Experiences of discharge from Croydon University Hospital by patients aged 65 years and over

2 February 2016

Commissioned by Healthwatch Croydon and undertaken by Age UK Croydon

C O N T E N T S

FOREWORD

Healthwatch Croydon

Healthwatch Croydon is the official champion for users of health and social care services in the borough. Established as part of the Health and Social Care Act 2012, it represents the 'patient voice', and in doing so, addresses key health and social care related issues.

This is done by listening to local people, responding to their voice, and producing evidence based on residents' views to get the best out of these services, both improving services today to helping shape better ones for tomorrow.

Healthwatch Croydon makes an impact through their reports which influence decision making from clinical commissioning to council services and also contributes to wider discussions and themes across the country, through Healthwatch England.

Age UK Croydon

Age UK Croydon aims to ensure that the needs of all older people are best met and to promote an understanding of their contribution, independence, dignity and status within the London Borough of Croydon.

Age UK Croydon serves the interests of all older people in the London Borough of Croydon, providing a wide range of services, including supporting hospital discharge. They want to highlight what is positive about ageing. People in later life have a wealth of wisdom and experience to offer. They deserve to be listened to and represented in their local communities and Age UK Croydon provides the voice to do that.

Age UK Croydon would like to say thank you to the organisations who helped us with this report.

EXECUTIVE SUMMARY

A targeted and limited piece of research published by the Royal College of Physicians journal *Clinical Medicine* suggested that a significant percentage of a person's hospital stay, as much as 21%, could be attributed to delays, see Hendy, Patel, Kordbacheh et al (2012).

This research suggested that there is a huge focus on admissions but with very little research being carried out around the issue of 'medically fit' patients remaining in hospital once they have been deemed well enough to be discharged - often referred to as 'bed blocking'.

Healthwatch Croydon (HWC) commissioned Age UK Croydon (AUKC) to undertake a limited piece of research at Croydon University Hospital (CUH) to examine hospital discharges for the over 65s and highlight any reasons there may be for instances of delayed discharges.

From this report, HWC will be in a position to influence commissioners and providers about the issues which may affect improvements in patients' hospital discharge experiences and inform decision making to improve services.

The report was conducted with 100 patients aged 65 and over, and 68 carers/families of patient, between June and November 2015. The research took the form of a questionnaire with a set of questions/methodology that was agreed by key parties. Participating patients must have been admitted to CUH within the last six months of completing the questionnaire.

Major conclusions

- **One in five delayed:** Results of the research indicate that 20% (20 patients) of patient discharges from CUH were delayed.

- **Delays usually related to day of discharge**: Patients tended to feel that any delays around discharge were on the day of discharge. This included waiting for medication, transport or equipment.

- **Lack of knowledge about the process:** Whilst most participants indicated that there were no significant delays, they did not always understand what a planned or delayed discharge was and there appeared to be confusion as to whether participants considered delays were from when patients thought they would be going home, to the point that they did. Some felt that the discharge was sudden with little or no prior notice.

- **Not always aware about discussions:** Many patients found it difficult to answer questions related to whether they felt that their stay in hospital was longer than medically necessary and this appeared to be because they were not always aware of discussions that were taking place around their care, treatment and discharge.

- **Discharge experience not always remembered:** Patients who were very frail or had memory difficulties could not remember when asked specific questions. Where patients were not clear or did not understand, they tended to say that they did not know or could not answer.

- **Lack of memory of what they had been told**: Additionally, patients were sometimes confused if a number of different staff had spoken to them. They didn't always know who the staff were and couldn't always remember what they had been told.

- **Impact on patients and carers:** Few participants reported any long term impact caused by a delayed discharge. During discussions, a number of issues influenced how they felt. This included lack of communication causing delays; e.g. one reporting that the delay resulted in "pain and suffering" and delay in provision of equipment resulting in delays to physiotherapy which impacted on a patients mobility.

Recommendations

- **A need for clear and accessible information about discharge process:** Patients and appropriate carers and families should be provided with written information about the stay in hospital and the discharge process, to reduce confusion as to what a planned/unplanned discharge is and what a delayed discharge is.

- **Need for written records:** There should be written records of who has spoken to the patient and a summary of what was discussed to reduce the confusion.

- **Designated contact time for carers with doctors and ward staff**: It would be helpful to have a designated contact time when carers can ask questions in person or on the phone rather than trying to talk to ward staff and doctors or failing to get the information they need.

- **Better coordination between ward and pharmacy:** There is a need to enable a seamless service between the ward and pharmacy for patients who need medication to take home with them, to prevent delays at point of discharge.

- **Checklist process required:** If there was a checklist put on patients' note, staff could then see if there are any outstanding issues before discharge.

- **Send discharge summaries to GPs within 24 hours:** GPs can therefore be aware more swiftly that a patient has been in hospital and if medication has been changed.

INTRODUCTION

Older people are now:

- Having to wait on average one day longer in hospital before finding a place in a residential Care Home compared to the position in 2010.

- Having to wait on average one day longer by delayed hospital discharge.

- Having to wait an average of 28.6 days in total, 5% longer than in 2010, for a social care package to be put together before they can go home.

Caroline Abrahams, Charity Director of Age UK, said in June 2014:

"The marked rise since 2010 in the length of time people are being forced to linger in hospital because of a delayed assessment, Care Home place, home care package or home adaptation is an outcome of the crisis in social care. Waiting in hospital a month or more for social care to be organised can also undermine an older person's chances of recovery and be profoundly upsetting for them and their families too."

See
www.ageuk.org.uk/latest-press/archive/nearly-2-million-nhs-days-lost-as-people-remain-in-hospital/

PURPOSE OF THE RESEARCH

Healthwatch Croydon (HWC) commissioned Age UK Croydon (AUKC) to carry out a piece of evidence-based research of people aged 65+ into the reasons why hospital discharges are delayed and the impact of delays on patients and their families.

From this research, HWC will be in a position to influence commissioners and providers about the issues which may affect improvements in patients' hospital discharge experiences and inform decision-making to improve services.

The research was undertaken in the form of a patient and carer/family questionnaire with a set of questions/methodology agreed by AUKC, HWC and key staff at Croydon University Hospital (CUH).

BACKGROUND AND CONTEXT

Previous research into delayed discharge

A targeted and limited piece of research carried out and published by the Royal College of Physicians journal *Clinical Medicine* suggested that a significant percentage of a person's hospital stay, as much as 21%, could be attributed to delays, see Hendy, Patel, Kordbacheh et al (2012).

This research suggested that there is a huge focus on admissions but with very little research being carried out around the issue of 'medically-fit' patients remaining in hospital once they have been deemed well enough to be discharged - often referred to as 'bed blocking'.

The research carried out by the above, found three main factors associated with this:

Combined social and therapy delay	25.8%
Lack of a downstream bed (nursing home or rehabilitation centre)	20.4%
Social Work Assessments and related issues	16.8%

Apart from the cost implications, the research talks of the 'depressing effect' on patients. Also, the issue of discharges rarely happening over weekends was cited. Mostly, this was due to the lack of social services assessments being carried out during this time as reference by Healthwatch Croydon in the tender for this project in March 2015.

Methodology of research

The research focused on those patients who were 65 and over and had been admitted to one of four wards (which included a surgical ward) at CUH within the last six months prior to participating in the research. Where possible and appropriate, carers or families were approached to participate.

Prior to starting the research, an initial meeting between AUKC, HWC and CUH staff discussed the nature of the research, the requirements for support from the hospital and agreed the questionnaire and the way forward.

Developing the questionnaire

Whilst developing the questionnaire, AUKC looked at factors that may impact on a patient's discharge from hospital. This included discussions with Healthwatch Croydon's acting chair and Chief Executive as well as drawing on AUKCs experience of working with patients through our Hospital Discharge and project, both on the ward and during their first few weeks at home as well as input from our Information, Advice and Advocacy team.

AUKC also considered that some factors were social care issues and not related to hospital factors but may still impact on a patient's discharge.

The research survey (see Appendix) consisted of a set of questions to gather information relating to the patient, admission and discharge as well as information on cause of admission and whether it was planned or not, as well as details relating to prior admissions within the last year (page 1).

Questions on page 2 seek to establish whether in the patient's opinion there was a delay in discharge and any factors that may have caused it, as well as any impact delayed discharge may have had on both patient and carer/families.

A series of questions on page 3 related to participants' personal experience of discharge including communication, delays on the day of discharge and reasons why. Patients who used the Discharge Lounge were asked for their feedback and further questions asked about Care Plans.

Conducting the research

Following agreement with CUH, AUKC were given access to four wards, Wandle 1, Wandle 2, Wandle 3 and Queens 1 to talk to patients, carers and families.

It was agreed that AUKC staff would visit the wards as well as the Discharge Lounge throughout the research period, to meet patients, families and carers, taking their details with a view to arranging home visits to carry out the research. This posed a number of challenges.

Age UK Croydon was given limited access to discharge data from CUH, which made it difficult to select a sample of 100 patients. Access to patients on the wards was mixed. Ward staff were helpful and able to identify a few patients who were leaving imminently and, on two or three occasions, a list of patients was prepared in advance. Where a patient was available to speak to, AUKC were given the bay and

bed number. Other patients were approached who appeared to be well enough to talk to us.

However, on many visits to the wards, no patients had been identified as being ready for discharge and on some days, there were no discharges from the wards.

Many of the patients, in particular on the Wandle wards, had a diagnosis of dementia and were not able to understand what was being asked of them in relation to the survey. Many did not have carers or family with them, which meant that it was not possible to explain the survey to them. Some patients who had insight into their dementia, declined to participate as they did not think that they would remember the details of their discharge, once home.

AUKC staff found that many patients were too ill to be approached or were being given care or treatment at the time of our visits to the wards.

Although AUKC visited the Discharge Lounge at different times, as recommended by the staff, it was often the case that patients had just been discharged before AUKC had an opportunity to speak to them. Often, AUKC returned later in the day, to find that AUKC had missed another group. On other days it was more successful and AUKC would be able to talk to patients whilst they were waiting for their transport.

On most of our visits, there were only one or two patients available to talk to who met the survey criteria. On some occasions, patients were under 65, whilst others were not well enough to talk to us, or could not remember their addresses or phone numbers for us to make contact post discharge. Others were discharged to residential care and too frail for us to make a follow up appointment. For those patients who were well enough to see us, AUKC made contact one week later to arrange to do the survey.

Sample

In total, 141 patients were contacted with 100 patients able to complete the research and 68 with carers/families willing to contribute. See appendix 1 to see the sample details. The survey period was from 19 June to 5 November 2015.

There were 41 who could not proceed. This was due to a variety of reasons including readmission, no response when contacting them at home, they no longer live at the contact address, or had now deceased. Many of the pre-arranged home visits were aborted on the doorstep of the patients' home due to the patients being too unwell or they could not remember us making the initial contact with them and agreeing a follow up visit. This process was very time consuming and leads from CUH yielded less than half the number of completed surveys required.

Without a comprehensive data list of discharged patients to work from, it was clear that it would be difficult to meet the target figure of 'a sample 100 patients' and so AUKC explored other options for making contact with those who had been discharged within the last six months.

This included Staying Put Home Help Reablement Service clients and AUKC were able to carry out approximately 40% of the surveys through these clients. Other patients were contacted through Advice Services Croydon (ASC), AUKC Visiting Service, Short Term and Reablement Hospital Team (START), Home from Hospital Reablement Project, Croydon Adult Social Services and Croydon Neighbourhood Care Association (CNCA) groups.

Response issues

Many of the questions produced a high number of 'unable to answer' or 'did not know'. This appears to be due to patients not always understanding what a planned or delayed discharge was and not being clear if they had been assessed or not prior to hospital discharge.

If the hospital had been asked to participate in the survey and provide information about discharge, it may have provided information that reduced some of the confusion. This is something to consider for future research.

During the survey it became clear that it was more difficult to plan discharge for patients who had an unplanned admission as the reason for the admission was not always known at the beginning and recovery times varied. In contrast, those who had a planned admission, e.g. for a planned procedure, tended to know how long they would be in hospital and had already been provided with a discharge date.

Limitations of research

Within the research, the following limitations applied:

- 100 patients would participate
- Participants had to be 65 and over
- Patients should come from four agreed wards (one of which should be a surgical ward)
- Carers and families would be approached to contribute
- Patients must have been admitted to CUH within the last six months prior to participating in the research.

Definition of a delayed discharge

In order to establish whether a discharge is delayed or not, there would have to be an expected discharge date. For planned admissions, patients and staff would have a good idea of the discharge date and be able to plan accordingly. Where discharges are unplanned there are many unknown factors on admission, making it difficult to work out an expected discharge date.

The survey revealed two separate understandings of 'delayed discharge':

- Delayed discharge resulting from the discharge planning process e.g. an expected date which was not adhered to for reasons such as a lack of equipment, waiting for bed to be moved downstairs, lack of support at home etc. Patients and carers/families may or may not have been aware of the underlying reasons for a delay. This relates to page 2 of the survey. This information would have been available from the hospital.

- Delayed discharge from the moment patients/carers/families are informed they are being discharged, often on the same day. This relates to patients' direct experience of being moved from hospital to home, possibly via the Discharge Lounge. This relates to page 3 of the survey. This information was readily available as patients and carers were able to talk about their experiences.

As this research was purely based on interviews with patients, their carers/families and did not involve any direct contact with hospital staff, it provides only limited insight into the reasons behind delayed hospital discharges caused by underlying factors involved in discharge planning. Patients and carers/families may have limited knowledge of the underlying causes of delay. Therefore, for example a patient who is unaware of the lack of availability of a hoist would not perceive their discharge to be delayed. However, a patient whose home has been assessed and modified on a timely basis may perceive that their discharged has been delayed because of long wait in the discharge lounge for their medication to arrive from the pharmacy.

As page 2 (which contains questions about underlying causes of delay) asks about the impact on patients and carers, and page 3 does not, this might seem to imply that delays have little impact on patients and carers/families.

RESULTS OF THE SURVEY

Observations

People involved in care: Patients talked about people coming round to talk to them, but often did not know who the people were and could not always remember what they said. Some patients said they were confused because a number of people had visited them during the day.

Unplanned admissions: The majority of the admissions to CUH 60 patients (69%) were unplanned and therefore discharge arrangements were not in place at the start of patient's hospital stay.

Unclear on what is a delayed discharge was: Answers to the questions relating to discharge delays indicate that participants were often not clear about discharge arrangements; what constitutes a delay and what a planned/unplanned discharge was.

Coordination with pharmacy: Delays still take place within the pharmacy and/or relating to medication – patients sometimes remain in hospital an extra night because the pharmacy closes before their medication can be arranged

Unplanned discharge: 70 of the patients (70%) told us that their hospital discharge was unplanned, whilst 61 (61%) strongly agreed or agreed that they were kept informed about plans for their hospital discharge.

Impact of delay: None of the participants reported any impact from delayed discharge when asked the question and the majority of patients/carers/families did not feel that there was a delay to the discharge. At the same time, on the day of discharge 73 patients (73%) went home via the Discharge Lounge. Of those, 82% (60 patients) waited less than one hour before going home.

Stay longer than necessary: When asked if they felt that their stay in CUH was longer than medically necessary, some patients felt that there were instances when this was the case.

Assessment before discharge: 58 patients (58%) told us that they were assessed before discharge, although 27 people (27%) did not know if they had been assessed.

Readmission to hospital: 36 people (36%) told us that they had been readmitted within the last 6 months.

Patient communication: Patients generally felt that communication with CUH staff was good, although 23 (23%) either disagreed or strongly disagreed.

Patient's needs met: Patients mostly agreed that their needs/concerns were met but 23 (23%) disagreed or strongly disagreed.

Carers/families views considered: Carers/families mostly agreed that their views were considered, but 23 (23%) either disagreed or strongly disagreed.

Carers/families being informed: Some carers/families felt that CUH kept them informed at all stages, in relation to their loved ones treatment and discharge. In both questions, 24 (35%) either disagreed or strongly disagreed.

Carers/families' needs: In relation to their needs/concerns, most carers/families felt that the hospital considered them but 23 (34%) disagreed or strongly disagreed.

Discharge Lounge facilities: 73 patients (73%) used the Discharge Lounge to go home. Of those, 50 (68%) felt that the facilities were acceptable and 41 (56%) felt that they were kept informed.

Care plan: Of the patients that had a Care Plan, all recorded that it was in place at point of discharge, although 13 (13%) said that they did not have input into the plan, 18 (18%) were unaware of the review dates and 10 (10%) recorded that it did not meet their needs.

Community services: For patients with long term conditions, 73% (73) recorded that they were referred to community services for ongoing support. Many were referred to more than one service.

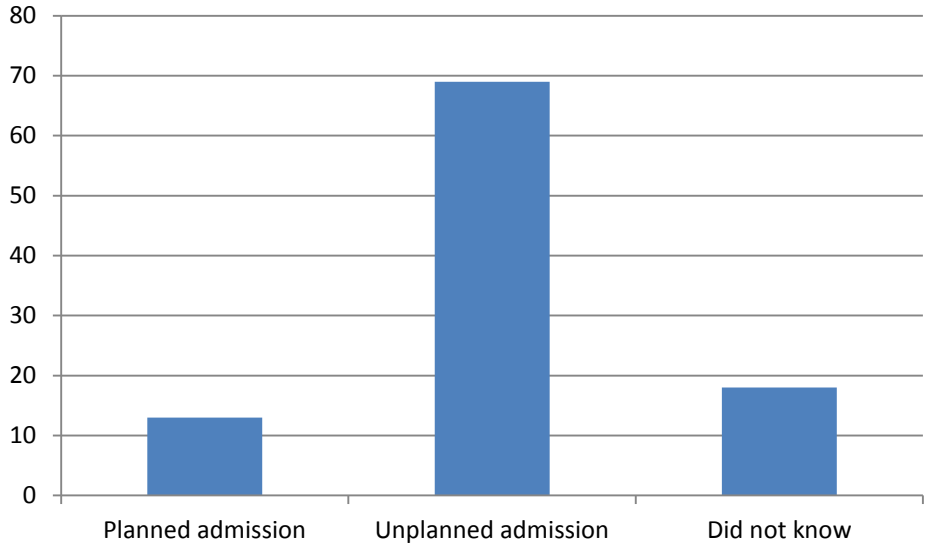
Care plans input and review: 61 patients told us that they had a Care Plan in place before they left hospital. Of those: 51% (31) said they had input into it; 21% (13) said they did not have input into it; 24% (15) knew when the review was to take place and 30% (18) did not know.

Arranging care plans: 39% (24) had the care arranged by the hospital; 20% (12) by Social Services; 3% (2) by the Occupational Therapist and 2% (1) by their families.

SURVEY RESPONSES

Patients' admission/discharge information

A1 - Patients were asked if their hospital admission was planned



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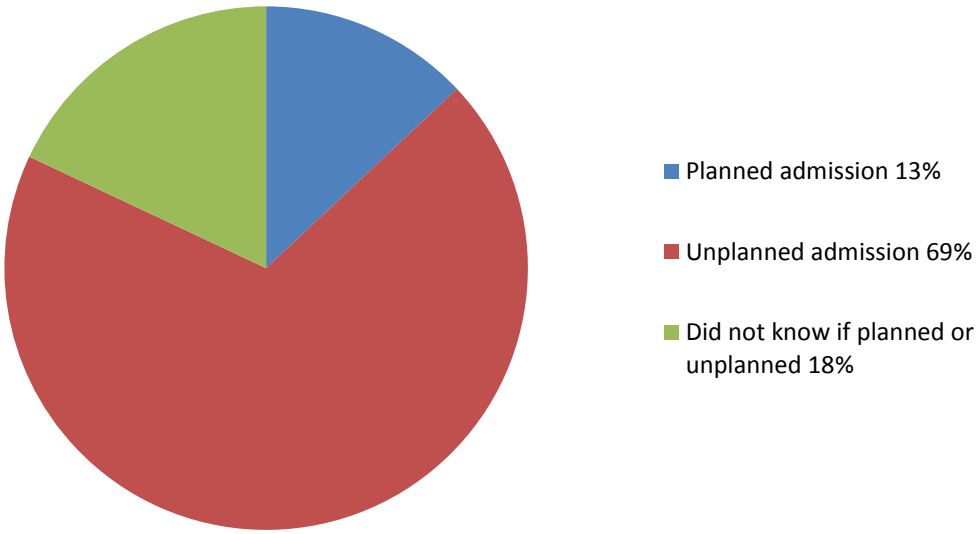
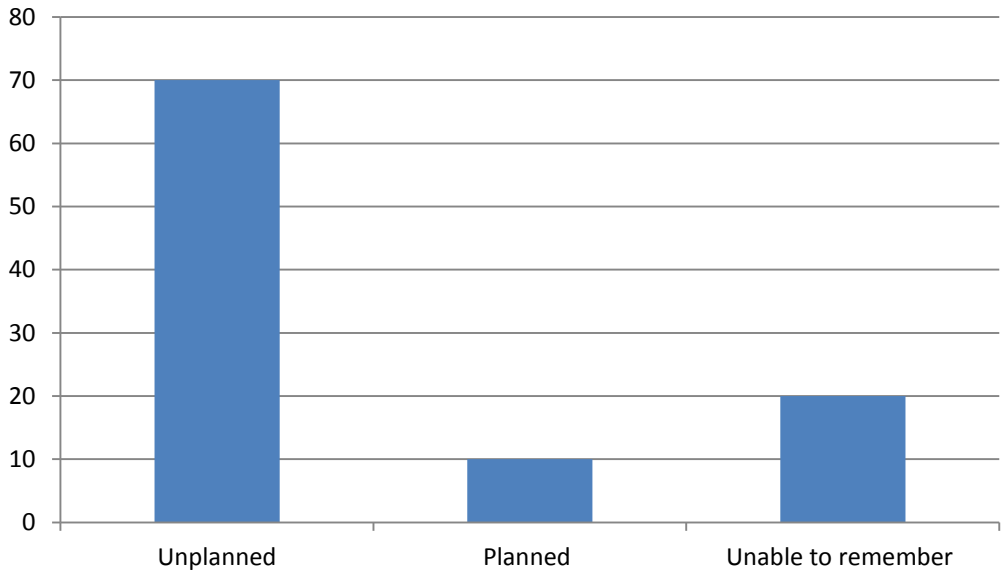


Participants' comments - patients

- "Yes, I knew it would be an overnight stay after my procedure and I was prepared for hospital."
- "I had urine infections caused by the catheter and then discovered I had cancer."

A2 - Patients were asked if the discharge was planned from the start of admission



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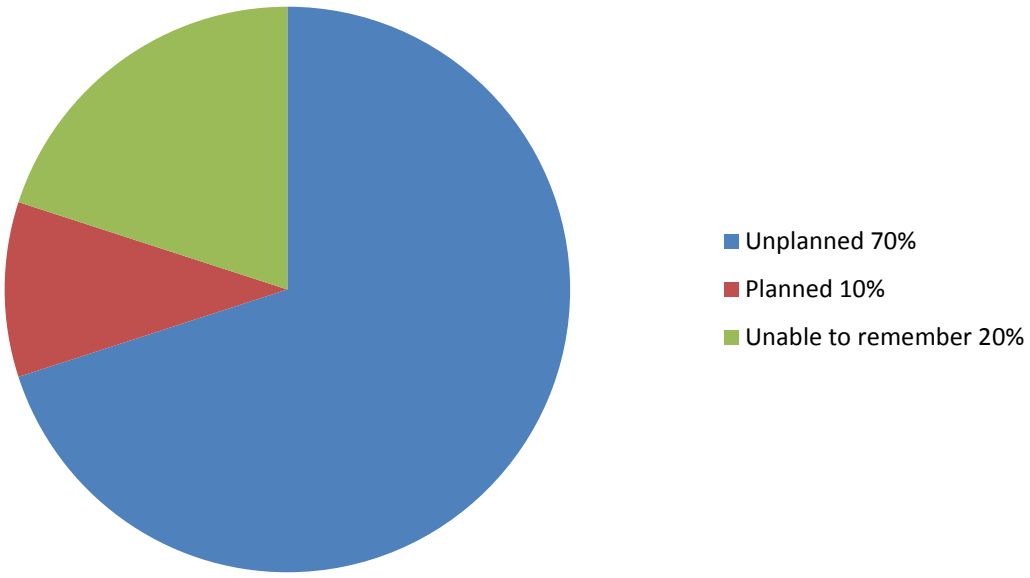
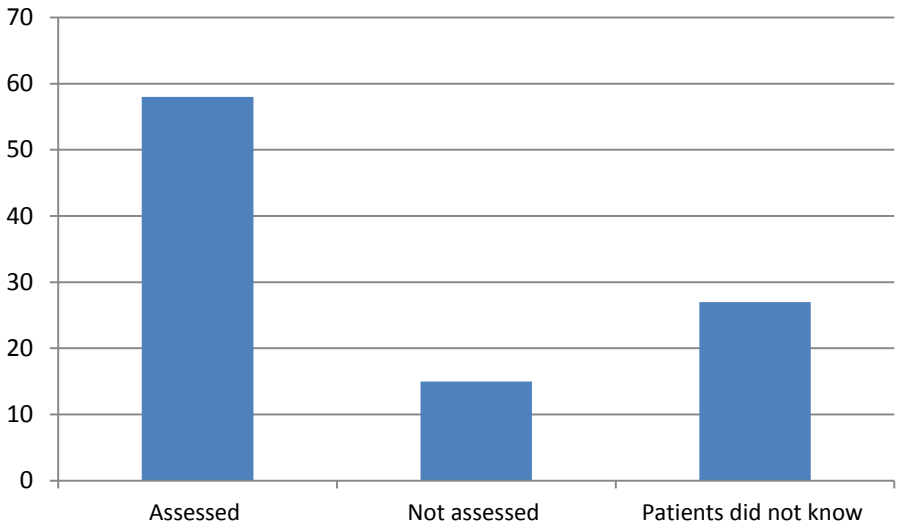


Participants' comments - patients

- "They had to see how I got on from day to day."
- "It was rather short notice for discharge – it would help to advise earlier to enable us to make alterations to home e.g. moving beds."

A3 - Patients were asked if they had been assessed prior to hospital discharge



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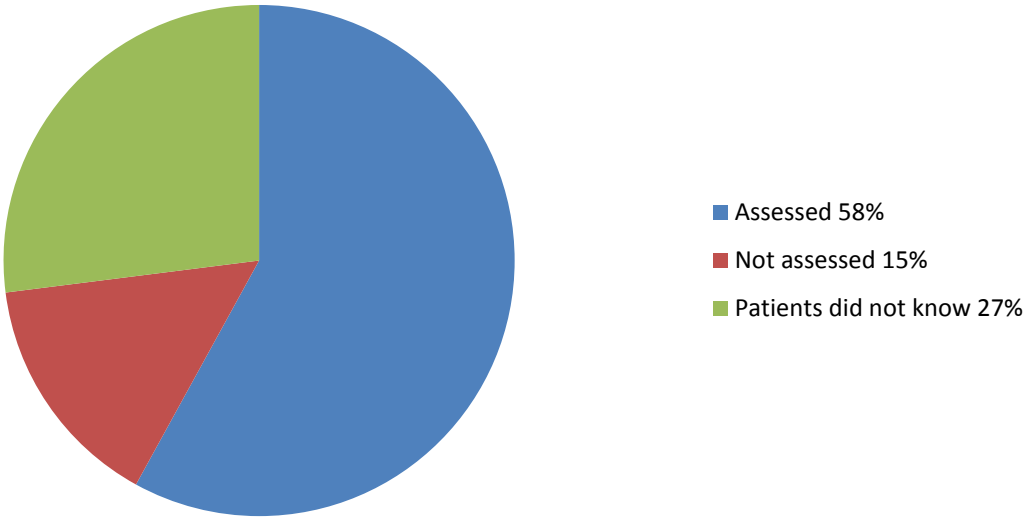


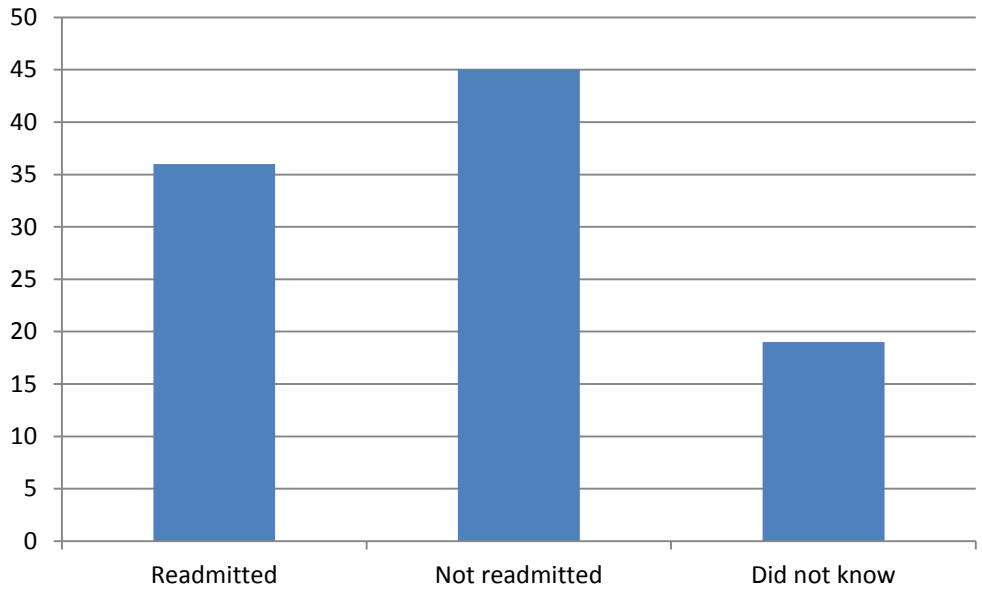
Participants' comments - patients

- "I think I was assessed as they said I was okay to go home."
- "I was assessed by an OT."
- "I was unaware of any assessment."
- "I was assessed by the registrar who said I was medically fit to go."
- "I was assessed by Social Services and they arranged for a home help to come for six weeks."

Participants' comments - carers/families

- "We had a family meeting and it was agreed Mum could be transferred to a nursing home."

A4 – Patients were asked if they had been readmitted in the last 6 months



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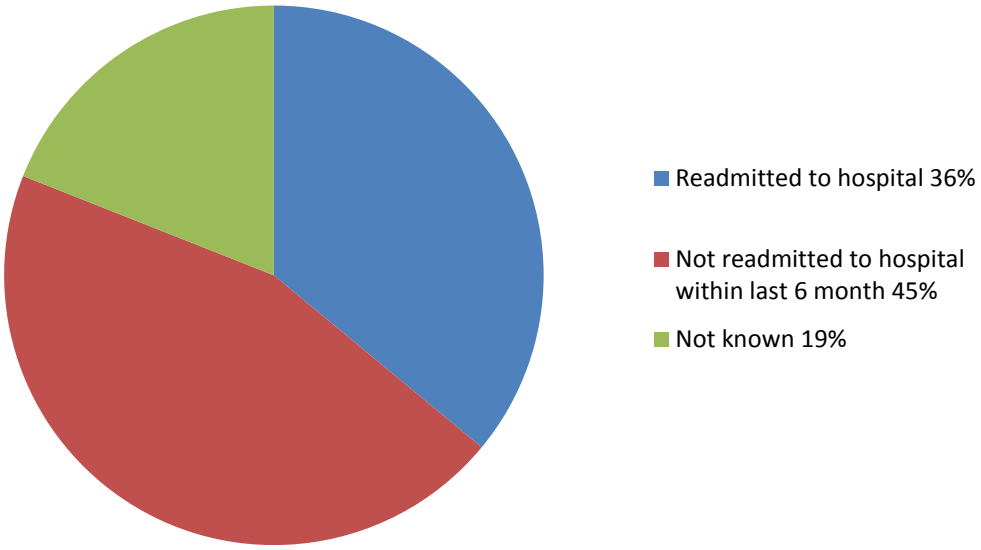


Participants' comments - patients

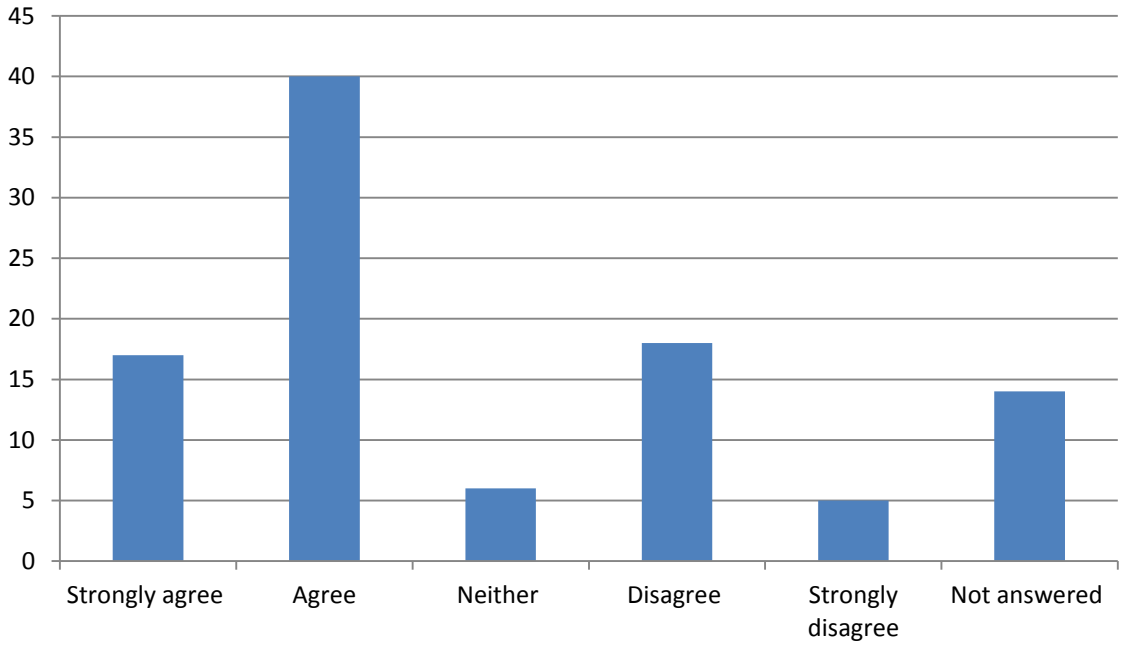
- "I was re-admitted due to a blood clot on the lung, bleeding problems and to treat infections."
- "I had been to A+E three times in pain and on the third time I was told I had constipation. I was admitted to Farnborough Hospital in agony and they found my bowel was attached to my hernia, hence the pain."
- "I was discharged with a frame to help with my mobility. Within a week I fell using the frame and was re-admitted."

- “I was re-admitted with bleeding from the stoma several times.”
- “I was completely independent six months ago and had never been to hospital in years, until someone bumped into me and I fell. My spine was affected and I have been disabled since.”
- “I was re-admitted due to severe infection after a back operation when I was discharged without antibiotics.”
- “My falls and repeated admissions were due to my doctor and the hospital.”

Communication and Planning

Patients were asked for their views on communication and planning

P1 – I felt that the staff at CUH kept me informed at all stages about my treatment



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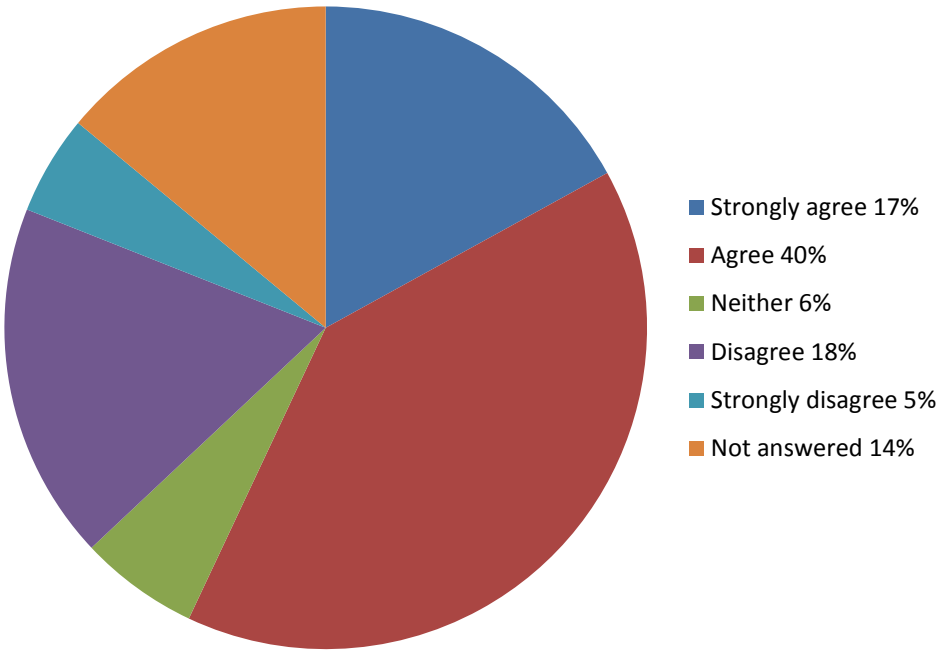


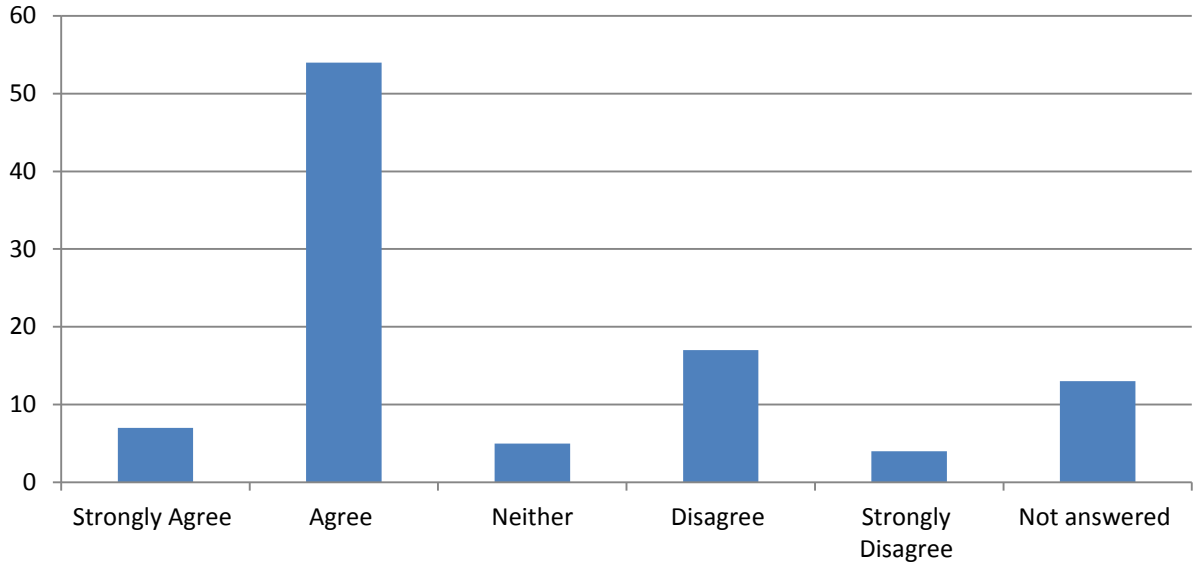
Participants' comments - patients

- "Not sure as I have memory problems."
- "My medication was changed on the system but the medication chart was not updated until the next day. I had to remind them to tell the nurses about my change of medication that night."
- "I was very satisfied with my treatment and I felt I knew what to expect."
- "There was no explanation about being sent to Addington Heights to convalesce but I was happy with the treatment there."
- "I can't speak more highly of CUH and the stroke unit was wonderful."
- "I felt that the doctors thought I was senile or suffering from dementia from their questioning. I thought it was insulting and inappropriate. I was in agony, in tears and all I wanted was pain medication which took one and a half hours."

Participants' comments – carers/families

- "We felt that we couldn't complain about Mum's treatment in case they took it out on her while we were gone."

P2 – I felt that the staff at CUH kept me informed about the plans for my hospital discharge



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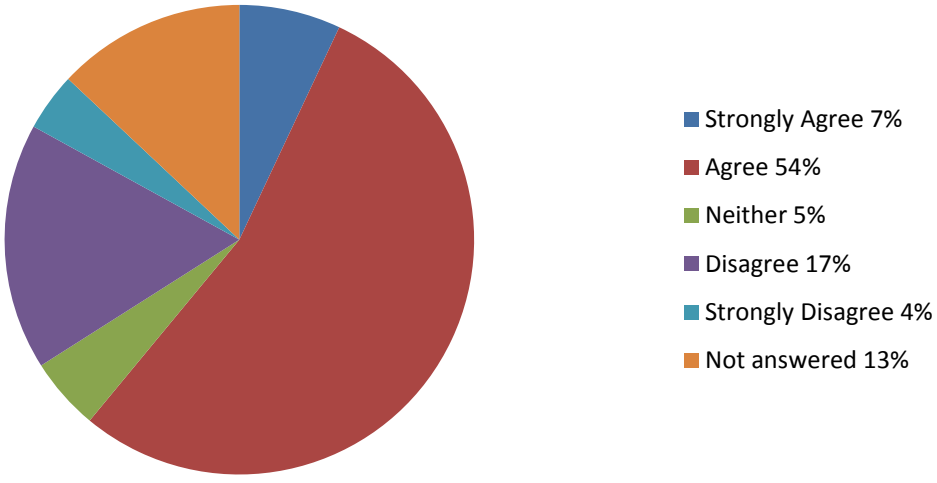
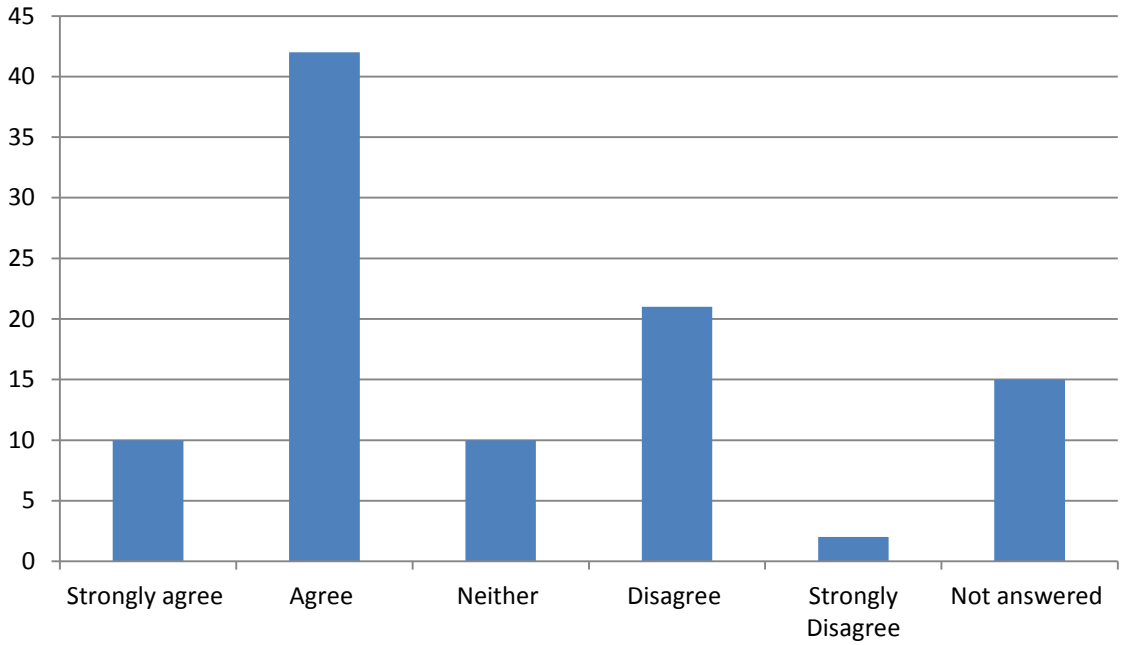


Participants' comments - patients

- "I was well informed in AMU but I was kept in the dark in Wandle 2 about my discharge, but this depended on my blood results."
- "No offer of OT assessment."
- "Scan was not conducted – no reason. I was wondering if it would take place. Uncertain whether I should change my arrangements made with my carer as she has other commitments."

P3 – I felt that my needs/concerns were considered



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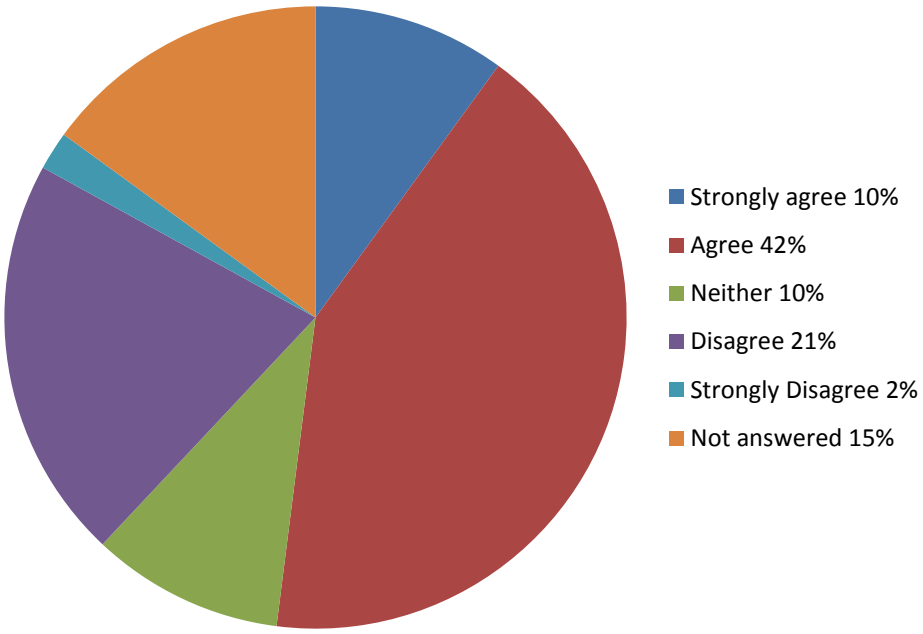


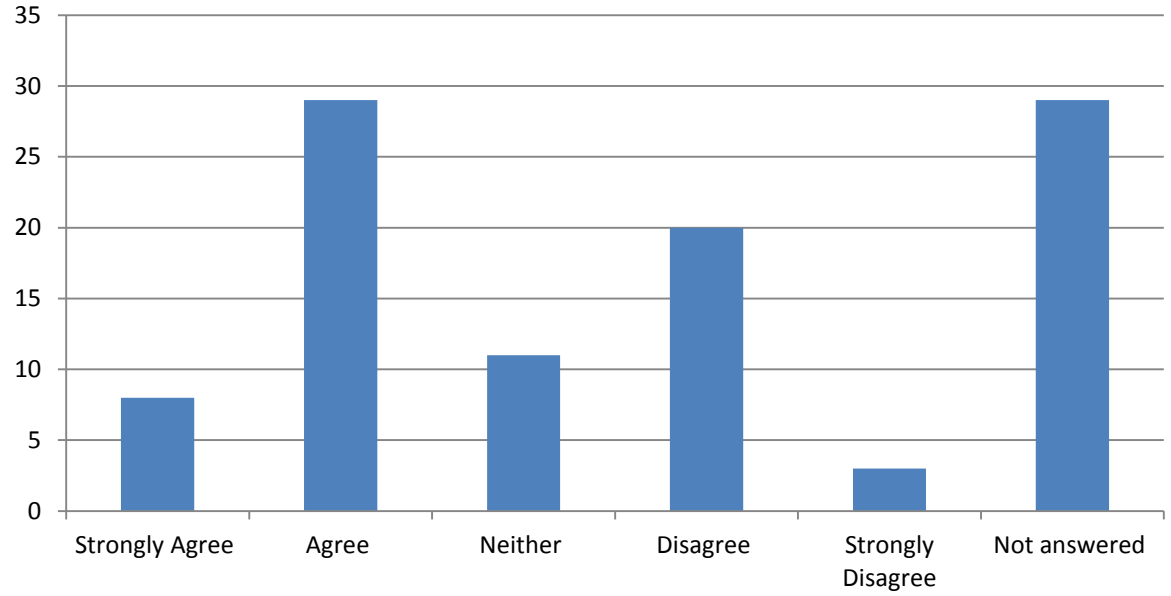
Participants' comments - patients

- "I was happy with explanations about my treatment."
- "I could have stayed longer as I was in pain."
- "Hospital wanted to discharge me home in a taxi in my pyjamas which I refused. I waited until son could take me home a couple of days later."
- "Hospital wanted to discharge me at the weekend with no support. One minute I was going home the next I was not."
- "Other people are more in need of help."
- "At the end I thought, if a nurse is not enthusiastic, why would he or she go into that profession?"
- "I observed nurses with other patients. Some were rude and aggressive, and rough when putting in cannulas. Older people were bruised and their arms were handled roughly, I was thinking of those who might have had arthritis etc."

Participants' comments – carers/families

- "Patient discharged Friday evening with no carers or Meals on Wheels arranged. No OT follow up as had been promised."
- "Patients package of care not restarted and care agency not notified. Ambulance took patient home at 3.00pm. Daughter had to arrange restart of care and carers did not arrive until 7.00pm."

P4 – I felt that my carers/families views were considered as part of the discharge planning



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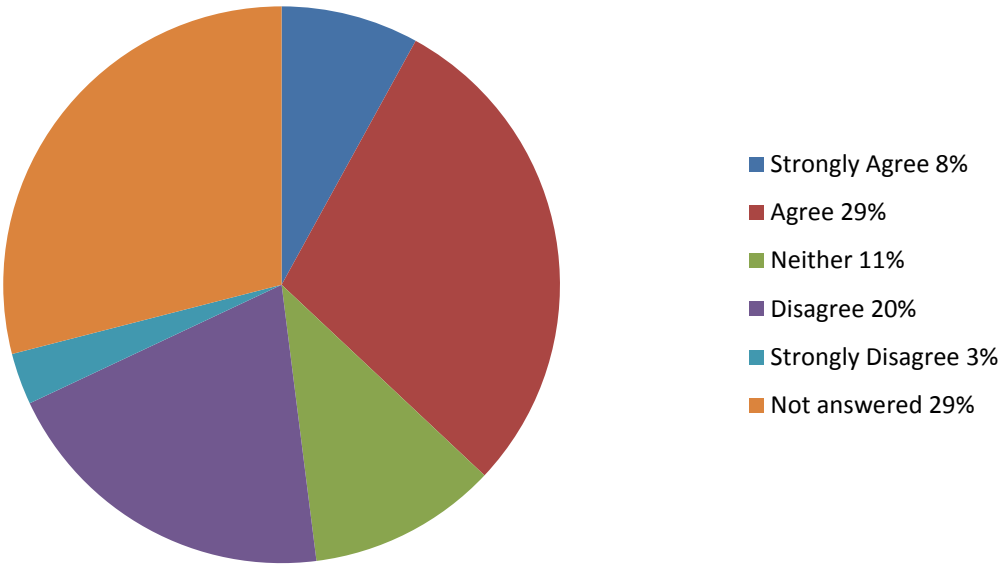
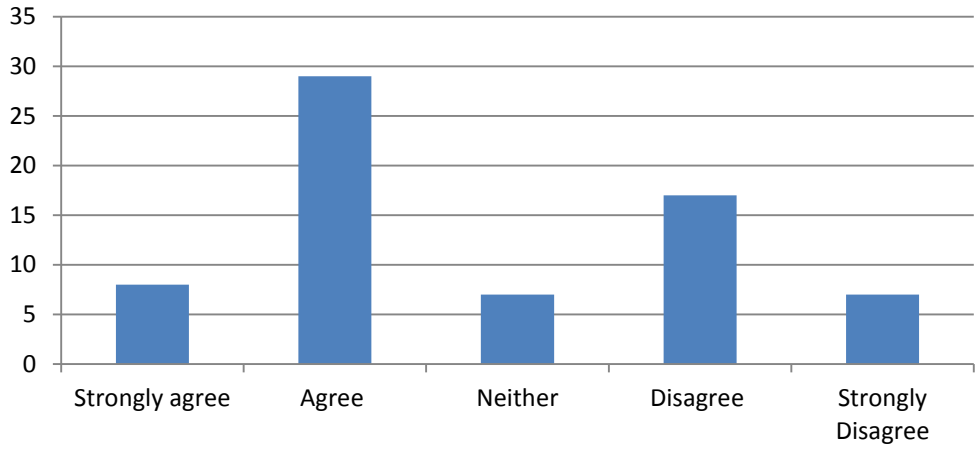


Participants' comments - patients

- "Even staff did not know what was happening."
- "Told that concerns could be met in the community. I did not know who to contact."
- "Hospital did not know if friend was going to pick me up."
- "My daughter felt that I was pushed out because they needed the bed."
- "When daughter called she could not locate me."

Carers/families were asked for their views on communication and planning

C1 – I felt that the staff at CUH kept me informed at all stages about my loved ones treatment



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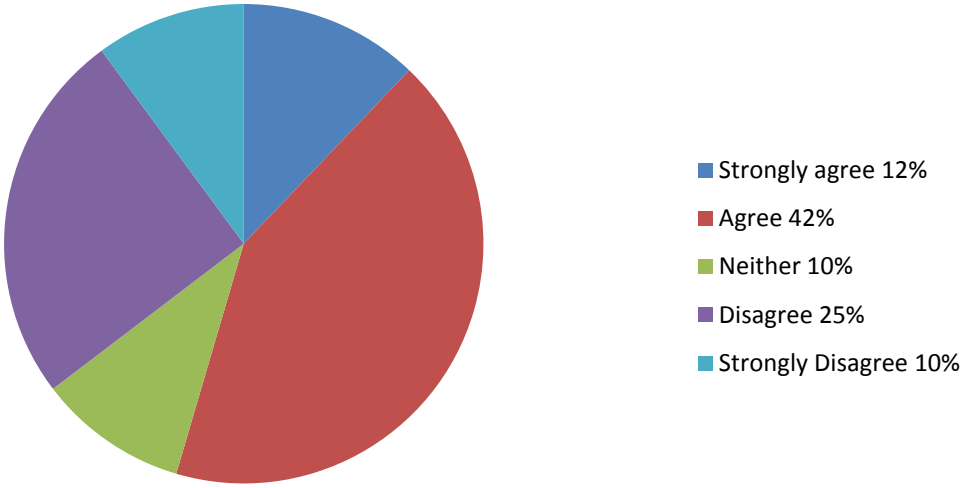
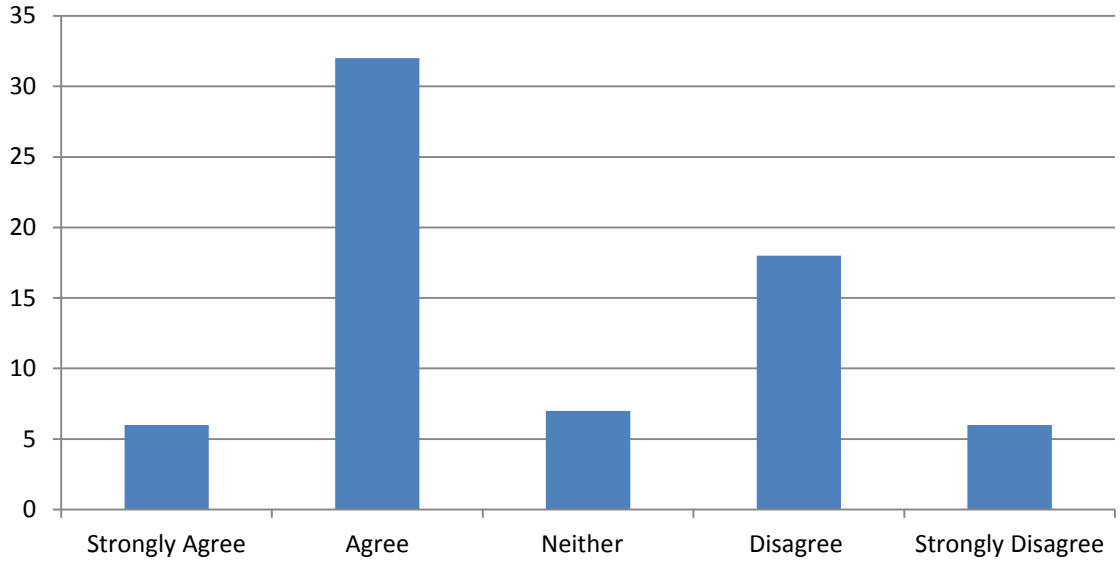


Participants' comments – carers/families

- "We had to be pro-active about finding out about Mum's treatment, the doctors were rarely around and the ward staff were so busy and overstretched."
- "Mum had a 2 hour wait for morphine."
- "On Duppas 2, with the exception of one nurse, Mum's treatment was exceptional."

C2 - I felt that the staff at CUH kept me informed about the plans for my loved one's hospital discharge



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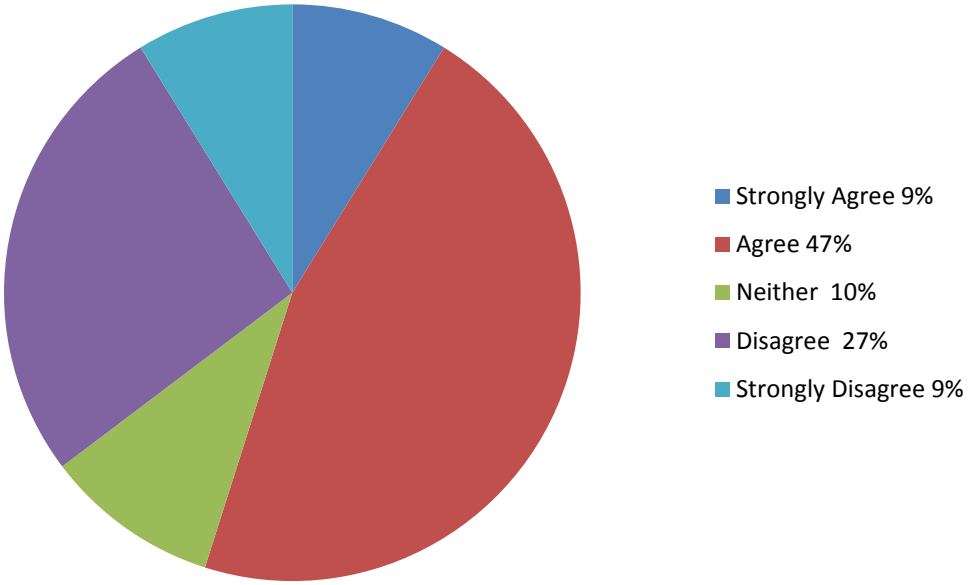
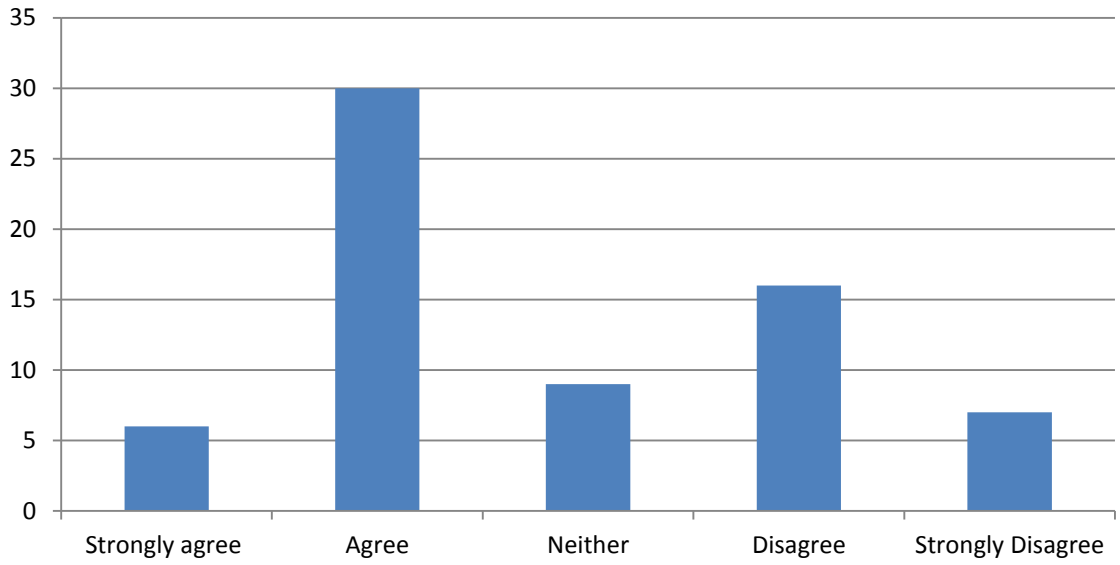


Participants' comments - carers/families

- "There was no offer of an OT assessment at Mum's home."
- "We were told the day before that a hospital bed was being delivered the next day, so we had to panic to clear the room."

C3 - I felt that my needs/concerns were considered as part of my loved one's discharge planning



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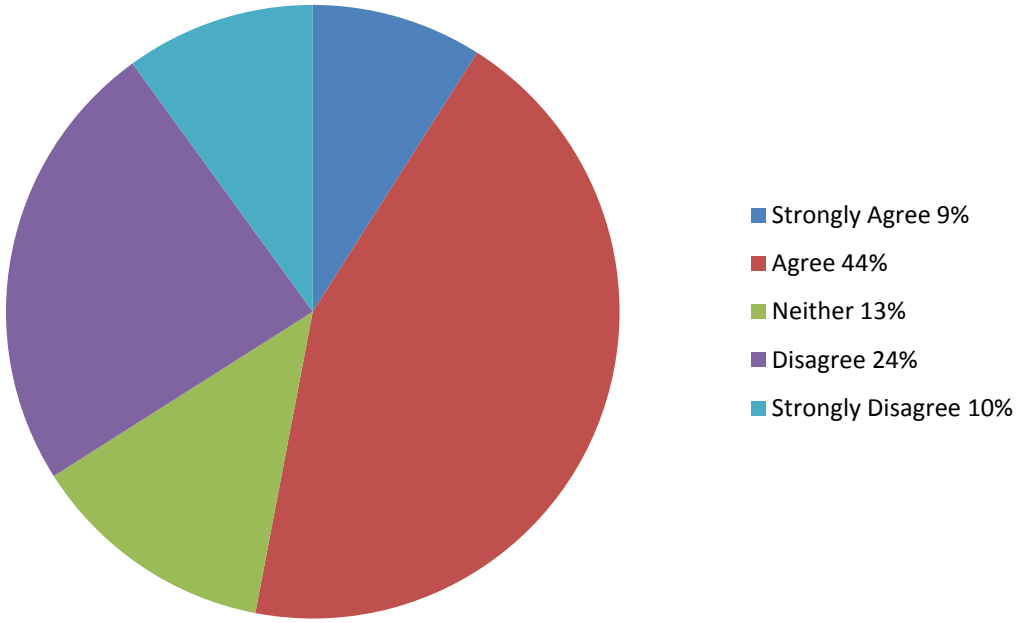
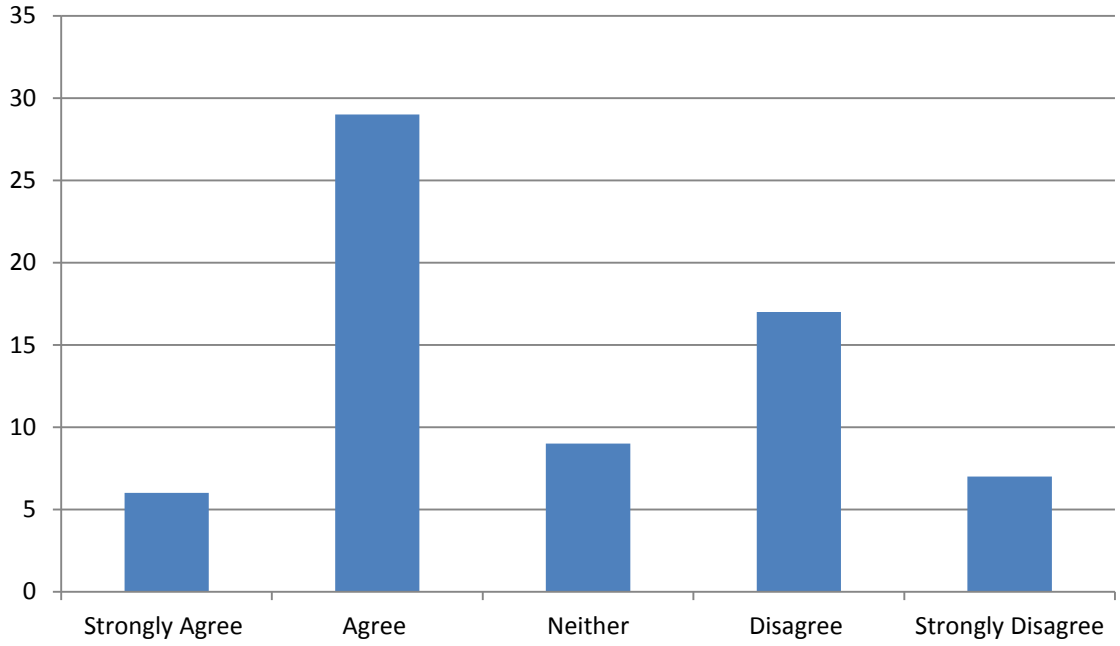


C4 – I felt that my views were considered as part of my loved ones discharge planning



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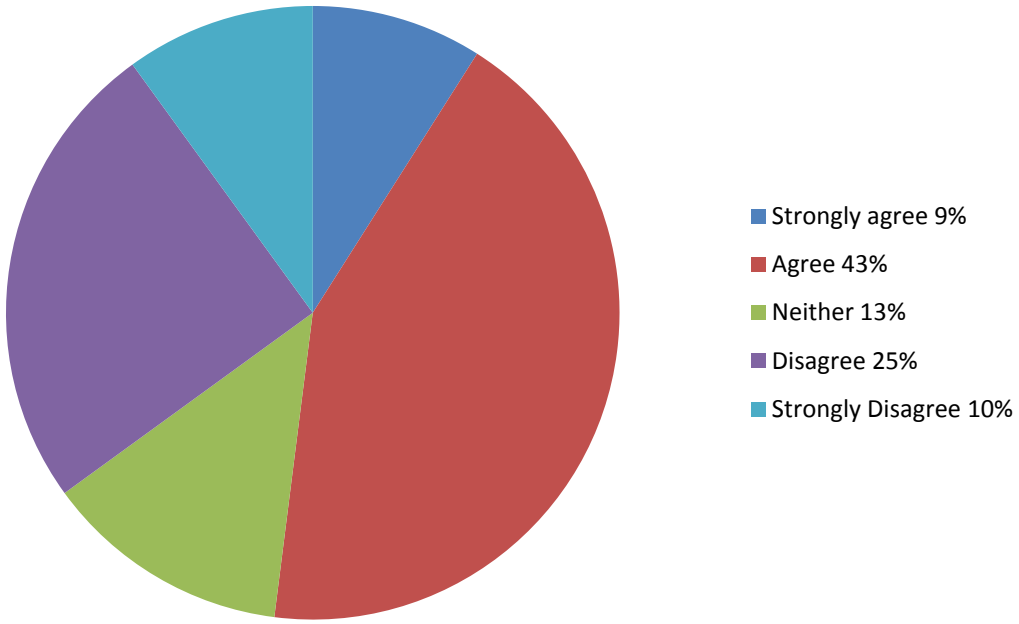


Participants' comments – families/carers

- "They tried to discharge my mother without crutches. I had to insist they gave her crutches."
- "Patient could not be sent home as her main carer was in hospital having an operation. Family were not consulted on discharge. Family felt she needed 24 hour care which was not available. Patient kept in hospital for a week longer than medically necessary. No intermediate care was offered."
- "No communication with us as carers; patient may not have been seen as vulnerable."
- "We had to nag to find out when discharge was taking place."
- "I felt staff did not have time."
- "Informed of discharge the day before, and had to make fast arrangements."
- "Visited the night before and no word about discharge. Received a call at 9.00 am the following day to advise me of discharge."
- "My father was bleeding from his catheter. He should have been properly assessed before discharge."
- "Patient had a fall in hospital; put in chair next to bed after being told could not weight bear but staff made patient walk from bed to chair. Hospital said they tried to contact next of kin to advise, but no call received."

P2- I felt that my stay in CUH was longer than medically necessary because:

Participant's comments - patients

- "Nothing happened during the first three weeks of admission, all tests and investigations could have been done in the first week."
- "Discharge delayed as discussions were taking place between relevant professionals."
- "Awaiting a package of care to be arranged."
- "My discharge was delayed for three days while they put carers in place."

Q15- What was the impact of the delayed discharge?

Patients and carers/families were asked about the impact that delayed discharge had on them. The majority of patients, their families and carers did not feel that there was a delay to their discharge.

Of the 168 people surveyed, none of them reported any impact caused by delayed discharge.

However, from discussions with participants during the survey it became clear that many did not know what a 'planned discharge' was.

Patients, carers and families were not always aware or understood that a discharge had been planned and there appeared to be confusion as to whether delays were from when patients thought they would be going home, to when they did. Some felt that they were discharged suddenly with little or no prior notice.

Many patients found it difficult to answer questions related to whether they felt that their stay in hospital was longer than medically necessary and this appeared to be because they were not always aware of discussions that were taking place around their care.

Patients felt that any delays around discharge were on the day of discharge. Reasons included waiting for medication, transport or equipment.

Participant's comments – patients

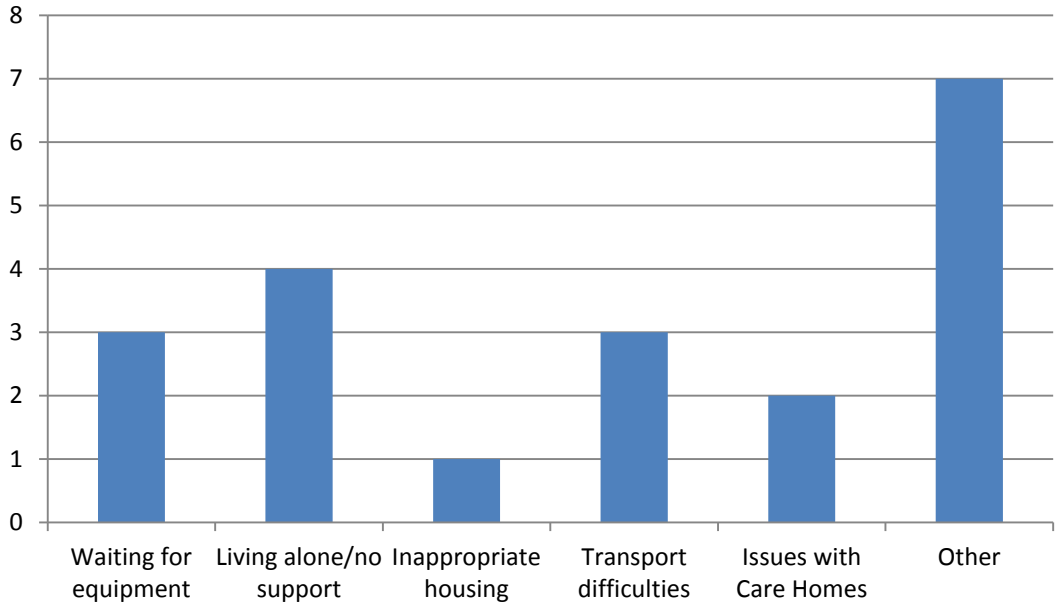
- "A lack of communication between diabetic nurse and pharmacy meant I had to wait longer and caused me pain and suffering."
- "I was stressed out and depressed."

Participant's comments – carers/families

- "There was a delay of equipment which delayed physio and impacted on mother's mobility. She has now lost her ability to walk which is stressful and upsetting."
- "The delay was stressful but mum was safe."

Delays on day of discharge

Patients and carers/families were asked if there were any additional delays on the day of discharge



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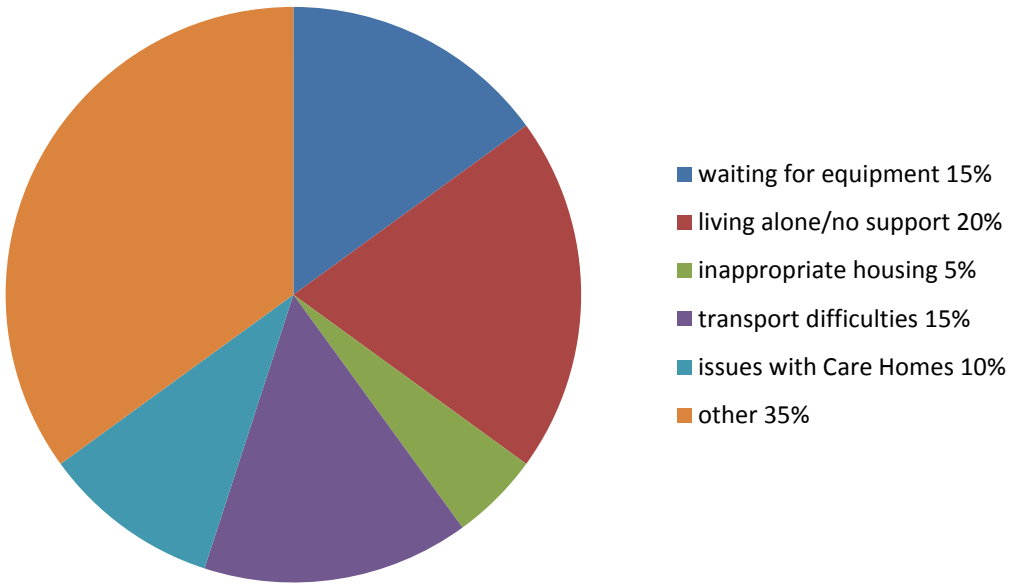


D1 - I had to wait for my medication, delaying my discharge

Participants' comments - Patients

- "Problem with medication. Porter came three times before Discharge Nurse in Discharge Lounge gave me medication."
- "Physio arranged Care Package but had to wait for diabetic nurse to assess. Lack of communication as I was told I could go home, then a long delay due to medication. Pharmacy closed causing another day's delay as I had to be discharged the following day."

Participants' comments – carers/families

- "My mother suffers from a prolapse and was kept waiting over five hours in the Discharge Lounge whilst waiting for her medication. This was excruciatingly painful for her. But she could not go back to the ward to lie down as her bed was no longer available."

D2 - I had to wait for Hospital transport, delaying my discharge

Participant comments – patients

- "It was lunch time so I had to wait for transport."
- "Waited a long time for suitable transport, not available, frustration and discomfort."
- "Transport delayed so I got a taxi."
- "I had to wait for suitable transport as needed to be carried upstairs."

D3 - I had to wait for equipment, delaying my discharge

Participants' comments - patients

- "The right hoist was not available and the delay affected my physiotherapy as I had to spend extra time in a hospital bed."
- "Patient needed a hoist – refused discharge because hoist not available but discharged anyway. Hoist delivered 24 hours later."

D4 - I had to wait for my carer/family to collect me, delaying my discharge

Participants' comments – carer/families

- "I was not given much notice that my mother was being discharged so it was difficult to arrange to be there to collect her."

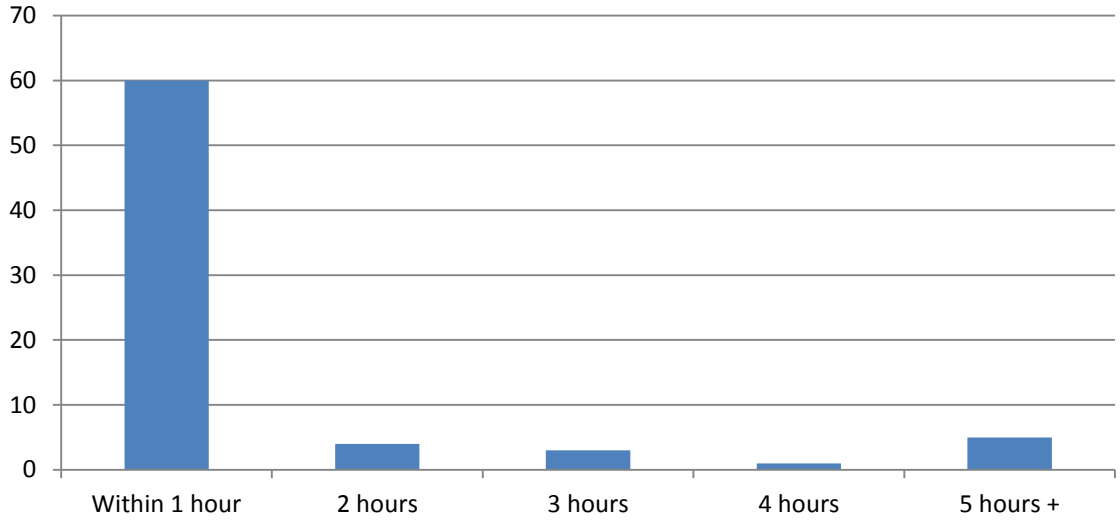
D5 - Wait due to other issues e.g. paperwork not released/notes delayed

Participants' comments

- "I was informed that I could go home the day before but was discharged the following day with no reason given."
- "Discharge delayed as discussions were taking place between relevant professionals."
- "I was taken back to the ward after being sent to the Discharge Lounge – not sure of the reason."
- "Awaiting a package of care to be arranged."
- "Confusion over hospital not communicating with GP over medication."
- "I had to insist on discharge notes because of previous experience."
- "Paperwork given, not sent to GP."
- "Discharge notes not available."
- "Breakdown in communication between hospital and GP; discharge notes not sent; patient handed notes go GP. GP said patient should have seen specialist."
- "No discharge documents."
- "I said I would sort out food at home but they gave me some snacks in a bag."
- "The staff had to chase my medication."
- "I couldn't fault the staff, they were very kind."
- "Discharged in spite of concern from landlord, inappropriate housing, and high risk of falls."

D6 - AUKC asked patients who went to the Discharge Lounge waiting to go home:

a) Did you feel that you waited a long time?



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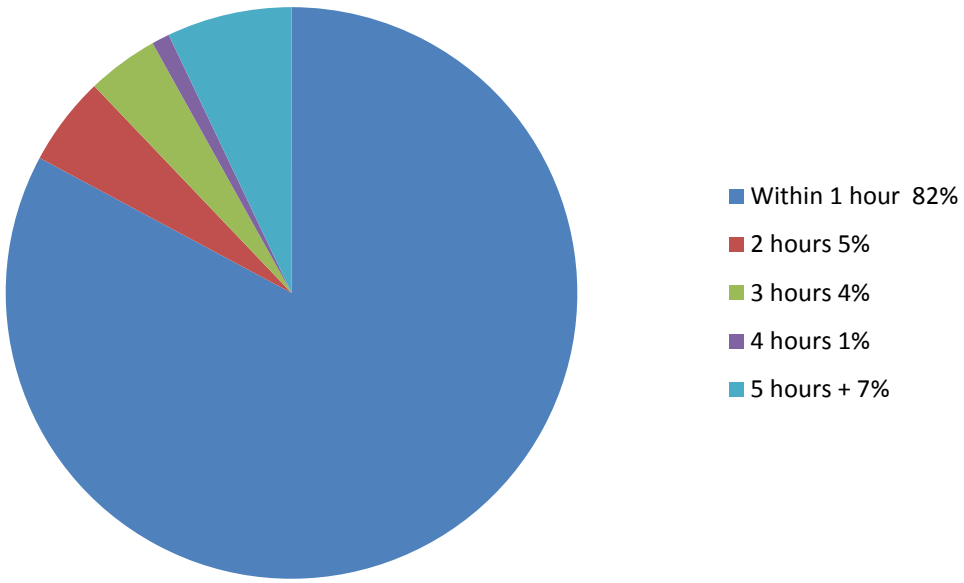
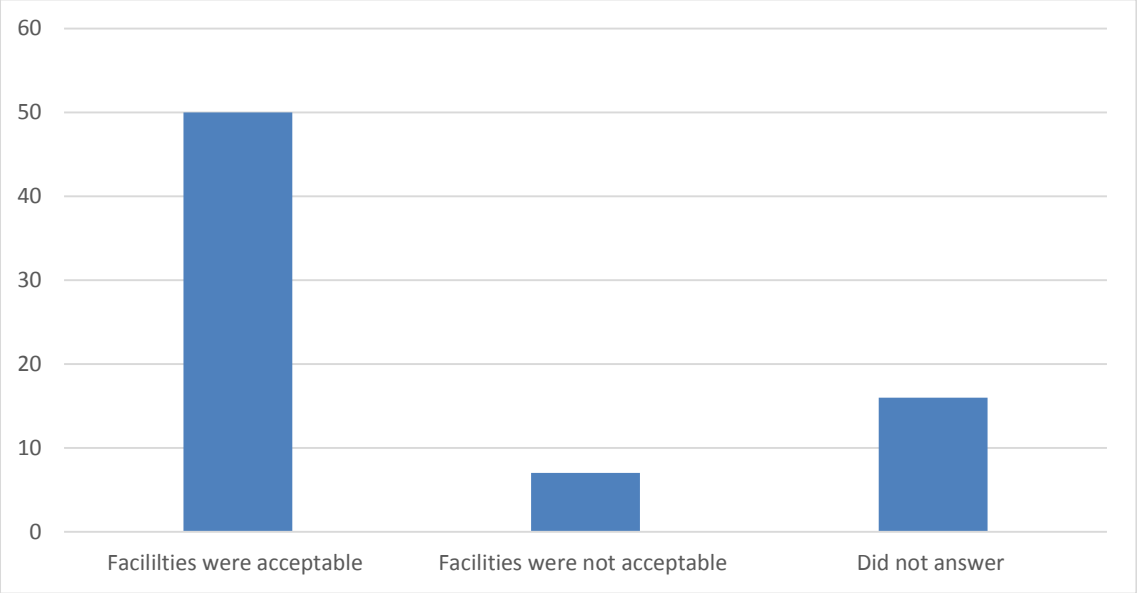


Participants' comments:

- "Patient assessed by Care Home who agreed to take her. Patient taken to Discharge Lounge at 9.00am but Care Home not ready to receive her until 3.00pm. Care Home not impressed by lack of communication and effect it had on patient."
- "Arrangements made for patient to move to a Care Home in the morning, but did not leave hospital until 9.00pm that evening which was very stressful. To date, do not know the cause of delay."
- "Patient was discharged back into inappropriate housing, with signs of short term memory loss, refusing carers and has now been diagnosed with severe dementia, without any carers in place. No follow up from hospital or GP, in spite of tests having been done in hospital."

b) Were the facilities were acceptable?



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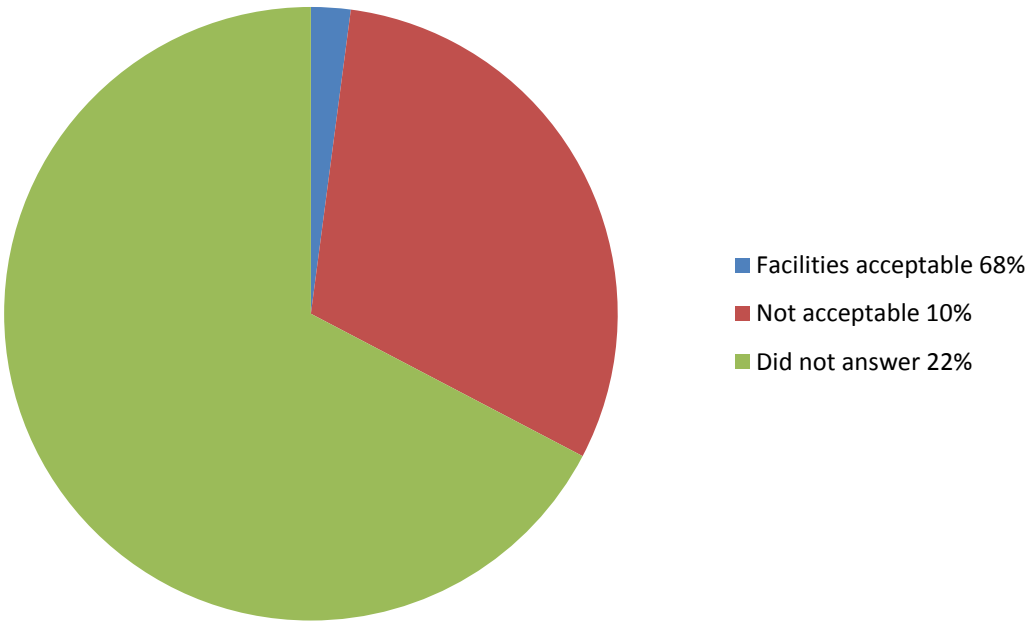
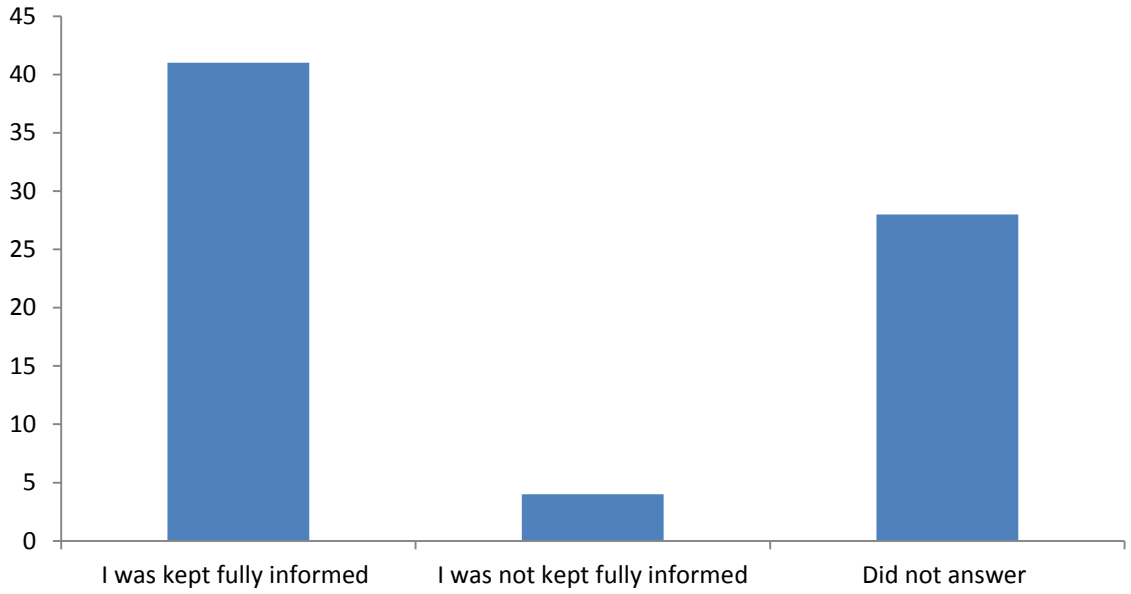


Participants' comments - patients

- "They offered me a sandwich and a cup of tea."
- "I was not able to use the toilet while in the Discharge Lounge as I could not walk."
- "Discharge Lounge would not let me go to the toilet because I could not walk and could not get wheelchair through the door."

c) Were you kept fully informed?



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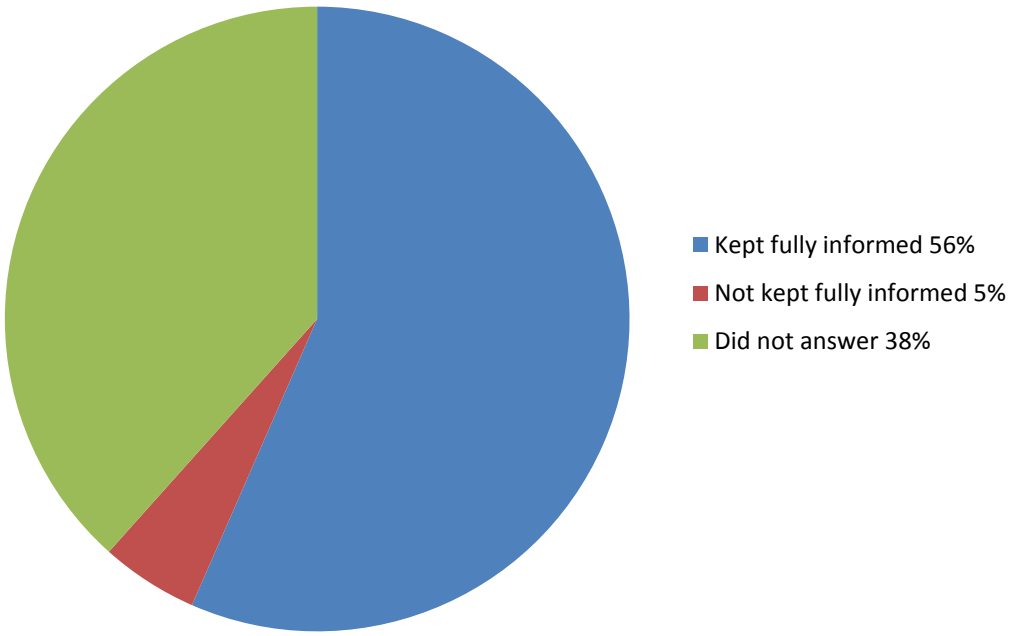
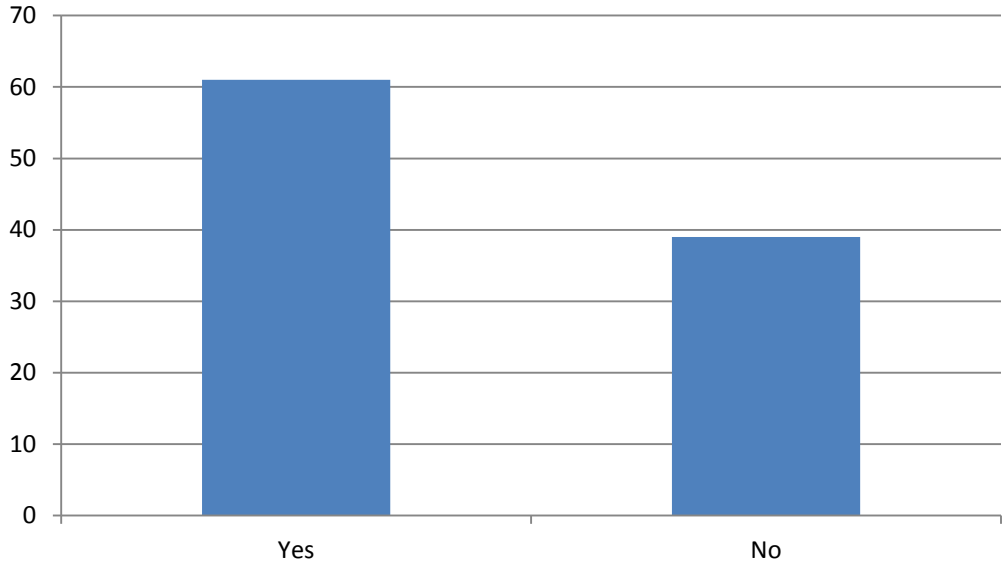


No comments received on this question.

AUKC asked patients about their Care Plan

E1 - Do you have a Care Plan?



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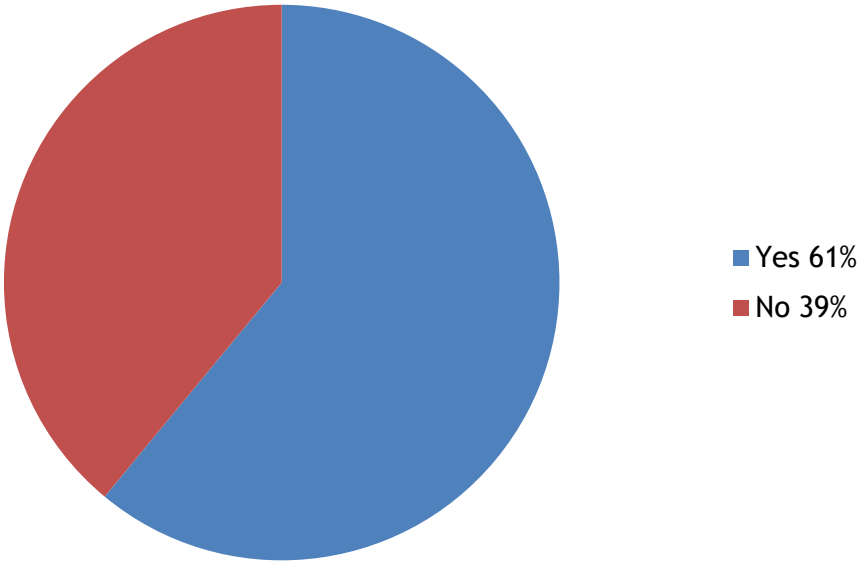
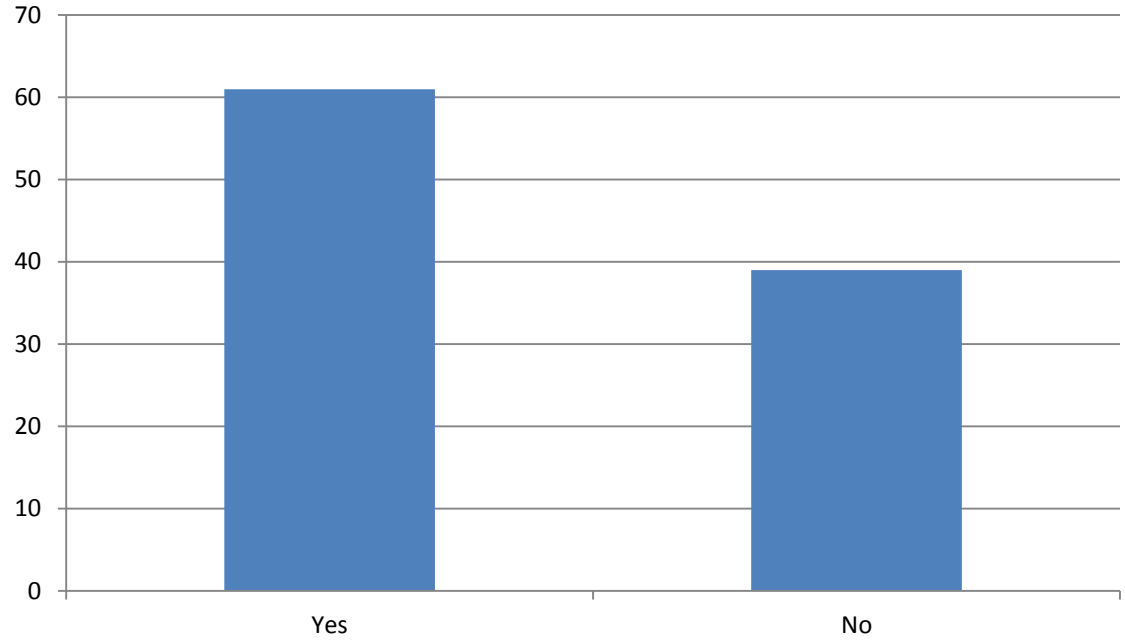


Participants' comments - patients

- "I was not offered a care package."
- "No package of care in place as staff assumed carer already in place. Discharge delayed for three days."

E2 - Was your Care Plan in place before you left hospital?



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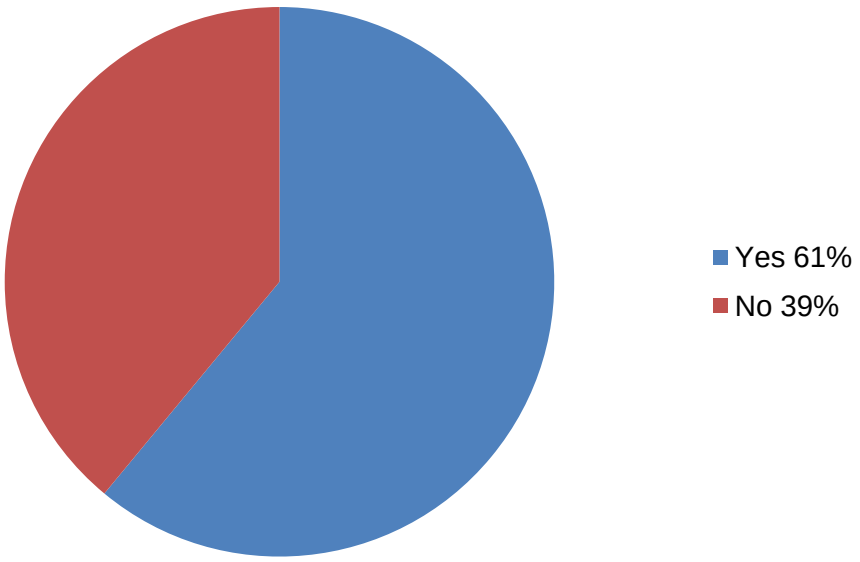
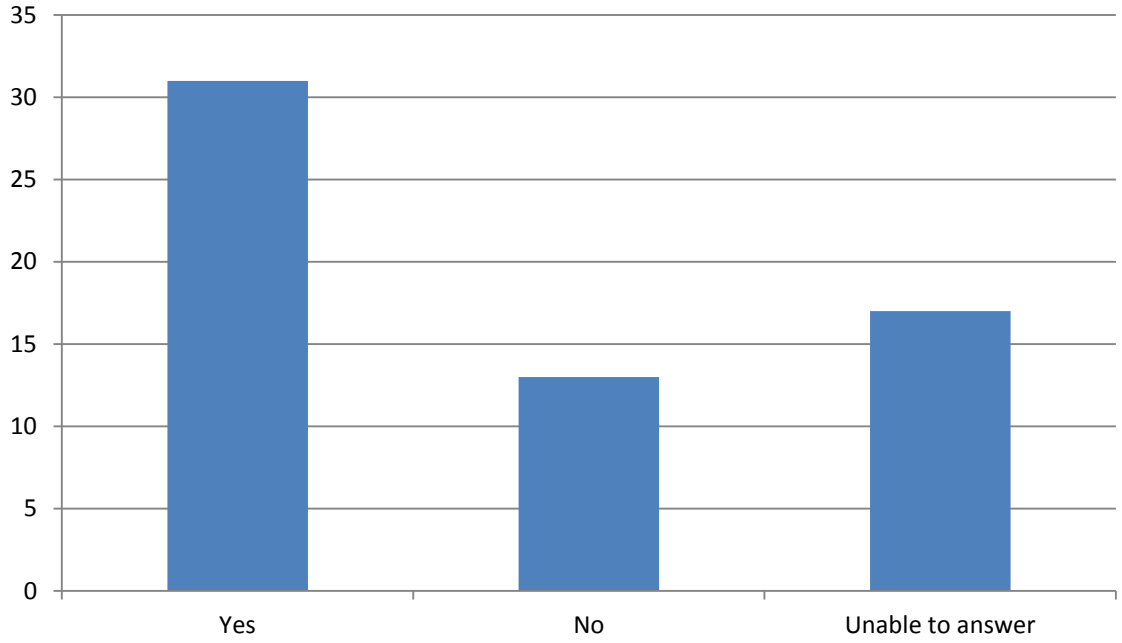


Participants' comments – patients

- "Carers arrived the day before I was actually discharged due to breakdown in communication between ward and care agency."
- "My daughter had to restart package of care."
- "Care Package not restarted. Ambulance took me home at 3pm. No carer until 7.30pm, Care Agency not notified."
- "Carers did not come for the first few days."

E4 - Did you have input into your Care Plan?



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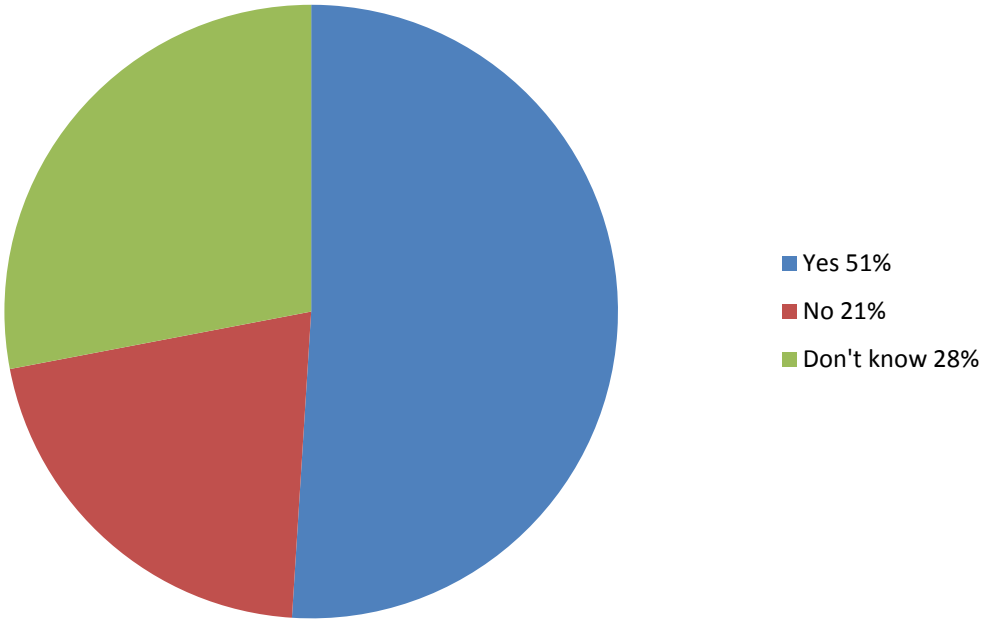
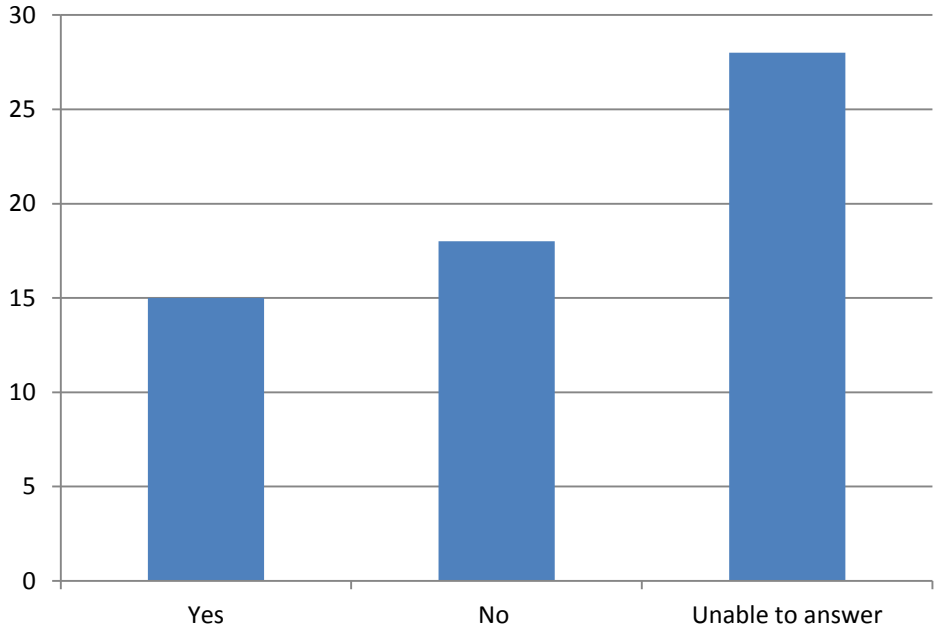


Participants' comments - patients

- "Care plan not offered as hospital was aware a friend was staying with me. However, friend was only staying for a few days."
- "No package of care in place as staff assumed carer already in place. Discharge delayed for three days."

E5- We asked patients if they knew when their Care Plan review was to take place.



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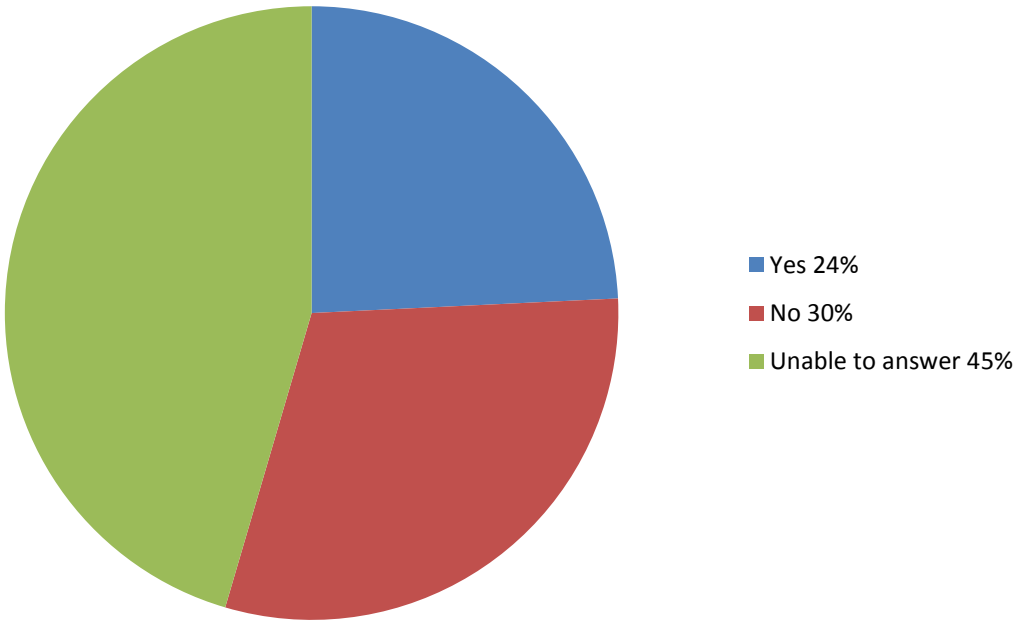
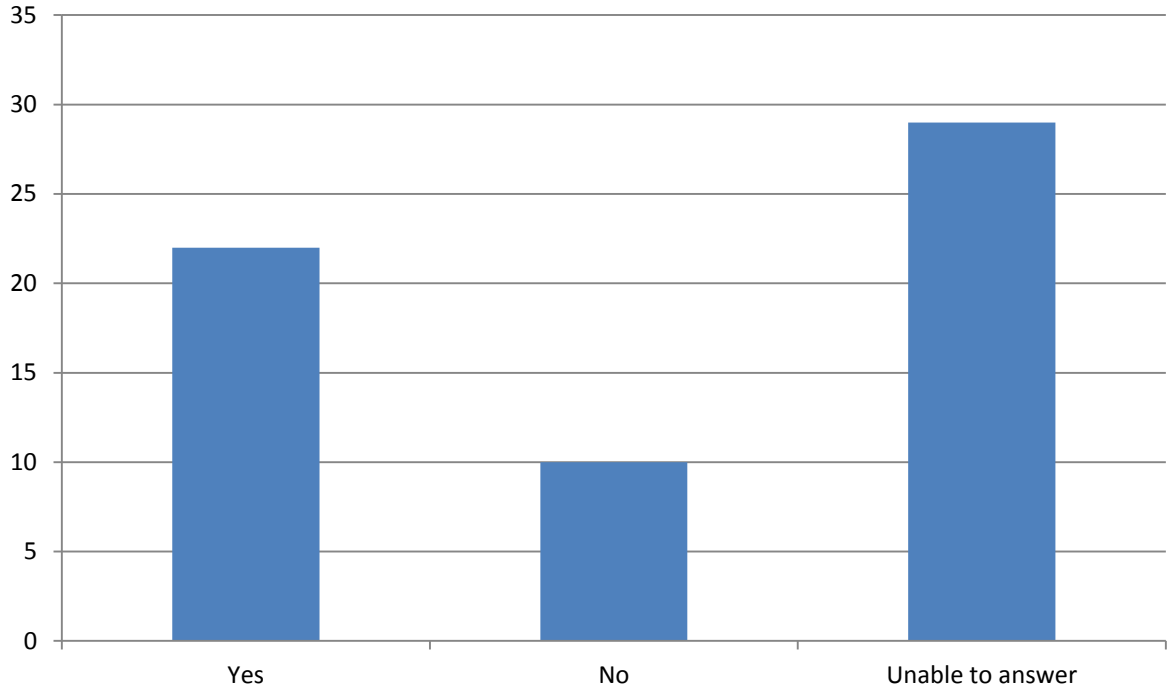


Participants' comments – patients

- "I don't know what happens after six weeks are up and I don't know who to contact."

E6 - Is your Care Plan meeting your needs?



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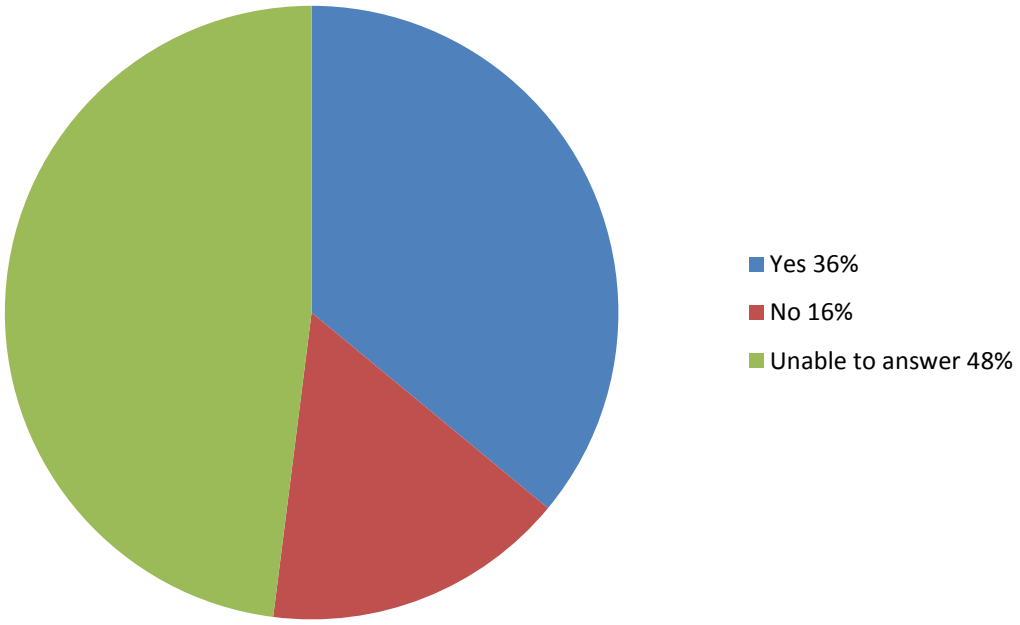


Participants' comments - patients

- "I have no toilet upstairs and need someone to empty the commode for me downstairs, but bucket has no lid."
- "My carer was very good to me."
- "I couldn't fault my carers."
- "Carers sometimes didn't come."
- "I did not need my carer to prepare porridge as I can do this myself. But she would not change my tablecloth as she said this was not in her job remit."

Participants' comments – carers/families

- "My mothers' needs were higher than the Care Package given. Visits too short, care agency stopped coming without any discussion between family and Social Services."
- "We had to raise a safeguarding – I found the carers were feeding Mum while she was lying on her back and she has swallowing issues. At the same time, they were changing her pad. We were furious!"
- "Carers really useless, lack initiative, my father had to explain everything."

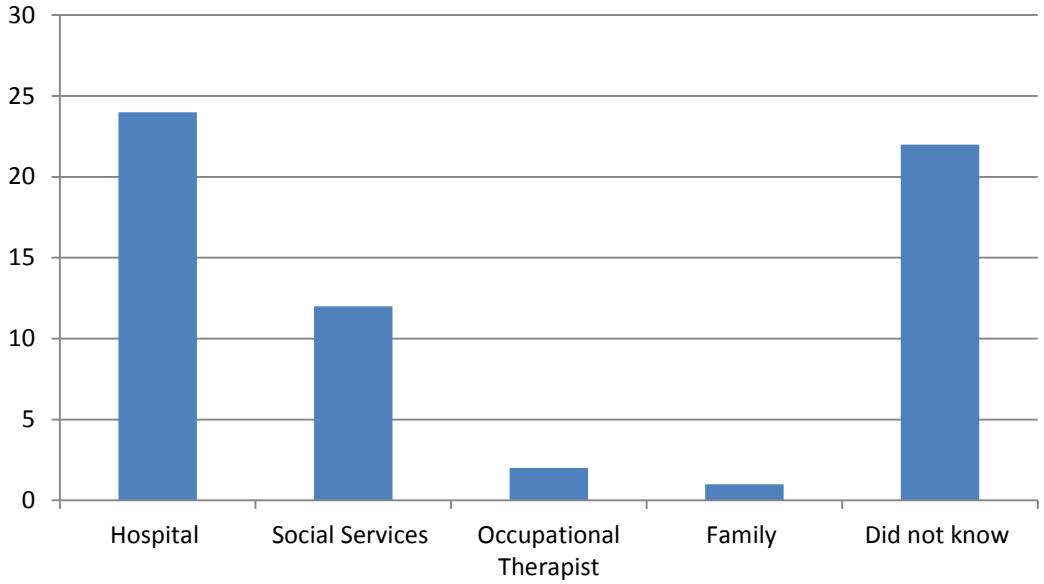
Other comments relating to Care Plans - patients

- "Carers were wonderful, gave me back my confidence. I was walking again soon."
- "Once, a man appeared to do my personal care (Female patient)."
- "Carer did not know how to shave me."
- "I cancelled carers after a few days as I felt I could manage."

Carers/families

- "I did not like the way the Carers handled my Mum so we made our own arrangements."

E3 - Who arranged the Care?



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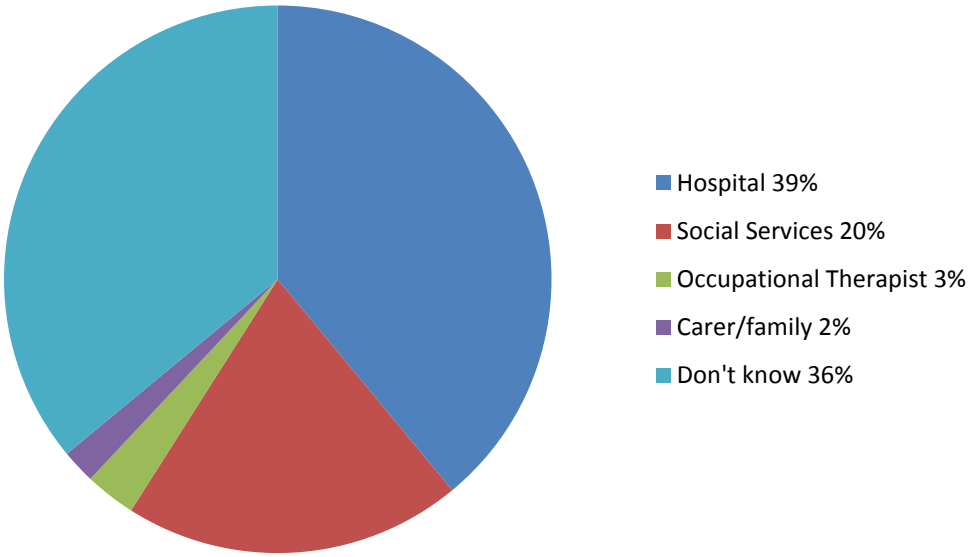
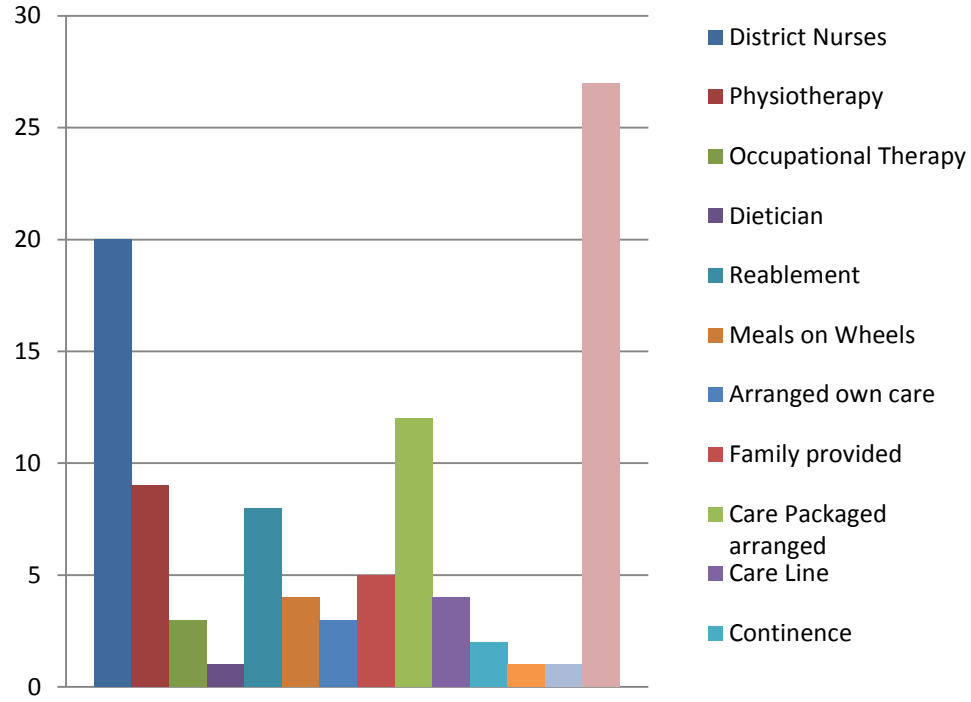
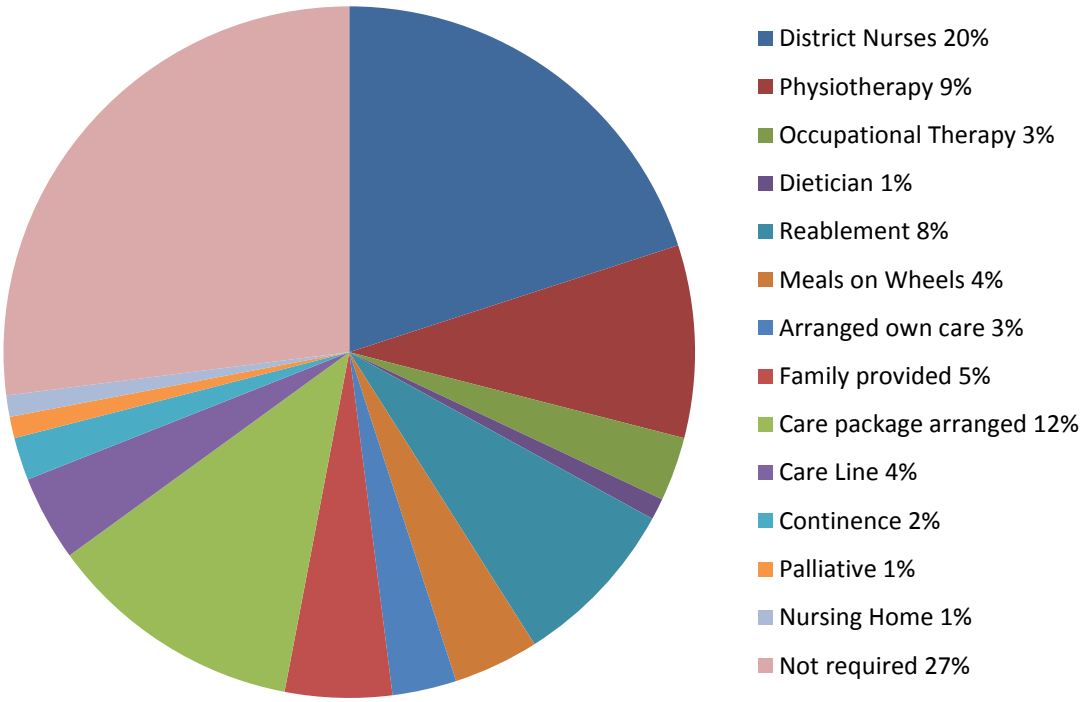


Q19- AUKC asked about long term care in the community
Was any provision made for your long term care in the community?



Total =118*

*Some patients had more than one type of care helping them into the community.



Participants' comments - patients

- "When asked by physiotherapy department when I wanted to start physiotherapy, I said I didn't know as yet. I was told I would have to re-apply in the future. I found this rude and unhelpful, I could have been kept on the waiting list."

Participants' comments – carers/families

- "The district nurse comes to give my mother regular injections."

Other comments from patients

- "My medication was delivered one hour after I arrived home. Good service but a waste of money."
- "Medication delivered one hour after discharge."
- "Breakdown in communication between hospital and GP. Discharge notes not sent, hospital did not notify GP re medication."
- "Transporting ambulance was rickety and it was painful for me."
- "Discharge summary came two days ago."
- "Discharge summary sent by post."
- "I would never go back to Croydon University Hospital."

RECOMMENDATIONS

Clear and accessible information about the discharge process: If patients, carers and families were provided with written information about the stay in hospital and the discharge process, this would reduce confusion as to what a planned/unplanned discharge is and what a delayed discharge is. A contact sheet given to patients on leaving hospital with information on who to ring for the various different services, this should include community based services that could offer support for non-medical issues.

Need for written records: A written record of who has spoken to the patient and summary of what was discussed would help reduce any confusion.

Designated contact time for carers with doctors and ward staff: This designated time would allow carers to ask questions in person or on the phone rather than trying to talk to ward staff and doctors at any time or failing to get the information they need.

Better coordination between ward and pharmacy: Enabling a seamless service between the ward and pharmacy will ensure patients who need medication to take home with them receive what they need without a delay at point of discharge.

Better coordination with care agencies: Care agencies need to be advised if a person is leaving hospital earlier or later than planned. If discharge is delayed, in some cases for several weeks, care agencies as well as home help services need to know of any changes to timescales.

Coordination of interventions: If there was improved coordination of the interventions while patients are in hospital, this would avoid patients being left waiting over a period of time between medical tests which cause longer admissions.

Checklist process required: By placing a checklist on patients' notes, staff can see if there are any outstanding issues before discharge.

Priority discharge for home alone patients: If a patient is going home alone or has no next of kin, it would be helpful if discharge could take place in the morning so that if there is a problem there is time to sort it out.

Follow up: If patients have no next of kin it would be helpful if a follow up call could be made by the hospital the next day to make sure that they are alright or a referral made to a voluntary organisations to follow up in the community with the patient's permission.

Discharge summaries to be with GPs within 24 hours: Sending discharge summaries to GPs on day of discharge or within 24 hours, will ensure GPs know that their patient has been in hospital and/or their medication has been changed.

Better information for carers: Clearer information on aftercare for carers would be helpful to make caring easier including contact details of carers support organisations and their rights to a carer's assessment. Verbal and written explanation of medication and how to administer it would be helpful for carers/families providing care post discharge**.** More information and advice would be helpful for patients suffering from incontinence, including how/where to obtain pads/underwear.

Attendance allowance: Some patients and carers were not aware of attendance allowance and stopped their care after six weeks even if they needed it as they could not afford it. It would be helpful to offer advice on paying for care after six weeks care package.

Independent advocacy: It would be helpful to offer patients independent advocacy whilst in hospital to ensure that they are listened to and are able to speak up if they have no support.

Better communication: It would be helpful if communication between hospital/social services and patients, families and carers could be improved.

REFERENCES

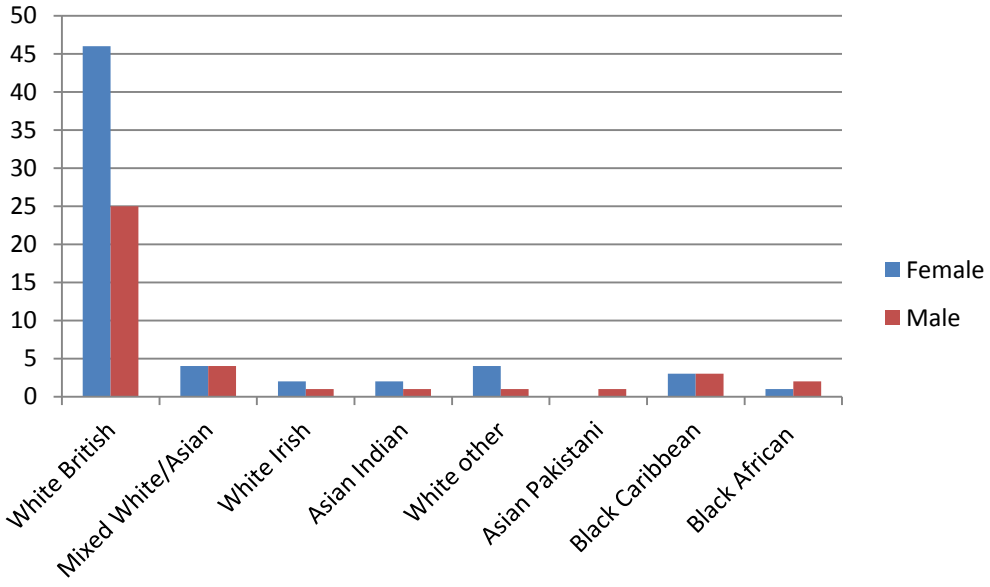
P Hendy, JH Patel, T Kordbacheh, N Laskar and M Harbord (2012) In-depth analysis of delays to patient discharge: a metropolitan teaching hospital experience. *Clinical Medicine* 2012, Vol 12, No 4: 320–3 It can be accessed via www.clinmed.rcpjournal.org/content/12/4/320.full.pdf+html

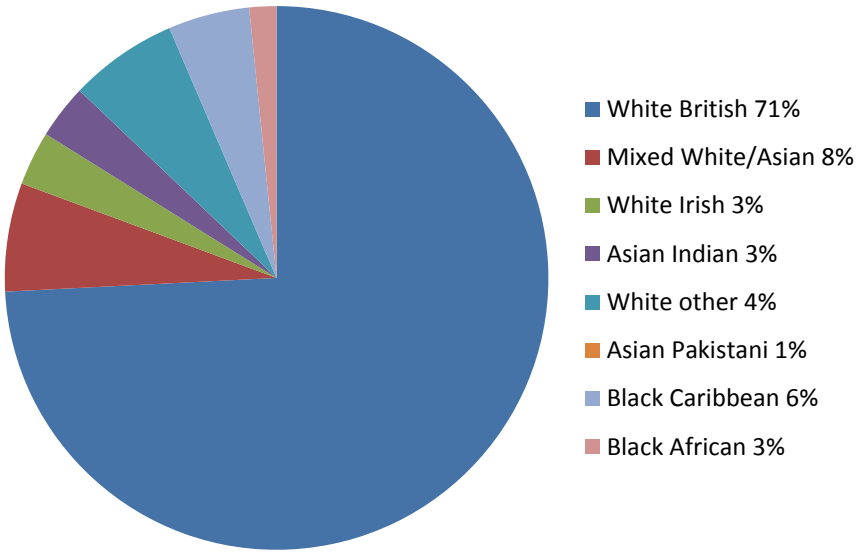
APPENDICES

Appendix 1: Sample details

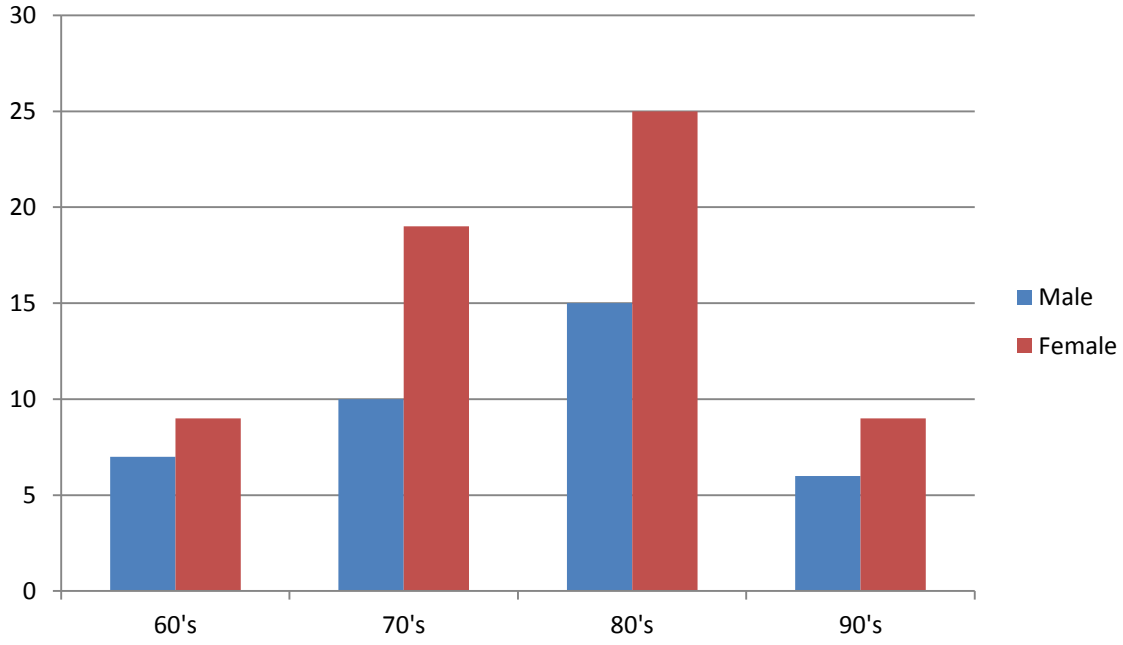
Ethnicity – participants were asked for their ethnicity. The following groups were included:

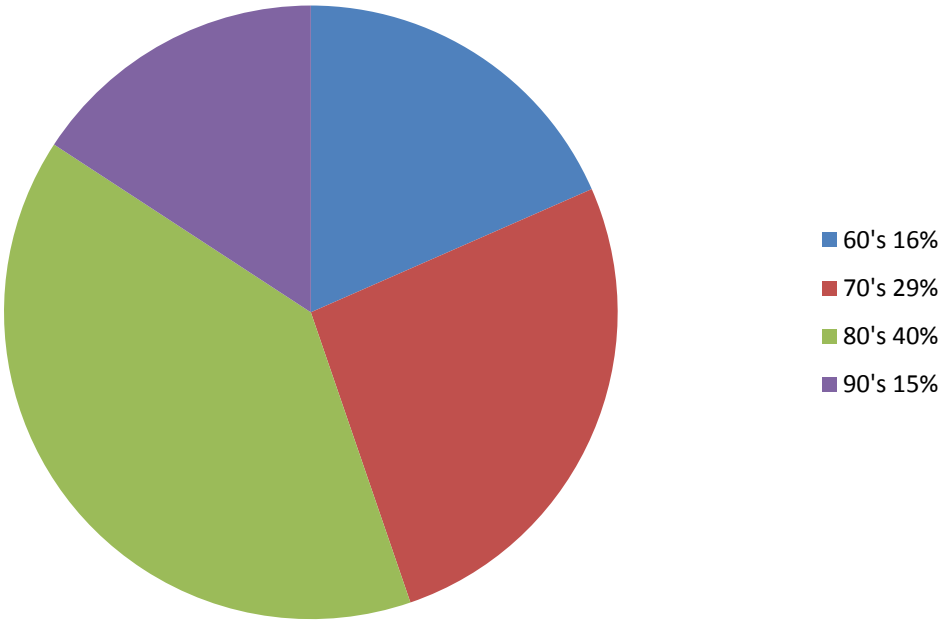
White British	Mixed White/African	Mixed White/Asian
White Irish	Mixed Other	Asian Indian
White other	Asian Pakistani	Asian Bangladeshi
Mixed White/Caribbean	Asian Bangladeshi	Asian Other
Black Caribbean	Black African	Black Other
Chinese	Mixed Other	Other Ethnic



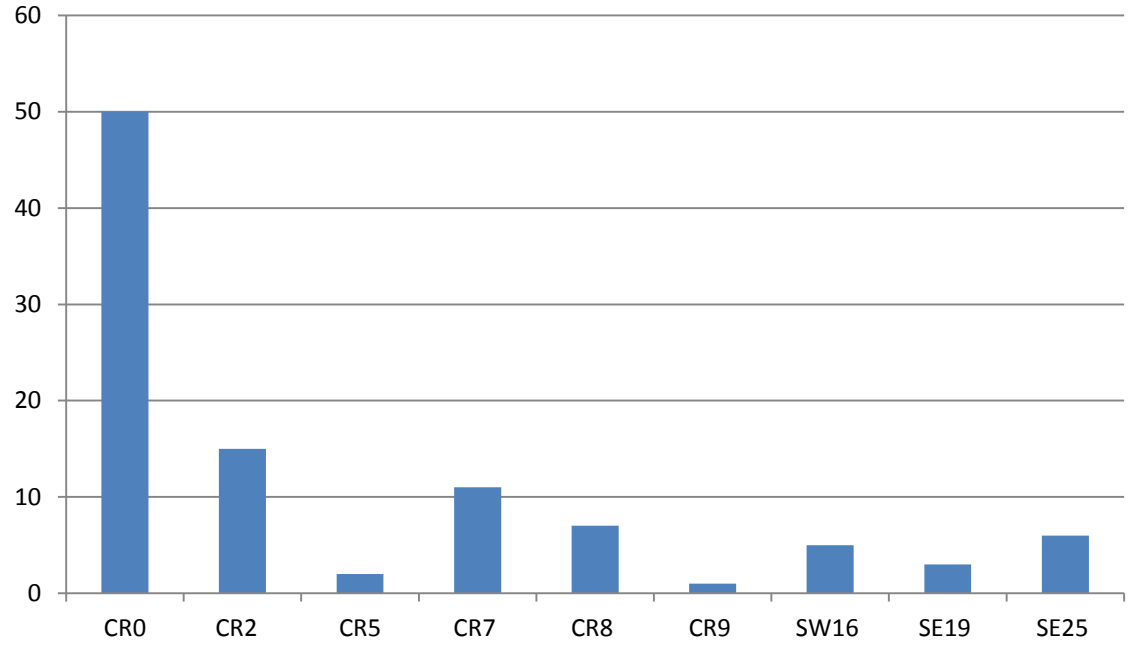


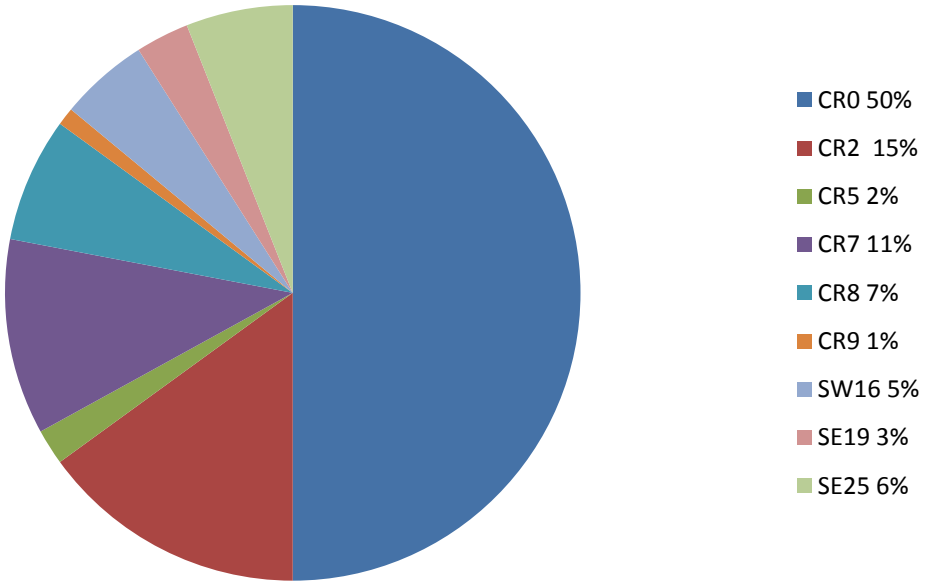
Age range - Participants were asked for their date of birth. The age range of the people participating in the survey was:





Patients by postcode





Appendix 2: Survey

Date of call to make apt……..

Home visit date/time ……..……

Healthwatch Croydon Research and Evaluation Survey

ENTERED ON DATABASE ☐ ID NUMBER

Name Mr/Mrs/Ms/Miss…….. Address…… …… …… Postcode……Telephone……	Gender Male ☐ Female ☐ Date of Birth …… Have you checked for Conflict of interest? Yes ☐ No ☐ **Consent to:** Store data? Yes ☐ No ☐ Use file for audit? Yes ☐ No ☐ Contact a third party? Yes ☐ No ☐ Contact relative/carer? Yes ☐ No ☐ NHS/Hospital Number ……

Family/Friend/Carer details:

Name…… …… Relationship to patient……

Address……

Telephone……

Ethnicity

A1 White British		B1 Mixed White/Carib		C1 Asian Indian		D1 Blk Carib	
A2 White Irish		B2 Mixed White/Africa		C2 Asian Pakistani		D2 Blk African	
A3 White Other		B3 Mixed White/Asian		C3 Asian Bangladeshi		D3 Blk Other	
E1 Chinese		B4 Mixed Other		C4 Asian Other		E2 Other Ethnic	
Unknown							

Date of admission to hospital (must be within the last 6 months) ……

Ward admitted to …… Was this a planned admission? Yes/No

Where there are a number of wards, identify the ward that patient was discharged from: ……

What was the health condition that led to the hospital admission (where there are a number of conditions, please list the main ones) ……

Date of discharge……Was this planned from the start of admission Yes/No

Was the patient assessed prior to discharge Yes/No If yes, who carried out the assessment? ……

What was the outcome of the assessment? ……

Has the patient been readmitted in the last 6 months Yes/No If yes, date of readmission ……

Hospital ward readmitted to ……please detail the circumstances, including how long after

previous discharge the patient was readmitted ……

Was the readmission related to the previous health condition Yes/No If yes, please give details

……

……

1

I felt that my stay in CUH was longer than medically necessary because? **Examples of reasons for delayed discharge**	**Please tick any/all that apply**	**Comments**	1
Disagreement on the role/responsibility of who should supply equipment e.g. pressure mattress			**2**
Issues with Care Home providers e.g. lack of suitable places, reluctance to accept patient back			**3**
Safeguarding investigation ongoing/unclear if safe for patients to be discharged			**4**
Previously living independently. New health condition means unable to manage alone			**5**
Lack of resources e.g. CICS beds			**6**
Lack of clarity on Continuing Health Care funding criteria			**7**
Family/carer anxiety			**8**
Lack of suitable transport			**9**
No social care services available at weekend			**10**
Living alone/no support			**11**
Homeless			**12**
Inappropriate housing			**13**
Other			**14**
What was the impact of the delayed discharge? On the patient…… …… On the relative/carer…… …… Please add any further comments here:			**15** **16** **18**

	Patients views about communication and planning	1 strongly disagree	2 disagree	3 neither	4 agree	5 strongly agree
P1	I felt that the staff at CUH kept me informed at all stages about my treatment					
P2	I felt that the staff at CUH kept me informed about the plans for my hospital discharge					
P3	I felt that my needs/concerns were considered as part discharge planning					
P4	I felt that my families/carers views were considered as part discharge planning					

	Carers/Families views about communication and planning	1 strongly disagree	2 disagree	3 neither	4 agree	5 strongly agree
C1	I felt that the staff at CUH kept me informed at all stages about loved ones treatment					
C2	I felt that the staff at CUH kept me informed about the plans for my loved ones hospital discharge					
C3	I felt that my needs/concerns were considered as part of my loved ones discharge planning					
C4	I felt that my views were considered as part of my loved ones discharge planning					

	On the day of Discharge were there any additional delays? Patients and/or Carer	1 Hour	2 Hours	3 Hours	4 Hours	5+ Hours
D1	I had to wait for my medication delaying my discharge by?					
D2	I had to wait for hospital transport, delaying my discharge by?					
D3	I had to wait for equipment, delaying my discharge by?					
D4	I had to wait for family/carer to collect me, delaying my discharge by?					
D5	Other (please state) e.g. paperwork not released/notes delayed etc					
D6	If you were in the Discharge Lounge waiting to go home – • did you feel you waited a long time? • Were the facilities acceptable Yes/No • Were you kept fully informed Yes/No					
	Your Care Plan					
E1	Do you have a Care Plan Yes/No					
E2	If yes, was this put in place before you left hospital Yes/No					
E3	Who arranged the Care					
E4	Did you have any input into your Care Plan Yes/No					
E5	Do you know the date of the next review of your Care Plan Yes/No Date:					
E6	Is your Care Plan meeting your needs Yes/No If no please give details					

Was any provision made for your long term care in the community e.g,. via GP/District Nurses/Social Services etc……	19
Are there any outstanding issues that need to be addressed? Yes ☐ No ☐ If yes, please state …… ……	20

FOR OFFICE USE ONLY Referred on to (please tick) Yes..... No ..... (if yes please complete below) In house project/team (please state)..... External service (Please state)..... Follow up by I+A (end to end service) date followed up ..... Any further actions (please state)..... ..... Case closed..... signed	