

## **Enter and View Report**

**Place visited:** The Discharge Lounge at Diana Princess of Wales Hospital, Grimsby (with follow up of patients at their homes afterwards)

### **Registration Details:**

Diana, Princess of Wales Hospital (DPOW) provides medical, surgical, critical care, maternity, children's and young people's services for people across North East Lincolnshire. The hospital also provides accident and emergency (A&E) and outpatients' services.

**Dates:** Visits to Discharge Lounge on the following dates: 24 February, 2 March, 3 March, 9 March, 18 March, 4 April, 5 April, 8 April, 11 April and 22 April 2016

**Visited by:** Paul Glazebrook, April Baker, Mary Morley, Carol Watkinson and Enda Wicks

### **Acknowledgement:**

Healthwatch North East Lincolnshire would like to thank the service providers, service users, visitors and staff for their contribution to the Enter and View programme.

### **Disclaimer:**

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visits.

### **What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of

what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### Purpose of the visit

These visits were carried out by agreement with the Northern Lincolnshire and Goole Foundation Trust following a meeting held on 8 January 2016. This meeting had been called following our drawing up a preliminary report on 'Effective Hospital Discharge' in December 2015 based on our own log of issues around hospital discharge arrangements and a 'quick' survey of eleven patients who had been discharged within the last year (see Appendix 1).

### Strategic drivers

This visit upholds the strategic aim of Healthwatch North East Lincolnshire to:

- listen to the voice of local people.
- ensure that such views influence the improvement and quality of local health and social care provision.

### Methodology

The Discharge Lounge function is currently located within the Assessment and Investigation Unit. In discussion with the Trust, we initially agreed to visit and speak to a total of 20 patients either from 11.00 a.m. or 1.30 p.m. on week-days. Four initial visits were carried out using teams of two or three enter and view representatives but, while four patients were available on the first occasion, numbers reduced to two, then one and then none present and/or willing to be interviewed. As this was proving an inefficient use of resources, it was agreed that subsequent visits would be carried out by Paul Glazebrook alone around his work availability and predicated by telephone checks beforehand until 20 patients had been seen. This still proved to be protracted because:

- Sometimes there was no answer to the discharge lounge extension because staff were not in the office at that time.
- Sometimes there were no patients at that time to interview.

- Even when there were patients there on arrival, they were sometimes collected before they could be interviewed or were deemed unsuitable to interview due to perceived levels of confusion.

Patients were interviewed using the questionnaire set out at Appendix 2. This was drawn up with the agreement of the Trust and included questions that they specifically wanted including e.g. what written information patients had been given on discharge. In addition, interviews included a prior statement to explain the purpose of the discussion and representatives were able to hand out information both about Healthwatch North East Lincolnshire and the Enter and View process if needed. Patients were also assured that all information would be treated as confidential and that findings would be anonymised when the report to the provider was compiled. At the end of interview, patients were invited to agree to a follow-up check approximately four weeks later using the questionnaire set out at Appendix 3.

### **Summary of findings**

Most patients were happy with their discharge arrangements and the care given by staff but it was also evident that there were concerns primarily focussed on:

- A lack of information about the Discharge Lounge option.
- Some patients not having discussed their choices on discharge or any worries.
- Some patients' perceptions of delays in the decision to discharge.
- The speed and process in securing discharge letters.
- The apparent delays in communications with GPs.

### **Results of Visits to Discharge Lounge**

A total of 20 patients were interviewed in the Discharge Lounge. A summary table of the main findings is included at Appendix 3. The main points of commentary are as follows:

#### **Discharge delays**

Although 14 patients did not feel their discharge had been delayed, 6 did. The reasons cited for delays included:

- Not being seen by a consultant/doctor the day before as anticipated to approve discharge (2 patients mentioned this).
- Being in hospital nearly a week before required tests were carried out (patient felt they were effectively blocking a bed for that period).
- Waiting on the day for discharge letter/papers (mentioned by 2 patients but this was also frequently mentioned on the day by those reporting no delay as they were unclear when exactly they would be allowed to go home).

- Awaiting provision of an oxygen cylinder even though this was agreed as being needed three days before the day of discharge.
- Delays in carrying out blood tests and in getting results.

#### Staff discussing your choices on discharge

We did feel that seven out of twenty (35%) feeling they had not had chance to discuss choices was significant and we would appreciate clarification on where that responsibility normally lies across the ward team.

#### Talking about any worries

Seven patients felt they had not had chance to talk about any worries before leaving hospital – or in one case ‘not as much as I would have liked’. Clarification on what the Trust expects to happen would be appreciated.

#### Help by staff to understand plans after leave hospital

We recognise, with hindsight, that this is a similar question to that around choices on discharge. In addition to results, a further two did not respond clearly.

#### Written information on discharge

Most patients were aware that one reason for their being in the discharge lounge was that they were awaiting discharge letters/summaries (mentioned by at least eleven patients). One, for example, was awaiting clarification on warfarin levels. At least six patients indicated that no written information had been provided at that point and we were struck at the paucity of any other written information being provided. The only other items mentioned were a sick note and a verbal explanation of a procedure. Another believed that their son had the relevant information but was not really sure.

#### Support services on discharge

Only three of these patients were expecting specific support on discharge, referring to home care (two), meals support, district nurse (two), physiotherapy and referral to psychology. At least two others also mentioned out-patient follow-up.

#### Anticipated time of discharge

Although five patients said they knew what approximate time they would be discharged, ten said they did not while a further four said they were not sure (one non-response to this question). One of the five who said they knew the time also admitted that that time had already passed. There was a general lack of clarity

about time of discharge and it appeared the hands of nursing staff on the unit were usually tied in this respect. We witnessed at least two occasions when family and/or friends had turned up to collect and were having to wait for 'clearance' (usually associated with delay over discharge letter).

#### Other comments about discharge

A diverse range of other comments were received. A lot of patients were satisfied:

- *Happy with the process*
- *Pleased to be going home*
- *Happy and well cared for*
- *My stay has been OK*
- *Discharge has gone as expected*
- *Happy with arrangements*
- *No problems*
- *Satisfied*
- *Superb*
- *Aware I was coming to the discharge lounge*

However there were a number of concerns and issues raised:

- *It was a bit rushed.*
- *Section 2 assessment was discussed last week but has not been actioned.*
- *Could have gone home yesterday but doctor did not see me.*
- *I did not understand why I had to come to the discharge lounge rather than remain on the ward.*
- *I am not clear who is supposed to be collecting my medication (from dispensary) – staff, family or me.*
- *I do not know where my shoes are (wearing hospital provided non-slip socks).*
- *I am leaving without a suitable wheelchair and will be trapped in my flat (we contacted British Red Cross about this).*
- *They have taken away my painkiller (codeine) and replaced it with paracetamol that does not work – I will be complaining to PALS.*
- *Decision to discharge has been quick (patient was still in dressing gown and unsure where his clothes were – on checking we found that his daughter was arriving with his clothes).*
- *Discharge should be easier – ward staff did not explain I was going home via discharge lounge.*
- *Understand why I have been transferred from ward to discharge lounge but do not see why issues that needed sorting prior to discharge could not have been done on the ward.*
- *Awaiting discharge paperwork.*

- *There is a bed-blocking problem where I had to wait a week for test results with miscommunication and reliance on outdated fax machinery. Discharge plan should include what needs to be take place before discharge so that, where possible, there are no unnecessary delays on the day. On discharge why can't the hospital check regularly on at risk patients?*

### **Results of Follow-up of patients**

The follow-up questionnaire (see Appendix 4) asked broadly similar questions to those posed in hospital in terms of whether or not outcomes on discharge were as anticipated. In general they were as anticipated with patients registering broadly similar responses to those given in hospital. Two of the patients followed up were visited at home (on their request) while fourteen were followed up by a telephone call with themselves or, in one case, with the son of the patient.

The number of people followed up at home was less than those seen because:

- Three had declined a follow-up interview at the end of that carried out in hospital
- One was not contactable having apparently passed on an incorrect telephone number.

### **Findings**

This section just highlights the main comments that patients made. Two patients expressed satisfaction with the discharge process and aftermath:

- *Happy with the way it has gone.*
- *Everything OK – out most days now visiting friend who is poorly.*

However a range of concerns were noted:

- *I was disappointed that I was not able to leave until 4.00 p.m. (admitted to discharge lounge at 9.30 a.m. and awaiting discharge letter).*
- *I stopped taking stomach pills a few days after discharge because I was unclear why I had to take them.*
- *The process felt rushed (on the day of discharge).*
- *I expected a physiotherapy appointment but no news (after 4 weeks)*
- *I expected psychology referral but no news (after 4 weeks)*
- *I have had a recurrent infection and will have to go back into hospital for surgery.*
- *I am concerned over what might have been the outcome had my problem occurred over a Bank Holiday.*
- *I had to be readmitted to hospital with the same issue (within 28 days)*

- *Other medical issues have emerged and I will have to go back for another scan.*
- *I am still without a suitable wheelchair (after 4 weeks – we re-contacted British Red Cross re a loan chair)*
- *It went well enough except I was discharged quicker than expected and not all parts of follow-up were in place.*
- *Situation was worse after discharge because Focus removed sitter support to me as a carer and they have not recognised my own support needs.*
- *If I had not bumped into my doctor as I was leaving, I would have left without syringes that should have been supplied before discharge.*
- *Home again and my daughter pops in twice a day to check on me but little contact by anybody else.*
- *The surgeon was called away when I was fit for discharge and my discharge was delayed.*
- *I have heard nothing from my GP or the hospital. I was told I would need to go back for a CT angiogram as an out-patient but I had to contact them after three weeks and have been told I will be getting an appointment for three weeks' time.*
- *I am concerned that a male Spanish nurse did not understand me and used English words incorrectly – I felt that other staff were covering for his communication failings.*
- *I am still awaiting an out-patient's appointment - I was told it would be six weeks after discharge.*
- *I do think discharge letters should be drawn up more quickly on the ward rather than having to wait several hours in the discharge lounge.*
- *When I visited my GP, he was unaware that I had been in hospital and is yet to receive information on my stay. Surely information can be passed over more quickly!*
- *I have had trouble getting my taste buds back but it is improving.*

### **Conclusions about discharge and follow up of patients**

It was clear that most people interviewed in the discharge lounge felt ready to go home and were looking forward to it. Although a few indicated that they were aware of the discharge lounge option, many had not heard of it and claimed they received no information or explanation as to why they were being sent to the unit. A number commented on the suddenness in leaving the ward which is perhaps a reflection of the bed pressures that the Trust is experiencing.

It was also apparent that around a third of those interviewed felt that they had not had prior opportunity to discuss their choices on discharge or to talk about any worries which at least some of these would have liked.

There were a few examples where patients felt that their time in hospital had been longer than necessary due to perceived delays in administering tests and/or getting results. Another factor was around the availability of a suitable doctor involved in the patient's care to authorise discharge. Perhaps it is a symptom of a Trust with key staff operating across different sites, but it was disconcerting to hear of patients having to wait a day or more for their consultant (or other approved doctor) to agree to their discharge (a patient previously interviewed under enter and view visits claimed her wait had been over 48 hours). We wonder whether there is a way of streamlining this process as there appears to be a danger of bed-blocking under the current arrangements.

We note that after vacating a ward bed, awaiting the discharge letter is the main apparent reason for people being in the discharge lounge. However, it was also clear from the responses on the day and the subsequent follow-ups that many patients waited longer than they anticipated for this. One patient, for example spoke of going into the discharge lounge at 9.30 a.m. and not leaving until 4.00 p.m. Another – a hospital 'regular' - commented that sometimes the discharge letter arrives quickly and sometimes there is a long wait while another patient asked why these letters cannot be sorted out on the ward so they can go straight home.

There was also evidence of limited follow-up with GP's within a month of discharge with some evidence that they sometimes appeared unaware that the patient had been in hospital. We would appreciate clarification on whether or not the discharge letters that patients receive is also sent to GPs. We also understand that A/E promptly send emails to GPs about patients they see and would ask why this practice is not more widely available for patients being discharged.

We anticipated that a higher proportion of patients might need ongoing service support on discharge. What we found, in contrast, was a comparatively high level of independence expressed by the majority of respondents with patients up to and into their 90's stating they had 'no need' for support services. We were aware prior to carrying out this exercise that more dependent patients might stay on their ward rather than go through the discharge lounge, but, with the exception of a few who were deemed unsuitable to speak to because of their level of confusion, dependency levels were not high. As we had wanted to check whether planned services were provided on discharge, this is an area we will need to attack in a different way in any further work undertaken.

### Additional findings

There are no additional findings other than to recognise that this work has focussed on conversations with the Trust and patients and has not been extended to other agencies that are involved in the discharge process and that this will need to be addressed in any follow-up work.

## **Recommendations**

We would make the following recommendations:

1. A simple information sheet which explains the remit of the discharge lounge should be made available for use on all wards.
2. That clarification is given on who is responsible for discussing choices on discharge and any worries a patient may have and whether this should form part of the agreed discharge process.
3. That where the consultant/senior doctor is not on site on the day to see the patient to declare them 'fit for discharge' that delegations are agreed so that beds do not effectively become blocked.
4. That all discharge letters are completed as promptly as possible.
5. That clarification is given on the process for informing GPs of the patients stay in hospital and whether this can be better streamlined.
6. That further work is carried out in conjunction with the Trust and other providers to identify patients that are likely to need a care package of support and to follow through their discharge and actual support arrangements to see how this works out in practice.

## **Follow-up**

On submission of this report to the Trust, a request was made to discuss the findings and recommendations in more detail. By agreement, this meant that a response was not made within the normal 20 working days and a meeting was held between Paul Glazebrook, Delivery Manager and Karen Fanthorpe, Interim Chief Operating Officer and Kevin Wilson, Charge Nurse, on 4 July 2016. At this meeting it was agreed that the recommendations could be split into those that just required clarification and those that required follow-up actions. It was agreed that it would be more appropriate for information on the Discharge Lounge to be solely held at that location rather than be spread across all wards. It was further agreed that actions in the Discharge Lounge should not simply address the issue of discharge letters but any situation where unacceptable delays occur. The recommendations and actions in Part 2 of the response reflect this agreement.

## **Service Provider response**

### **1) Introduction**

This document sets out the response of the Trust to the Healtwatch (NE Lincolnshire) report in regard to the function of the Discharge Lounge at Diana, Princess of Wales Hospital (report published in May 2016)

We would like to thank Healthwatch for providing us with an independent and very valuable insight into the efficacy of the discharge process through their direct interviews with patients using the Discharge Lounge at the Hospital.

The Healthwatch report has highlighted a number of issues which have been reviewed and discussed with senior staff members.

Whilst we acknowledge the value of this piece of work it is important to note that those interviewed represent a small number of our total discharges through the Discharge Lounge during the identified period.

## **2) Addressing the Recommendations**

We would like to address the recommendations in two parts: part 1 sets out responses to those recommendations which, based on the explanation given, we would suggest do not require any further action.

Part 2 sets out the plans to address those recommendations where we agree that changes will improve the service we provide.

### **3) Part 1**

Response to recommendations which do not require an action point :-

#### **R2. That clarification is given on who is responsible for discussing choices on discharge and any worries a patient may have and whether this should form part of the agreed discharge process.**

This clearly lies with the nursing staff and medical staff of the ward where the patient is prior to discharge. This process starts on admission and involves patient, families and carers. It is a supported process as the discharge team actively provide guidance and help when needed. This process would always involve any necessary multidisciplinary working to ensure a person centred discharge.

#### **R3. That where the consultant/senior doctor is not on site on the day to see the patient to declare them 'fit for discharge ' that delegations are agreed so that beds do not become effectively blocked.**

Our Medical teams use discharge planning in the medical notes and once this is documented then a consultant review on the day of discharge is not required unless there was deemed a significant change in condition. Ward areas have access to medical staff who can still make senior level decisions and there is always an on call consultant if needed.

#### **R5. That clarification is given on the process for informing GPs of the patients stay in hospital and whether this can be better streamlined.**

The Trust has a well established electronic discharge process where, upon discharge, an electronic summary is sent within 24 hours from the Trust to the patient's GP. This process is constantly being monitored and quality checked via established working groups and it is felt that the process works effectively.

**R6. That further work is carried out in conjunction with the Trust and other providers to identify patients who are likely to need a care package of support and to follow through their discharge and actual support arrangements to see how this works out in practice.**

The Trust currently has a weekly meeting to review any problems identified with discharged patients who have care package. This meeting is multidisciplinary involving not only operational teams but also community based teams such as, Haven Team, Focus, Home Team and key external partners who are integral to the ongoing care process of our patients.

**4 Part 2**

Based on the discussions from this report the following is the dedicated action plan.

Recommendation	Actions	Responsibility	Timescale	Update
R1. A simple information sheet which explains the remit of the discharge lounge should be made available to patients on arrival at the discharge lounge	Trust to produce some laminated cards which explain the function of the discharge lounge. These would be given to patients on arrival in the unit  NB the Trust's information leaflet for patients also includes a brief paragraph about the discharge lounge and so will be available for all patients	Quality Matron Documentation Lead Operational Teams	31 August 2016	
R4. That an escalation process is put in place to identify patients who are waiting in the discharge lounge for an unacceptable length of time	To work with the WebV team to develop an alert for patients waiting in the discharge lounge for longer than 4 hours. In these instances, the reason for the wait would be identified so that action can be taken to expedite the discharge for the individual and to capture information for the Trust to use to improve processes	Chief Operating Officer  Operational Matron	Review of data to be undertaken 6 months after implementat ion	.

Karen Fanthorpe

**Interim Chief Operating**

25 July 2016

### Effective Hospital Discharge

#### Background

Since its inception, Healthwatch North East Lincolnshire (HWNEL) has been hearing about people's experience of discharge from hospital. Perhaps inevitably, people want to tell us about when things go wrong. Typical examples include:

1. Unexpected delays in discharge (for different reasons) leading to stress/confusion.
2. Next of kin (or named contact) not being informed of discharge meaning person living on their own is returned to a cold home without essential foods like milk or bread.
3. Essential services not being reinstated as planned/promised e.g. discharge Friday evening and domiciliary care agency not notified.
4. Discharge letters not being completed promptly leading to poor primary care follow-up.
5. Discharge being 'too soon' (inappropriate) and person having to be readmitted to hospital.

A recent 'quick survey' of 11 patients known to voluntary sector partners who had been discharged from hospital in the last year showed that:

- While 4 felt fully involved in the discharge process, 5 felt only partly involved and 3 did not feel involved at all.
- While 5 felt they had been given enough notice of discharge, 3 felt this was only to some extent, and 3 felt they had not had enough notice.
- 4 said their discharge was delayed for some reason including waiting for doctor to agree discharge, waiting for medication, awaiting ambulance or other transport, or delay in setting up services. 2 patients referred to planned dates/times slipping from one day to the next. 2 reported waits of 2-4 hours and 2 of more than 4 hours on the day of discharge.
- 5 claimed that hospital staff had taken no account of their family or home situation when planning discharge.
- Although 5 indicated that it was not needed, 4 said they would have liked discussion about needs for equipment or home adaptation after leaving hospital.
- Although 4 said it was not needed, 3 said they would have liked but did not get any discussion about their need for health or social care services on discharge.

### Proposed work with patients

HWNEL would like to interview patients e.g. in discharge lounge and, with their permission, follow them up around 4 weeks later to see whether what they expected to happen after discharge actually happened. Appendices 1 and 2 capture two possible questionnaires but we would happily work with Northern Lincolnshire & Goole Foundation Trust to reshape these lines of questioning to better meet issues or concerns that the Trust needs to address.

### Proposed initial work with Trust and other agencies

HWNEL wants to better understand the discharge planning process with 'complex'<sup>1</sup> cases, to identify current strengths and weaknesses, and to identify ways in which patient experiences might be improved. Our key lines of enquiry are to better understand:

1. The experience of being discharged from the patient perspective.
2. Discharge co-ordination at ward level (lead responsibilities).
3. What triggers passing on co-ordination to others e.g. discharge liaison team or Focus?
4. Professional understanding about what safe and effective discharge looks like, the 'pinch points' preventing timely discharge, and how these might be tackled and overcome.

Paul Glazebrook

**Delivery Manager**

December 2015

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<sup>1</sup> Complex cases include vulnerable children or adults whose need for support on discharge needs assessing and where health or social care provision needs to be agreed and/or put in place before discharge can be effected.

## Appendix 2

### HEALTHWATCH NORTH EAST LINCOLNSHIRE – Discharge Survey (circle which applies):

**Person completing survey:**

**Date:**

**Time:**

1	What ward have you been discharged from today?
2	How many wards have you been on during your whole stay? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>1</span> <span>2</span> <span>3</span> <span>More than 3</span> </div>
3	Do you feel well enough/ready for discharge today? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> </div>
4	How long have you known that you were being discharged today: <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Today</span> <span>Yesterday</span> <span>A few days ago</span> <span>Over a week</span> <span>Not sure</span> </div>
5	Do you feel that your discharge has in any way been delayed? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> </div> <p>If yes, please give reason: doctor did not see patient as expected the day before.</p>
6	Has your next of kin been informed of your discharge? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> <span>No need</span> </div> <p>Note: 'Next of kin' includes any friend who you would want notifying.</p>
7	Have staff discussed your choices in making plans for you when you leave hospital? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> <span>No need</span> </div> <p>Note: Choices include where you may go and what help/support you may need.</p>
8	Have you given the chance to talk about anything that you are worried about before you leave hospital? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> <span>No need</span> </div>
9a	Have staff explained and helped you to understand the plans being made for you when you leave hospital? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> <span>No need</span> </div>
9b	What written information, if any, was provided to you to take home with you?
10	Are there support services that you expect to be in place on discharge? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> <span>Not sure</span> <span>No need</span> </div> <p>If yes which of the following are being arranged/reinstated:</p>

	<p>Home care      Day care      Meals in the home      District nurse  Physiotherapy  Other (please state):</p>
11	<p>Do you know at what approximate time you expect to be discharged today?  Yes                      No                      Not sure  If yes, when is this:</p>
12	<p>Is transport being arranged for you?  Yes                      No                      Not sure  If yes, state type:  PTS                      Dial-a-ride/Phone-a-ride      Taxi                      Family  Other (please state)</p>
13	<p>Have you been given clear instructions regarding your medication?  Yes                      No                      Not sure                      No need</p>
14	<p>Where are you being discharged to?  Own home                      Other family member (not home)  Rehab/respice  Other (please state)</p>
15	<p>Have you been in hospital within the last 28 days for the same or for a related problem?  Yes                      No                      Not sure</p>
16	<p>Do you have any other comments about your discharge from hospital?</p>
17	<p>Would you be willing to follow this interview today with a further discussion at home or by telephone in around a month's time:  Yes                      No                      Not sure  If yes, state preference:      Home visit                      Telephone call  Please supply contact details:  <b>Name:</b>  <b>Address:</b>  <b>Tel. No.:</b>  If not sure, you can contact us at any time on 01472 361459 or email us at <a href="mailto:healthwatchnel@nbforum.org.uk">healthwatchnel@nbforum.org.uk</a></p>

Thank you for completing this survey

**Table of collated responses to discharge questionnaire**

Ward of origin	B1; B3; B4 x 3; B7 x 2; C1/ C1 Kendal x 2; C3; C5; C6; C7; AMU x 4; CCU; HDU; Amethyst.			
No. of ward stays	1 = 10 patients	2 = 6 patients	3 = 3 patients	5 = 1 patient
Readiness for discharge	18 = well enough	1 = not sure	1 = not well enough	
Any discharge delays?	No = 14 patients		Yes = 6 patients	
Next of kin informed?	Yes = 17		No = 2	1 = not sure
Discussed choices on discharge?	Yes = 10	No = 7	Not sure = 1	No need = 2
Talked about any worries?	Yes = 8	No = 7		No need = 5
Helped understand discharge plan?	Yes = 10	No = 4	Unsure = 2	No need = 2
Written info on discharge?	Discharge letter x 11; medication = 1; sick note = 1			
Support services on discharge	See findings in main report			
Knowing time of discharge	Yes = 5	No = 10	Not sure = 4	No response = 1
Transport arrangements home	Family = 13	PTS = 3	Taxi = 1	Bus = 1
Instructions re medication	Clear = 5	Not given = 3	Not yet = 1	No need = 5
Location on discharge	Home = 19		Relative = 1	
Previous stays in last 28 days for a related problem?	No = 16		Yes = 3	Not sure = 1

## Appendix 4

### HEALTHWATCH NORTH EAST LINCOLNSHIRE - Post –discharge follow up (circle which applies):

**Person completing survey:**

**Date:**

**Time:**

**Name of person being interviewed:**

**Address & Contact No.:**

1	<p>Did you feel well enough / ready to leave the hospital at the time you were discharged?</p> <p style="text-align: center;">Yes                      No                      Not sure</p>
2	<p>Did you feel your discharge had been in any way delayed?</p> <p style="text-align: center;">Yes                      No                      Not sure</p> <p>If yes, give reason why that was:</p>
3	<p>Did staff explain your choices when they were making plans for you to leave hospital?</p> <p style="text-align: center;">Yes                      No                      Not sure</p>
4	<p>Was your next of kin (or friend) informed of your discharge?</p> <p style="text-align: center;">Yes                      No                      Not sure                      No need</p>
5	<p>Were you given the chance to talk about anything that you were worried about before you left hospital?</p> <p style="text-align: center;">Yes                      No                      Not sure                      No need</p>
6	<p>Did the staff explain and help you to understand the plans that were made for you when you left hospital?</p> <p style="text-align: center;">Yes                      No                      Not sure</p>
7	<p>Do you remember approximately what time were you discharged from hospital?</p> <p>Yes                      No                      Not sure</p> <p>If yes, was this:</p> <p>Morning                      Afternoon                      Evening                      Overnight (11 pm – 7am)</p> <p>Was transport arranged for you?                      Yes                      No</p>
8	<p>Were you given clear instructions regarding your medication?</p> <p style="text-align: center;">Yes                      No                      Not sure                      No need</p>

9	Where were you discharged to? Own home                  Other family member (not home)                  Rehab/respice Other (please state)
10	Were you readmitted within 28 days for the same or a related problem? Yes                  No                  Not sure
11	How easy was it to obtain support following discharge? Very easy    Easy    Not very easy                  Not at all easy                  Not sure
12	Were any promised services not put in place straight away as planned? Yes                  No                  Not sure                  No need If yes, please state which:
13	Did anyone contact you to find out how you were getting on following your discharge including your GP?  Yes                  No                  Not sure If yes, please state who:
14	How did the arrangements work out when you left hospital? Very well    Well                  Not too well                  Not well at all                  Not sure Give reasons for your answer:
15	Are there any other comments you want to make about your discharge from hospital?

Thank you for taking part in this follow-up survey