

Clinical Audit Patient Panel

**A re-audit of compliance with
SaTH Discharge Policy
from the patient perspective**

2015

Why was this re-audit carried out?

In 2014 CAPP volunteers carried out an initial audit of the patient experience of their discharge and also evaluated compliance with the SaTH Discharge Policy.

The aims of the 2015 re-audit were to:

- discover whether the recommendations from the 2014 audit were implemented and if they had made a difference
- evaluate compliance with the 2015 discharge policy
- assess patient satisfaction with their discharge process
- suggest any changes that could improve the patient experience of discharge



How was this audit carried out?

- A revised questionnaire was given to patients on day of their discharge
- Patients were asked to take the form home with them to complete and post back

Response rate

	2014	2015
Questionnaires distributed	134	150
Returned questionnaires	54	45
Return rate	40%	30%

The re-audit reached a larger sample of patients but produced fewer returned forms.



What was measured?

- Patient satisfaction was measured by asking patients 28 questions about their experiences prior to, at discharge and after they returned home.
- The re-audit also measured whether the CAPP recommendations put forward in 2014, had been implemented and made a difference to the patients perception of the discharge process.
- Free space was provided for additional comments and information.

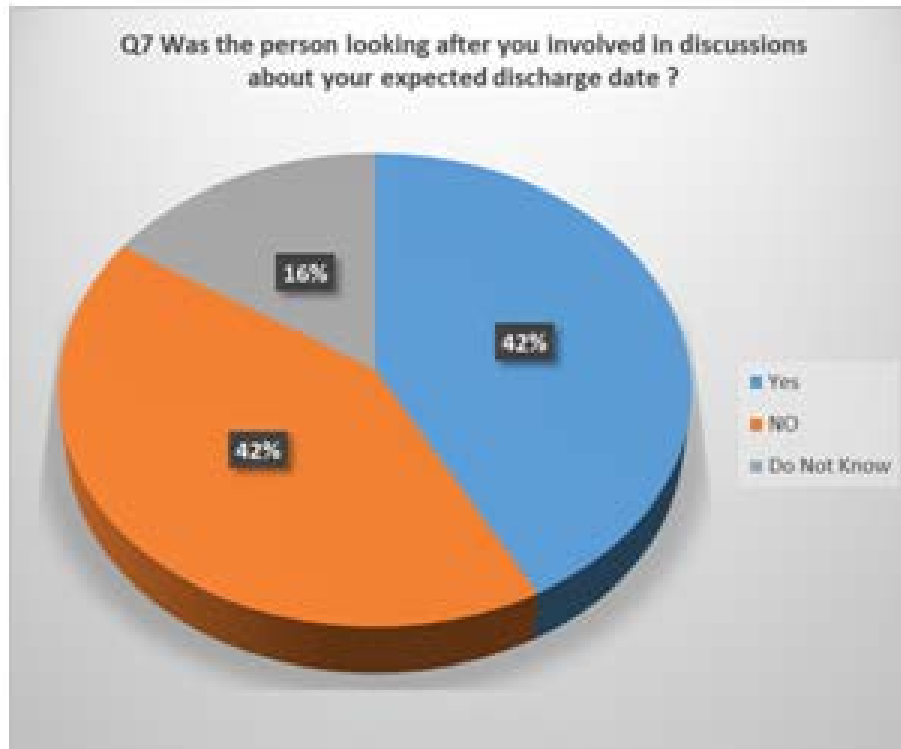


What was discovered?

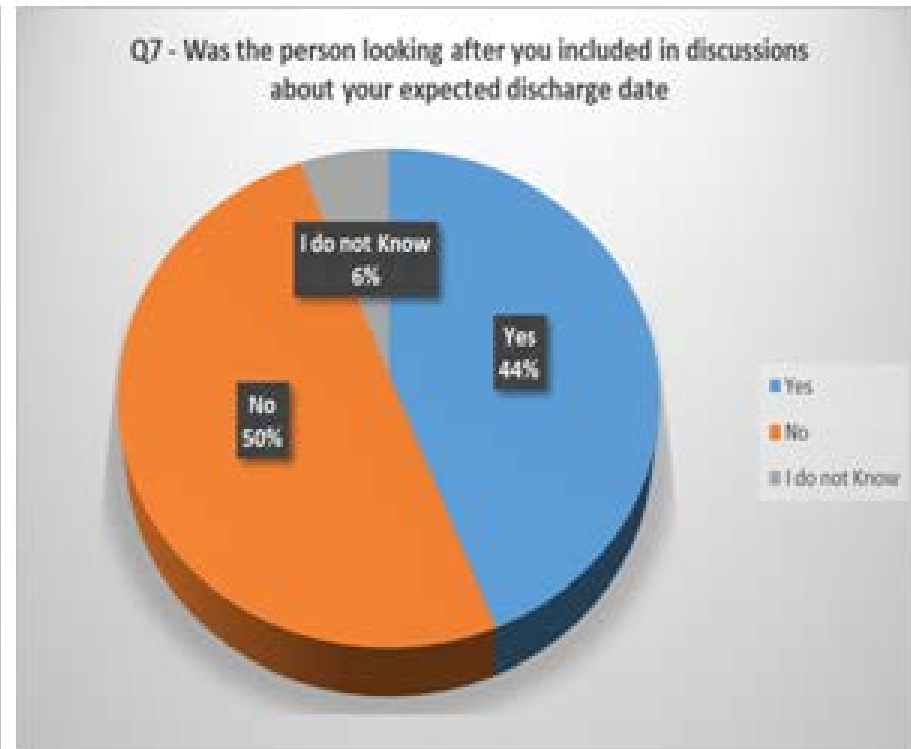
Involvement in planning discharge

Q7 Was the person looking after you involved in discussions about your expected discharge date?			
Don't Know	No	Yes	No Answer
3	10	8	24

2015



2014



The updated SaTH Discharge Policy aims are:

- To ensure patients and relatives/carers are involved in the discharge planning process from the earliest opportunity and throughout the process.
- To ensure patients and relatives/carers are provided with written/verbal information in relation to their discharge.

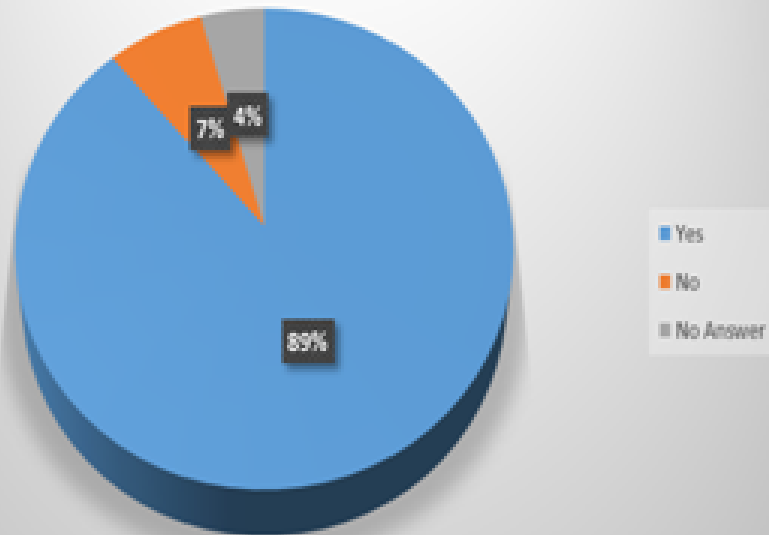
42% had been involved in 2015 compared to 44% in 2014, a 2% drop. Of the 19 patients who did have someone looking after them, 42% said their carer or relative **had not** been involved in discussions about their care and 16% did not know if the carer or relative had been involved in discussions about their care.

Provision of information

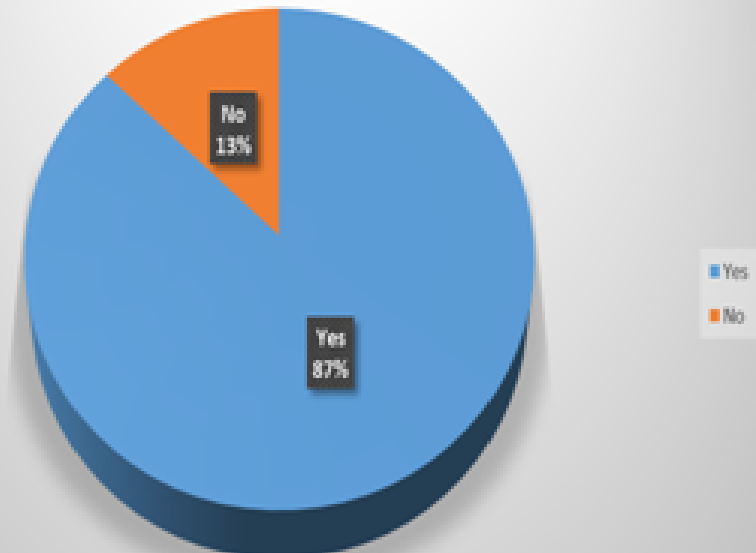
Q9 - Do you feel that you were given enough information about the care you received in hospital?

Yes	No	No Answer
40	3	2

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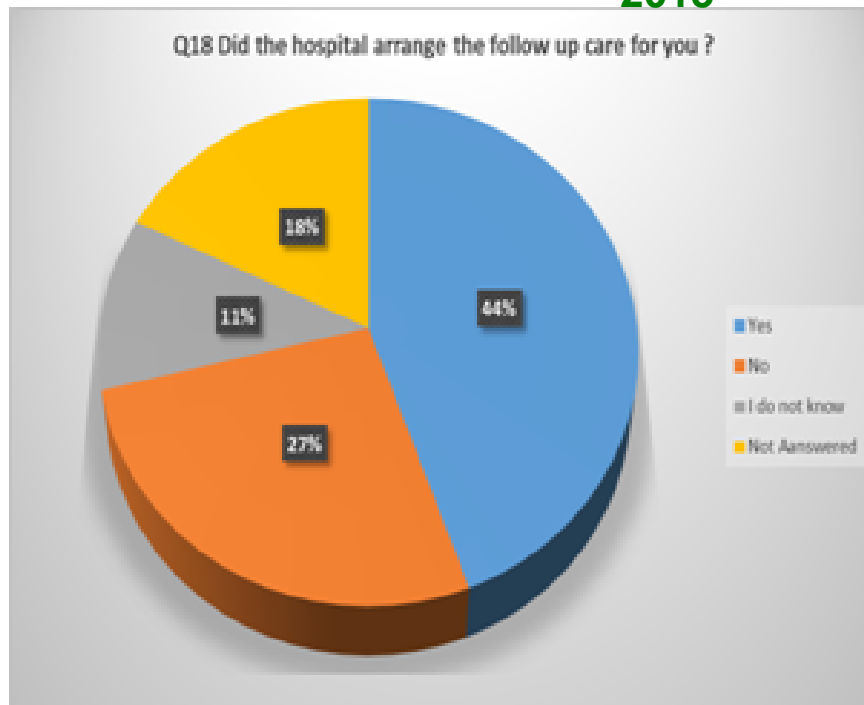


In both audits the vast majority said they had been given enough information about their care

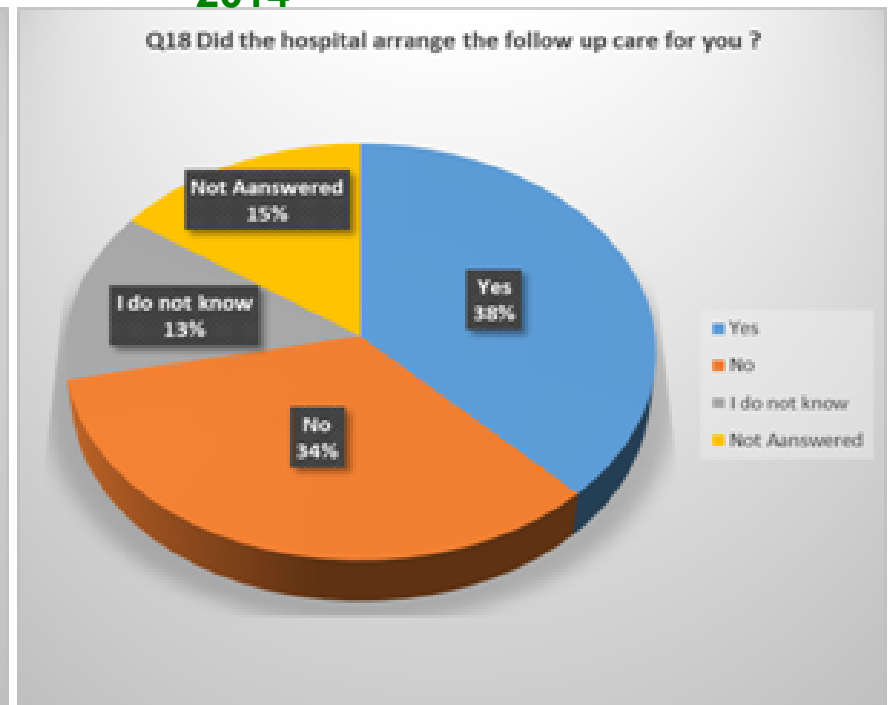
On returning home?

Q18 Did the hospital arrange the follow up care for you?			
Yes	No	I do not know	Not Answered
20	12	5	8

2015



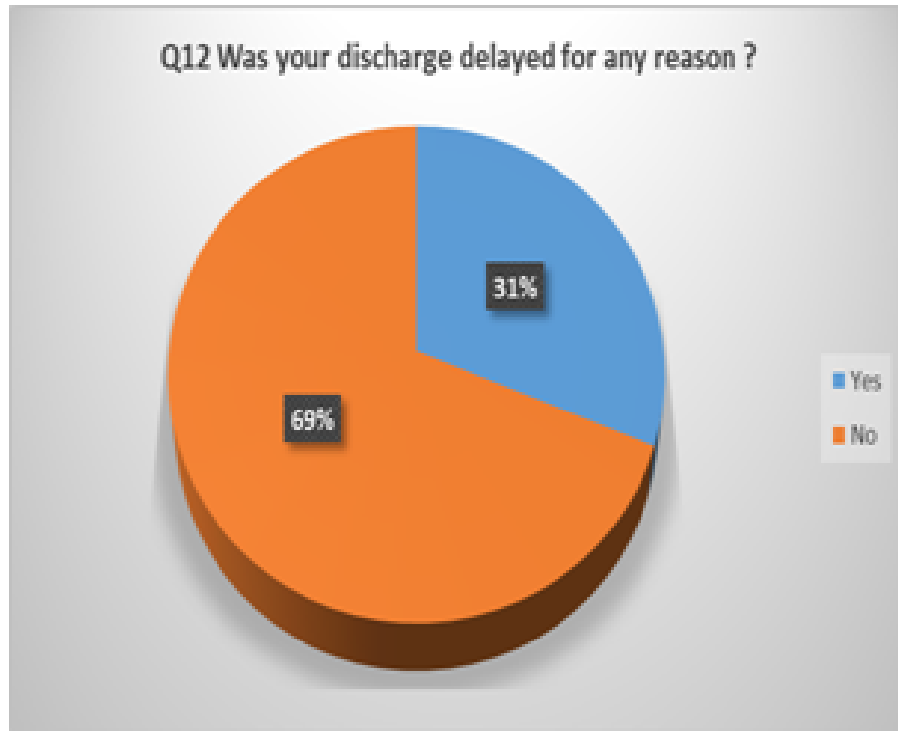
2014



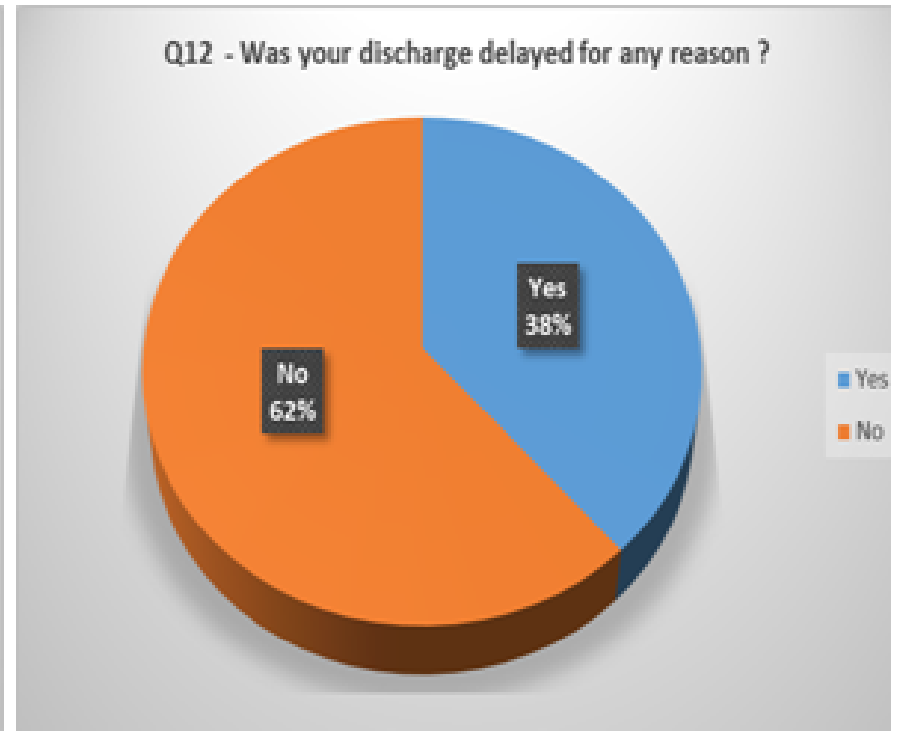
In the 2015 audit 27% said the hospital had not arranged the follow up care they needed compared to 34% in 2014. The “don't know” figures were close. 44% had had their follow up care arranged by the hospital in 2015, while in 2014 38% had.

Delayed Discharge

2015



2014



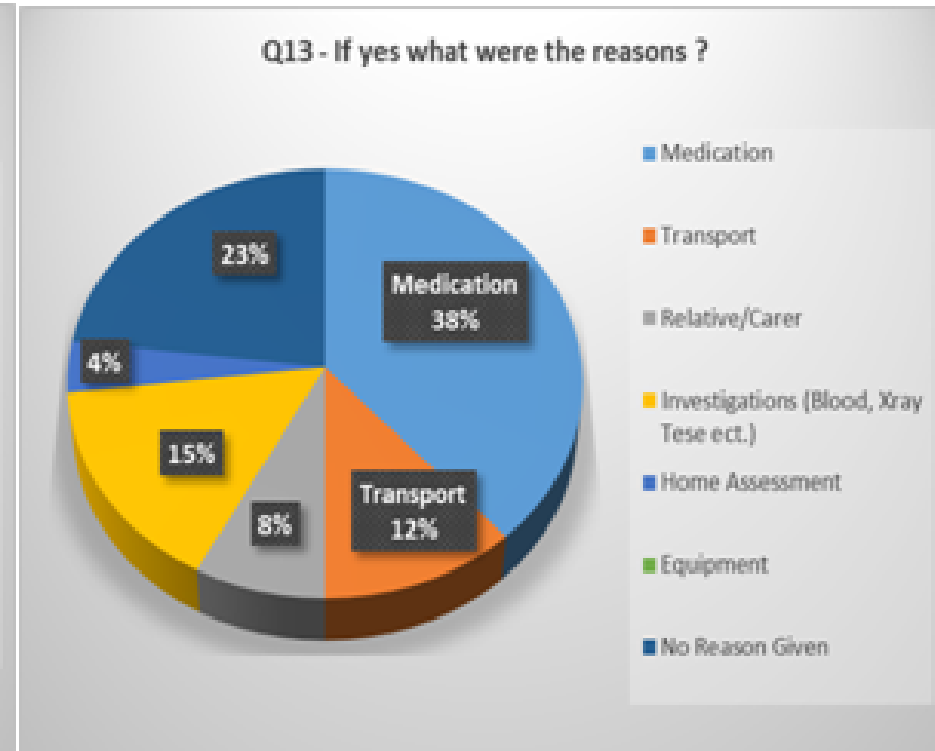
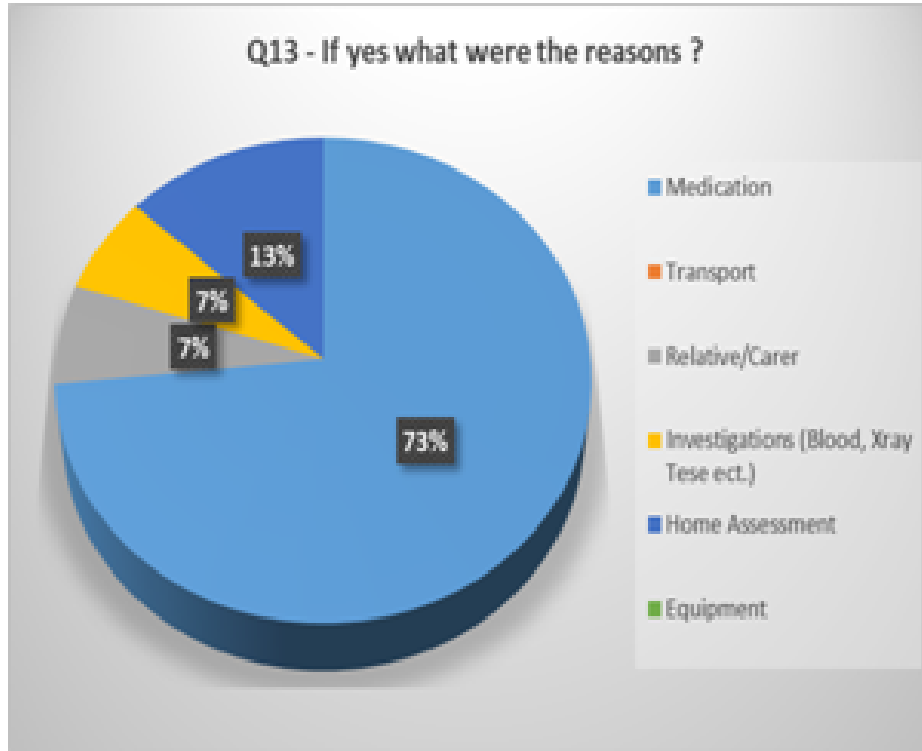
Q12 Was your discharge delayed for any reason ?		
Yes	No	Not Answered
14	31	



Q13 - If yes what were the reasons?				
Medication	Transport	Relative/Carer	Investigations	Home Assessment
11	1	1	0	2

2015

2014



In the 2015 re-audit 31% said their discharge had been delayed.

While in the 2014 audit 38% had - a 7% decrease.

73% of delays were due to waiting for medication which was only 38% in the 2014 audit.

Why was discharge delayed?

“I was told at 11am I could be discharged, but not straight away as paperwork needed to be done, but asked at 1pm so I could tell my sister when to pick me up, but nothing was ready but told to tell her to come at 2.30pm she arrived, but my medication was still not ready, waited 40 mins, still not ready so went away as she had things to do, came back to hospital one hour later and then it was ready.”

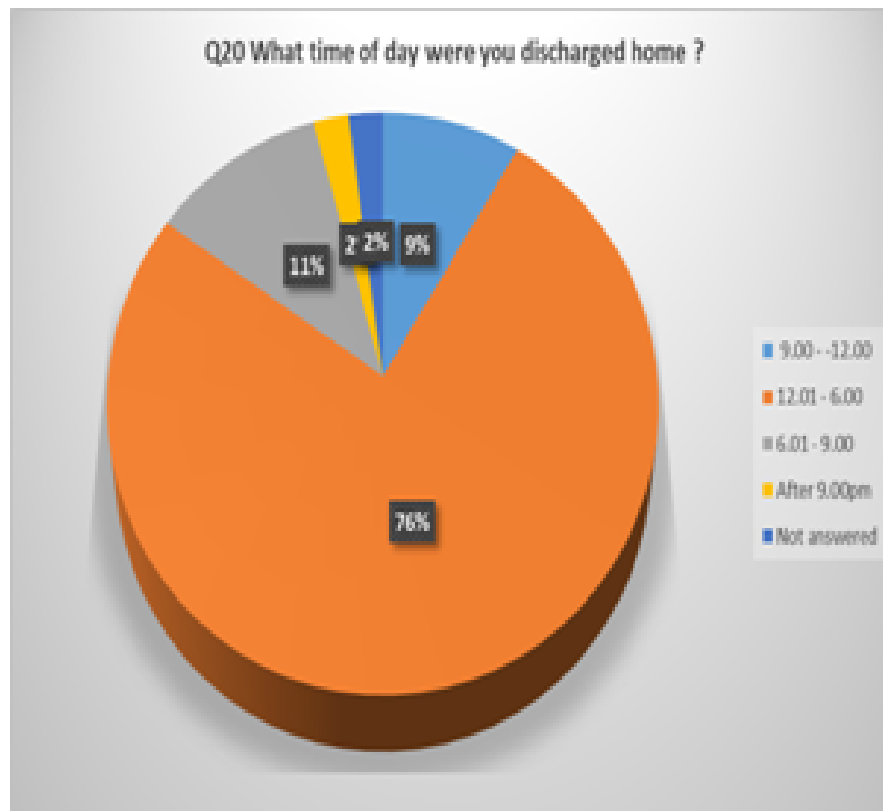
“Waiting for discharge paperwork.”

“Waiting for clothes to turn up.”

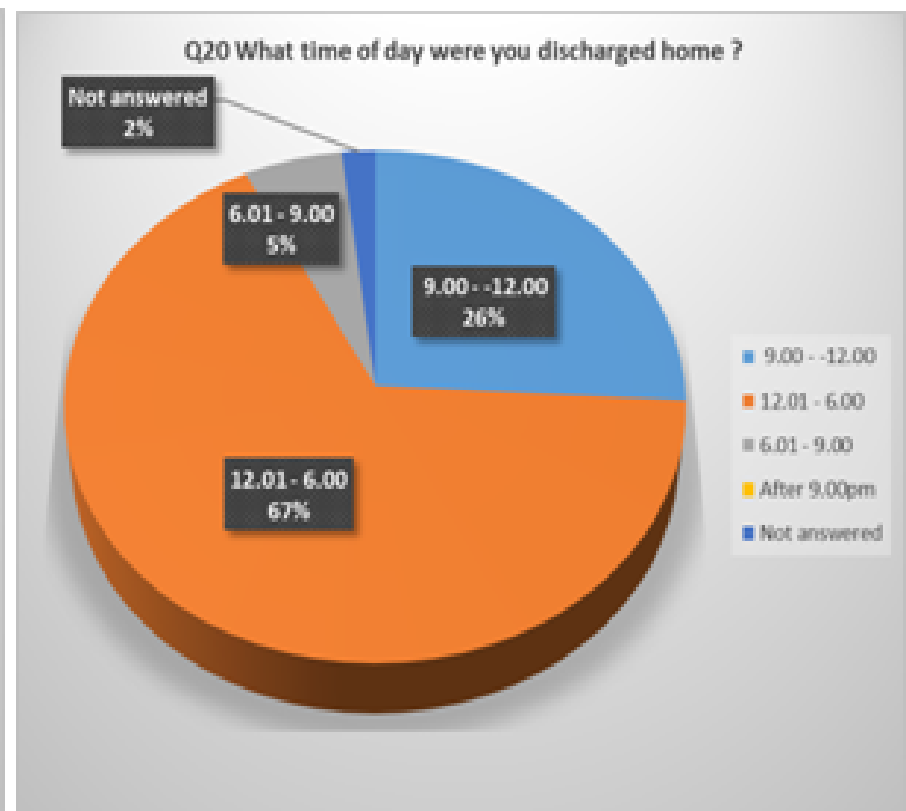
I was seen by the doctors at 8:30 but had to wait until 11:30 for discharge.

Time discharged

Q20 What time of day were you discharged home?				
9.00 - -12.00	12.01 - 6.00	6.01 - 9.00	After 9.00pm	Not answered
4	34	5	1	1



2015



2014

For simple discharges, SaTH supports morning discharges and aims for patients to go home before 10:00 hours.

Very few patients were discharged in the recommended 9:00 a.m. – 12 noon timeslot.

The majority of patients were discharged between 12 noon and 18:00 hours.

11% of patients who responded were discharged between 6:00p.m. – 9:00 p.m. and one patient was discharged after 9:00 p.m.

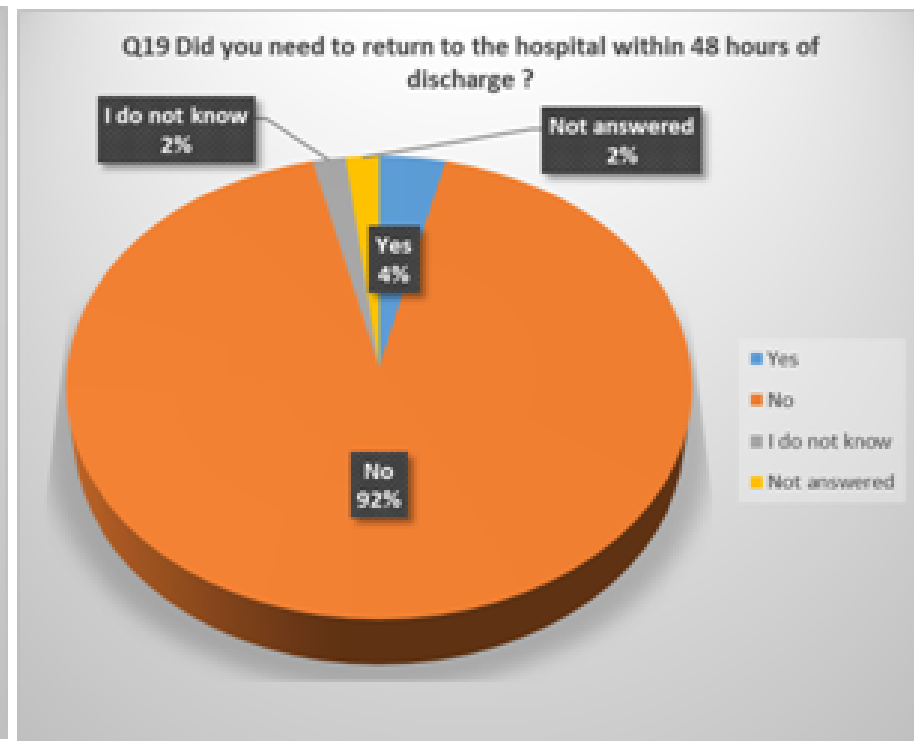
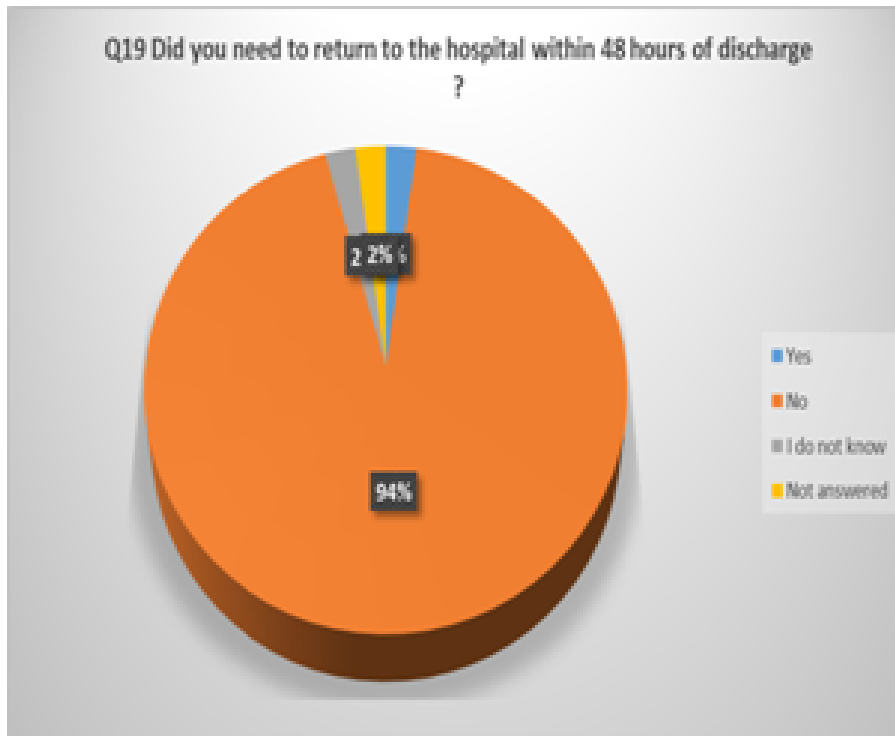
However, it is difficult to differentiate between a simple and a complex discharge from the re-audit responses.

Re-admittance within 48 hours

Q19 Did you need to return to the hospital within 48 hours of discharge?			
Yes	No	I do not know	Not answered
1	42	1	1

2015

2014



Only 1 person had to return to the hospital in 2015 compared to two in 2014.

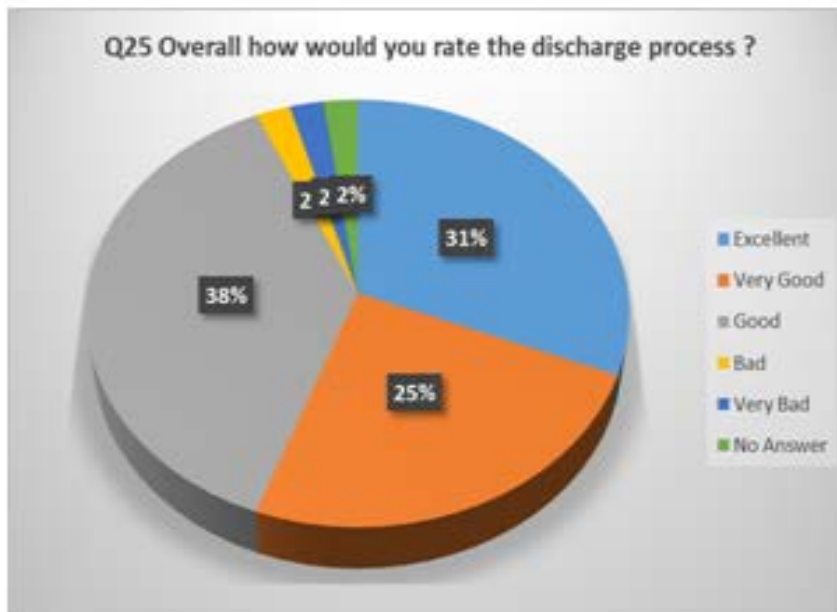
Overall Discharge Experience

Q25 Overall how would you rate the discharge process?					
Excellent	Very Good	Good	Bad	Very Bad	No Answer
14	11	17	1	1	1

Encouragingly 94% of patients rated their discharge process as “Excellent, Very Good or Good”. One patient felt that it was “Bad” and another patient rated it “Very Bad”.

2015

2014



How will patients benefit?

- A list of recommendations are agreed by the Clinical Audit Patient Panel
- Where the patient experience has been shown to be less than satisfactory CAPP recommends 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 could be changed as a result of this re-audit?

New Discharge Objectives recommended as a result of re-audit:		By whom	Results from re-audit	By when (latest)
Discharge Planning	Patient and carers must be involved in planning before planned discharge in 100% of cases	Ward Manager/new Discharge team	Not happening in many cases	September 2016
Planned care provided	Care promised after discharge is in place before discharge in all applicable cases	Ward Manager/new discharge teams	4% said this did not happen	September 2016
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	Main Issue for delaying discharge	September 2016
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	Seems to be working	Will check on reaudit
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 the patient	Only 1 person delayed though tests	Will check on reaudit
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 / ICS	Seems to be working	Reaudit November 2016
Information provided on discharge	Ensure that all patients leave hospital having had the importance of understanding any information provided for them explained to them.	Manager responsible for discharge / ICS	Mostly ok, some improvement still needed.	September 2016

Other observations on discharge re-audit

- A comprehensive report gives further information on the data collected from patients.
- The CAPP is pleased to see that the SaTH Discharge Policy has been expanded and includes much more detail.
- A number of initiatives have recently or are currently taking place in SaTH to improve the patient experience of discharge. CAPP recommends that the learning from these initiatives are implemented as soon as practicable.
- A re-audit is planned for November 2016 to check on the promised improvements.