



Frail & Elderly - Hospital Discharge.

Healthwatch Stoke-on-Trent

Paul Astley - March 2015

Contribution to the
“New Model of Care”
Step-Up Step-Down
Consultation

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Introduction

“There is mounting evidence that the standard of care received by many older patients is unacceptable and part of that picture is that care is fragmented and lacks continuity.”¹

Healthwatch England is currently running a special enquiry into hospital discharge supported by its network of local Healthwatch. Healthwatch Stoke-on-Trent, rather than duplicate this work, or simply audit the discharge pathway and its multitude of avenues and corridors, wanted to better understand hospital discharge from the perspective of the patient, specifically from the viewpoint of the frail and elderly.

The writing of the full report into hospital discharge is ongoing and will be published in due course. This report is an edited, shortened version, compiled specifically to contribute towards a currently ongoing consultation by Stoke-on-Trent Clinical Commissioning Group which aims to gather views around hospital discharge and rehabilitation - New Model of Care, Step up Step Down. This consultation is being carried out to help evidence the need for a move away from hospital bed-based services in Stoke-on-Trent.

Healthwatch Stoke-on-Trent feels that patient views gathered as part of its hospital discharge project should be added to this consultation. Using the patient-centred approach as a starting point, it investigates the ability of frail and elderly people to engage in and contribute to their own care and to what extent they are empowered to do this. This is important in the context of proposals which could move away from bed-based services and constant access to staff.

This report finds that a significant proportion of frail and elderly people might not understand what is happening to them on the ward and that this continues through discharge and on to the next part of their journey. It suggests that communication is central in supporting person-centred care and that more work could be done to understand the needs of the frail and elderly in enabling them to become the active participants they need to be to improve their outcomes.

We sincerely thank everyone who contributed to this work including our partners, volunteers and participants. We hope that this work contributes positively towards improved outcomes for the frail and elderly in our community.

¹ Cornwell et al, 2012, Continuity of Care for Older Hospital Patients – A Call for Action, the Kings Fund

What We Did

A steering group was established to guide the project. This is made up of volunteers and Healthwatch Stoke staff. It was decided that the aim would be to better understand people's experience of hospital discharge.

To begin with, secondary evidence was gathered to better understand the frail elderly and their context. This evidence came from a variety of journal articles, reports and websites and can be found on Page 10. A paper-based questionnaire was designed (see page 36) based upon these findings. 500 were distributed from the Frail Elderly Assessment Unit* at the Royal Stoke University Hospital in October 2014 and were distributed to patients retrospectively, so that the subjects had the opportunity to reflect upon their experience. The questionnaire (page 36) used large font sizes and colours along with a level of literacy designed to make it as accessible as possible. The questionnaire was also of restricted length in consideration of the subject group.

- 86 (17.2%) of these questionnaires were returned, some partly filled, some reporting of the death of the individual concerned.
- 47 of these questionnaires were returned with additional comments.

To ensure validity, all questionnaire respondents met the Bournemouth Criteria² for frail elderly care. They are of mixed sex.

The results of this survey are summarised on page 5 and with more detail from page 15. A full account of the additional comments which accompanied these surveys can be found on page 32.

To supplement this, a small number of semi-structured interviews were carried out with professional staff from primary and secondary care. The interviewees will remain anonymous. Parts of these conversations are included in this paper to add additional context only.

** A broader distribution may be required to better understand what happens across the whole health economy.*

² Criteria can be found at - https://www.rcn.org.uk/__data/assets/pdf_file/0004/448465/Howell,_Fiona_.pdf

Headlines

- More than **half** described themselves as not being active people;
- **85.9%** of the respondents have had experience of hospitals in the last 5 years, either through their own ill health or through caring for another;
- **89.7%** of people who responded said their time in hospital wasn't planned;
- **37.3%** reported a 6 or less (out of 10) when asked how ill they considered themselves to be while in hospital;
- **21.3%** of respondents reported that they didn't know what was happening to them whilst in hospital;
- **29.3%** of people reported as they did not find it easy to talk to doctors and nurses about their care;
- **71%** of respondents reported having a friend or member of the family who asked questions on their behalf. **9%** reported having no support.
- **26.9%** of respondents disagreed that staff spoke with them or their carer to discuss what would happen when they got home;
- **27%** of respondents said that they disagreed that staff kept them updated with plans for discharge and the progression towards it;
- **25.7%** of respondents reported that they felt they did not have the opportunity to share concerns about discharge with staff;

- **28.8%** say they didn't get clear instructions about their medication before they left hospital;
- **35.7%** didn't understand the instructions given to them about their medication;
- **73.8%** of patients reported that they felt ready to leave hospital when the time came;
- **15%** reported not knowing what help they would receive when they got home;
- **5.5%** reported not having support from friends and family when they got home.
- Nearly **10%** reported not having had the help they needed when they got home.

Note -It is assumed that being able to fill in the questionnaire indicates functionality and an ability to make choices. It is not clear to what extent friends, family and others have had in the filling of these questionnaires.

Summary

Firstly it is important to note that much positive feedback was received about the care given, comments can be found on page 35. This section presents a brief narrative of the findings. For full details of the findings, see page 15 onwards.

The respondents in this study are well versed in hospitals, with a large amount of them having experience in the last 5 years. This could suggest some knowledge of

“... the introductory booklet makes a point of saying that staff will address patients by the name they wanted to be known by. It does not happen”

Questionnaire Return no 42

what to expect whilst there and increased ability to critically analyse their treatment and ability to contribute to it. This is important because

person-centred care depends upon a two way interaction between patient and staff. However, nearly 90% of them weren't expecting to be in hospital and arrived unplanned, possibly in crisis and unable to participate. Many respondents are quite stoic about this, 37% reporting 6 or less out of 10 when asked how ill they felt at that time.

“... I found that patients who were not able to care for themselves could easily be overlooked with their care.”

Questionnaire Return no 18

When in hospital, over a 1/5

of people didn't understand what was happening to them*. This isn't surprising because nearly a third reported not finding it easy to talk to doctors and nurses about their care. This is complicated, and might be explained through both a tendency in this group to be passive 'good patients'³ (see page 14) and expressing gratefulness for the care given, in stark contrast to other groups who may be more likely to be active consumers of healthcare and more demanding (see page 16). The data suggests that having a lot of support from friends and family in hospital, which 71%⁴ did, may accentuate this passivity with folk becoming reliant upon this support rather than working with staff directly (see p22/3). It could however, be the case that staff are less likely to interact with people who seem to have a lot of support in place although the above (QR no 18) contradicts this. There is plenty to

³ Taylor - page 307 in Baltes M, Baltes P B, 2014, The Psychology of Control and Ageing, Psychology Press

⁴ it is uncertain what effect informal support has had upon the likelihood of survey return. Caution should be observed because the results may be skewed in this regard.

* It is assumed that being able to fill the questionnaire indicates functionality and an ability to make choices.

think about regarding the communication needed to ensure patient focussed care. More work could be done to investigate this.

Just over a quarter of respondents reported not having a conversation to discuss

“ . . . on arrival home we found she had to take steroids each day which was not even discussed”

Questionnaire Return no 74

discharge, with a similar amount reporting that they weren't kept updated with plans for discharge and progression towards it. This suggests

that some patients may be leaving hospital as unexpectedly as they entered it. Again, around a quarter of respondents said they didn't have the opportunity to raise concerns about their discharge, should they have any.

In preparation for discharge nearly 29% said they didn't get clear instructions about their medication before they left hospital. When one considers the characteristics of the subject group, such as being likely to have low levels of health literacy and a high reliance upon professionals

“I'm still waiting for a hospital appointment as I have to wear a brace all of the time and it is very uncomfortable. I need to know how long to wear it for, it has now been 5 years.”

Questionnaire Return no 19

(p10), it is easy to imagine how this might go wrong. Indeed, over a third reported not understanding instructions given to them about their medication. A sudden leap from passivity and disengagement with the process to withdrawal of support whilst a client moves between services has obvious potential risks when informal support doesn't fill the void.

“ . . . my granddad was discharged too soon. He was readmitted 36-48hours later and was seriously ill as a direct result of the premature discharge and has still not recovered

Questionnaire Return no 82

15% of respondents reported that they didn't feel ready to leave hospital when they were discharged with the same number unsure about what help and support would be in place when they got there. 10% found that they didn't have the support in

place they required when they got home, which corresponds with the 9% who reported having no support from family and friends on the ward, one hopes this is a coincidence. However, only 5.5% of people reported not having the support of friends and family when they returned home.

Recommendations

In the context of the 'New Model of Care, Step up Step Down' consultation, Healthwatch Stoke-on-Trent makes key recommendations.

- **Communication;**
 - Maximum effort should be made to involve patients in their care regardless of the amount of informal support they receive;
 - Passivity in care shouldn't be understood as an indicator that an individual is content in their situation;
 - Communications should acknowledge the likely literacy and health literacy levels of elderly patients;
 - With so many patients not feeling confident talking with staff, the use of advocates could be considered;
 - It is vital to find the opportunity to check the patients (or carers) understanding regarding medication and/or plans for discharge as well as informing.
 - When consulting with the frail and elderly, due regard should be given to the context of this group.

- **Further investigation;**
 - It is unclear what the experience from community hospitals, wards and other contexts is, more work could be done here;
 - How does the support of friends and family impact upon patient-centred care?

Context - Who are the Frail and Elderly?

This section is intended to outline the characteristics of this group in order to support understanding of how service change might impact upon it. Healthwatch Stoke-on-Trent does not contain staff with clinical experience and this contextual piece is limited in that regard. However, it is well positioned to describe a whole person journey because of its strategic position as a viewer of the whole health economy. To do this, it relies very much upon the social determinants of health (see page 13)

“Older people account for the majority of general hospital users (65%); frail older people in the acute care setting represent a low volume, high impact group; they have the longest length of stay, the highest rate of inpatient complications and subsequent readmissions. At any one time, patients in this group account for 70% of bed stays.”⁵

Obviously not all elderly are frail and vice-versa and it is wrong to lean too heavily on stereotypes. There are many ways to define this group. Frailty has been described as “age-related physiological vulnerability, reduced homeostatic reserves and reduced capacity to withstand stress”⁶, a very clinical description. The clinical issues associated with this group are varied, from those associated with falls, stroke, osteoporosis, and dementia amongst others but often there is multiple pathology, for example cataracts and arthritis resulting in falls⁷. This concept of multiple pathology can be also be explored outside of the clinical. Indeed, there has been much debate on whether “frailty should be defined purely in terms of biomedical factors or whether psychosocial factors should be included”.⁸ Ultimately, one would imagine there are many elements which combine and the causes of pathology diverse, affected by the social determinants of health. In the same way poor eyesight might lead to a fall, other factors impact upon the elderly. For example, this group may, “live alone (and) have disabilities including cognitive impairment, making them dependent of assistance in many daily life situations”. In the elderly, informal support networks are often fractured, in fact 51% of over 75's live alone nationally⁹.

“A third of older adults have difficulties reading and understanding basic health related written information. Poorer understanding is associated with higher mortality. The limited health literacy capabilities within this population have implications for the design and delivery of health related services for older adults in England” - British Medical Journal 2012

⁵ Draft - Frail and Elderly Service Specification UHNS (2014)

⁶ Groene et al, 2012, An Analysis of Vulnerable Patient Handover Practices at Discharge from Hospital, BMJ

⁷ <http://www.patient.co.uk/doctor/Elderly-Patients-in-Hospital.htm>

⁸ Lally F, Crome P, 2007, Understanding Frailty, Post Graduate Medical Journal 83 pp 16-20

⁹ <http://www.campaigntoendloneliness.org/loneliness-research/>

Loneliness has also been presented as an important determinant of health,

“Loneliness is as bad for health as smoking. It is also associated with poor mental, physical and emotional health, including increased rates of cardiovascular disease, hypertension, cognitive decline and dementia. Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care.”¹⁰

Over half (51%) of all people aged 75 and over live alone (Ibid) nationally, with this being acknowledged over recent years with several local programmes such as ‘The Green Door’ and which encourages the elderly and isolated to take part in activities in the city.

Some of the elements that make this group distinct in their pathology are less obvious. The elderly have

“I found that patients who were not able to care for themselves could easily be overlooked with their care.”

Questionnaire Return 18

been shown to have the lowest levels of health literacy in the city. This is important because patients have been found not to understand the information presented in discharge letters, leaving them utterly reliant upon staff¹¹. A lack of a support network would make this even more pronounced.

Also, there is some evidence that engrained cultural ideals might affect the manner in which the elderly ‘buy in’ to their own care. The explanation for this runs deeper than simply summing up as cultural difference, and can be described as about consumerism.

“In Beveridge’s day, people were hugely grateful for any public service, they queued in their thousands to register with a GP when the NHS first opened for business in 1948 and were unquestioning about what they were given or told. Today’s society is far more consumerist;

“Once I was asked to facilitate a focus group made up of the elderly. We were considering making some service changes and were gathering opinions about people’s care, asking what they would prefer or what might work well? I was greeted by strange looks, ‘doesn’t she know her own job?’, ‘how are we supposed to know, it’s your job to make these decisions!?!”

Interview - Health Professional (Mental Health)

(In Text Box) Bostock A, Steptoe A, 2012, BMJ, Association Between Low Functional Health Literacy and Mortality in Older Adults: Longitudinal Cohort Study, retrieved on 8th December 2014 from <http://www.bmj.com/content/bmj/344/bmj.e1602.full.pdf>

¹⁰ <http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Harms-Health-campaign-launch-October-2012.pdf>

¹¹ Groene et al, 2012, An Analysis of Vulnerable Patient Handover Practices at Discharge from Hospital, BMJ

educated, informed and enabled to choose and challenge.”¹²

Some of the elderly might not see the NHS as a service but a gift and not begin along the road towards the critical viewpoint needed to develop agency in their own care. The new, more consumerist perspective is actively encouraged through patient involvement and perhaps, a desire to facilitate the interactions needed in person-centred care. Even Healthwatch describes itself as “the consumer watchdog for health”. These developments can arguably be said to be moving the NHS into the service sector, a place arguably alien to Beveridge’s world in 1948 and away from the conceptualisation of the service understood by the older in our society. The result of this for some could be a lack of involvement in, and an understanding of one’s own care; the further consequence of this being not able to critically analyse and contribute towards the planning of care in an environment where people are expected to be able to do otherwise.

“I think there’s two different mentalities that I can see, they are a bit stereotypical to be fair, but the more elderly patients tend to be more respectful of the GP and do whatever the GP says without questioning and then you have got your ‘doctor Google’ generation who come in wanting to tell the doctor what is wrong with them before they have started, and will challenge any deviation from their own diagnosis with some protest!”

Interview - Practice Manager

All of this means that extra care and time is needed in dealing with this group, because they are,

- less likely to have a support network;
- less likely to understand what is happening to them;
- prone to stress;
- likely to have issues beyond the reason they were initially admitted to hospital;
- less likely to complain;
- more likely to be passive in their care;
- more likely to have low health literacy;
- more reliant on professionals.

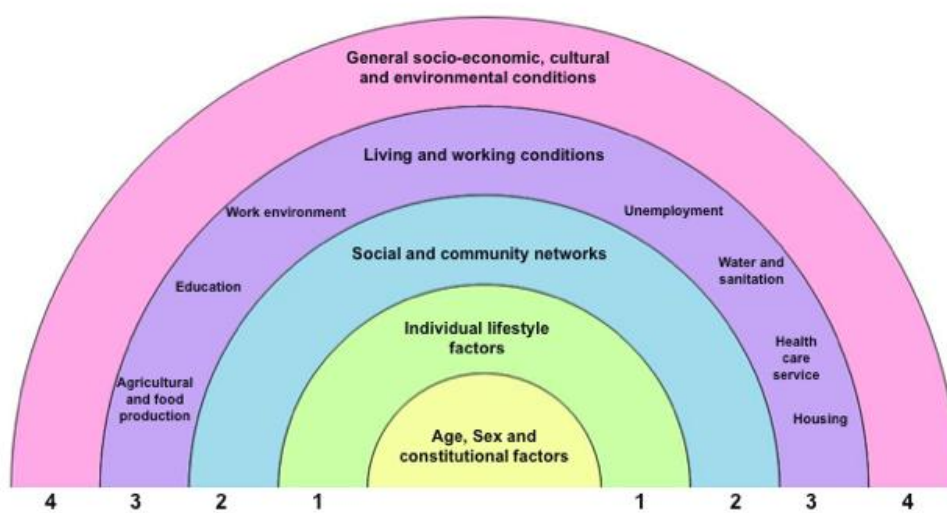
20% of the total of all people discharged from hospital can be defined as having complex needs¹³. The elderly can often be seen to have needs over and above the

¹² http://www.theguardian.com/society-professionals/2014/jul/07/-sp-beveridge-report-revisited-where-now-for-the-welfare-state?CMP=new_1194

¹³ http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/discharge_planning.html

reason for hospital admission¹⁴. The practice required is multidisciplinary, presenting a need for integrated working across all key partners working within the NHS and across those working within the social determinants of health. This is why a person centred, integrated approach is so important.

Social Determinants of Health



Dahlgren & Whitehead 1991 Policies and strategies to promote social equity in health. Stockholm: Institute of Future Studies.

The Social Determinants of Health are important in this report; they are illustrated in the above diagram. For example, unemployment could impact upon wellbeing and mental health; poor housing could affect physical or mental health. A successful discharge from hospital will be impacted upon by many of the above, for example, an individual who has poor social and community networks would be more vulnerable after leaving hospital without proper support from services. Crisis is often seen to come about when personal, informal networks fail; this is when services fill the gap.

"I arranged for a carer (neighbour) before I returned and also have a wonderful friend and helper living next door. I consider myself most fortunate."

Questionnaire Return - 32

¹⁴ <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2004.03182.x/abstract;jsessionid=EEC600B84D69568C6443927F70705DCD.f03t01>

Discussion - The “Active Consumers versus Grateful Recipients” analogy.

As described previously (p11), the expectations of the service can be seen to vary between different cohorts of patients. It could be regarded as safe to argue that this concept is pretty well understood in the general public. However, actual evidence for this is thin, although a study by Taylor¹⁵ in 1979 described the “good patient”.

He described, how,

“anyone who has been hospitalised or visited a hospitalised acquaintance recognises the change toward passivity and dependency in the patients”

Also, it was found by Lorber¹⁶ that,

“75% of patients assumed the good patient role whereas the other 25% were complaining, assertive and demanding.”

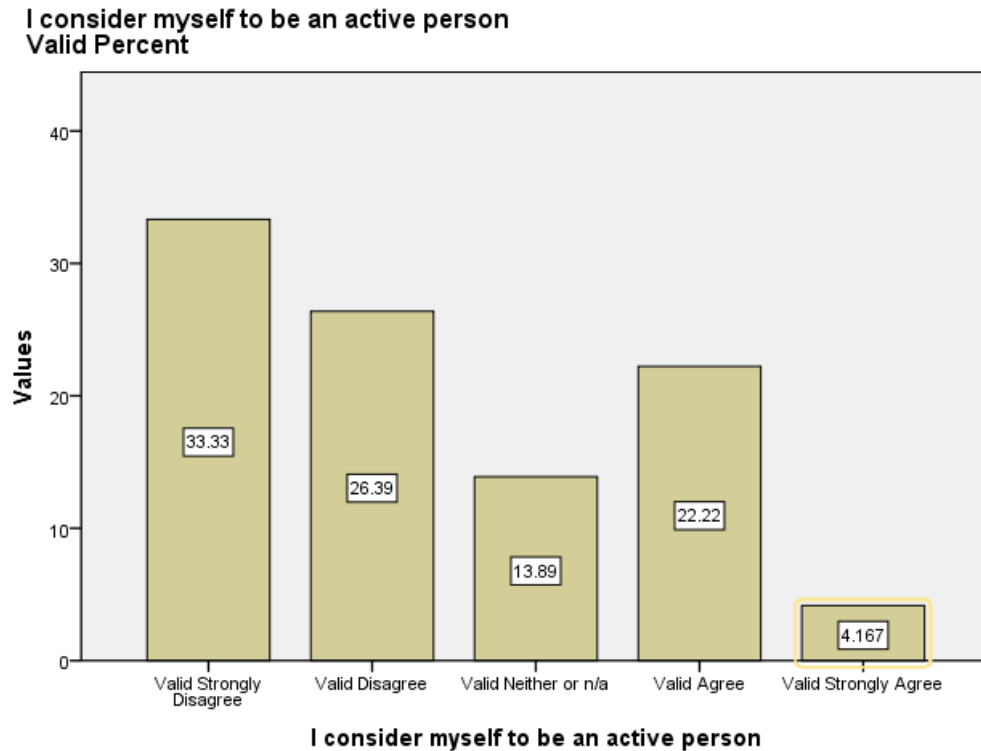
Perhaps then, what is currently observed is the demise of the “good patient”? This could possibly be explained in understanding the increased empowerment of patients in their capacity to be critical.

¹⁵ Taylor – page 307 in Baltes M, Baltes P B, 2014, The Psychology of Control and Ageing, Psychology Press

¹⁶ Lorber - page 307 in Baltes M, Baltes P B, 2014, The Psychology of Control and Ageing, Psychology Press

Appendix 1 Results -

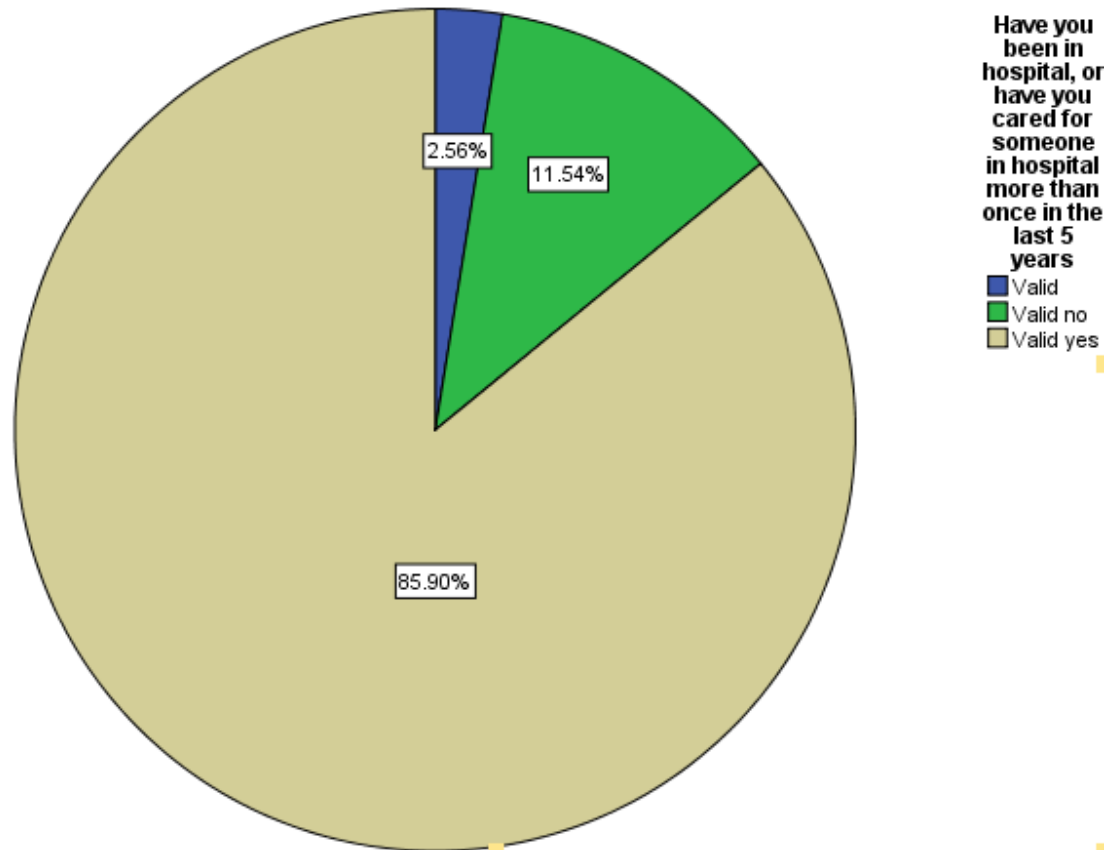
What we found.



It is important to ascertain the ability of people to contribute to their care. This question is intended to give some indication of how active people are before they enter hospital. Of course, this question is a generalisation and can be interpreted in different ways.

- 26.4% of people considered themselves to be active;
- Half of respondents did not consider themselves to be active.
- Nearly 14% of respondents were reported a neutral response.

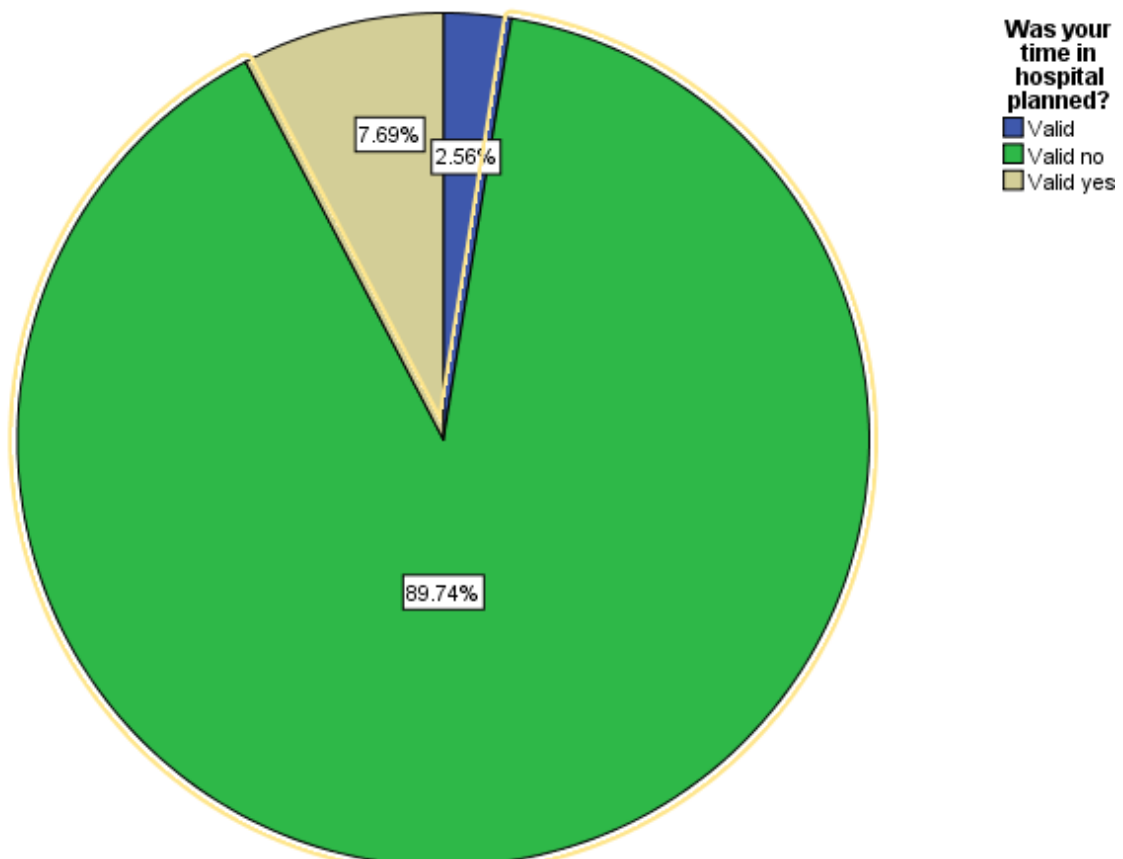
Have you been in hospital, or have you cared for someone in hospital more than once in the last 5 years...



It seems that the vast majority of people have some sort of experience of being a patient.

- 85.9% of the respondents have had experience of hospitals in the last 5 years, either through their own health or through caring for another.
- Only 11.5% reporting not having had experience of hospital in the last 5 years.

Was your time in hospital planned?
Valid Percent



For the vast majority of people, their time in hospital wasn't planned. This could mean that they were in crisis at the time, or indeed that the ward in particular is designed to operate in this way. Nevertheless, being in crisis is bound to impact upon an individual in some way or another.

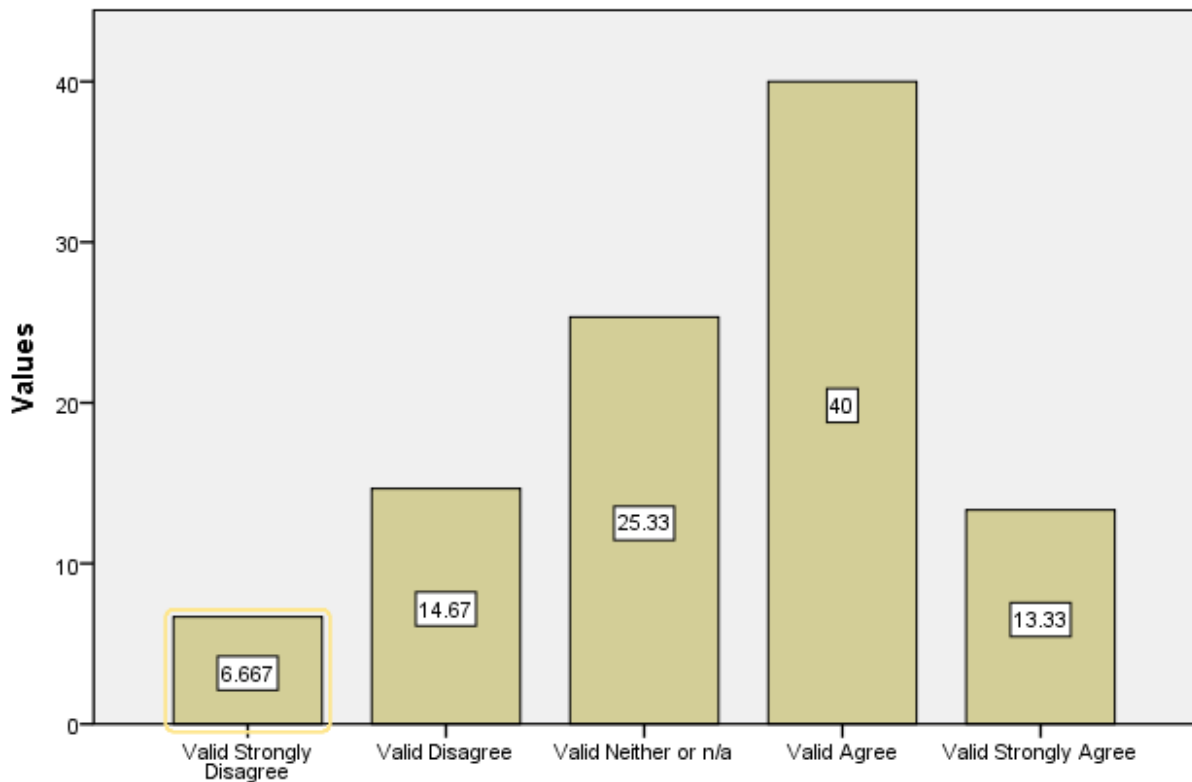
- 89.7% of people who responded said their time in hospital wasn't planned.
- Only 7.7% said that their time was planned.



In spite of the majority of respondents being in crisis at the point of entering the hospital, they self reported a broad range when asked how ill they considered themselves to be.

- **37.3% reported a 6 or less when asked how ill they considered themselves to be while in hospital.**

Whilst in Hospital, I understood well what was going to happen to me
Valid Percent



Whilst in Hospital, I understood well what was going to happen to me

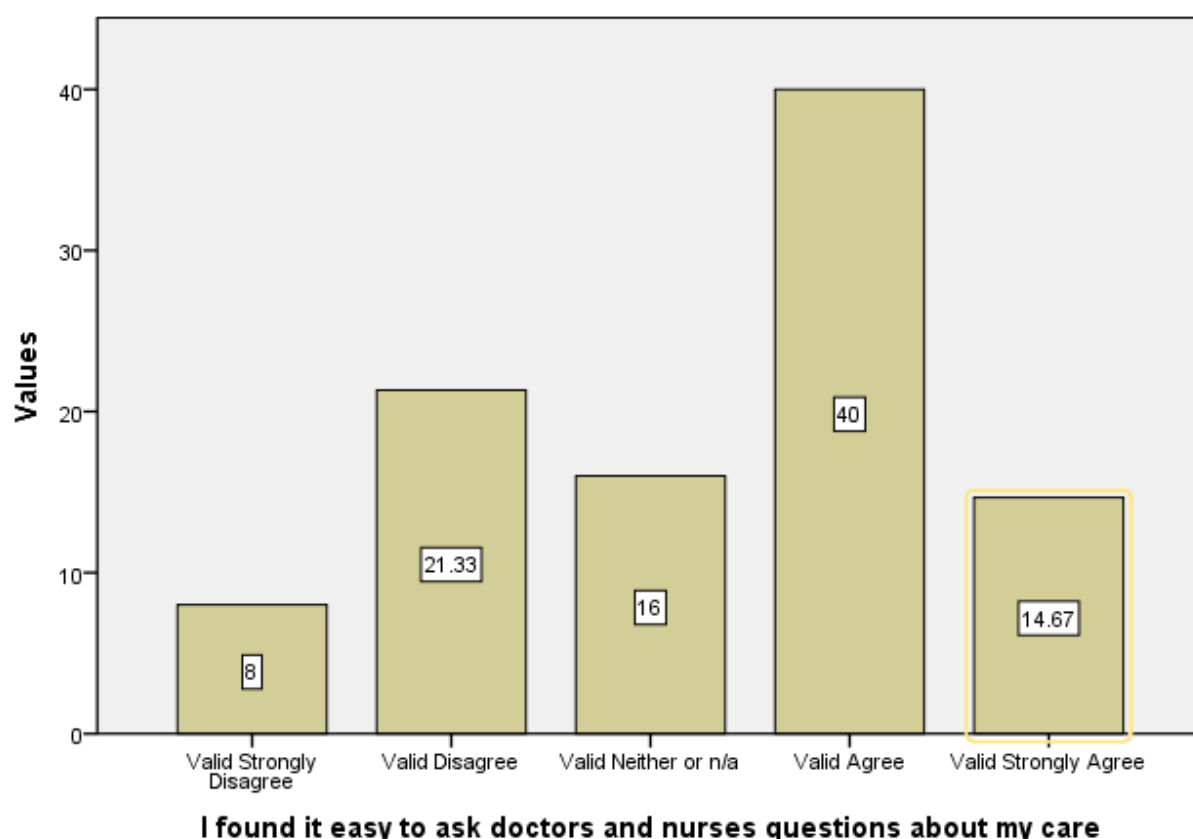
There is some variability in the extent to which respondents reported understanding what was going to happen to them. Just over half of them confidently said that they did. The others weren't too sure and offered a neutral response or didn't understand what was happening to them.

- 21.3% of respondents reported that they didn't know what was happening to them.
- 53.3% confidently said they did.

Unsurprisingly a high proportion of those who reported not understanding were the group that gave themselves a high illness score (pg18). Those most confident that they did understand scored themselves a 7.

I found it easy to ask doctors and nurses questions about my care

Valid Percent

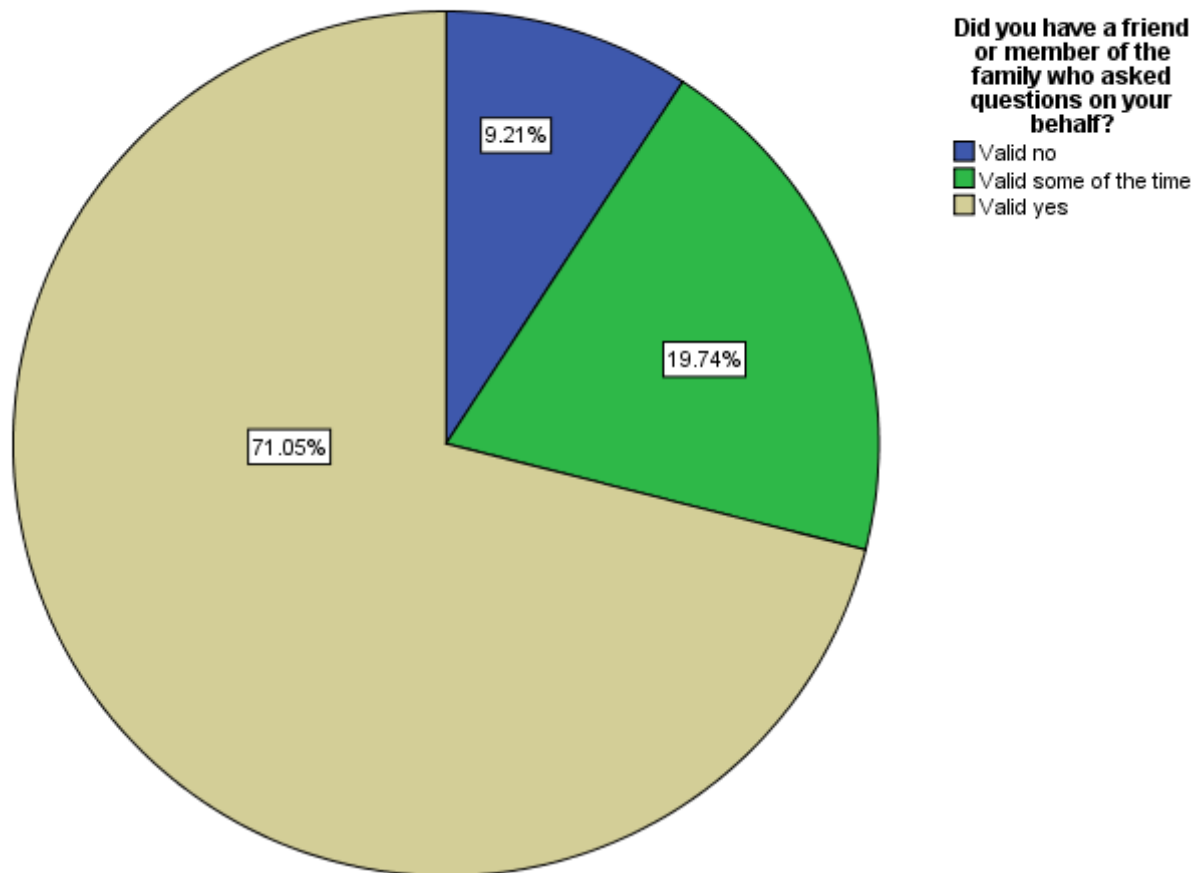


In order for person-centred care to be enabled, there needs to be a dialogue between the individual and staff. The above shows that in this cohort, there was a lot of variability in how easy individuals thought that process was.

- 54.7% reported that they found it easy to talk to doctors and nurses about their care.
- 29.3% of people reported as they disagreed, and did not find it easy to talk to doctors and nurses about their care.

For some patient and carer comments which relate to this, see page 33

Did you have a friend or member of the family who asked questions on your behalf? ...

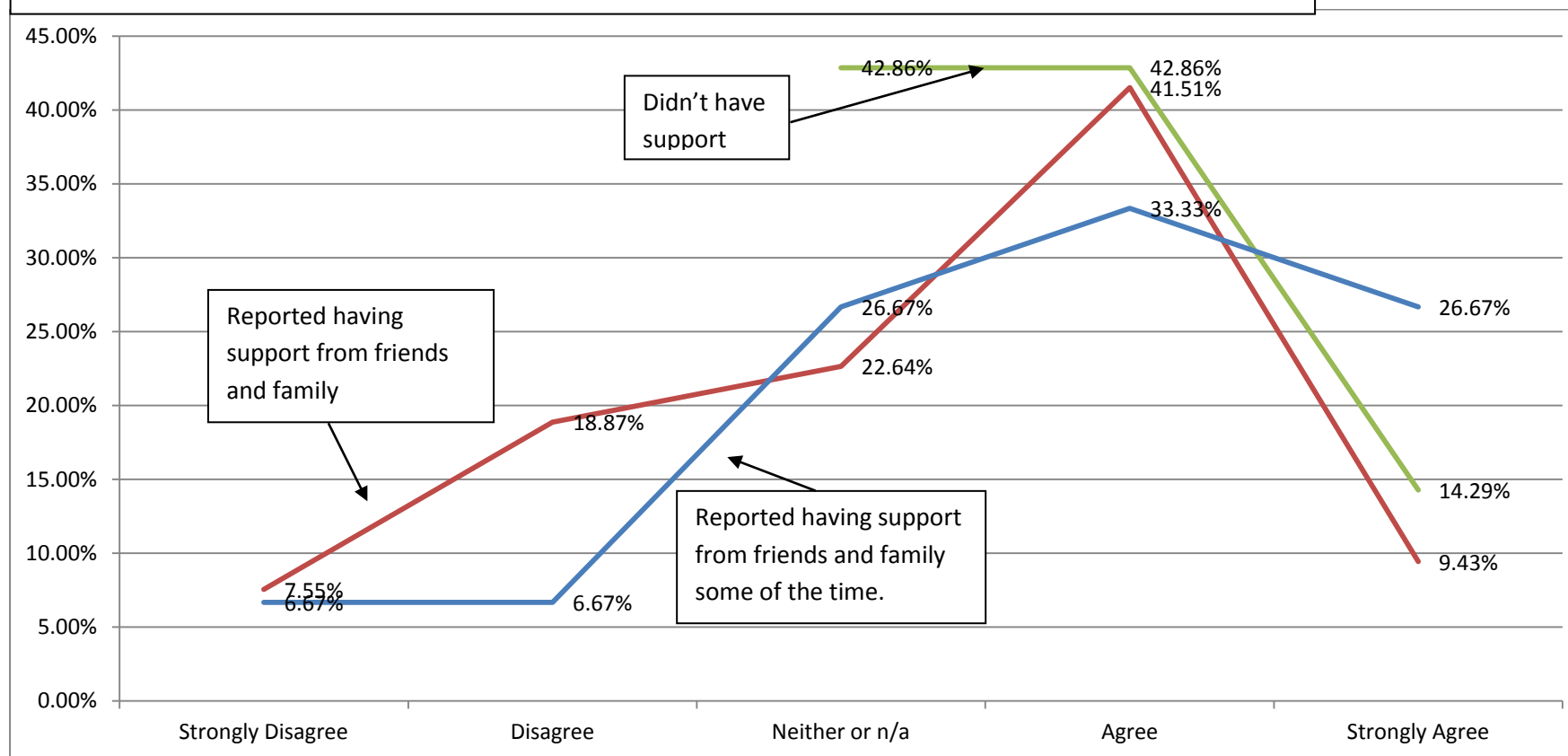


A key determinant of health is an individuals' support network. Although, nearly three quarters of respondents reported having someone to ask questions on their behalf it should be noted that one in four did not have this support.

- 71% of respondents reported having a friend or member of the family who asked questions on their behalf;
- Nearly 20% reported that this was the case some of the time;
- 9.2% reported not having someone to ask questions on their behalf.

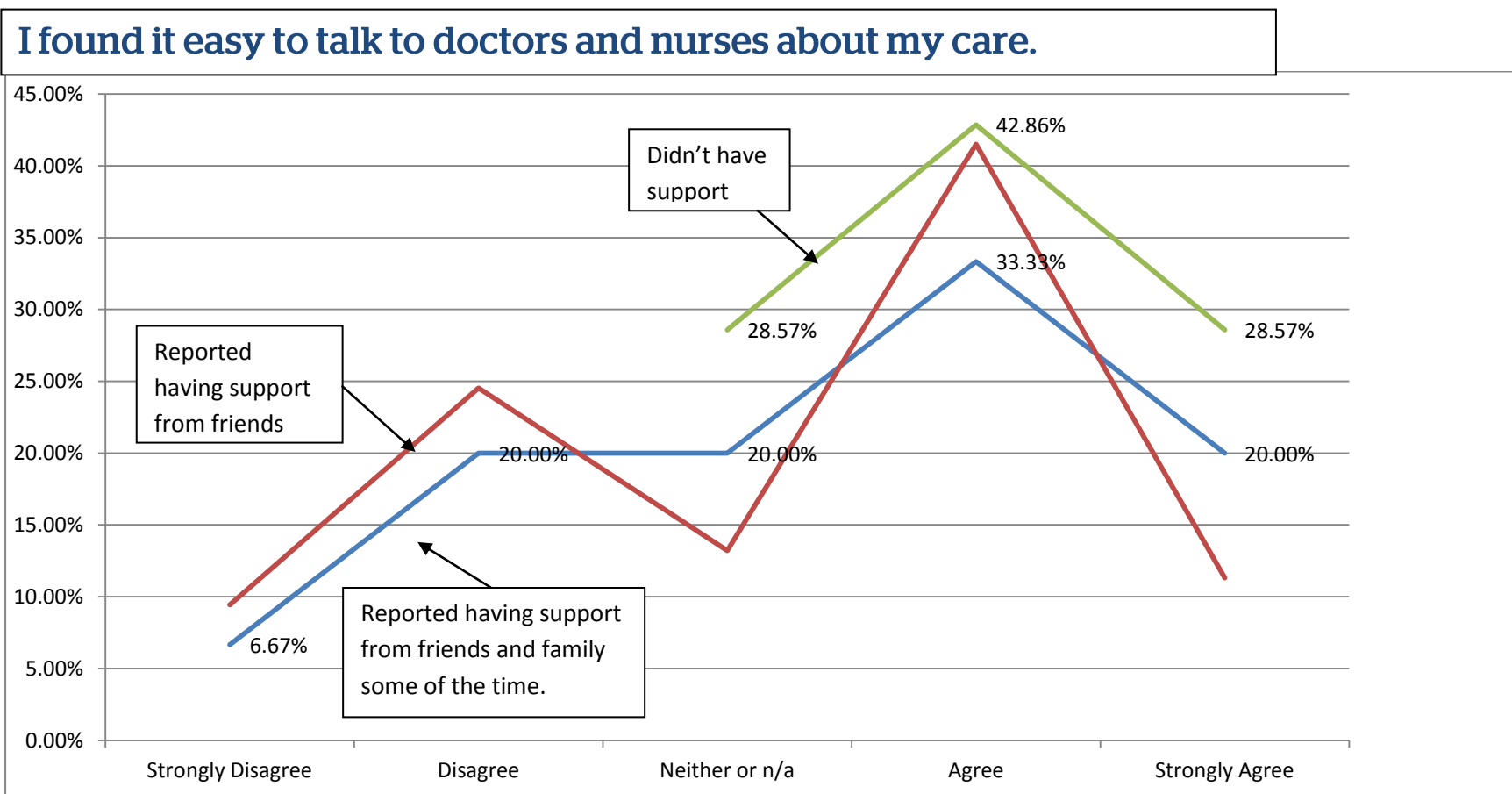
For some patient and carer comments which relate to this, see page 33

Whilst in Hospital, I understood well what was going to happen to me.



When looking at *strongly agree*, the above table suggests that those who reported having support from family and friends *some of the time*, had better understood what was going to happen to them. Those without support *agreed* most that they understood what was happening to them.

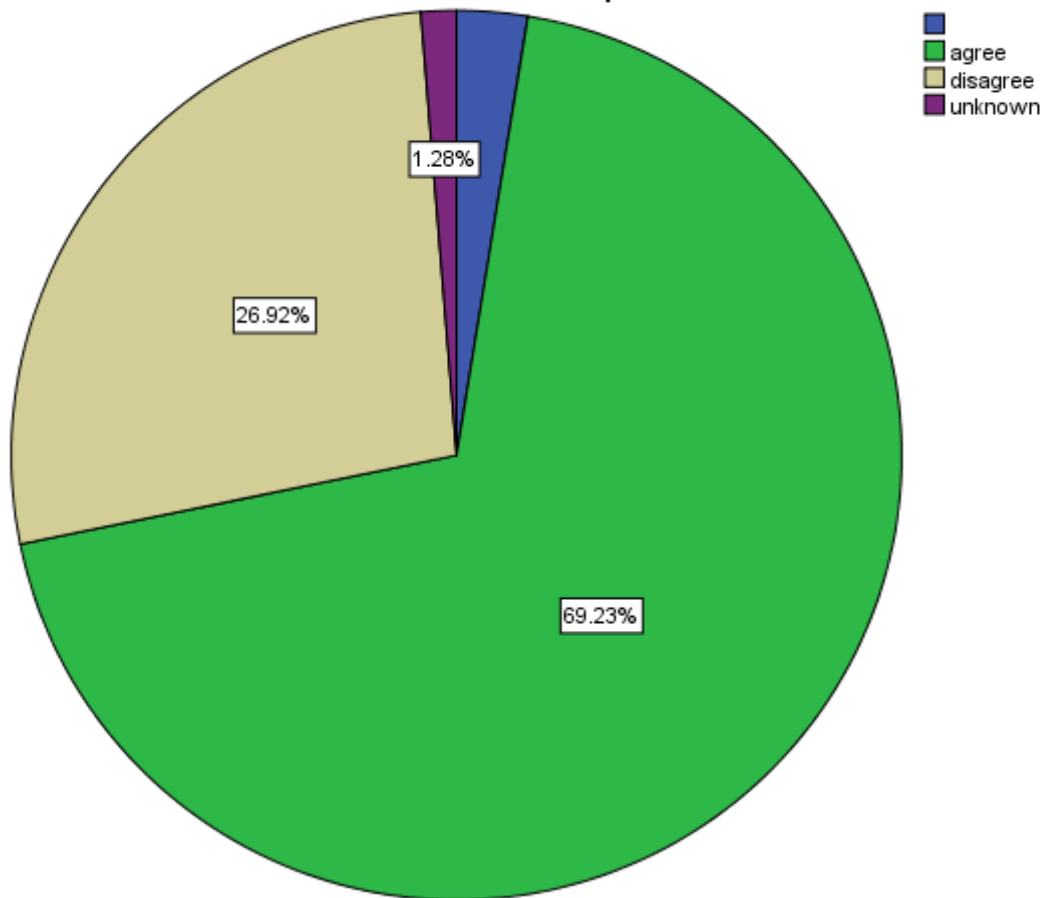
Note - the numbers involved in this analysis are low. Recommended further study.



As in page 22, this graph shows that those without support interact best with staff.

Note - the numbers involved in this analysis are low. Recommended further study.

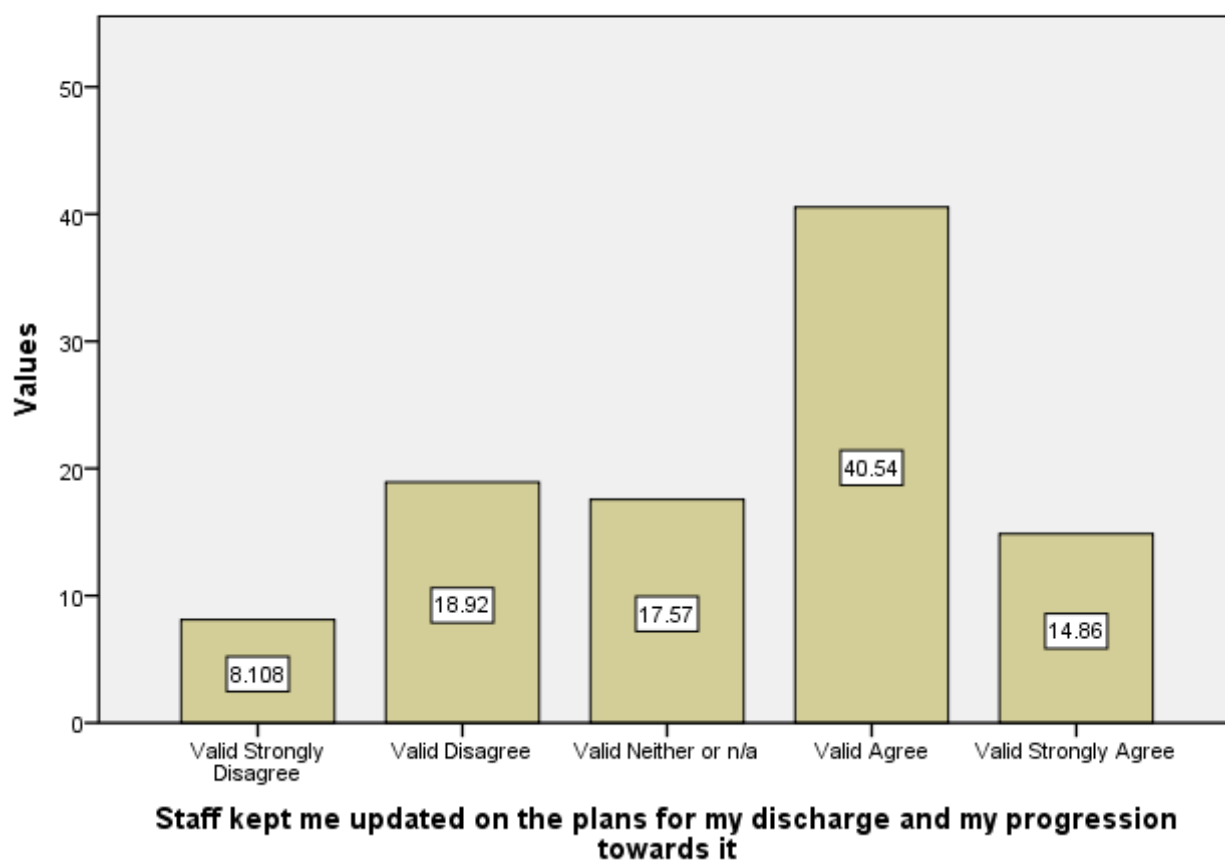
Staff spoke with me or my carer to help plan what would happen when I left hospital



Assessing need is a critical part of the discharge process. The above shows that a quarter of respondents reported not having that conversation.

- 26.9% of respondents disagreed that staff spoke with them or their carer to discuss what would happen when they got home.
- 69.2% confirmed that they did.
- A small number were either didn't respond or were unsure.

Staff kept me updated on the plans for my discharge and my progression towards it...

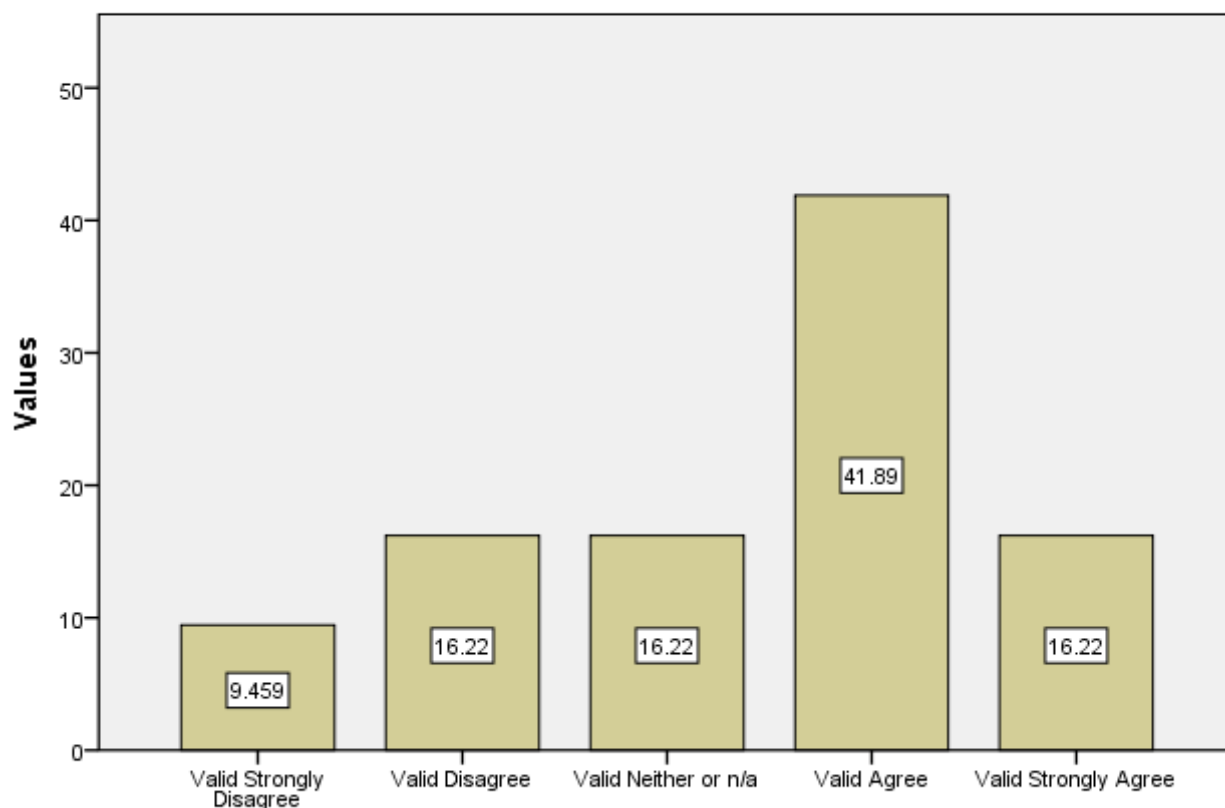


If care is to be person-centred, then there is a need for staff to engage with patients and discuss plans for discharge. More than half of respondents confidently reported that staff had kept them updated on the plans for discharge. About a quarter reported that they didn't.

- 27% of respondents said that they disagreed that staff kept them updated with plans for discharge and the progression towards it.
- 55.5% agreed that they did.

For some patient and carer comments which relate to this, see page 34.

I had the opportunity to share any concerns about my discharge with the staff
Valid Percent



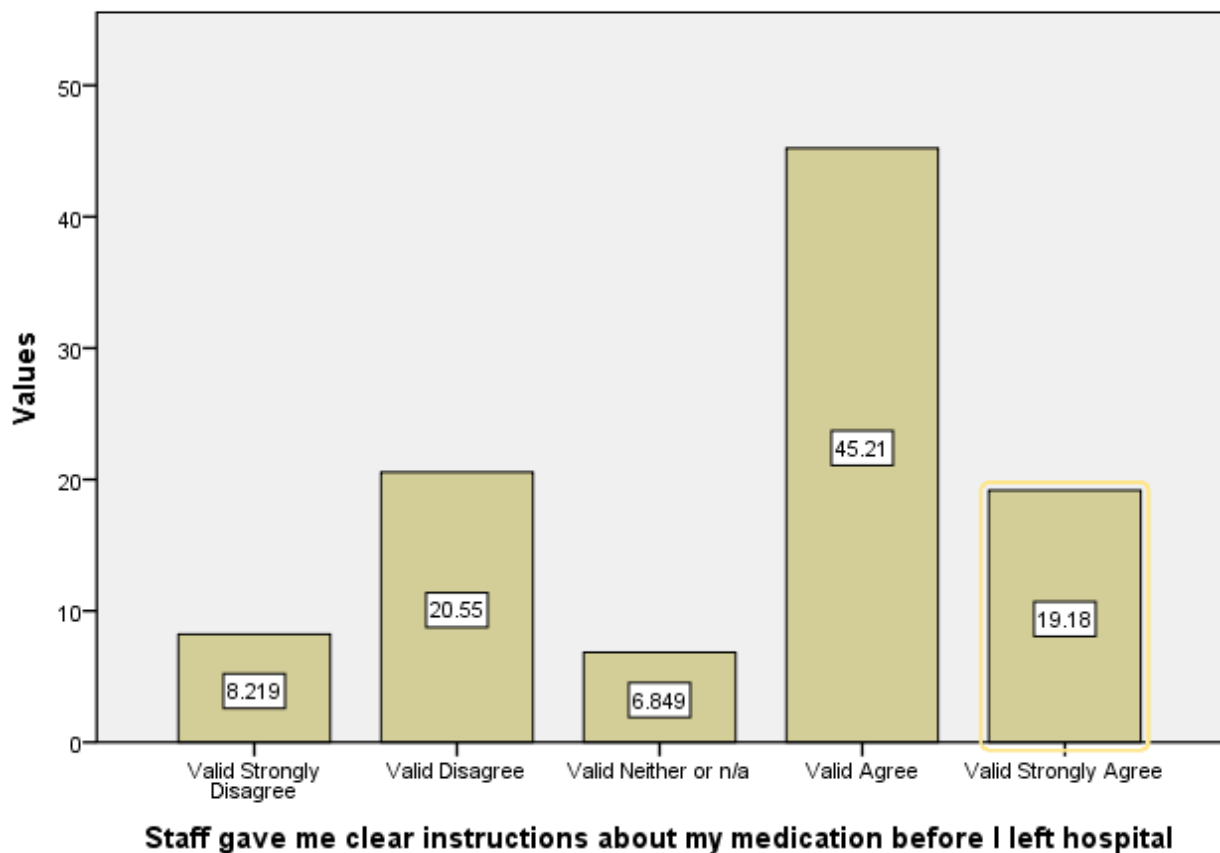
I had the opportunity to share any concerns about my discharge with the staff

If care is to be person-centred, then there is a need for staff to engage with patients and discuss plans for discharge. Considerably more than half of respondents confidently reported that they had the opportunity to share any concerns about discharge with staff. About a quarter reported that they didn't.

- 58.1% of respondents reported that they felt they did have the opportunity to share concerns about discharge with staff.
- 25.7% of respondents reported that they felt they did not have the opportunity to share concerns about discharge with staff.

For some patient and carer comments which relate to this, see page 34.

Staff gave me clear instructions about my medication before I left hospital
Valid Percent

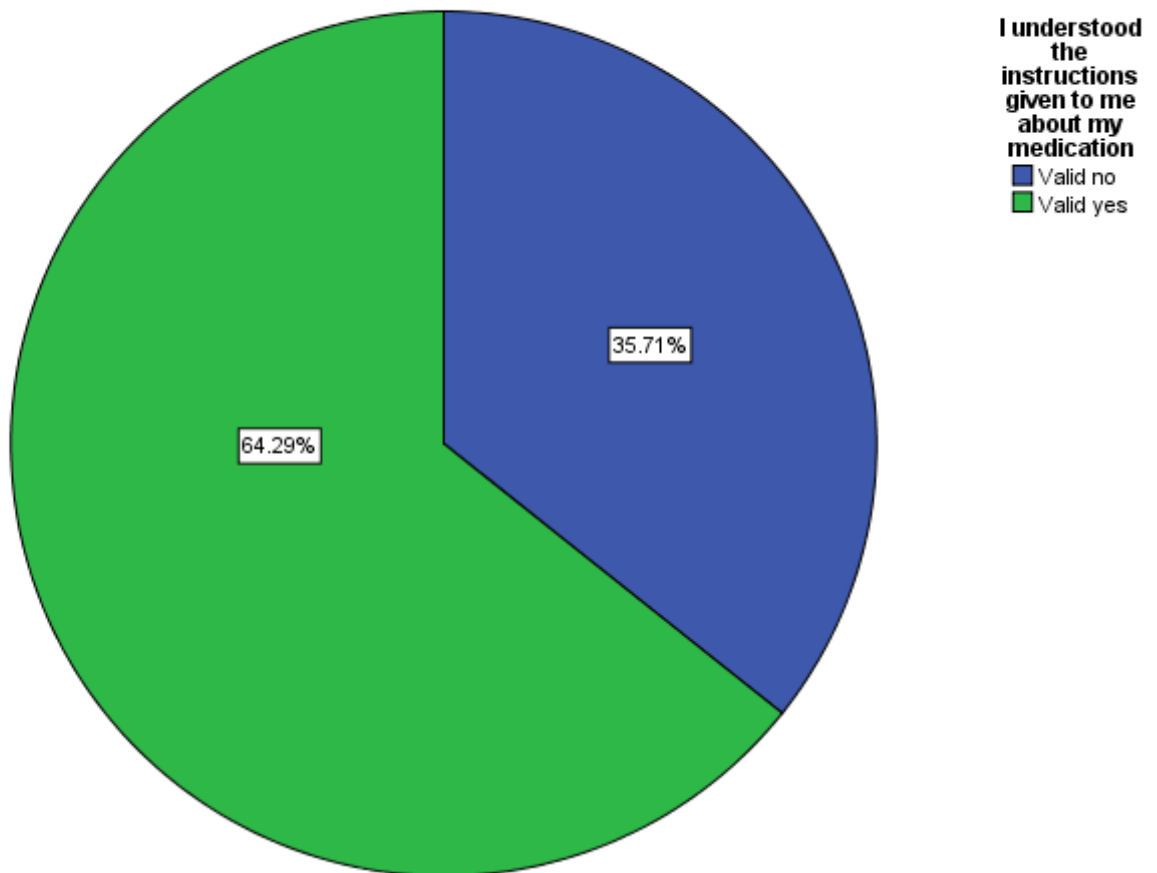


In order to help ensure a smooth transition between secondary care and discharge, it is important that medication continues to be delivered as required.

- 64.3% of respondents reported having received clear instructions about their medication before they left hospital.
- 28.8% respondents reported not having received clear instructions about their medication before they left hospital.

For some patient and carer comments which relate to this, see page 33

I understood the instructions given to me about my medication
Valid Percent

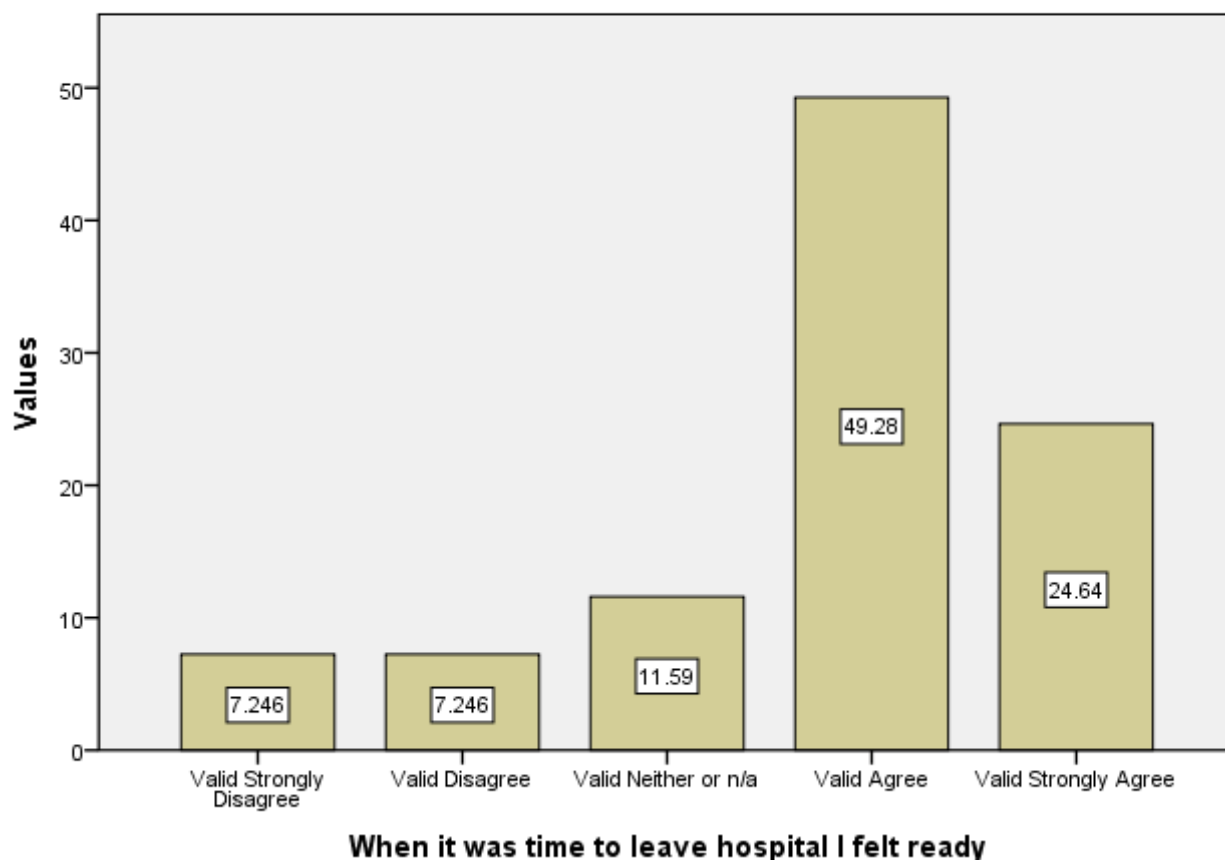


It was found that a significant proportion of instruction given about medication was not understood.

- 64.2% reported understanding the instructions given to them about their medication.
- 35.7% of respondents reported not understanding the instructions given to them about their medication.

For some patient and carer comments which relate to this, see page 33

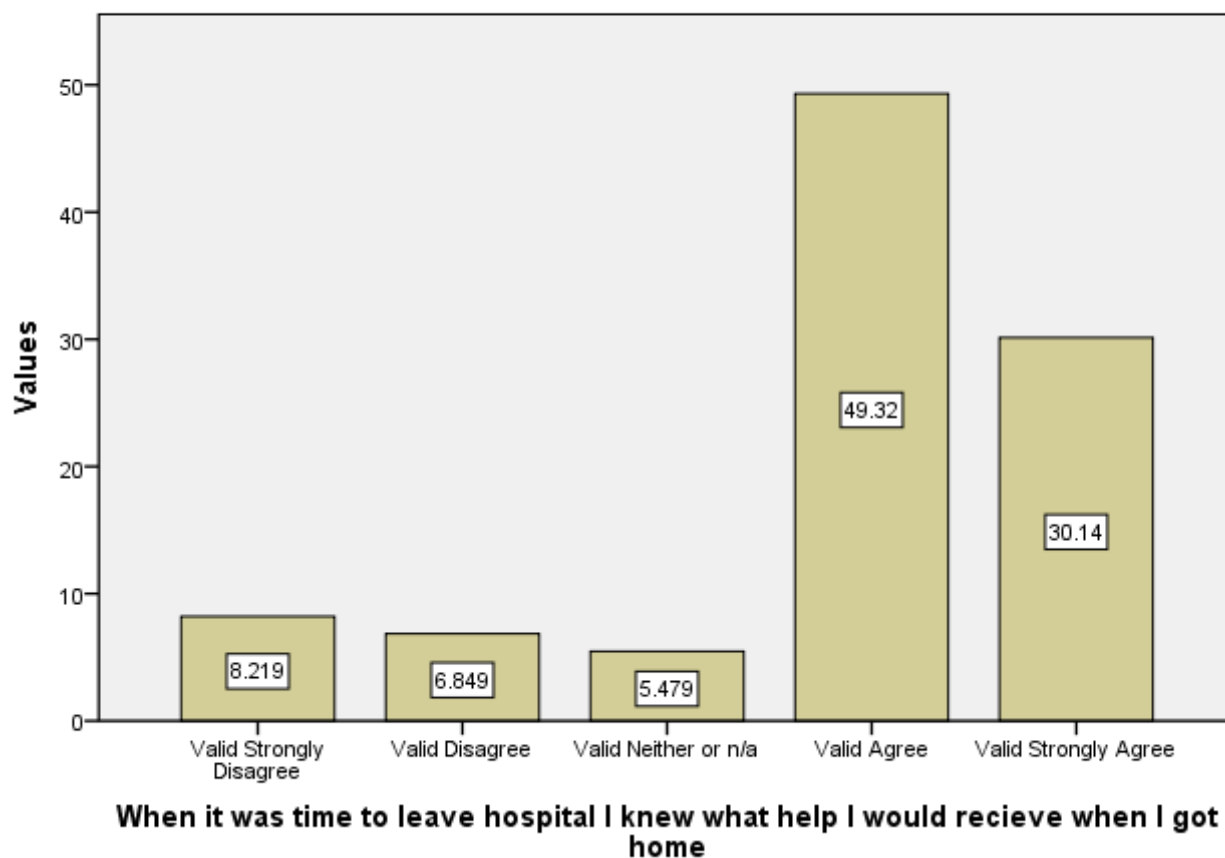
When it was time to leave hospital I felt ready
Valid Percent



Three quarters of people reported feeling ready to be discharged when the time came. It is important to remember that this is only from one unit in acute care. Circumstances may be different in community care.

- 73.8% of respondents reported feeling ready to be discharged when they left hospital.
- 14.4% reported not feeling ready to be discharged.

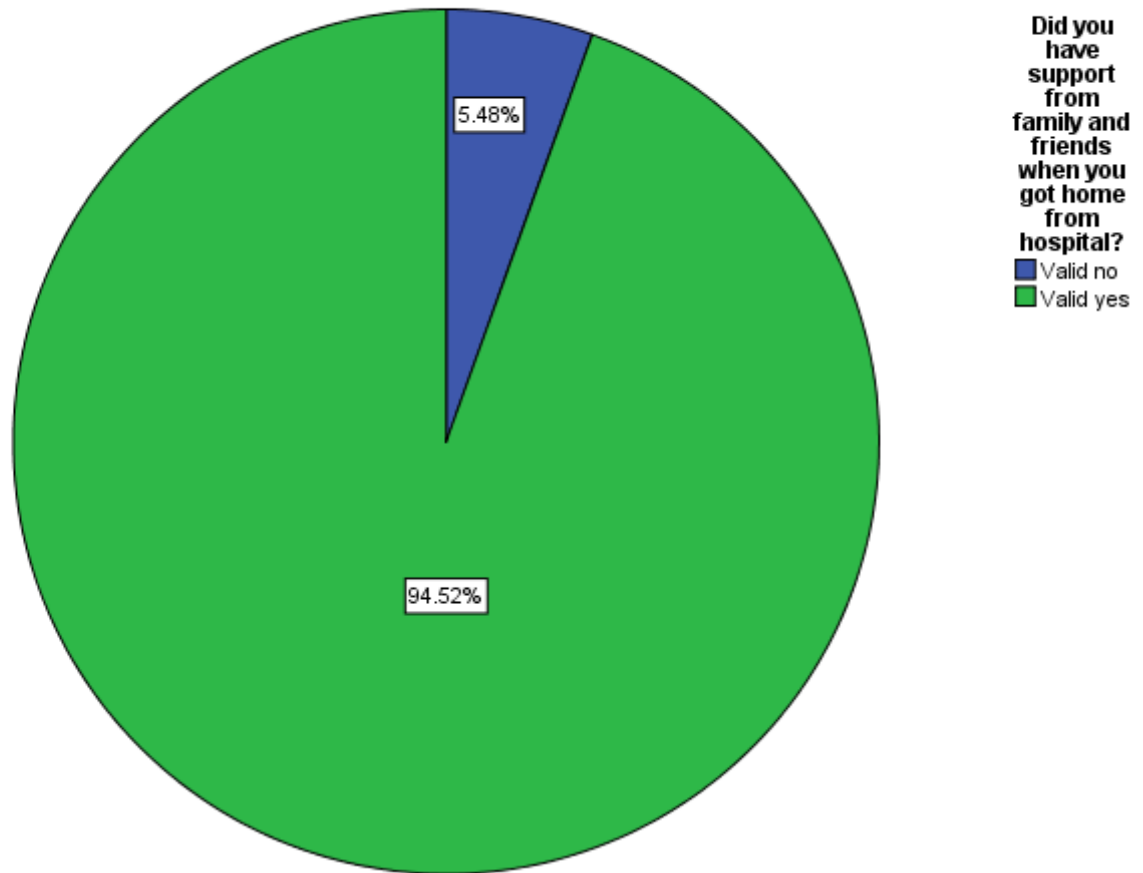
When it was time to leave hospital I knew what help I would receive when I got home...



Again, for person centred care to be effective, patients need to be part of the process. For most here it seemed that they were. 15% returned home not knowing what to expect.

- 79.5% of respondents reported knowing what help they would receive when they got home.
- 15% of respondents reported not knowing what help they would receive when they got home.

Did you have support from family and friends when you got home from hospital?...



The results of this survey show that the majority of patients had friends and family to support when they got home. However, there are methodological questions about the amount of influence these individuals had on the likeliness of patients to participate in the study.

- 5.5% of respondents reported not having support from friends and family when they got home.
- 94.5% respondents reported having support from friends and family when they got home.

Appendix 2

Theme One – Medicine

“ . . . he was very poorly and (we were) not able to give him the care he needed therefore we looked after him at home for 3 weeks with help from carers who were helpful, however poor information had been given to them on discharge. Also medication given on discharge was incorrect”

Questionnaire Return no 31

“I’m still waiting for a hospital appointment as I have to wear a brace all of the time and it is very uncomfortable. I need to know how long to wear it for, it has now been 5 years.”

Questionnaire Return no 19

“ . . .while my mother is at home she has her medication on a very regular basis, yet from the moment of her arrival and during her stay in hospital it seemed very hit and miss when she would receive any and once she was told she was to be discharged all medication stopped, even though it was 6 hours before she was able to return home and another 3 hours before she could get her medication back”

Questionnaire Return no 66

“ . . . on arrival home we found she had to take steroids each day which was not even discussed”

Questionnaire Return no 74

“Hilda was discharged from hospital on Sunday, her son and I had a lot of trouble regarding her medication because the hospital had not told her what was happening. We spent a week sorting out her medication.”

Questionnaire Return no 5

“ . . . After seeing the consultant at 10am in the morning for discharge, I was moved from my bed to the discharge lounge. I remained there all day until 6pm when the blister pads finally arrived from the pharmacy. A system needs to be in place to prevent an 85 year old dementia patient from having to be kept comfortable in surroundings unfamiliar and upsetting to them, for 8 hours waiting for prepared medications. If medications had been in their own boxes we wouldn’t have had to wait all day, or so we were told. This is something that needs looking into future elderly patients and their families.”

Questionnaire Return no 69

Appendix 2 –

Theme Two – Compassion & Speaking up.

“On my first admission my family needed to ask the staff to support me with basic personal hygiene needs as they did not offer to support me even though I was wired up to heart monitors and couldn’t do anything independently.”

Questionnaire Return no 78

“ . . . from April did not have time to give mother shower until she passed away Sept.”

Questionnaire Return no 35

“ . . . on admission to the ward I was put up a corner, no window and a very drafty vent. I complained and was moved to a side ward which was a lot better.”

Questionnaire Return no 22

“ . . . the introductory booklet makes a point of saying that staff will address patients by the name they wanted to be known by. It does not happen and even this letter was addressed to a first name I never use”

Questionnaire Return no 42

Appendix 2 - Theme Three – Rushed Discharge & Movement

“ . . . I was in 4 different wards being assessed. They said the last one being a geriatric ward. At 89 years I did not agree I was a geriatric and told the doctor who agreed and discharged me the next day thank goodness”

Questionnaire Return no 5

“ . . . Initial discharge was far too early, ended up back within 24 hours. Second discharge, family felt that residential care was more appropriate but discharged to Stadium Court for a 6 week assessment. At 90+ years it would be better to move people directly into to residential care to allow them to get settled. Its very disruptive to keep being moved from place to place whilst waiting for the approval to go into residential/nursing care. Incidentally, patient was not well enough to attend Stadium Court either. Social workers attached to the UHNS have no idea.”

Questionnaire Return no 48

“ . . . discharge is a joke, one time my mum still had a venflon in her arm, another catheter in situ on discharge - sent home with no night or day bags!”

Questionnaire Return no 63

“ . . . She was discharged using hospital transport, not an ambulance and they had no wheelchair or stretcher to transport her back into the house or on to her bed..”

Questionnaire Return no 48

“The whole discharge process took far too long. Waiting for paperwork, waiting for drugs, waiting 9 hours for the provision of transport. I could have arranged transport with my friends.”

Questionnaire Return no 42

“ . . . They sent me home 2 days earlier than my family have been told to what would have been a cold house with no food if my daughter hadn't been able to rush and sort it out”

Questionnaire Return no 84

Appendix 2 -

Positive Messages

11	I left the hospital on the scheme 'nursing at home'. It was very good, helped in many ways to get me well.
16	Ward 222 & 221 are two of the best wards I have ever been on also ward 78 where I was for 2 weeks and 10 days earlier this year. I would recommend them to anyone. The staff are excellent and the doctors superb answering all questions fully.
23	The L.I.S. carers came into me once I left hospital & gave me support. They provided my meals, supervised me taking my medicine, assisted me with showering and medically assisted my needs. All done with professionalism and a caring attitude of compassion. Thank you so much.
28	Staff who came were excellent. Very kind and reassuring.
38	My wife and I had every care. Thanking you all.
52	Being blind the staff were very helpful
53	The hospital looked after me all the time, the doctors and nurses were very good. Food was good, thank you all.
60	Everybody that I met during my stay in hospital were all very kind and professional
61	All members of staff were kind and caring
68	In my opinion all the medical staff were and still second to one.
75	I was content with the care and dedicated help from ward 79 in hospital.
79	I can only speak well of the care & attention I had at the UHNS from consultants, nursing staff, all the auxiliary staff . . . the only complaint, the food was dreadful. I think we are lucky to have such a caring hospital.

Appendix 3 - Questionnaire

Hospital Discharge Project

This questionnaire is intended for people who are over 65 and have been discharged from hospital (any) over the last 18 months.

1

"I consider myself to be an active person".

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
-------------------------------	-------------------	-------------------------------	----------------------	----------------------------------

2

What was/is your profession?

3

How many years have you been resident (if so) in North Staffs?

4

Have you been in hospital, or have you cared for someone in hospital more than once in the last 5 years?

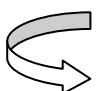
YES	No
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5

Was your time in hospital planned?

YES	No
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Turn Over



6

How ill did **YOU consider yourself to be whilst in hospital?**

Not ill

Very ill

1 2 3 4 5 6 7 8 9 10

7

“Whilst in hospital, I understood well what was going to happen to me.”

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	-------------------------------	----------------------	-------------------------------

8

“I found it easy to ask doctors and nurses questions about my care”

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	-------------------------------	----------------------	-------------------------------

9

Did you have a friend or member of family who asked questions on your behalf?

YES	Some of the time	No
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10

“Staff spoke with me or my carer to help plan what would happen when I left hospital.”

Agree	Disagree
--------------	-----------------

11 **“Staff kept me updated on the plans for my discharge and my progression towards it.”**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	----------------------------	----------------------	-------------------------------

12 **“I had the opportunity to share any concerns about my discharge with staff.”**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	----------------------------	----------------------	-------------------------------

13 **“Staff gave me clear instructions about my medication before I left hospital”**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	----------------------------	----------------------	-------------------------------

14 **“I understood the instructions given to me about my medication”**

YES	No
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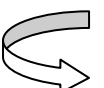
15 **“When it was time to leave hospital, I felt ready”**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	----------------------------	----------------------	-------------------------------

16 **How long were you in hospital for?**

Less than a week	Less than 2 weeks	Less than a month	Over a month
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Turn Over



17 **“When it was time to leave hospital I knew what help I would receive when I got home.”**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
----------------------------	-------------------	-------------------------------	----------------------	-------------------------------

18 **Did you have support from family and friends when you got back from hospital?**

YES	No
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19 **“I got all the help I needed when I got home”**

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree
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20 **Please write anything you would like to add in this box.**

Any more information here

THANKYOU!