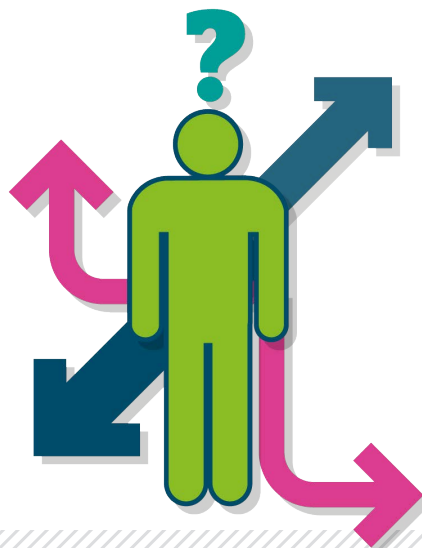
The project used semi-structured interviews to collect feedback from people who were discharged to understand their experience of the discharge process.

We wanted to understand how involved patients were in planning their discharge, if they were happy with the process of being discharged and how comfortable they were with where they were being discharged to.

The project also sought to understand which staff were involved in discharge planning and how they communicated with the patients about what was going to happen.

There were a limited number of participants and the nature of data collection means that the findings are a snapshot of the experiences of those individuals that were willing to take part and are therefore, not necessarily representative of all people who are discharged from the hospital.

There is no breakdown in the feedback between people who are normally resident in the city or the county. Although respondents were to be asked for the first part of their postcode to differentiate between localities, many failed to provide it and so no meaningful distinctions can be made.



Findings

There were 23 surveys completed by patients waiting in the discharge lounge. There were 11 male and 12 female patients who took part and completed the surveys.

The discharge staff carried out all the interviews between 29 October 2020 and 9 November 2020.

The information and feedback from the participants have been collated and organised to show where the experiences have been common.



Themes

Patient involvement in their Discharge planning

2019

A recurring theme was that patients often did not feel that they had been involved in their discharge planning. This included simple receiving of information about what was happening with their discharge.

For others, they felt that the planning had been done without them and that they would have liked 'to be more involved' in the plans for their discharge.

2020

13 patients said they had little or no involvement with planning their discharge, they were told they were going to be discharged that day with no further information provided.

9 were very positive and felt that had been well informed as to what was happening and felt they had been part of the discussion and were happy with how they were included.

1 patient was not particularly happy with not being involved and said he told the hospital staff that "if they didn't sort it out, he would sign himself out".

Who have you talked to about your discharge?

2019

Nobody mentioned having had any discussions or involvement with social workers about their discharge or care following discharge.

2020

All 23 patients confirmed that they had various discussions about their discharge.

13 people said they were advised by doctors on the ward who told them they were going to be discharged that day.

10 patients were told by either a sister or nurse on the ward there were to be discharged and 1 patient was updated by the staff in the Discharge Lounge.

How did patients feel about how their discharge had been organised and planned?

2019

Improving the process for obtaining medication for discharge was a key point made by participants when they were suggesting how the discharge process could be improved.

For some participants there was little awareness of when they were going to be discharged prior to being told it was that day.

2020

13 patients said they felt the discharge process had been well organised and planned.

4 of the patients felt they had not been fully involved in the process and were very unhappy about not having access to that information.

3 patients, who had been advised that they would be discharged, did not go home until the following day. No reason was given for why that was the case.

3 patients reported feeling confused and nervous about their discharge and were not sure what was happening.

“I would have preferred to be collected by the porter, taken to the pharmacy to collect my medication and then exit the building”. Male patient

What barriers had there been to being more involved in the planning of their discharge?

2019

For some of the participants there was a reliance on spouses to care for them on their discharge from hospital.

2020

21 patients felt there were no barriers in the planning of their discharge.

Two patients felt there had been a barrier, due to the lack of communication and created a barrier for them, as they were not aware or advised if they were going to leave and had no idea of what time they would be able to leave.



What delays if any, has there been in your discharge?

2019

Communication about the causes of delays on the day were seen as an issue for some of the respondents. This was particularly the case in respect of having indicative timescales on when they might be able to leave the hospital.

Waiting for medication was a major cause of delays on the day and left participants in the discharge lounge for long periods of time.

Waiting for hospital transport was also a cause of delay in the discharge lounge.

Waiting for discharge paperwork could also be a cause of delays once discharge had been confirmed for that day.

2020

Eight patients reported that they had no problem or delays in their discharge and one patient was being collected by family.

Transport delays were experienced by three patients.

Two patients had issues with both their transport and their medication.

There were 9 patients who experienced delays in receiving their medication and one lady who was ready to be discharged and waiting but was then kept in hospital for a further two days.

All 23 patients when discharged, returned to their own homes.

How confident do you feel about managing when you return home?

2019

Most participants were leaving hospital to return to their own homes. It was notable that many of those spoke about their family members supporting or caring for them.

2020

22 patients said that they wanted to return home, but some were a little less confident about going home than others.

20 patients were either confident or very confident about going home. All but one individual had family to support them, but the lady who did not, was not afraid to fend for herself.

2 patients were not sure about going home. One was concerned about her carers being available and one had her husband at home.

1 individual did not respond to this question.

Conclusion

The discharge lounges have been decorated since our first visit and they appear to be more comfortable and brighter for patients.

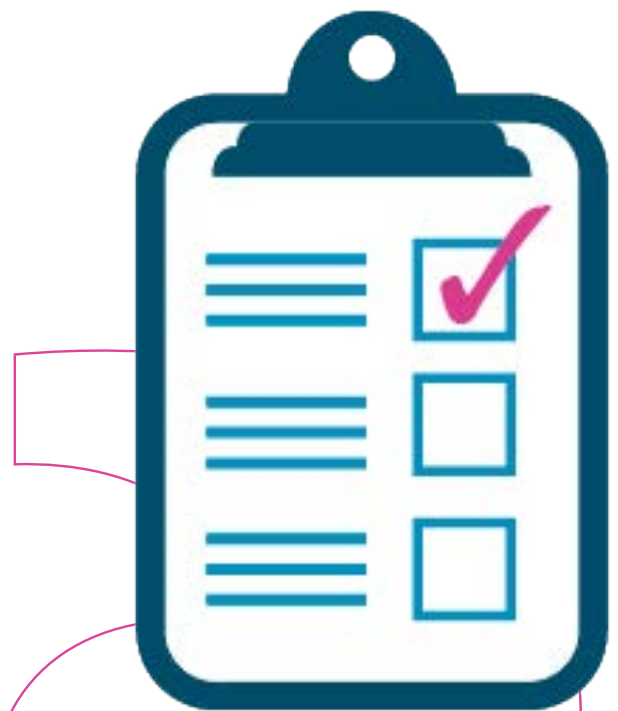
There is still a need for better communications on the wards when organising the discharge for patients. The report findings highlight the ongoing issues patients have about waiting times for both medication and transport.

Patients waiting to be discharged are consistently unable to go home because their medication is not ready, by the time they have their medication and could be discharged, it is too late for the transport home.

Recommendations

The following recommendations are based on the report findings and are consistent with the recommendations from our 2019 report:

- » **1.** Consideration is given to how to reduce the time spent in the discharge lounge, including a reduction in waits for medication to help avoid transport delays.
- » **2.** Consideration should be given to providing information to patients on timescales for leaving the hospital on the day of discharge.
- » **3.** The discharge staff consider giving a prescription to the patient, instead of waiting for medication.



Thank you

We would like to thank all the discharge lounge staff at Leicester Royal Infirmary who took the time and effort to speak to patients and complete the surveys.

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