

Clinical Audit Patient Panel

**An audit of compliance with
SaTH Discharge Policy
from the patient perspective**

July 2014

Why was this audit carried out?

TO:

- discover the discharge experience of recent in patients at both SaTH hospitals
- evaluate compliance with the current discharge policy
- assess patient satisfaction with the discharge process
- suggest changes to the policy as a result of identified shortcomings via the audit results



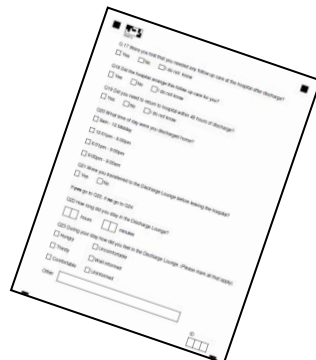
How was this audit carried out?

- Patient panel designed a questionnaire
- Handed out to patients on day of discharge
- Patients asked to take the form home with them to complete and post back
- **134 questionnaires were handed out**
- **54 completed forms were posted back**
- 43% return rate ✓

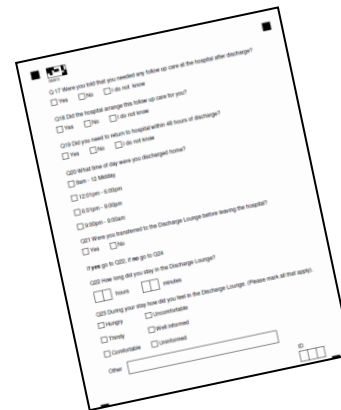


Q1 Did you feel that you needed any follow up care at the hospital after discharge?
 Yes No

Q2 How long did you stay in hospital?
 1-2 days 3-4 days 5-6 days 7-8 days 9-10 days 11-12 days 13-14 days 15-16 days 17-18 days 19-20 days 21-22 days 23-24 days 25-26 days 27-28 days 29-30 days 31-32 days 33-34 days 35-36 days 37-38 days 39-40 days 41-42 days 43-44 days 45-46 days 47-48 days 49-50 days 51-52 days 53-54 days 55-56 days 57-58 days 59-60 days 61-62 days 63-64 days 65-66 days 67-68 days 69-70 days 71-72 days 73-74 days 75-76 days 77-78 days 79-80 days 81-82 days 83-84 days 85-86 days 87-88 days 89-90 days 91-92 days 93-94 days 95-96 days 97-98 days 99-100 days More than 100 days



Q3 How long did you stay in hospital?
 1-2 days 3-4 days 5-6 days 7-8 days 9-10 days 11-12 days 13-14 days 15-16 days 17-18 days 19-20 days 21-22 days 23-24 days 25-26 days 27-28 days 29-30 days 31-32 days 33-34 days 35-36 days 37-38 days 39-40 days 41-42 days 43-44 days 45-46 days 47-48 days 49-50 days 51-52 days 53-54 days 55-56 days 57-58 days 59-60 days 61-62 days 63-64 days 65-66 days 67-68 days 69-70 days 71-72 days 73-74 days 75-76 days 77-78 days 79-80 days 81-82 days 83-84 days 85-86 days 87-88 days 89-90 days 91-92 days 93-94 days 95-96 days 97-98 days 99-100 days More than 100 days



Q4 How long did you stay in hospital?
 1-2 days 3-4 days 5-6 days 7-8 days 9-10 days 11-12 days 13-14 days 15-16 days 17-18 days 19-20 days 21-22 days 23-24 days 25-26 days 27-28 days 29-30 days 31-32 days 33-34 days 35-36 days 37-38 days 39-40 days 41-42 days 43-44 days 45-46 days 47-48 days 49-50 days 51-52 days 53-54 days 55-56 days 57-58 days 59-60 days 61-62 days 63-64 days 65-66 days 67-68 days 69-70 days 71-72 days 73-74 days 75-76 days 77-78 days 79-80 days 81-82 days 83-84 days 85-86 days 87-88 days 89-90 days 91-92 days 93-94 days 95-96 days 97-98 days 99-100 days More than 100 days



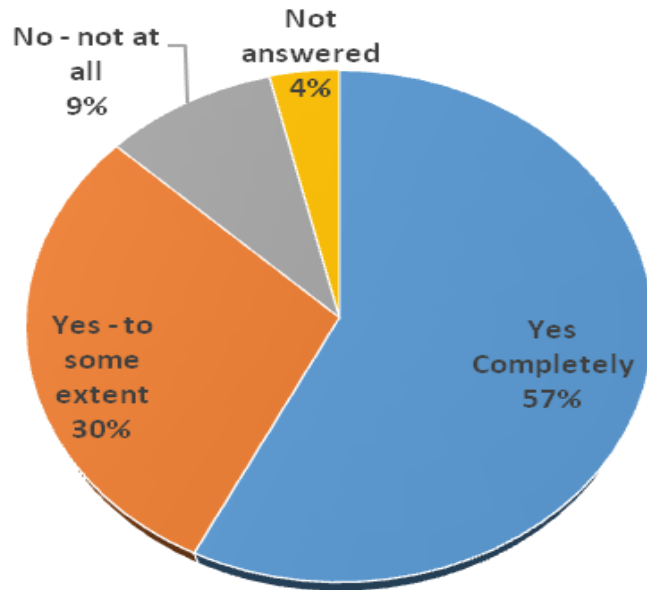
Q5 How long did you stay in hospital?
 1-2 days 3-4 days 5-6 days 7-8 days 9-10 days 11-12 days 13-14 days 15-16 days 17-18 days 19-20 days 21-22 days 23-24 days 25-26 days 27-28 days 29-30 days 31-32 days 33-34 days 35-36 days 37-38 days 39-40 days 41-42 days 43-44 days 45-46 days 47-48 days 49-50 days 51-52 days 53-54 days 55-56 days 57-58 days 59-60 days 61-62 days 63-64 days 65-66 days 67-68 days 69-70 days 71-72 days 73-74 days 75-76 days 77-78 days 79-80 days 81-82 days 83-84 days 85-86 days 87-88 days 89-90 days 91-92 days 93-94 days 95-96 days 97-98 days 99-100 days More than 100 days

What was measured?

- Patient satisfaction was measured by asking patients 29 questions about their experiences prior to, at discharge and after they returned home.
- Free space was provided for additional comments and information.

What was discovered?

Q8 - Were you included in discussions about your expected discharge date?



- **Of patients who said they had a carer or relative only 28% said their carers were included in the discharge discussions.**

- **34% said that their carers were not involved in discussions**

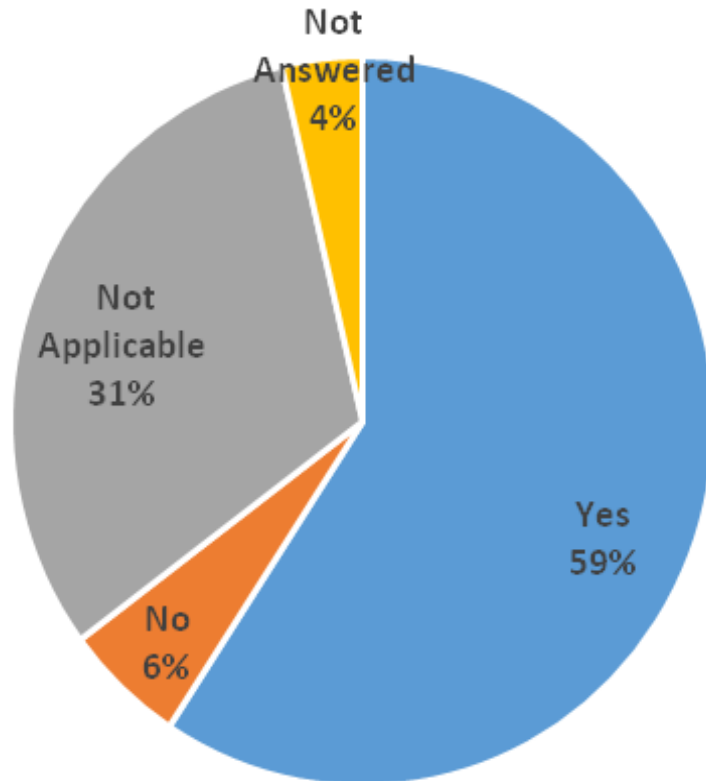
This may indicate that including carers or relatives in discussions is an issue.

The SaTH Discharge Policy states:

Involve patients and carers in planning for discharge so that they can make informed decisions and choices that deliver a personalised care pathway and maximise their independence

On returning home?

Q11 - After your discharge did you receive the care at home that was agreed in hospital ?

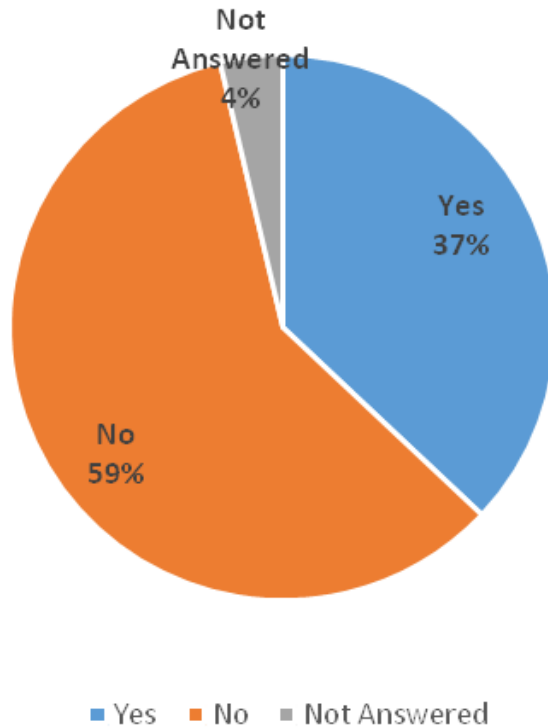


Of the 25 patients who were told they did require follow-up care after discharge:

- **77% said the hospital arranged the care**
- **One patient said that the care that had been promised was not provided and we will never know why this did not happen due to the anonymity of the audit.**
- **3 patients were uncertain whether the hospital had arranged the care required or not.**

The lack of clarity over provision of further care is very disappointing and suggests that some of the patients were quite confused over this issue.

Q12 - Was your discharge delayed for any reason ?



Delayed discharges

- The main reason for delayed discharge is the problem of getting medication to the patient.
- The SATH Discharge Policy states that a discharge should not be delayed for an x-ray or anything that can be done at an out patients appointment but this does happen.
- Transportation is another area of concern

Q13 - If yes what were the reasons?

Medication	Transport	Relative/Carer	Investigations (Blood Tests, X-ray etc.)	Home Assessment	Equipment	No Reason Given
10	3	2	4	1	0	6

Why was discharge delayed?

“Discharge agreed by medical staff on Friday 27 June for Saturday 28 June providing blood test results satisfactory. Unable to get any medical staff to review blood results and make a decision until 7pm on Saturday.”

“Due to lack of communication between doctor and nurses.”

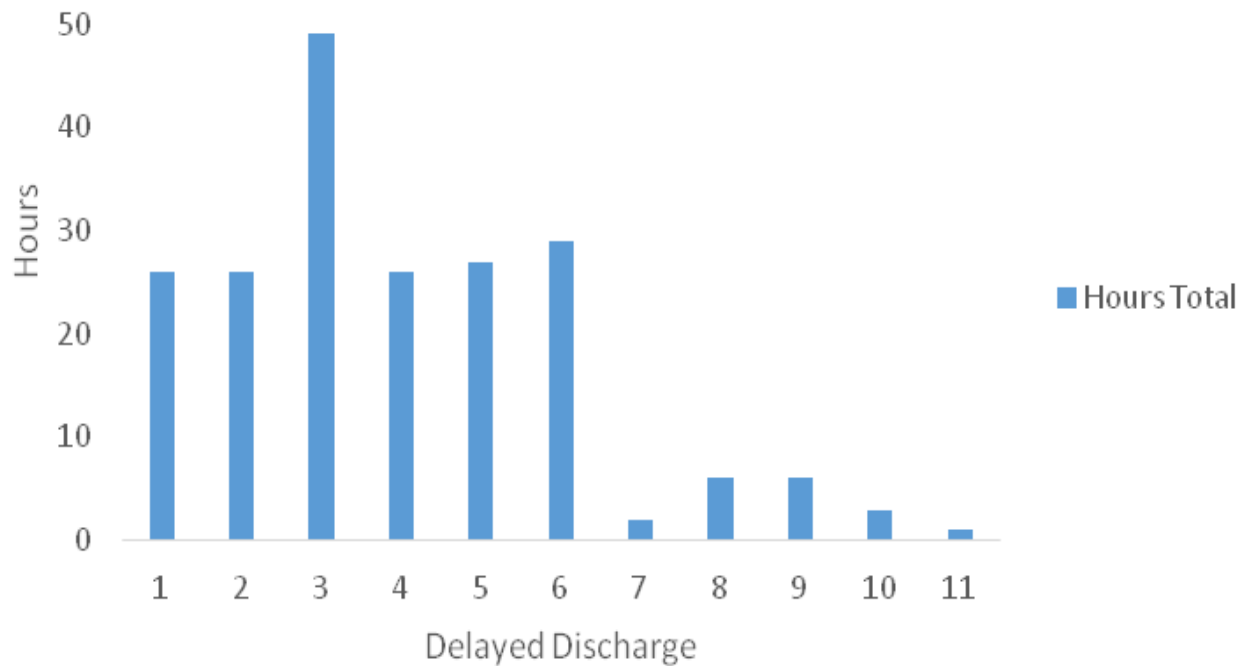
“Waiting for discharge paperwork.”

“Waiting for Occupational Therapist to complete referral.”

“Waiting to be informed I could go home. This form came first I was informed hours later.”

Q14 How long was your discharge delayed for

The average discharge delay was 18.3 hours.



“Discharge had been arranged but kept getting put back for more tests. On actual discharge day it had been agreed afternoon visiting but was then rushed to before lunch due to bed shortages.”

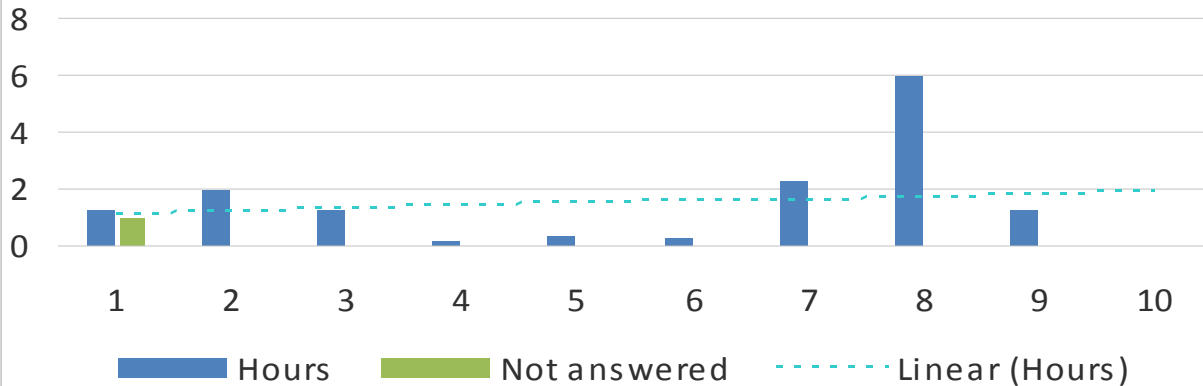
“I was discharged at approximately 10.30am and I was still there at 6pm. When I got home I needed emergency medication (seritide inhaler) which I didn't actually receive until Monday. If my lung had collapsed again God knows what would have happened. Luckily I had an emergency inhaler at home.”

The Discharge Lounge

The SaTH Discharge policy states:

Patients transferred to the discharge lounge are to be offered diet and fluids during their stay in the discharge lounge in accordance with their needs.

Q22 How long did you stay in the discharge lounge ?

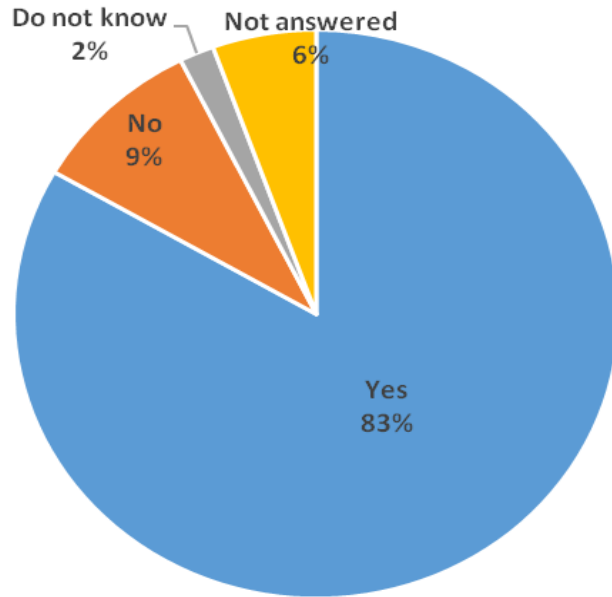


“As I had severe chest pain, sitting down only aggravated it. Can’t believe it takes 3 hours to get prescription. I needed to lie down.”

Q23 During your stay how did you feel in the discharge lounge?

Hungry	Thirsty	Comfortable	Uncomfortable	Well Informed	Uninformed
2	1	6	2	3	0

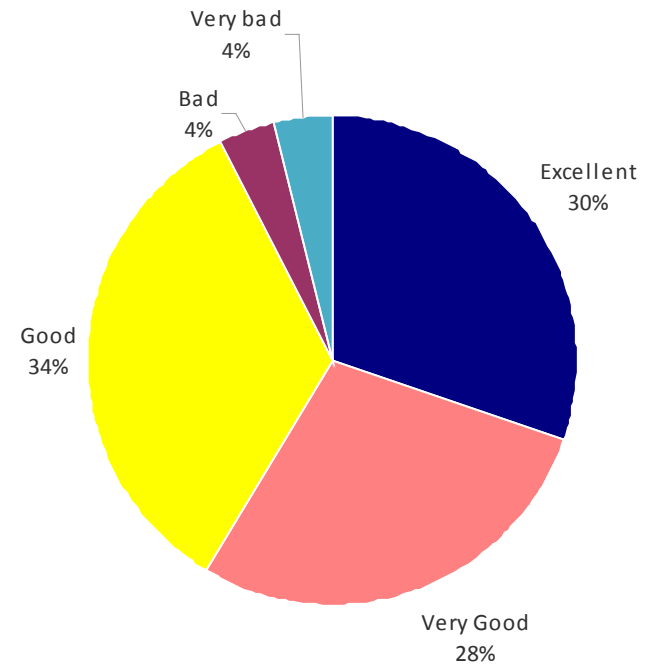
Q24 Were you given enough information at discharge ?



The vast majority of patients (83%) said they had been given enough information at discharge.

Encouragingly 92% of patients rated their discharge process as Excellent, Very Good or Good. 2 patients felt that it was Bad and a further 2 rated it Very Bad.

Q28 Overall how would you rate the discharge process ?



How will patients benefit?

- A list of recommendations will be agreed by the Patient Panel
- Where the patient experience has been shown to be less than satisfactory the report will recommend that changes be implemented and the policy revised.
- A deadline by which the patient panel will feel that the change should have happened will also be stated.



What will be changed in future as a result of this audit?

	New Discharge Objectives	Responsible for action	By when
Discharge Planning	Patient and carers must be involved in planning before planned discharge in 100% of cases	Ward Manager	January 2015
Planned care provided	Care promised after discharge is in place before discharge in all applicable cases	Ward Manager	January 2015
Pre discharge medication	All medication prescribed to be taken home/Care Home should be delivered to the patient within one hour of prescription	Head of Pharmacy	January 2015
Delay in transport home	Transportation home should be in place within 1 hour of ordering or the time suitable for the patient and or carers	Ward Manager	January 2015
Delay test results	Discharge should not be delayed by x-ray or other tests that can be carried out as an outpatient. Results awaited should be referred to decision makers within one hour of their receipt on the ward/department	Doctor responsible for discharging patient	January 2015

What will be changed in future as a result of this audit?

	New Discharge Objectives	Responsible for action	By when
Delay in home assessments	Home assessments should be put into place early enough not to delay the discharge of patients	Discharge to Assess Development Project Lead	January 2015
Use of discharge lounge or renamed provision	Patients should not be required to remain in the discharge lounge for longer than 3 hours before being collected	Manager responsible for discharge lounge	January 2015
Refreshments in discharge lounge	Adequate food and fluids should be made available to all patients while in the 'discharge lounge', including special dietary needs	Manager responsible for discharge lounge	January 2015
Comfort in discharge lounge	All patients should be kept comfortable in the 'discharge lounge' and provision to allow them to lay down if they find they are uncomfortable eg reclining chair	Manager responsible for discharge lounge	January 2015

What will be changed in future as a result of this audit?

	New Discharge Objectives	Responsible for action	By when
Making things better	<p>Responsible staff informed of these recommendations and encouraged to action them and to ensure improvements</p> <p>Consider rewriting the relevant items in the discharge policy particularly in light of the formation of the Discharge to Assess Development Project Group</p>	<p>Sally Allen Clinical Audit Manager</p> <p>Head of Nursing</p>	<p>30 November 2015</p> <p>January 2015</p>
Information provided on discharge	<p>Ensure patients are not disadvantaged by change in discharge protocols and ensure assessments are completed in a timely and accurate fashion wherever they are completed</p>	<p>Discharge to Assess Development Project Lead</p>	<p>January 2015</p>

What will be changed in future as a result of this audit?

	New Discharge Objectives	Responsible for action	By when
Are they better?	Re-audit the patients being discharged over a seven day period using the same questionnaire	Chairman Patient Audit Committee	July 2015

How will the patient panel be sure that future patients will benefit?

When the deadlines are reached:

- a re-audit will be carried out to determine whether the patient experience has increased
- Patient Experience and Involvement Panel (PEIP) members could observe discharge care and speak to patients to determine their satisfaction rate

