



Hospital Discharge

**Recommendations about the discharge
policy and process of University Hospital
Coventry & Warwickshire**

July 2010

Your views on Your care

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1 Introduction

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the Government through the Local Government and Public Involvement in Health Act 2007. The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

2 The issues

Coventry LINK undertook six months of community outreach between February and July 2009 to gather feedback on health and social care services from local people, in order to enable the LINK to set its first full work programme.

Hospital discharge was prioritised as an issue for the work programme by LINK's Steering Group because a number of concerns had been raised. These included people reporting delays in discharge, people concerned about inadequate discharge preparation, some carers feeling that they were not involved in discharge planning and concerns about the joining up with social care and aftercare support following discharge.

Coventry LINK had taken part in a piece of work funded by Coventry City Council Scrutiny Board 4 and involving the Physical and Sensory Impairment and Older People's reference groups of the Coventry Partnership. This piece of work carried out guided questionnaires with patients in hospital and post discharge and produced a report called '*Building on Experience*'. This highlighted some concerns with discharge, including a third of respondents indicating dissatisfaction with the amount of planning, the level of coordination and the extent to which the family was involved in the discharge arrangements and 23% of respondents saying they did not receive instructions on how to take their medication before leaving hospital.

LINK was aware that NHS Coventry, the commissioner of hospital services for people in Coventry, was looking at discharge from University Hospital Coventry Warwickshire, (UHCW).

UHCW had also begun a pilot project on wards 20, 30 and 40, aimed at trialling a new three question evaluation which helped to identify the care needed by the patient and the subsequent needs for effective discharge.

Therefore the LINK concluded that looking at discharge arrangements was an appropriate piece of work as this was a live issue, with a potential impact on a significant number of patients, given the large numbers of people treated and discharged at the hospital.

3 Questions asked and information gathered

The work was carried out by LINK volunteers on the LINK Hospital Services Working group, this was a group made up of individuals who had an interest in this area- supported by one of LINK's project officers.

The group decided that the first stage of the work should be to further understand the work which the hospital had recently undertaken to improve discharge.

The group met with Stephanie Brennan, representing social care services for Coventry and Margaret Greer, representing UHCW in order to find out more about the current discharge policy and procedure used at UHCW.

The group asked for information on the current procedure and also on the pilot study which was envisaged to be used by all wards if deemed successful. The group were interested in finding out if the professionals involved were aware of any issues which could negatively impact on a patient's experience of discharge. The group were particularly interested in finding out more on some of the issues raised by service users (described in section 2 of this report).

This was achieved by meetings with the professionals involved and also in an information request to view a new policy document on Discharge which was in its final stages of review.

The professionals from UHCW involved in sharing information with the LINK were extremely helpful and accommodating; they worked to ensure the LINK had all of the information necessary.

It was anticipated that in order for The LINK to produce a report which impacted on Discharge, this report would not be completed in its entirety until responses to the recommendations (made at the end of this report) were received. This was to allow all professionals involved to be given the opportunity to input on the content and also to ensure that the recommendations made by The LINK were feasible and would go some way to influencing change.

In order for this to happen a first draft of this report was sent to UHCW. Unfortunately it took longer than initially envisaged to work with UHCW on the recommendations. Several methods of communication were utilised in an attempt to overcome this. A meeting with the Deputy Divisional Nurse Director was also scheduled, to discuss the Working Groups findings. Unfortunately this meeting had to be cancelled by UHCW due to the busy and unpredictable nature of the work at UHCW.

However The LINK feels that the final responses were somewhat insubstantial. The responses received have been added to the end of this document, with additional LINK commentary.

4 Findings

4.1 Interagency co-ordination

The LINK was interested in finding out how the combined disciplines worked to support this policy, and how they all communicated to ensure its effectiveness.

Staff from UHCW told the LINK of an interagency reporting infrastructure which supported multiagency communication and partnership working to maintain the discharge agenda across Coventry. There were three main forums for this:

- The Discharge Project Board.
- Top Delay, a twice weekly multiagency meeting where the top delays are discussed and discharge planning actions agreed.
- Monthly Cross Buffer meeting, which is an executive led meeting (with multi agency representation), where the top external reasons for delay are discussed and agreements made as to how these will be strategically addressed, i.e. from a service commissioning perspective.

4.2 Discharge Policy

At the time of investigation a policy document was being produced for discharge at UHCW. This document was produced in part by a multi disciplined team to ensure effective discharge of patients from hospital. This included The University Hospitals Coventry & Warwickshire NHS Trust, NHS Coventry and Coventry Social Services.

The LINK reviewed this policy in its developmental stage. At the time the LINK looked at it, the document was still in need of some ratification prior to completion.

This specific document is for use within UHCW, (including Rugby St Cross Hospital). However, the Coventry and Warwickshire Discharge Policies are the interagency documents this document is aligned to, so it would be this document which is most likely to be utilised for all of those Coventry residents living in Coventry.

The LINK members were satisfied that this new document had acknowledged almost all of the necessary considerations to ensure effective discharge of any patient in receipt of care at the hospitals.

However LINK identified some other significant issues for the policy in order to ensure that all patients' needs were met prior to discharge.

These included:

1. Medication/pharmacy

The LINK was aware of delays in the delivery of medication to patients prior to discharge, on some occasions medication was sent in a taxi, post discharge. This raised concerns about the patient receiving the correct information for administering the medication from a health care professional.

The LINK has been informed that ward pharmacists are to be trained to use the Jonah System, (the software used by ward staff to monitor discharge) It is envisaged that this will enable the pharmacists to respond to prescription request by priority and in real time. However, there is no mention of this in the policy document.

2. Acknowledgement of meal times

Some people who have been waiting for discharge or experiencing a delay whilst they wait for discharge medication have been left without food.

The LINK raised these concerns with UHCW prior to the policy's completion. No response was given in relation to adequate acknowledgment of a patient's need for food prior to going home.

3. Discharge 'letter'

The LINK is also concerned with the 'letter' which is given to patients prior to discharge. The idea is that this should be handed by the patient to their GP. LINK thinks this is an unnecessary burden on the patient, particularly after it was discovered that this 'letter' was also sent to the GP by the hospital.

4. Hospitality Lounge

The LINK also has information from patients recently discharged from UHCW who have spent a considerable amount of time in the hospitality suite waiting for transport or medication. The amount of time which a patient is expected to wait in the suite is not outlined in the discharge policy document and therefore the LINK is concerned that there is a risk that patients may be accommodated in this area for too long. There should be guidelines on length of stay in the lounge and about not moving patient to this area during the night.

5 Recommendations

In the light of this report and its findings the LINK makes the following recommendations:

- i. The initial questions asked on admission to the hospital determine the discharge considerations. Currently they are only asked on immediate admission. The LINK recommends that it would be more effective if these questions were revisited throughout a patient's stay, in order to gain a greater account of their situation. The LINK has concerns about the potential impact of the patient's condition and reasons for hospital stay, impacting on the information they are able to provide when answering. If asked again later in their stay, more accurate information should be obtained. These questions should also be asked in the presence of a family member and/or carer.

- ii. The new Discharge Policy should be evaluated on a quarterly basis by all of the agencies involved, to feedback on any issues which may need to be addressed. Patients' experiences must be used as a tool to measure its effectiveness.
- iii. The hospital must keep regular and up to date information of patients' experiences of discharge. The hospital may wish to call upon these individuals whose experiences have been recorded, post discharge to ensure all elements of the policy were adhered to during the patients stay and upon discharge.
- iv. The LINK would like to see greater communication between the ward discharge staff and the pharmacy. This would ensure the correct information is available to all staff who are involved in the patients care. For example, that they are all given access to the predictive date of discharge.
- v. No patient should be allowed to leave the care of the hospital without all of the relevant staff at the UHCW having knowledge of their last meal.
- vi. The LINK would like to see greater emphasis given to the training of all staff on the discharge policy and its implementation.
- vii. The time a patient is expected to wait in the hospitality suite should be indicated within the discharge policy document and no patient should be left in the suite over night. Clear guidelines should be given to staff and there must be a system to monitor how long patients have been in this area.

6 RESPONSES FROM UHCW

6.1 Responses to comments made on page 6 of this report-received 25/06/10

"We would like to thank LINK for their feedback and recommendations; we particularly acknowledge the need for us to place greater emphasis on the training of all staff on the discharge policy and its implementation. The discharge policy is in its final draft and is waiting ratification, following which we shall ensure that all staff have a working knowledge of the policy to enable high quality discharge planning.

UHCW recognise that discharge planning is not an isolated event, the Jonah system enables the patients discharge to be proactively managed against the patient's treatment plan on a daily basis. Therefore any changes in the patients circumstances can be monitored and formally reviewed with the patient and their families to advise on the most appropriate discharge pathway.

The LINK members were satisfied that the new document had acknowledged almost all of the necessary considerations to ensure effective discharge of any patient in receipt of care at the hospitals.

However LINK identified some other significant issues for the policy in order to ensure that all patients' needs were met prior to discharge. I have provided an outline of the processes we have put in place in order to address these issues."

A) Medication/pharmacy

"The Pharmacy at UHCW has robust processes in place to achieve timely dispensing of medicines to take home. We have identified completion of the prescription by the medical teams as the main cause of delay. In order to address this, the discharge policy clearly outlines individual roles and responsibilities with specific reference to:

- a. Timely completion of prescriptions, our aim is that where appropriate prescriptions will be dispatched to pharmacy 24 hours prior to planned date of discharge.*
- b. Ensuring that patient and or cares receives appropriate information and understands the importance of their medication being taken to ensure compliance."*

B) Acknowledgement of meal times

"In preparation for discharge all patients are transferred to the hospitality lounge unless their clinical condition requires them to remain on the ward or the patient is able to vacate their bed space within 15 minutes. The Hospitality Lounge provides a safe and pleasant environment for patients who no longer need their hospital bed but are awaiting the completion of various practical arrangements before they can be fully discharged.

A hot drinks machine, squash and biscuits are available for patients at all times. In addition to this formal trust wide mealtimes are observed, during which patients are offered a choice of a hot meal or sandwiches.

The trust does enforce the protected mealtime's policy; therefore it is unlikely that a patient would miss their meal whilst en route to the hospitality lounge."

C) Discharge 'letter'

"An E discharge summary is completed and sent electronically on the day of discharge so that the GP is fully apprised of all the information pertaining to the patients in patient episode, and any ongoing support their patient will require on return to the community. Therefore the discharge policy no longer states that a letter should be given to the patient".

6.2 Additional Responses from UHCW to the recommendations from page 7- received 05/07/10

(With additional commentary from LINK in bold.)

Response to Recommendation i:

“The three questions are used by the multi disciplinary team at their daily meeting for all patients. For clarification, these questions are used by the multi disciplinary team to plan a patient’s discharge pathway. A patient’s predicted date of discharge, the level of assessment, intervention and services required are determined according to the patient’s medical status which is reviewed daily; this to expedite referral to the appropriate services to support effective discharge. During assessment, input from carers and family members is sought where appropriate and carer’s assessments initiated as required.”

The LINK has concerns about when these questions are asked and when they are revisited and also when carers and family members are involved and who decides when this is deemed necessary and on what basis?

Response to Recommendation ii:

“The new discharge policy will be reviewed initially on a quarterly basis as the pilot project is evaluated and subsequently at a period to be agreed by the agencies involved; patient, carer and relative experiences will be taken into account by satisfaction survey.”

Response to Recommendation iii:

“This recommendation is noted and the Trust will consider options to audit effectiveness in due course.

Response to Recommendation iv:

“The Trust is aware that greater synchronisation is needed between the different disciplines to support more efficient patient discharge.”

Response to Recommendation v:

“Further clarification is needed from the LINK regarding this recommendation as the recording of this information is achievable but the passing on of this information [to relevant parties] may be problematic and will require further inter agency working.”

The LINK is aware of the difficulties, however for something this important it is felt that this needs to be overcome.

Response to Recommendation vi:

“The implementation of the new policy is beneficial to patients their carers and the Trust and as consequence Discharge Facilitators are linked to each specific wards to educate and train ward staff on the importance of adhering to the discharge policy.”

7 Next Steps

The LINK feels that the responses from UHCW to the recommendations made are quite disappointing and feel that as Discharge from the hospital has been an issue which they have been aware of for some time, it would be a great opportunity to work together to tackle some of these issues. The LINK would like to play a key role in monitoring the effectiveness of the implementation of the new discharge policy and process and feels more acknowledgment from UHCW on this is still needed. A lot of the responses made to the recommendations do not alleviate the doubt the LINK has about the processes involved and feels that some areas (The hospitality lounge) are still only as effective as the training and support given to staff to ensure the policy is followed in its entirety (For example in responses to recommendations iii, iv and vi). The LINK would therefore like this report to be the start of the working relationship between the LINK and UHCW.

Coventry LINK believes that the design and implementation of discharge policies and processes are very important but their implementation is key for making a difference to the patient and carer experience. Therefore how this policy is disseminated within the organisation, how staff are trained and supervised and how the implementation is reviewed will be extremely important.

The LINK would like to support the implementation of UHCW's new Discharge Policy and continue to receive information regarding Hospital Discharge.

The LINK wishes to participate in the monitoring and evaluating of this policy to ensure it is working effectively and meeting patients' needs. The LINK would like to discuss how this involvement will work.

The LINK proposes regular meetings with UHCW to monitor how the Discharge process is going on a quarterly basis, commencing immediately. As the LINK will continue to receive information from people in Coventry on their experiences of discharge from the hospital, it is crucial that the LINK can provide the relevant feedback. This will give local people an assurance that work is being done to make the process better for everyone in Coventry.

**Coventry LINK is an independent network supported by the charity
Voluntary Action Coventry, which acts as the Host organisation.**



Coventry LINK is one of 151 LINKs in England.



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