

Healthwatch Peterborough
16-17 St Marks Street
Peterborough
PE1 2TU
www.peterboroughhealthwatch.co.uk
08451 20 20 64

Healthwatch Peterborough Enter & View of Programme of Activity

Location: Peterborough City Hospital Discharge Lounge

Date: Wednesday 2nd & Thursday 3rd July 2014

Authorised representatives: Nicky Rees; Suzie Henson; Annette Beeton

HWP Staff: Jennifer Hodges; Femi Olasoko

Survey: see Appendix 1

Statistics (inc. comment responses)

“Did staff ask about your family/community support when deciding to discharge you?”

70% responded “yes”

30% responded “no”

One patient disclosed that his family had not been informed of his discharge which resulted in them visiting the ward he was on before being directed to the DL.

“Did you feel well enough/ready to leave the hospital at the time you were discharged?”

100% of those asked responded “yes”

“Did you feel involved in the decision-making process to leave the hospital?”

90% responded “yes”

10% responded “no”

The majority of those who completed the questionnaire did feel as though they were involved in the decision-making process for their discharge. One patient who was not involved stated that they were happy for that as they did not feel it was a decision they could make.

“Was transport arranged for you?”

70% responded “no”

30% responded “yes”

The majority of patients were left to contact a relative or friend. Of those who did not arrange transport themselves nurses rang their next of kin on their behalf to arrange transport.

“Were you given clear instructions regarding your medication? Did staff check your understanding re the medication?”

70% responded “yes”

30% responded “not received yet”

See comment above regarding patient who did not receive all of their medication as it was assumed he had some remaining at home.

“What do you think could be improved for people in your position when being discharged from hospital?”

30% responded “wait too long”,

20% responded “nothing”,

20% responded “more updates”,

20% responded “more to do in the DL”,

10% responded “more consideration for family and home circumstances”

It is evident that the issue most prevalent during the discharge process is the time waiting for medication and paperwork which becomes frustrating for patients. Together with the request for more updates it is advisable that patients are reassured that some progress is happening or that at least somebody is trying to speed up their discharge.

Follow up enquiries recommended

1. On Wednesday 2nd & Thursday 3rd July 2014 were any surgeries delayed due to bed shortages, if so, how many had to be delayed?
2. What was the capacity of the hospital on the date's stated above?
3. How many patients were discharged from the hospital on the dates stated above?
4. Does the hospital have a policy regarding patients being taken to the discharge lounge in order to increase available bed numbers and if so what is it?
5. Copy of discharge policy/practice including any check lists
6. Review signage and location DL (must be accessible from whole hospital)

Further findings

I. Appeared assumptions made without confirmation by staff:

Medications assumed to be at home and therefore not provided prior to discharge. (Noted: ambulance staff had taken them off patient as they were out of date). Would be best practice to check with patient what medication they had at home. Some patients would not have noticed this until they were home and needed the medication.

Noted in one case: Ward staff did not ask patient if there was support at home for his discharge time, as wife and children had been in to visit every day made assumption he was adequately supported. Did ask about transport home.

Care and treatment on the wards reported to be of good standard.

II. Delays

When one patient was delayed for discharge due to monitoring of medical conditions, everything was explained in a way the patient could understand and was reassured by staff as well as kept up to date with the situation.

All patients were escorted by discharge nurses from their wards to the discharge lounge (DL) and staff carried any of the patient's belongings. Essential that all patients are escorted as the signage for the DL is unclear and infrequent.

Many expressed frustration at the time taken to receive doctor's discharge notes and/or medication from the pharmacy.

One patient spoken to at 10:50am was extremely happy with the care received during a long stay at the hospital. This patient was still at the DL at 3:00pm and was spoken to again. The patient was now very frustrated and unhappy with the hospital. It is a shame that although the overall stay, care and treatment can be of such high standards but the patients may leave with a negative impression of the hospital due to waiting for discharge paper and medication.

III. Signage

Signage for the DL consisted of laminated A4 paper signs; no signage was included in the permanent signs throughout the hospital (included signs for the rehabilitation gym). Lack of signage could cause relatives, friends, carers, etc to get lost and subsequently prolong the patients stay in the DL. The lack of signage gave the impression that the DL was merely an 'afterthought'.

IV. Location

Location of DL did not seem to be fit for purpose, it is not a stand-alone accessible room (but within the rehabilitation gym). Due to the close proximity, we observed the lack of privacy of those in treatment with physiotherapists.

V. Effective Utilisation

Use DL seems to be limited, if used at all, up to 10:30am. During the visits the DL was very quiet with up to 5 patients being present at any one time and often no patients at all.

When speaking with one patient it was discovered that the patient was discharged from their bed/ward at 8:30am and placed in an interview room with no window and the door left ajar. The patient was left in this room alone for an hour and a half; it was only when a discharge nurse came to the ward at 10:00am to see if any patients were ready to be taken to the DL that this patient was escorted to the DL. Until this point the patient had received no update, when in the DL medication and discharge notes were chased up. Another patient reported being "signed off" at 8:30am, being left at their bed until 11:00am and then moved to the DL to free up their bed.

It is particularly worrying to hear of such practices when considering patients leaving hospital before properly discharged, this could be a contributing factor to such a risk.

VI. Referrals

Few patients spoken to were actually referred to the DL during our visit times. It was noted that more referrals occur when the hospital was under a black alert and urgently required beds. However, as information is that the hospital has recently been at capacity and consistently under pressure, that use of referrals are not being made more effectively. It was also clear that the order for patients to be placed in the DL was far better received when coming from a senior member of staff and not the DL nurses.

This lack of effective referrals to the DL suggests poor practise and unnecessary delays and subsequent 'bed-blocking'.

VII. Communication

Relatives stated that they had not been informed by the hospital that their relative would be discharged that day and only found out by the patient contacting them. There was one elderly patient who did not have any way to get in touch with his wife, and it was only when in the DL that the nurses there asked if next of kin had been informed of his discharge.

Ward staff also need reminding that with an ageing population who may not have mobile phone etc to contact family, that when the patient is told of discharge - it is checked that the family/carer is has been informed.

Effective use of the DL where elderly/vulnerable patients can experience a safe discharged needs to be reinforced.

VIII. Miscellaneous

A diabetic patient was scheduled in for operation at 10:30am but was required to arrive at hospital for 07:00 and was not able to eat before surgery. Led to blood sugars rising to 19. Pre-surgery instructions for patients with additional conditions such as diabetes, should be considered when requiring surgery.

One patient reported being concerned with the cleanliness of the hospital. When the patient had raised one particular issue to a nurse she had replied "it's not my problem, it's not my job". When this was raised with a different nurse, they reassured him they would report it to the cleaner; however two days later the mess still remained.

APPENDIX 1 - Survey

Have you been discharged from a health or care setting in the past 18 months?

Yes

How many times have you been discharged in the past 18 months?

What type of health or care facilities?

Peterborough City Hospital

What type of ward were you staying on?

What were you admitted for?

Did you have any additional health conditions at the time (in addition to your primary reason for seeking treatment)

How long did you stay in hospital?

Please tell us what happened when you were being discharged from the hospital?

How were you treated by healthcare staff?

If you had more than one condition / problem at the time, do you think they were all considered in the discharge planning?

Please explain

Did staff ask about your family / community support when deciding to discharge you?

Did you feel well enough / ready to leave the hospital at the time you were discharged?

If not, what would you have liked to have happened?

What additional care or time did you need? If yes, did you feel your discharge had been delayed?

If you feel you were discharged too early, then what do you think were the reasons you were discharged?

Did you feel involved in the decision-making process to leave the hospital?

Were you offered any rehabilitation or therapy services? Please detail

Do you remember what time you were discharged from care?

Was transport arranged for you?

Were you given clear instructions regarding your medication? Did staff check your understanding re the medication?

What do you think could be improved for people in your position when being discharged from a hospital?

Do you have any examples when you received a better transfer of care from a hospital or care?

What would you have wanted to happen when you were discharged, what support would you have liked?