healthwatch Derby

Hospital Discharge Report March 2014

Examining the Experiences of Staff Regarding Hospital Discharge to Residential and Nursing Homes in Derby

Please note the two hospital responses are contained within the reports

Introduction

Healthwatch Derby is an independent consumer champion, previously known as Derby LINk, created to gather and represent the views of the public. Healthwatch Derby plays a role at both a national and local level, making sure the views of the public and people who use services are taken into account.

The subject of hospital discharges, especially regarding the elderly and vulnerable raises concern amongst patients, their families and their carers. In our society, care is provided to a patient by a multi-disciplinary team; a range of health and social care professionals responsible for the patient's wellbeing. Policies and procedures set out ensure that principles outlined by the Care Standards Act 2000 are met sufficiently.

In 2011 Derby LINk published a Hospital Discharge Report: Examining the Experiences of Staff Regarding Hospital Discharge to Care and Residential Homes in Relation to the Hospital Discharge Policy in Derby. The report outlined a number of recommendations including appropriate discharge in terms of recovery, time of day and attire, medication and information sharing.

In response to the report in 2011, Derby Royal Hospital produced a new Standard Operating Procedure – Transfer of Patients from Acute Care to A Care Home Setting.

In 2012, Derby LINk repeated the research to assess whether improvements had been made. The results indicated some improvement in regards to hospital discharge to residential and nursing homes compared to 2011, however there were still concerns particularly around the timing of the discharge, ensuring the dignity and respect of the patient, and ensuring that medication was correct at all times. Recommendations included appropriate discharge in terms of recovery, time of day and attire, transfer equipment, medications, information sharing, involvement and support.

This study is the third in this series examining the experiences of health care professionals, at both residential and nursing homes, regarding the process of a patient's discharge from hospital to a care home, in terms of appropriate discharge, medication, awareness, involvement and support, information and communication.

One concern the hospital outlined as part of the previous studies was that residential and nursing homes may have misinterpreted the definition of 'discharge'; in order to ensure that the term was understood a note was included on the survey stating 'the hospitals definition of discharge relates to

somebody who had been admitted to a ward, wasn't a day patient and wasn't waiting assessment'.

Methodology

The Healthwatch Derby Hospital Discharge Survey was launched on January 20 and was open for four weeks. It consisted of 32 multiple choice questions as well as spaces for respondents to leave comments, providing information for both a quantitative and qualitative analysis.

The survey was posted to a total of 85 residential and nursing homes in the city with freepost envelopes. A total of 25 responses were received, resulting in a 29% response rate for the study.

For the quantitative data, categories of coding were already in place, whereas the qualitative data was used to illustrate the emerging themes.

Results

Of the 25 responses received, the majority of respondents indicated that patients were discharged from The Royal Derby Hospital and the London Road Community Hospital, 96% and 54% respectively.

Appropriate Discharge

In terms of appropriate discharge, in 2011 and 2012 Derby LINk recommended:

- Patients are discharged at an appropriate time of day and with appropriate clothing, to maintain dignity and safety.

The following tables show the comparisons in this area between 2011/12 to 2013/14.

Are patients discharged at an appropriate time in their recovery?			
	2013	**2012**	**2011**
Yes	32%	28%	20%
No	28%	28%	36%
Sometimes	40%	32%	36%
No Answer	0%	12%	8%

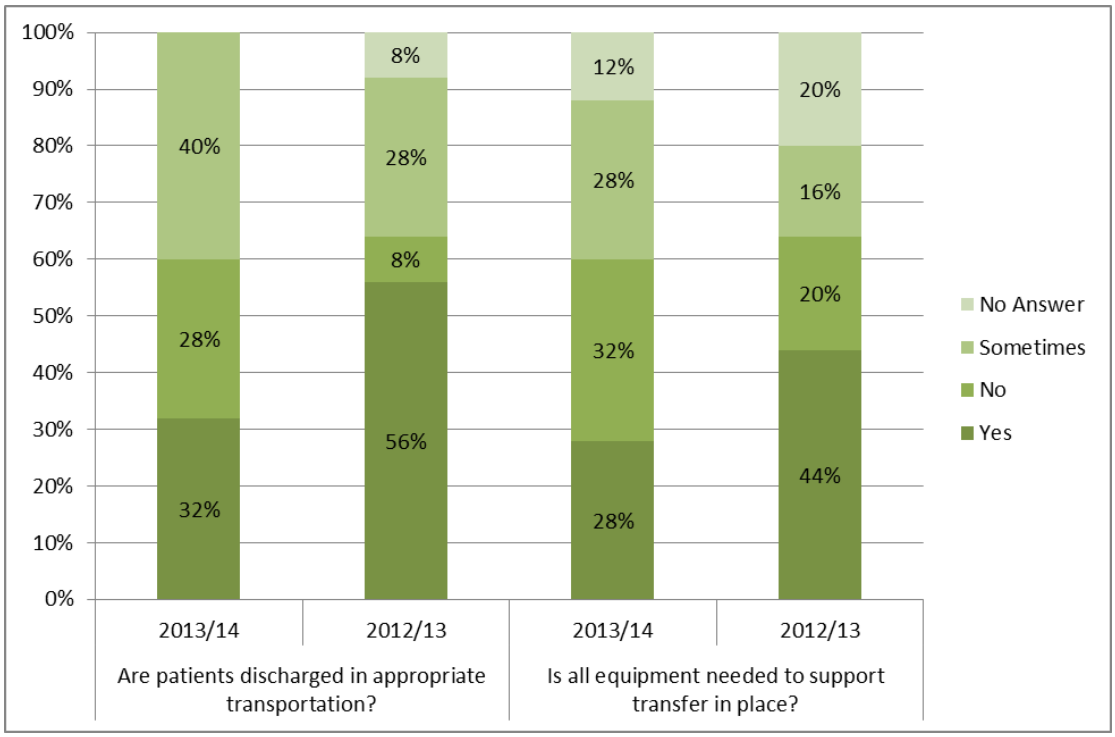
Are patients discharged at an appropriate time of day?			
	2013	**2012**	**2011**
Yes	28%	32%	24%
No	32%	12%	24%
Sometimes	40%	48%	44%
No Answer	0%	8%	8%

Are patients always appropriately attired?			
	2013	**2012**	**2011**
Yes	24%	28%	12%
No	48%	32%	56%
Sometimes	24%	28%	28%
No Answer	4%	12%	4%

The results show that the respondents feel there has been a steady increase in the number of patients being discharged from hospital at an appropriate time in their recovery, however, although there was an increase in the patient

being discharged at an appropriate time of day and in appropriate clothing between 2011 and 2012, both have decreased in 2013.

Further questions were asked around transportation and equipment; it is evident that the respondents feel that there has been a decrease in the number of patients being transferred in appropriate transportation and that all equipment needed to support the transfer is in place.



Almost a third of the respondents, 32%, indicated that patients were discharged in appropriate transportation, and less than a third of respondents, 28%, indicated that the required equipment was in place to support the transfer.

Medication

In terms of medication, in 2011 and 2012, Derby LINk recommended:

- Any take home medications are reviewed as to their appropriateness and prepared prior to discharge.

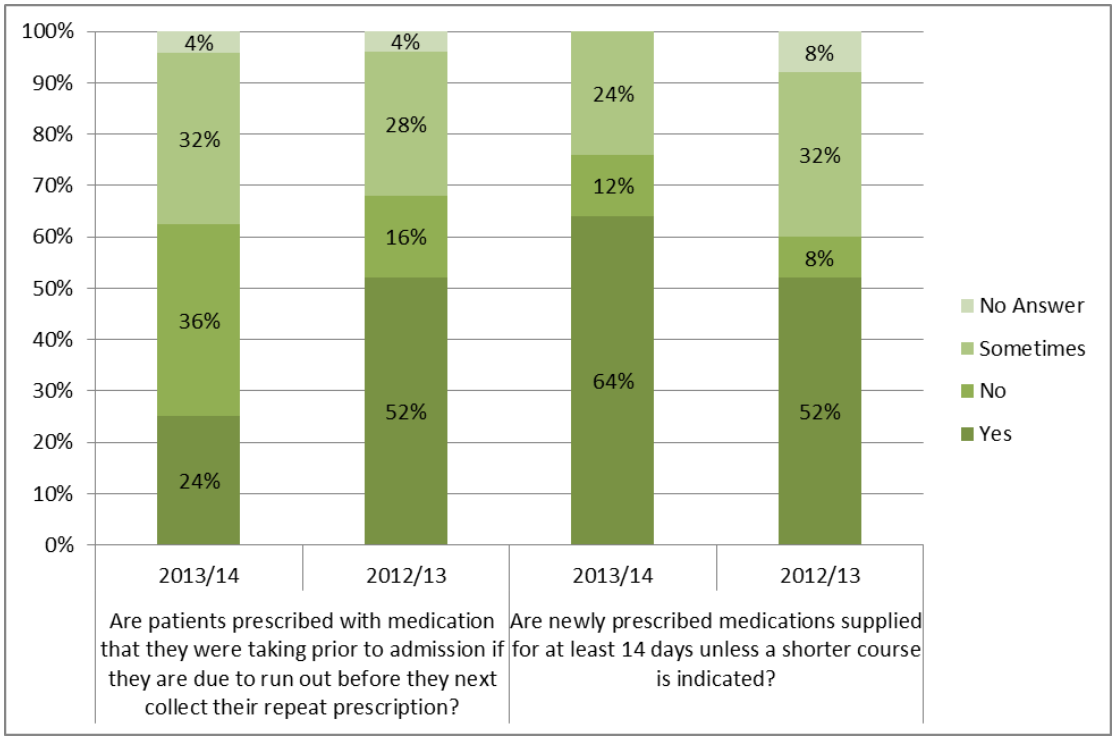
The following tables show the comparisons in this area between 2011/12 and 2013/14.

Are prepared medications always correct?			
	2013	**2012**	**2011**
Yes	20%	40%	20%
No	48%	32%	48%
Sometimes	28%	24%	32%
No Answer	4%	4%	0%

Do you have any problems with repeat prescriptions?			
	2013	**2012**	**2011**
Yes	20%	16%	16%
No	44%	52%	48%
Sometimes	36%	24%	28%
No Answer	0%	8%	8%

Again, the results show that the respondents feel there has been some improvement in terms of repeat prescriptions however, although there was an increase in prepared medications always being correct between 2011 and 2012, there has been a decrease in 2013.

Further questions were asked around prescribed medications; it is evident that the respondents feel that there has been a slight increase in the number of patients being discharged with a 14 day supply of medication unless a shorter course is indicated, however, there has been a decrease in the number of patients who have been prescribed medication that they were taking prior to admission if they were due to run out before they collect their next repeat prescription.

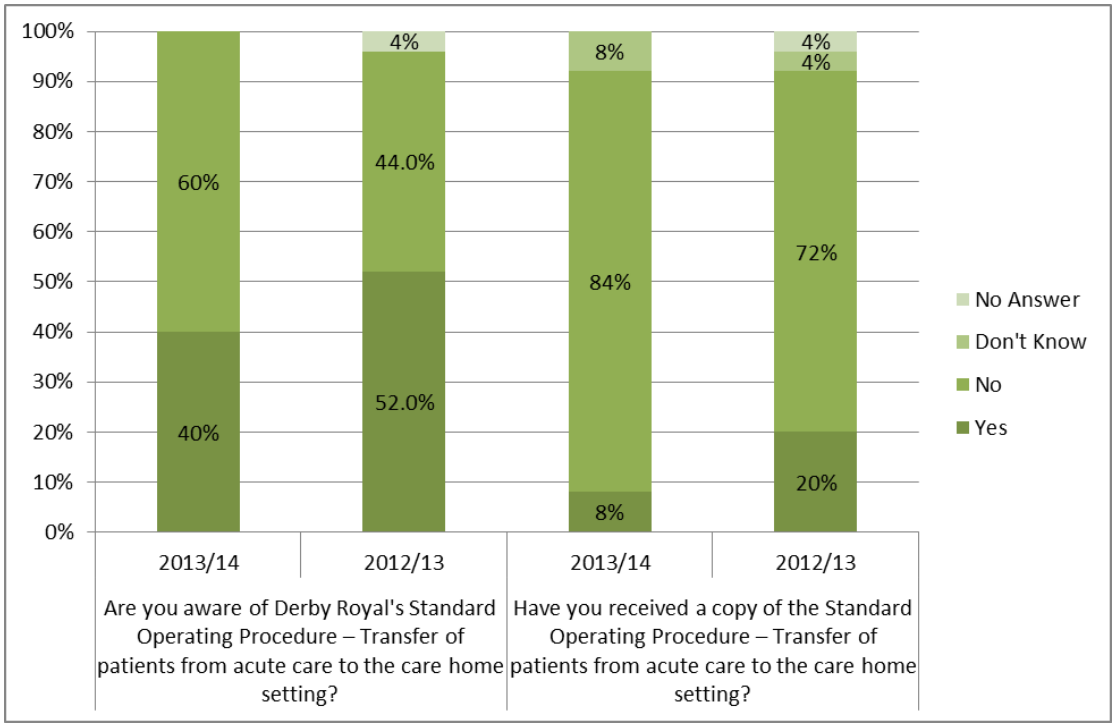


Just under a quarter of respondents 24%, indicated that patients are prescribed with the medication they were taking prior to admission that is due to run out before they collect their repeat prescription, and 64% of respondents felt that newly prescribed medication is supplied for at least 14 days unless a shorter course is required.

Awareness

In terms of awareness, in 2011 and 2012, Derby LINk recommended that:

- Derby Hospitals should share their Discharge Policy/Standard Operating Procedure – Transfer Of Patients From Acute Care To A Care Home Setting with care and residential homes and ensure their own staff are aware of and adhere to this policy.



The results show that fewer respondents were aware of Derby Royal's Standard Operating Procedure in 2013 than in 2012 and fewer respondents indicated that they had received a copy, 40% and 8% respectively.

The following table shows the comparisons in this area between 2011/12 and 2013/14.

Do you have your own hospital discharge policy?			
	2013	**2012**	**2011**
Yes	96%	56%	60%
No	0%	28%	28%
Don't Know	0%	12%	12%
No Answer	4%	4%	0%

Almost all of the respondents, 96%, indicated that they had their own hospital discharge policy.

Information and Communication

In terms of information and communication, the 2011/12 report recommended:

- Hospital and care home staff should fully brief each other regarding the condition of the patient; discharge should only be approved when both parties agree it is in the patient's best interest.

In 2012/13, the report broke the recommendation down further stating:

- Information regarding the patients wellbeing should be communicated clearly and consistently to all care agencies in a coordinated approach.
- Telephone discharges need to be clear and effective and followed with a written report.
- Where appropriate, e-district nurse forms should be completed and sent.
- The hospital should contact residential and nursing homes when a patient is being discharged to inform them of their return.
- Sufficient discharge information needs to be provided by the hospital.
- Where appropriate, information on psychological issues needs to be reported.

The following tables show the comparisons in this area between 2011/12 and 2013/14.

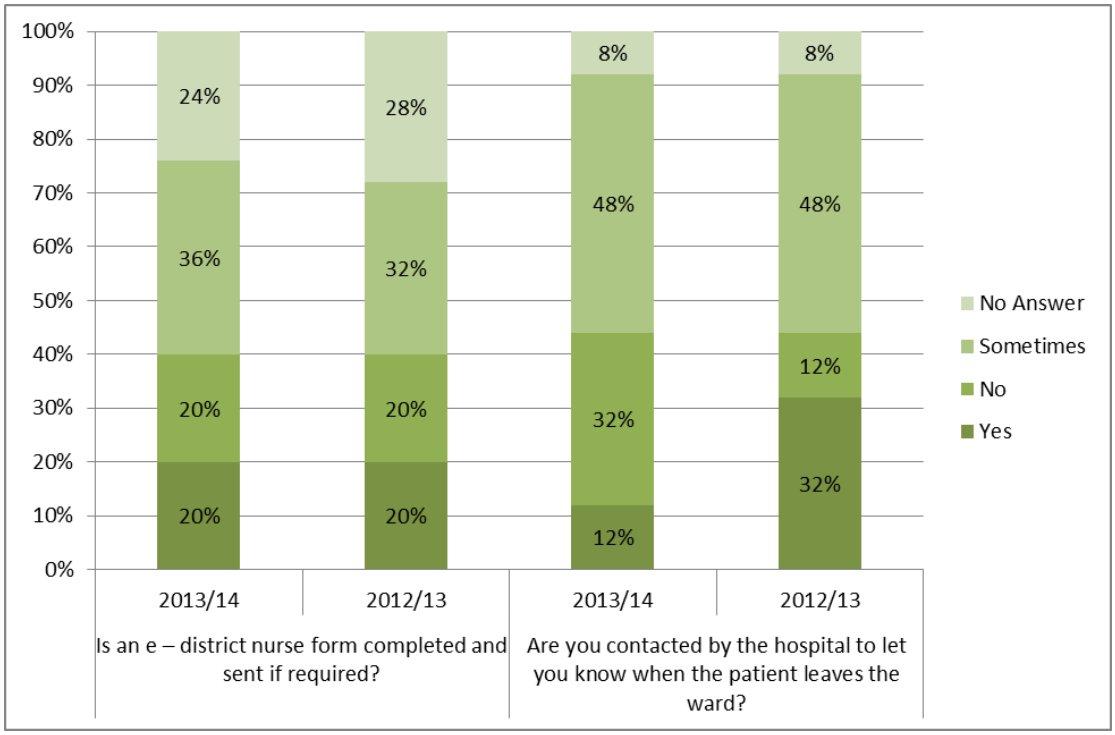
Is a copy of the residents nursing assessment made available if required?			
	2013	**2012**	**2011**
Yes	96%	52%	8%
No	0%	12%	40%
Sometimes	0%	32%	44%
No Answer	4%	4%	8%

Do you have access to the patients' notes?			
	2013	**2012**	**2011**
Yes	52%	60%	48%
No	24%	16%	36%
Sometimes	24%	20%	16%
No Answer	0%	4%	0%

Are telephone discharges clear and effective?			
	2013	**2012**	**2011**
Yes	12%	32%	8%
No	28%	12%	36%
Sometimes	48%	32%	44%
No Answer	12%	24%	16%

Although there has been developments in terms of information and communication since 2011, highlighted by 96% of respondents indicating that the residents' nursing assessment was made available if required, the results show that the respondents felt there had been a decrease in terms of having access to patients notes and effective telephone discharges.

Further questions were asked around computer based communication and being informed by the hospital; it is evident that the respondents feel that computer based information has stayed the same and there has been a decrease in the number of respondents who feel they are contacted by the hospital to let them know when the patient is leaving the hospital.



Less than a third of respondents indicated that e–district nurse forms were completed when required and fewer indicated that they were contacted when the patient left the ward, 20% and 12% respectively.

The following tables show further comparisons in this area between 2011/12 and 2013/14.

Do you always receive patients' discharge information?			
	2013	**2012**	**2011**
Yes	32%	52%	8%
No	48%	12%	48%
Sometimes	20%	32%	44%
No Answer	0%	4%	0%

Is the discharge information sufficient?			
	2013	**2012**	**2011**
Yes	28%	12%	12%
No	28%	24%	48%
Sometimes	44%	60%	36%
No Answer	0%	4%	4%

Would supplementary information for psychological issues be useful?			
	2013	**2012**	**2011**
Yes	88%	80%	84%
No	4%	8%	4%
Sometimes	4%	4%	12%
No Answer	4%	8%	0%

Again, although respondents indicated improvements since 2011, highlighted by 28% of respondents indicating that discharge information was sufficient, they felt there had been a decrease in the number of respondents who always received patient's discharge information and more information around psychological issues would be useful, 28% and 88% respectively.

Involvement and Support

In regards to involvement and support, the 2011/12 report recommended:

- Care and residential home managers should ensure that they and their staff members have an awareness of the hospital discharge policy, to enable them to push for best practice and strengthen their ability to refuse to accept patients who are not ready for discharge.

In 2012/13 the report broke the recommendation down further:

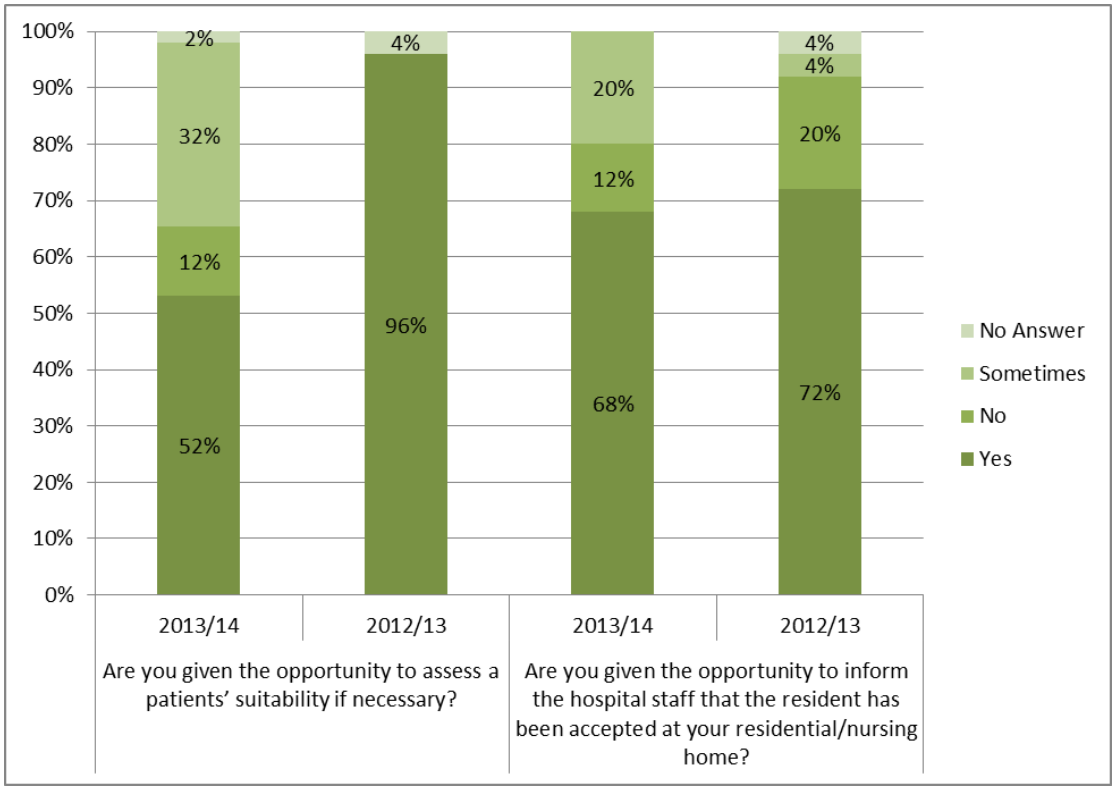
- Residential and nursing homes need to be involved at all stages of the pre discharge assessment, being notified of any last minute changes so they can make an informed decision on whether they can take the resident.
- Residential and nursing homes should be supported by hospital staff, ensuring that the patient's welfare is put first.
- Clarification needs to be provided by the hospital to inform residential and nursing homes when a patient has been admitted and when they have not.

The following table shows the comparisons in this area between 2011/12 and 2013/14.

Do you feel you are able to refuse admission?			
	2013	**2012**	**2011**
Yes	60%	80%	44%
No	20%	4%	28%
Sometimes	20%	8%	24%
No Answer	0%	8%	4%

Less than a third of respondents indicated that they felt they were able to refuse admission if they did not feel it was in the patient's best interest to be transferred from 80% in 2012/13.

Further questions were asked around assessment and acceptance; it is evident that the respondents feel there has been a decrease in the opportunities to assess the patient's suitability and more respondents felt that they sometimes had the opportunity to inform the hospital staff that the resident had been accepted to the home.



Just over half of the respondents, 52% indicated that they had the opportunity to assess the patients' suitability if necessary and 68% of respondents were

given the opportunity to inform the hospital staff that the resident had been accepted to the home.

The following tables show further comparisons in this area between 2011/12 and 2013/14.

Do you feel fully involved with the pre – discharge assessment?			
	2013	**2012**	**2011**
Yes	16%	36%	32%
No	40%	24%	44%
Sometimes	44%	36%	24%
No Answer	0%	4%	0%

Are you supported by hospital staff?			
	2013	**2012**	**2011**
Yes	20%	16%	12%
No	16%	4%	28%
Sometimes	56%	64%	56%
No Answer	8%	16%	4%

The results indicate that there have been improvements in terms of respondents feeling supported by hospital staff, from 16% in 2012/13 to 20% in 2013/14, there has been a decrease in the number of respondents feeling fully involved in the pre discharge assessment from 36% in 2012/13 to 16% in 2013/14.

Conclusions and Recommendations

Although the results indicated some improvement in regards to hospital discharge to residential and nursing homes in 2012 compared to 2011, the latest results show a decline in 17 of the 25 areas.

Key improvements include:

- Patients discharged at an appropriate time in their recovery.
- Newly prescribed medication is supplied for at least 14 days unless a shorter course is required.
- Homes have their own hospital discharge policy
- A copy of the residents nursing assessment made available if required
- Homes felt supported by hospital staff

Recommendations

1. **Derby Hospitals NHS Foundation Trust should ensure that all residential and nursing homes have received the Standard Operating Procedure – Transfer Of Patients From Acute Care To A Care Home Setting.**

Comments include:

- Not received any Derby Royal 'Standard Operating Procedure' information.
- Aware of some standardised procedures but not aware of a document entitled this (Standard Operating Procedure).

2. **Patients are discharged at an appropriate time of day with appropriate clothing and that all equipment and medication needed to support the transfer of a patient is in place.**

Comments include:

- Patients are often sat for many hours in the discharge lounge, A&E is worse, returning elderly people in gowns at 5am.
- We have had clients discharged back to us at 7pm - 11pm etc... This is not acceptable.
- Patients have been sent back to home in pyjamas/nighties, blanket or vest and pyjamas bottoms, cold, unkempt, disorientated to surroundings.
- Patient returned home for end of life care in a thin night dress with a sheet to cover during cold December day, nothing given to cover modesty.
- It's a battle every discharge, the home will have to contact the district nurses, they say 'not for them to supply, should be the hospital', hospital say 'it's the district nurses'.
- Regularly we have to have heated discussions regarding equipment and who should fund it which does not help the patient.
- We received one resident who had been discharged with antibiotics she was allergic to.
- Sometimes we have received other patient's medication than the patients being discharged.

3. **Information regarding the patient's wellbeing should to be communicated clearly and consistently to all care agencies in a coordinated approach.**

Comments include:

- Sometimes nurses will not like us to see a person's notes and withhold information.
- Sometimes it's easier to go and assess the patient as you cannot guarantee the information given is true. For example, mobility, if they state walking with frame +1 they have come back completely immobile.
- When we do receive information it is not correct, we have called the hospital about this previously and to date they have never amended and resent the correct information to us.
- Supplementary psychological information would be very helpful in some cases.

4. **Residential and nursing homes need to be involved at all stages of the pre discharge assessment, being notified of any last minute changes so they can make an informed decision on whether they can take the resident.**

Comments include:

- We have done (refused admission) but the staff nurse was not happy about it and very vocal.
- I often ask for patients to be re assessed as often their needs change to nursing from residential due to changes in health.
- We are given the opportunity to assess the patient's suitability but often are not given sufficient notice to organise.
- In 2013 we were misinformed by the hospital of a residents suitability to return to the home, when we arrived to do an assessment a staff nurse became aloof, insisting that we said she could return over the phone, at that time the patient was none weight bearing and required use of a hoist for transfer, we were not told this over the phone.
- It depends on hospital and ward staff whether or not they involve us in the pre-discharge assessment, more from the psychiatric wards but rarely from the general wards. Some staff reluctant to 'share' information that we are requiring to continue to provide care to the patient.

5. **Healthwatch Derby will aim to facilitate discussions between Derby Hospitals NHS Foundation Trust and care home providers in the city to discuss these concerns and develop further actions to undertake.**

Trust Response

The theme of apparent delay to discharge is one that the Trust has seen as a theme through its complaints, Friends and Family test results and also via its various listening events and is one that the Trust is already engaged in improving. A delay to discharge is something that not only is a poor patient experience but can also lead to a backlog for beds in the Trust thus delaying other procedures impacting on more patients so it is imperative that we make take steps to get this right. We at the Trust have a major transformation project in progress looking at what leads to a delay in discharge not only within the trust but also by external factors such as waiting for nursing home beds, access to social care, and ensuring that those patients that are discharged to home get the correct follow up care to ensure they are able to stay independent. The Trust is working hard with its partners across the city and has made significant inroads in ensuring that information sharing and access to support services are in place to enable a speedier discharge process. This project team is made up from a multidisciplinary team and relies on support from our partner agencies, Southern Derbyshire Clinical commissioning Group, Social Services, Continuing Health Care, Derbyshire Community Health Services, Derby City Community Health Services, Mental Health Authority, Patient Carer Association.

The objective of this team is to provide information to ensure that our patients are discharged with the right level of care and support from hospital.

The Trust has introduced some key principles around Discharge planning and these are shown below. These principles set out the process requirements and staff responsibilities to support well-organised, safe and timely discharge for all patients. It aims to fully involve patients and their carers/relatives in the discharge process and ensure that patients receive appropriate assessment, planning and information about their discharge and after care. This is underpinned by the principles set out within the Dignity and Care Challenge and the PRIDE standards.

- All patients must be given the 'Planning Your Discharge from Hospital' information leaflet on admission.

- All patients must have a treatment plan within 2 hours of admission.
- All patients must have an Expected Discharge Date (EDD) set within 24 hours of admission.
- Discharge planning must be an integral part of all patient clinical pathways.
- The involvement of the patient and family/ carer is an integral and essential part of the discharge process.
- Staff should consider whether the patient has capacity to make decisions about their care, and if not, staff should operate within the principles of “Best Interests” as described in the Mental Capacity Act 2005 and Code of Practice.
- Discharge planning should start on or before admission to hospital.
- In-patients are case managed by their consultant from as close to the time of admission as possible, with handovers minimised.
- A clinical (medical) decision must be made that the patient is medically fit for discharge or transfer, and that the patient is safe to discharge or transfer with an MDT decision having been made to support this.
- Aim to discharge all patients as soon as they are clinically ready for discharge and aim to improve the average time of day of discharge by 2 hours, There should be no delays from “clinically fit” before discharge e.g. waiting for medications, specialist assessments, equipment.
- A safe discharge is paramount and no patient will be discharged without assurance through the discharge plan that all arrangements prepared by the multi-disciplinary team (MDT) are in place.
- Decisions should be made to discharge/ transfer patients 7 days per week to ensure continuity of patient care, reduce delays to discharge and maximise bed capacity.

By ensuring our staff embed these standard operating procedures across all of our areas we will improve or discharge process.

Once we have the process correct we have to sort some of the niggles we see in the system that we hear about so often and the delay to receiving medication for discharge is one that is high on that list. The project has a dedicated team that is looking at how we improve that process including the communication between each part of the team to ensure the messaging is correct. For example a doctor may say I am happy for you to go home without specifying a time that you may go knowing full well that the medication he is prescribing may take a time to produce and that can only happen once the Doctor submits the prescription to our pharmacy team. If at this crucial time in the communication the Doctor was to say you are able to go home but t may take a few hours to get the medication ready the patient is better informed, a simple process and method that we need to work on but please be assured that this process is a high priority. Our approach to discharge does not end with a simple process we also want to ensure the patient is well prepared for discharge and has all of the facts and information they need to aid a great recovery. We are currently running an enhanced discharge pathway from surgery which is proving that if we help prepare patients for the surgery and also the after effects then what happens after discharge the experience and recovery rate are hopefully both going to be better. The other great project we are very proud of is the new “Help to Home” volunteer service, we the Trust provide a volunteer to help the discharged patient that may not have a carer or relative or has one that also needs support get that support in the early important first few days of discharge and this service goes on to signpost other services that are provided across Derbyshire that can provide help and support for the patient to stay independent and hopefully not return to Acute care.