

# Homeward Bound

**An evidence-based study into the patient experience of hospital discharge arrangements and practice for older people resident in the London Borough of Richmond upon Thames period September 2003 – April 2004**

**Commissioned by London Borough of Richmond upon Thames Health Overview and Scrutiny Committee**

**Published 27 May 2004**

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## **SECTION A - INTRODUCTION**

### **1. Background**

Following the introduction of the Community Care (Delayed Discharges) Act in January 2004, the Health Overview and Scrutiny Committee of the London Borough of Richmond upon Thames identified a need to understand the patient experience of hospital discharge. Consequently the Committee requested the London Borough of Richmond upon Thames and Age Concern Richmond upon Thames carry out a study to capture a picture of the patient experience.

### **2. Aims of the study:**

- To demonstrate to the Overview and Scrutiny Committee, positive and negative patient experience relevant to hospital discharge.
- To identify any significant issues arising from this.
- In the light of this to provide recommendations on how the hospital discharge procedures could be improved

### **3. Methodology**

**3.1** The study involved patients who were listed as having been discharged in January and February 2004 from Teddington, West Middlesex, Kingston and Charing Cross Hospitals. This information was provided by LBRuT and hospital trusts.

### **3.2 Summary actions:**

- Letter and questionnaire designed by Age Concern and LBRuT to elicit appropriate feedback<sup>1</sup>.
- LBRuT sent 130 questionnaires with a stamped addressed envelope and a date to reply.
- Details of recipients passed onto Age Concern Richmond upon Thames.
- Completed questionnaires returned to LBRuT and passed onto Age Concern for collation.
- 16 interviews organised and carried out by Age Concern Richmond upon Thames
- Age Concern produced independent report following analysis of completed questionnaires and interviews

### **3.3 Interviews**

The interviews were intended to contextualise and further explore some of the issues identified from the questionnaire data.

- Interviewees were selected across all the hospitals included in the study.
- 70% of interviewees were selected on the basis of negative sentiments expressed in the completed questionnaire
- 30% were randomly selected

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<sup>1</sup> Sample letter and questionnaire attached as Appendix III

#### **4. Summary of main findings**

- 4.1 The overall provision of information on hospital discharge was poor.
- 4.2 The system of assigning a 'named nurse' was not working.
- 4.3 The patient experience around the involvement of relatives/carers/friend was on the whole good.
- 4.4 On the whole, the leaving day went smoothly.
- 4.5 Patient experience on discharge was worse for people who were in hospital for relatively longer periods or who were discharged to a care home.
- 4.6 There were poor overall results on some aspects of patient experience for people discharged from Teddington Memorial Hospital compared to patients discharged from the other hospitals in the study. The conclusions of this report are not conclusive and it is suggested they are taken as grounds for further investigation.
- 4.7 There are very high levels of unexpected hospital admissions, which are resulting in high levels of need for residential/nursing care and help at home.
- 4.8 There are very high levels of people entering hospital and requiring help at home on discharge.
- 4.9 On the whole care packages are being delivered promptly, and there is a high level of client satisfaction with the quality of care at home.
- 4.10 On the whole, the system of temporary care home placements seems to be working.
- 4.11 There are some serious grounds for concern about the way that older people are sometimes communicated with in hospital, which can seriously affect patient experience around hospital discharge.
- 4.12 There is real or perceived pressure for speedy discharge being passed from hospital staff to patients and relatives.

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**1. SAMPLE GROUP**

**1.1 Data received**

48 completed responses<sup>2</sup> to the questionnaire were received and the results inputted into a database. This analysis is based on findings from a series of queries run on the database.

The questionnaires were sent to people who had been discharged in January or February 2004, as recorded by the agency providing the data. Most of the respondents indicated their discharge date within this period, although a small number indicated months either side of these dates between September 2003 and April 2004.

The responses came from older people who had been discharged from the following hospitals:

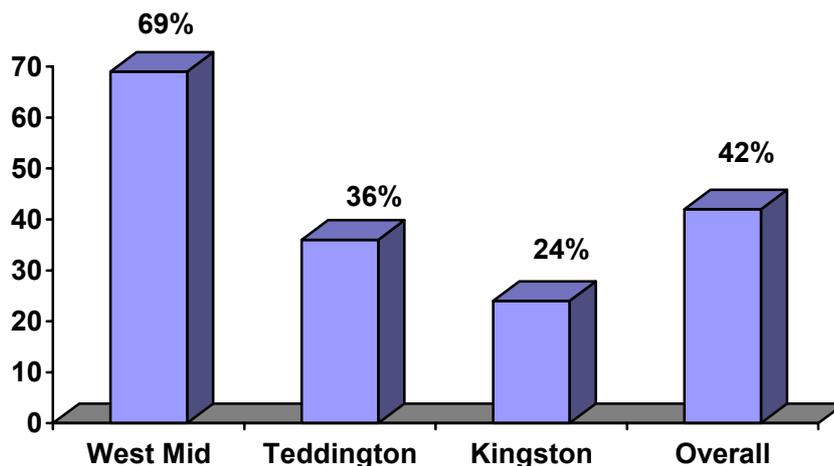
- Kingston Hospital = 17 respondents
- Teddington Memorial Hospital = 14
- West Middlesex Hospital = 13
- Charing Cross Hospital = 4

Comparisons have been made between Kingston, Teddington and West Middlesex hospitals, but not between these and Charing Cross Hospital, as the sample group from this hospital was too small to be representative.

**1.2 Length of stay**

Of the respondents to the questionnaire, people tended to stay in West Middlesex Hospital for longer than in the other hospitals.

**Table i – Percentage of respondents in hospital for over 1 month**



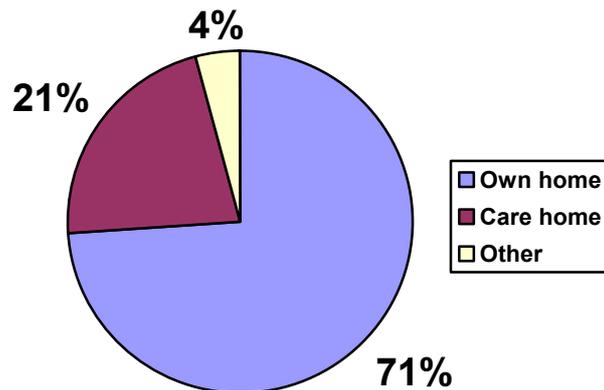
<sup>2</sup> A number of blank questionnaire responses were also received, mostly returned by relatives of people who had since passed away. These were not recorded on the database and were excluded from the study.

## SECTION B Cont.

The variance is likely to be due to a number of factors, including the type of treatment given in the various hospitals and the needs of the patients. However, of the respondents to this questionnaire, patients in Kingston hospital were more likely to have been discharged in less than a month than patients in Teddington and West Middlesex.

### 1.3 Where respondents were discharged to

*Table ii – Where respondents discharged to*



The proportion discharged into care homes is far higher than the proportion of older people living in care nationally, which is less than 5%. This illustrates that hospital is a common gateway into full-time care.

35% of respondents who had been patients in Kingston hospital were discharged into care as compared to 8% and 14% respectively of respondents from West Middlesex and Teddington. The size of the sample group is too small to indicate whether this represents a difference in discharge practice between the hospitals, although this should be investigated.

### 1.4 Speed of discharge into care homes

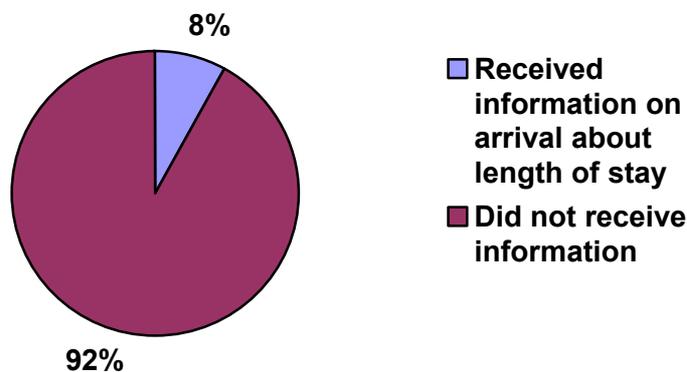
Respondents who were discharged into care homes were generally in hospital for longer than those discharged to their own homes; 80% of them being in hospital for longer than 1 month compared to 42% overall. This perhaps reflects the added complexities of treating people with significant care needs, as well as the shortage of care places and the time taken to select an appropriate care home and establish funding.

**2. THE PATIENT EXPERIENCE OF HOSPITAL DISCHARGE**

**2.1 The provision of information**

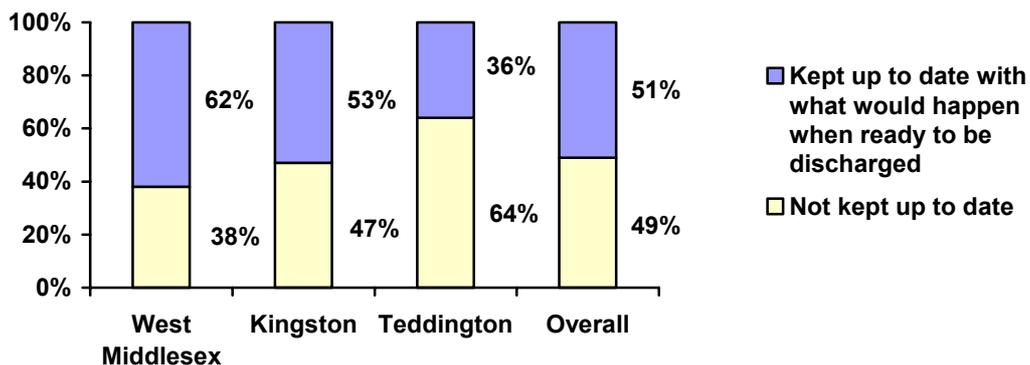
Overall, the provision of information was poor. Almost all respondents did not feel they had received information on arrival about their length of stay and only half felt they had been kept up to date about their discharge arrangements.

**Table iii – Proportion of respondents who received information on arrival**



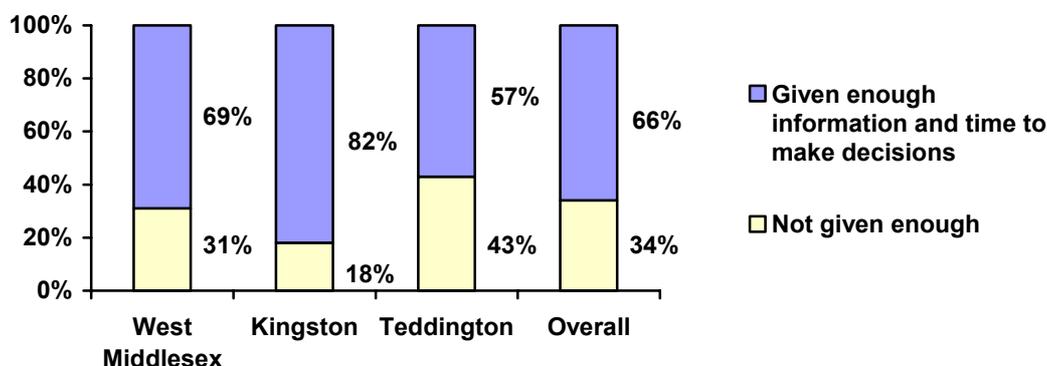
Of the four respondents who considered they had received information on arrival, three were patients in West Middlesex, and one in Kingston.

**Table iv – Proportion of respondents who were kept up to date**

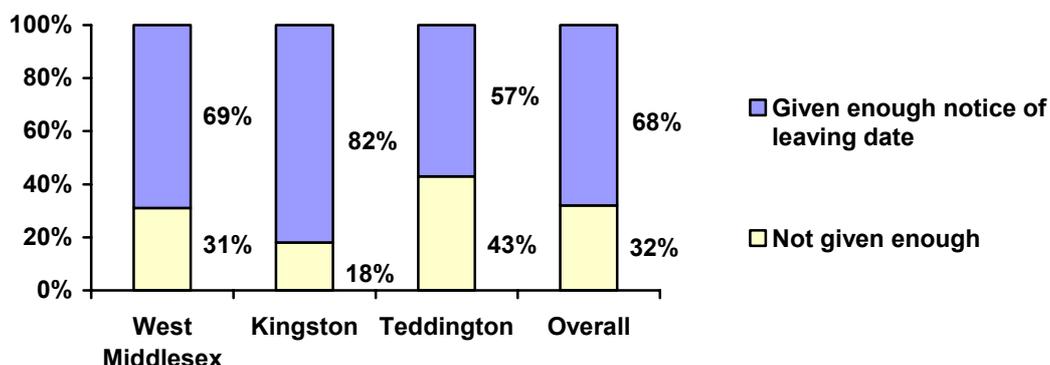


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**Table v – Proportion of respondents who were given enough information and time**



**Table vi – Proportion of respondents who were given enough notice of leaving date**

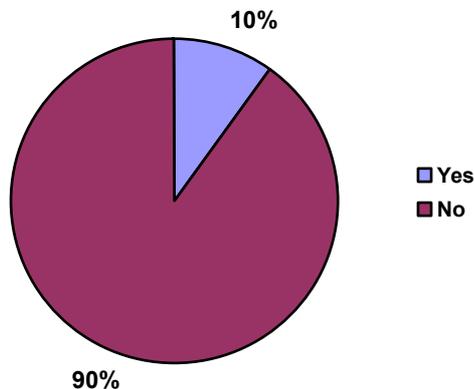


Age Concern believes that an overall figure of one third of people who felt they were not given enough time to make decisions and/or enough notice of their leaving date, is far too high. The evidence suggests that if the issue of information is addressed, the patient experience of discharge will be much improved, as there is a strong correlation throughout the data between not being given enough information and other negative experience.

### 2.2 Named nurses

Very few respondents felt they had a named nurse. This was further explored in the interviews, and none of the interviewees felt they had a particular person they could talk to or ask about their discharge arrangements, or a person who was responsible for communicating these arrangements to themselves or their relatives. In one case, an interviewee was told that their named nurse had made some arrangements, but the patient had no idea who their named nurse was.

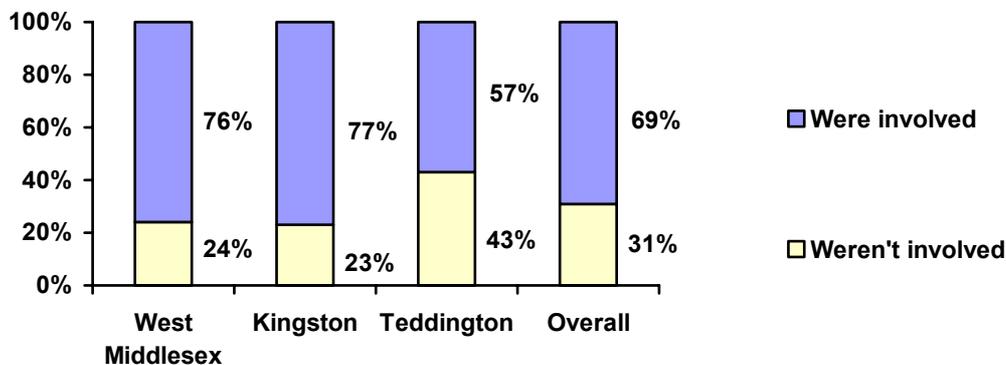
**Table vii – Whether respondents felt they had a named nurse**



The proportions of people indicating 'yes' or 'no' are spread across every hospital (each hospital had at least one 'yes' and mostly 'no's'). The average length of stay for patients responding either way is almost exactly equal to the overall average, which indicates that a patient is not more likely to come to know who their assigned nurse is the longer they are in hospital. As far as 90% of respondents to this questionnaire were concerned, the system of assigning a named nurse didn't exist.

**2.3 The involvement of relatives/carers/friends**

**Table viii – Whether the hospital involved relatives/carer/friend**



Although a high proportion of discharges did not involve relatives/carer/friend, this does not indicate a high level of negative patient experience on this issue, as the majority of respondents who answered 'no', also indicated that they neither wanted or needed the hospital to involve others. In many cases the unnecessary involvement of others might have disempowered the patient.

Certain answers do indicate the continued importance of including others in a patient's discharge where it is appropriate. For example, 27% of respondents indicated that they had been informed of their discharge date by a relative, and those patients who felt their relatives/carer/friend had been involved were more likely to feel they were given enough time and

## SECTION B Cont.

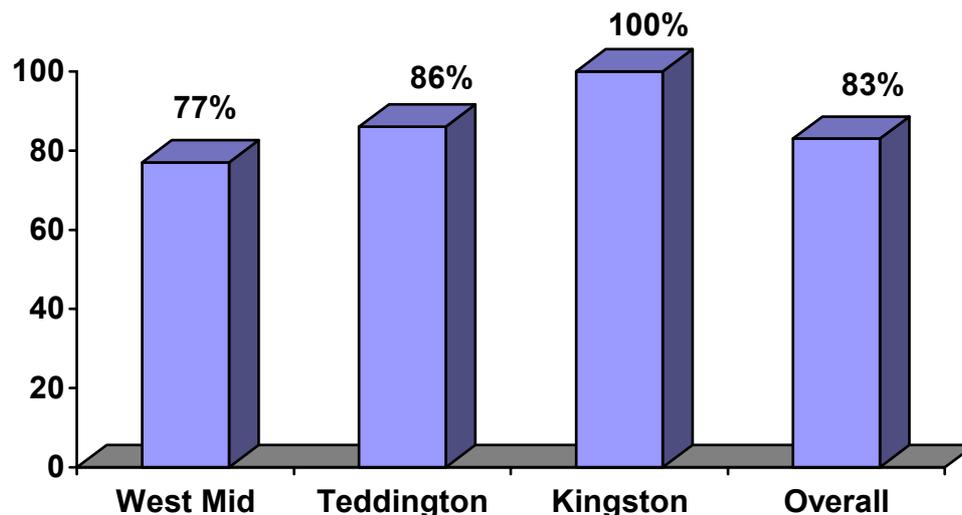
information to make decisions, and given sufficient notice of their discharge date.

The responses to this questionnaire indicate that where it was appropriate to involve others in discharge, on the whole this happened and therefore, without further investigation, Age Concern concludes that the patient experience around this issue is good.

### 2.4 Smoothness of leaving day

The overall proportion of people who felt their leaving day had gone smoothly was quite high. Kingston hospital showed particularly good results, with 100% of respondents who had been discharged from Kingston indicating their leaving day had gone smoothly. However, three out of the four respondents who had been discharged from Charing Cross hospital indicated 'no'.

**Table ix – Percentage of respondents whose leaving day had gone smoothly**



Half of those who indicated 'no' to this question had also indicated that relatives had been involved in their discharge.

Respondents who answered 'no' were asked for a reason for this. Six of them (three-quarters) responded. Three of these quoted a long wait for transport, and two of them quoted communication problems between hospital departments.

### 2.5 The correlation between patient experience of discharge and length of stay/if they were discharged to a care home

There was a marked correlation between some indicators of worse patient experience, and length of stay or discharge to a care home. For example, of the people who answered 'no' to being kept up to date on their

## **SECTION B Cont.**

discharge arrangements, 95% of them were in hospital for 0.5 months or longer, and 76% of them were in hospital for one month or more. The average length of stay for those answering 'no' was 1.75 months, compared to 1 month for those who answered 'yes' to this question. 35% of those who answered 'no' were discharged to a care home, compared to 21% overall.

One of the interviewees, who was a relative of a patient who had been discharged into a care home, commented that no single agency seemed to have complete up to date information about care homes, particularly homes in different Boroughs, and that this made the process of selecting a home more complex than it needed to have been.

Of those who answered 'no' to the question about whether their leaving day had gone smoothly, all of them had been in hospital longer than 0.5 months and the average length of stay was 1.75 months, compared to an overall average of 1.25 months.

In some ways this is understandable. If a person is in hospital for a longer period or being discharged to a care home, it is likely their needs, and the discharge, will be more complex. It is also more likely that the patient will have communication or capacity difficulties. They may find it harder to adjust following discharge, which is the period in which they completed the questionnaire.

However, Age Concern does not find this acceptable. If a person is in hospital for a longer period, then those involved with discharge should have more opportunity to build a relationship and involve them properly.

### **2.6 Patient experience in Teddington Memorial Hospital**

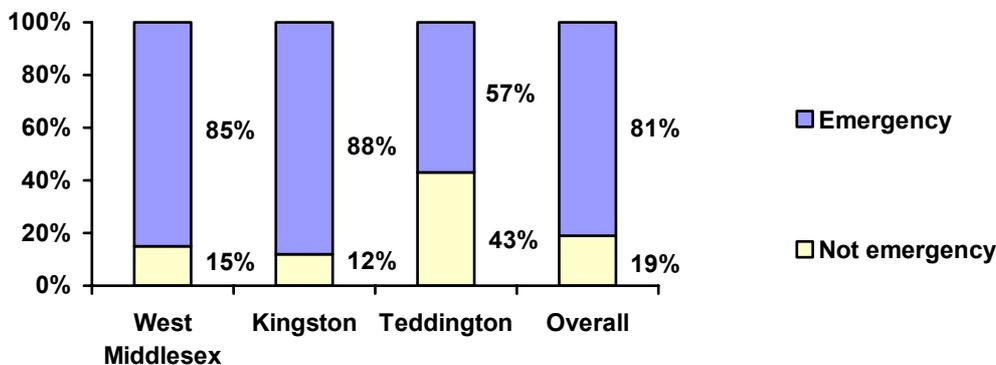
This analysis does not claim that the standard of discharge from Teddington Memorial Hospital is relatively poor compared to the other hospitals in the study. The size of the sample group does not allow this, particularly as the results have not been cross-referenced with factors such as the relative needs of the respondents. The results of this questionnaire are purely indicative and intended to direct further investigation.

However, Teddington was bottom of the table for most of questions directly addressing the patient experience of hospital discharge. This included not providing information about discharge on arrival to any respondents, not keeping 64% of respondents up to date with discharge arrangements compared to less than 47% for the other hospitals, two out of the three respondents who gave a negative patient experience answer about the lack of involvement of relatives were discharged from Teddington, and 43% of Teddington respondents felt they didn't have enough information or time to make decisions, or enough notice of their leaving date, compared with an overall average of less than 34%.

**3. 'EMERGENCY' HOSPITAL ADMISSIONS**

81% of respondents indicated that their admission to hospital was an emergency. This does not mean to say that they were all admitted via Accident and Emergency Departments, but it can be surmised to mean that the respondent did not expect to be in hospital at that time for the reason they were there, and therefore they were unlikely to have done any planning for their own discharge. This conclusion is backed up by the interview responses, as most interviewees did not go into hospital for planned operations but because of an accident, an unexpected medical emergency or because they 'could not cope' in some way.

**Table x – Respondents who classed themselves as an emergency admission**



It seems that a patient who is unexpectedly admitted to hospital is far more likely to need a care home place, and more likely to require a community care package. All ten patients discharged into care homes considered they were admitted as an emergency. Of the patients who felt they were admitted as an emergency and were discharged to their own home, 79% of them indicated they were assessed as needing care.

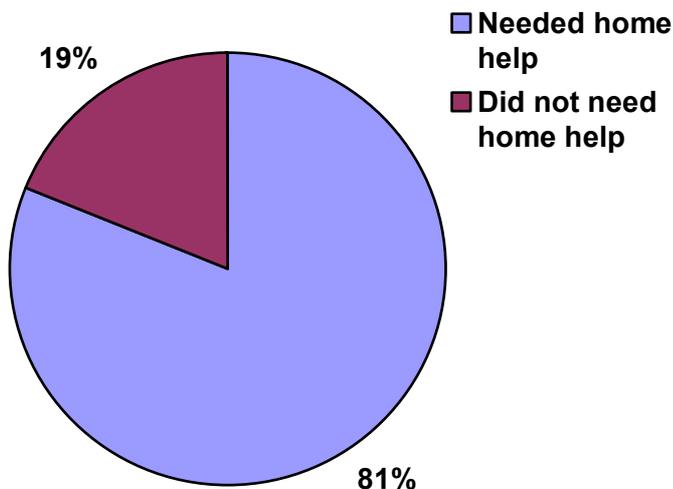
This indicates a great pressure on the system caused by unexpected hospital admissions. Although it is beyond the scope of this study, Age Concern would speculate that many of these 'emergency' admissions were actually preventable admissions.

**4. HELP AT HOME**

**4.1 The number of respondents requiring help at home**

The sample group was not selected from a group of frail older people but from a selection of adults who happened to be over the age of 60, yet four out of five people discharged to their own homes indicated that they were assessed as needing help in the home.

**Table xi – Proportion of people discharged home who felt they were assessed as needing home help**



To Age Concern the figure is staggering, and the evidence of the interviews supports the finding, although Section 4.2 below suggests that some respondents who felt they had been assessed as needing care may actually not have been. It is also possible that some of the care packages were temporary, to help the patient get back into independent life, although the evidence of the interviews does not support this as all the care packages arranged for interviewees were permanent. If this picture is widely the case then the vast majority of hospital admissions of older people are people with assessed or emerging care needs, even though people with care needs are a very small percentage of total older people.

The finding is consistent with emerging national research that 3% of older people make up one-third of hospital admissions. This 3% are older people at high risk of losing their independence, yet who are unknown to Social Services Departments<sup>3</sup>.

This evidence, coupled with that of the previous point about 'emergency' admissions, suggests very strongly that there is major scope for reducing pressure on the hospital discharge system by work to prevent the unnecessary admissions of people at risk, particularly those who are not known to Social Services.

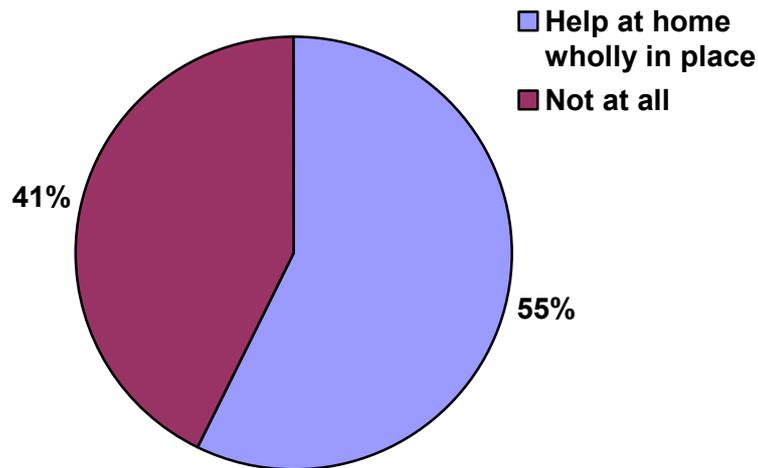
<sup>3</sup> Research not yet published, reported in *Community Care* 7 May 2004.

## SECTION B Cont.

### 4.2 Whether packages were delivered

The questionnaire asked people who had been assessed as needing help at home, whether the care had been put in place 'wholly, partially, or not at all'. 70% of people who had been assessed as needing help at home responded.

**Table xii – Whether help at home in place**



There are two possible explanations for the high number of respondents indicating 'not at all':

- Agreed packages were not delivered
- The respondent had assumed they were assessed as needing care at home when in fact they had not been, were confused about this or the assessment had not yet taken place.

The latter explanation is indicated by many of the comments in the freeform fields of the questionnaires, such as,

*"The Occupational Therapist promised help, but nothing happened"*.

It is also supported by much of the evidence from the interviews, including people who had been discharged, were struggling to cope independently and were waiting for Social Services assessments or re-assessments.

Either way, the failure to deliver packages, failure to explain the situation and failure to meet respondents' expectations, was negatively affecting patient experience. Of those interviewed, Age Concern would consider several of the interviewees who felt their promised help had not been put in place, and who had not yet been assessed by Social Services at home, to be at enhanced risk of re-admission. Every person interviewed

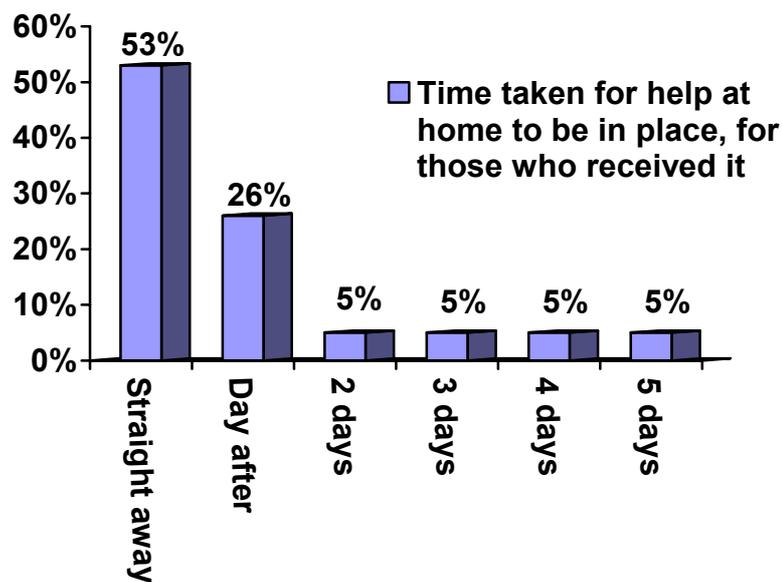
**SECTION B Cont.**

required a referral to Age Concern’s information and advice service for a variety of reasons.

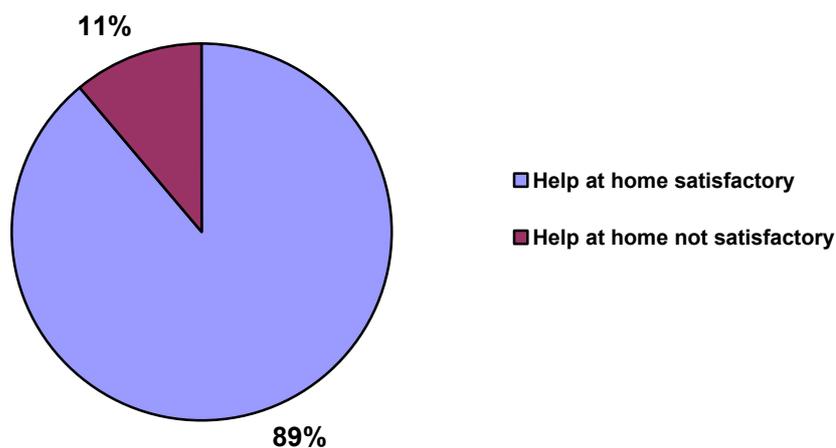
**4.3 The quality of care packages**

Where care packages had been put in place, all of them had been delivered fully in the first instance (none had been partially delivered). On the whole they had been put in place promptly, and there was a high level of respondent satisfaction to the quality of help at home.

**Table xiii – Time taken for delivery of help at home**



**Table xiv – Satisfaction at help at home**



## **SECTION B Cont.**

### **5. TEMPORARY CARE HOME PLACEMENTS**

Five people answered a question about whether they were placed in a temporary home before moving to their first choice, which suggests that most or all of the other five respondents who went to a care home either went back to the home they had previously been living in, or to their first choice.

Of the five who answered, three had gone straight to their first choice, and one went into a temporary placement as respite for his carer before returning to his own home. Both the respite placement and the temporary placement had dates for completing their move.

This suggests that the system and patient experience around interim placements was working well for respondents to this questionnaire.

## **6. 'BEDSIDE MANNER'**

### **6.1 How respondents felt they were spoken to**

The questionnaire had a number of freeform fields for respondents to indicate reasons for negative patient experience and give suggestions how this could be improved. The interview notes expand on these. Most of the comments in the freeform fields related not to systems and procedures, but to the way respondents were spoken to or made to feel by hospital staff. A number of these quotes are reprinted in this study and make illuminating and sometimes disturbing reading. All freeform entries are re-printed in full in Appendix II.

Age Concern has drawn a conclusion based on these comments and the interviews that the cause of much of the negative patient experience is not a lack of effective discharge procedures or even lack of information, although this is sometimes an issue. It is caused more often than not by the way information is passed to patients by hospital staff, and whether staff make patients feel that arrangements are being made on their behalf, or despite them.

The way that hospital staff of all grades communicate with patients is extremely important to patient experience. Negative comments were passed on through the questionnaires and interviews about the bedside manner of consultants, other doctors, ward sisters, other nurses and care assistants. Age Concern feels that the way some respondents felt they were spoken to was nothing other than impolite, rude, disempowering and sometimes infantilising. Some respondents had taken this away as their overall impression of the patient experience of their discharge and their stay in hospital.

### **6.2 The passing on of 'bed-blocking' pressure**

Of especial note is that patients and their relatives, particularly where the discharge was into a care home, sometimes felt very strongly that the pressure hospital and other staff were under to discharge patients was being passed down to them. This perceived pressure is illustrated in the following recorded comments from the freeform fields of the questionnaires:

*"The sister considered that I was occupying a bed when I was not ill."*

*"The hospital was, of course, anxious to get her out of her bed"*

*"I did feel terribly pressured to find a place for her and it was a ----- period of great anxiety."*

*"Considerable pressure felt, by relatives particularly, to find a nursing home placement quickly - hospital made it clear its own priorities/targets for ensuring that no 'bed-blocking' would occur. A very difficult situation all round."*

## **SECTION C - RECOMMENDATIONS**

The following recommendations, listed here in no particular order, are Age Concern's suggestions how the authorities could address the issues identified in the above analysis, and improve practice. They are based on what Age Concern feels would be an appropriate response to information contained in both the questionnaire and interview data. Where recommendations are the result solely of data from the interviews (illustrated in Appendix I) this is indicated.

These recommendations are not intended to be exclusive, and there may be other methods of addressing the issues in this report.

### **1. For further investigation**

- 1.1 Reasons for the variance in length of stay between West Middlesex and other hospitals indicated in study data.
- 1.2 Reasons for the relatively high proportion of discharge into care homes from Kingston hospital indicated in study data.
- 1.3 The reasons for the relatively poor results for Teddington Memorial Hospital in this study data.
- 1.4 Whether and why multi disciplinary meetings might exclude patients. This was indicated in some findings from the interviews.
- 1.5 Clarify why it takes longer to discharge people into care homes than to their own home.
- 1.6 Reasons for unplanned/emergency admissions, and whether these are potentially preventable.
- 1.7 Assessment of how many unexpected/emergency hospital admissions are older people with assessed or emerging care needs, and how many of these are known/not known to Social Services.

## **SECTION C Cont.**

### **2. For action**

- 2.1 Improve communication with people about to be discharged so they are clear whether or not they will be receiving help at home, what that help is and who is to provide it.
- 2.2 Improve the delivery of information to patients on how long they are likely to be in hospital, and when and how they are likely to be discharged. This to include information on NHS Continuing Care Assessments, which some interviews indicated was lacking for some respondents.
- 2.3 Clarify the named nurse system.
- 2.4 Ensure that ambulance transport is arranged in advance of the date of discharge.
- 2.5 Ensure that particular efforts are made to inform people who have been in hospital for a longer period, and people who are being discharged to a care home.
- 2.6 Improve protocols and, if necessary, training on how hospital staff communicate with patients about hospital discharge. This to include staff of all grades including auxiliary/care assistant staff and consultants.
- 2.7 Develop a plan of preventative work targeted at people at risk of emergency/unexpected hospital admission.
- 2.8 Develop a plan to identify and assess people at risk of losing their independence who have not already been assessed by Social Services.
- 2.9 Speed up Social Services assessments and re-assessments of people recently discharged from hospital.
- 2.10 Develop a system where people discharged from hospital to their own homes, whether in receipt of statutory services or not, are automatically offered a follow-up visit from a voluntary sector or other advice service to ensure they are coping.
- 2.11 Improve the information, guidance and support available for patients going into nursing and residential homes. Ensure there is one key agency which can advise on care home availability and procedures for discharge into a care home, that information on care homes is kept up to date and that information is kept across Borough borders.

## **APPENDIX I – SOME EXAMPLES OF CONTEXTUAL EVIDENCE FROM INDIVIDUAL INTERVIEWS**

16 interviews were held. 30% of interviewees were selected at random, but 70% of them were selected because of negative sentiments expressed in the questionnaire. It was felt that these respondents would best be able to contextualise some of the issues identified in the analysis of questionnaire data. Therefore the interview comments are likely to portray a more negative view than the overall patient experience.

The following are examples of anonymised case histories and comments which typify the findings of the analysis and contextualise some of the issues. They are loosely grouped according to the issue they illustrate, along with some explanatory notes.

These are a very small number of comments, drawn from a great deal of interview notes. In addition to issues around discharge, many interviewees gave information, both complimentary and critical, about the general standard of hospital care. It is hoped that Age Concern can follow up this information at a later date with the relevant authorities.

### **1. Named Nurse**

Although all of the hospitals in this report operate a 'named nurse policy', all hospitals fared badly on patient awareness of this. The interviews suggested that this lack of awareness led to a certain amount of confusion, and lack of coordination of information being provided to patients and relatives.

All the patients interviewed felt they had not had a named nurse

*"sometimes staff in the hospital asked who my named nurse was, they didn't seem to know"*

*"A member of staff signed the discharge form as the named nurse, I did not know who it was"*

*"the shortage of staff makes things difficult for patients and all those concerned"*

### **2. Patient, or patient's representative, not involved in multi-disciplinary meetings**

#### **2.1 Patient A**

Patient **A** was assessed as needing nursing care. There was no involvement of the patient or the family in the multi-disciplinary meetings at which this was decided. There were no details made available to the patient or their relatives of how the conclusion was reached or if alternative choices were considered.

## APPENDIX I Cont.

The Care Manager sent patient **A**'s daughter a list of Nursing Homes in the area, but as far as the family were concerned, no assessment had taken place. The Care Manager assumed the daughter knew her parent would have to go into a nursing home.

Patient **A** was not made aware of the difference between residential care and nursing care.

### 2.2 Other similar examples

An assessment appears to have taken place for patient **C**, which did not include patient or relatives and concluded that the patient be discharged to a nursing home. The patient was unaware why this decision had been reached or if alternative choices were proposed.

Patient **N**'s relatives were not involved in the assessment process.

Patient **P**'s relative said,

*"Discharge discussions began, but there was much confusion"... "I do not understand the reason for not getting all relevant parties into the same room at the start of the process"*

### 3. Continuing Care Assessments

We interviewed three people who went into nursing care, none of whom were given any information on Continuing Care Assessments.

### 4. Examples of people feeling pressured when moving into a care home

Patient **A** felt there was a lack of support and information regarding her discharge to a nursing home:

*"Someone used to ring me every Monday morning, I think it was a care manager, I don't know her name. She rang to find out how the search for a nursing home was going. Otherwise there was no contact or support"*

Patient **C** felt under pressure to move and would say to staff:

*"I've been here a long time"*

Patient **C**'s relatives felt pressured, and felt they were on their own when looking for a suitable nursing home.

Patient **K**'s relatives, *"felt considerable pressure to find a nursing home placement quickly"... "The hospital made it clear its own priorities/targets for ensuring that no 'bed blocking' would occur. A very difficult situation all round"*

Patient **N** had agreed to go into a care home in three days time, but when they were brought back to the ward after having had an X-Ray, all of their belongings had been put into plastic bags. Patient **N** was informed by a

## APPENDIX I Cont.

member of staff they were going to a home straightaway. The patient was told this was because the hospital needed the bed.

Patient **F** was initially told there was no rush to find a home. Once the assessment had taken place and a care home had been identified, relatives felt under great pressure to find a place before they had time to investigate the options. *"The hospital was anxious to get rid of mother"*.

### 5. Problems with transport on discharge

Transport was cancelled on the day patient **E** was due to leave and rescheduled for the next day:

*"I felt very unsettled and worried that the same thing might happen the next day"*

Patient **L** had to wait for two hours in a wheelchair before being discharged. Two days after discharge an ambulance came to collect patient **L** at 8am in the morning to take them back into hospital. The patient refused to go.

Patient **M** had to wait over 4<sup>1</sup>/<sub>2</sub> hours for transport, due to available transport not being equipped with oxygen.

Patient **O** had to wait over 6 hours for transport.

### 6. Lack of planning

When patient **B** asked about their discharge date, he/she felt the nurses pretended to refer to each other i.e. saying to another nurse in the room, *"you will find that out for the patient won't you"*. The patient felt the nurses were 'pulling his/her leg'.

Patient **H**'s relative commented:

*"I received a phone call on my mobile at 16.30 to say my parent would be discharged at 17.30"*

Patient **L** was told that a package of care was covered and in place. When patient **L** got home at midday there was no care in place. No adaptations to the patient's flat had been made and meals on wheels were not in place.

Patient **P**'s relative commented:

*"We are awaiting this process with trepidation given our experience of the 'False Start' a few weeks ago. Less sense of taking up a hospital bed would have been appreciated. The fact you think my parent has been discharged is fairly revealing"*.

### 7. Medication

Patient **B** went home without a supply of their medication as the staff on duty were unable to provide it for them.

## **APPENDIX I Cont.**

No instructions on medication were given to patient **D**. Patient **D** found them in his/her bag three days after discharge.

Patient **M** had to wait hours for their medication, patient **M** was then discharged without it because it was not ready.

Patient **L** had to wait 'a long time' for medication.

### **8. Patients discharging themselves**

#### **8.1 Patient B**

Patient **B** was in hospital for one month. After the first week patient **B** asked when they would be going home.

*'The only indication I had was the doctor wagging his finger and saying 'soon, soon'...'The nurses pointed out all the patients who were waiting to go into care homes'.*

Patient **B** was under the impression that the physio who took them for a home visit thought that patient **B** should be allowed home but that the physio did not have the authority to overrule the doctors.

After one month patient **B** discharged themselves with the aid of their son.

*'I could not get anyone to listen to me'*

Patient **B** did this on a Saturday when agency nurses were on duty so none of the regular nurses would try and stop them.

Ever since then patient **B** has had no help, other than a letter saying that they would not be getting any help. Patient **B** feels unable to cope by his/herself.

#### **8.2 Patient D**

Patient **D** stayed on a busy 4 bed ward. His/her bed was beside the used incontinent pads storage system. Patient **D** found this environment to be very noisy, and it had a bad odour.

Patient **D** discharged themselves, they could not stay there any longer.

## **APPENDIX II - NOTES ON QUESTIONNAIRE DATA**

The analysis was in the main based on the following notes, backed up with further examination and interview data.

### **1. Total respondents**

48

### **2. Which Hospital?**

Teddington Memorial = 14

West Middlesex = 13

Kingston = 17

Charing Cross = 4

One respondent had indicated "Hammersmith Hospital" which is assumed to be Charing Cross.

### **3. Length of stay**

45 indicated length of stay. On 3 questionnaires this could not be established. Length of stay has been approximated to 0.25 gradations of calendar month.

39% of respondents stayed in hospital for 0.5 months or less.

44% of respondents stayed in hospital less than 1 month.

71% of respondents were in hospital less than 2 months.

91% for less than 3 months.

9% for over 3 months.

The longest length of stay was 6 months.

The average length of stay (to nearest 0.25 month) was 1.25 months.

The median length of stay (to nearest 0.25 month) was 0.75 months.

The number of people in Teddington and Kingston who stayed longer than the median 0.75 months were roughly proportionate to the total (50% and 47%). However, 69% of people in West Middlesex stayed for longer than 0.75 months.

### **4. Where did you go?**

Own home = 34 (71%)

Care home = 10 (21%)

Other = 4 (8%)

Of West Middlesex and Teddington patients, the number discharged into care homes was less than the overall proportion (8% and 14%).

## **APPENDIX II Cont.**

35% of respondents in Kingston were discharged into care homes (although this is only 6 people).

Of the patients discharged into care homes, 100% were in hospital for 0.5 months or more, 80% were in hospital over 1 month, and 50% over 2 months.

2 people were discharged into Teddington Memorial Hospital, one person into sheltered accommodation and one did not specify.

### **5. Was your stay an emergency or planned?**

All but 1 respondent indicated.

Emergency = 38 (81%)

Planned = 9 (19%)

Of people who considered themselves to be an emergency admission, 8 of them (21% of emergency admissions) were admitted to Teddington. As Teddington does not have an A&E department, what is considered an emergency admission by respondents may not match what is considered an emergency admission by the health service.

There were no significant deviations from overall proportions on length of stay between emergency and planned admissions.

### **6. Provided with info.?**

All respondents indicated yes or no.

92% of respondents indicated no.

Of the four people who considered they had received info, 3 were in West Middlesex (the other was in Kingston).

### **7. Kept up to date?**

All but 1 indicated. Almost 50/50 split.

Yes = 24

No = 23

Of the total patients in West Middlesex, 38% indicated no.

Of the total patients in Kingston, 47% indicated no.

Of the total patients in Teddington, 64% indicated no.

95% of the people who indicated 'no' were in hospital for 0.5 months or longer.

76% of the people who indicated 'no' were in hospital for 1 month or more.

## APPENDIX II Cont.

The average length of stay of the people who indicated 'no' was higher than those who indicated 'yes' (1.75 months to 1 month).

35% of those who felt they were not kept up to date were discharged to a care home, this is above the total proportion discharged to care homes (21%).

### **8. Did you have a named nurse?**

All respondents indicated.

Yes = 5 (10%)

No = 43 (90%)

The proportions of people indicating yes and no are spread across each hospital (every hospital had at least one 'yes' and mostly 'no's'), and the average length of stay for each is almost exactly the overall average.

### **9. Involve relatives, carer, friend?**

All respondents indicated.

Yes = 33 (69%)

No = 15 (31%)

Of the no's, Kingston and West Middlesex were below average (24% and 23% of their total number of patients) compared with 43% of Teddington patients indicating no.

There was no significant deviation from the overall average length of stay for patients indicating yes or no.

There was no significant deviation from 'yes' and 'no' answers to the overall breakdown of where patients were discharged to.

### **10. If no, do you know why?**

The results of this freeform question are illuminating to the statistical analysis above. In the majority of cases, those answering 'no' feel that they did not want or require the involvement of relatives, carers or friends in their discharge. Therefore the negative effect on patient experience is much diminished from that implied above.

The results are grouped under paraphrased or actual answers below (actual answers in italics):

"Able to deal with myself" = 6

"Another appropriate person was involved" = 1

"I don't know" = 4

## APPENDIX II Cont.

"I think my daughter may have been telephoned to say I was on the move" = 1

'Negative patient experience' answer:

"Remoteness of staff in manner and by hospital and ward lay out."

"The sister considered that I was occupying a bed when I was not ill."

"The staff appeared to ignore me"

Total negative patient experience answer = 3

The answers imply that of the 15 people answering 'no' to the above question, from the patient experience point of view, half of them felt they had received a satisfactory service, with a potential negative experience of 8 people (includes 'don't knows') and a confirmed negative experience of only 3 people.

Of the total respondents, this would alter the results under point 9 above to:

Positive experience = 83%

Potential negative experience = 17%

Confirmed negative experience = 6%

Of the three confirmed negative experiences, two-thirds were in Teddington (the other one in West Middlesex).

### **11. Did you feel you had choice, enough info and time?**

44 respondents indicated. Of these:

Yes = 29 (66%)

No = 15 (34%)

Of those who answered 'no':

Kingston = 3 (18% of their total patients)

West Middlesex = 4 (31% of their total patients)

Teddington = 6 (43% of their total patients)

There is no significant correlation between those who answered 'yes' or 'no' and length of stay.

There is no significant correlation between those who answered 'yes' or 'no' and where they were discharged to.

### **12. Enough notice of leaving date?**

47 respondents indicated. Of these:

Yes = 32 (68%)

No = 15 (32%)

## APPENDIX II Cont.

Of those indicating 'no':

Kingston = 3 (18% of Kingston patients)

West Middlesex = 4 (31%)

Teddington = 6 (43%)

There was no correlation between 'yes' and 'no' responses and length of stay.

There was no correlation between 'yes' and 'no' responses and where respondent discharged to.

### **13. If yes, how was information passed on?**

Of those who answered 'yes' to the previous question, 26 (81%) indicated how the information had been passed on.

All of those who indicated said it had been passed on verbally.

13 people (half of those who indicated) had been informed by hospital staff. Of these, 6 indicated they had been informed by nursing staff, 4 by doctors and 1 by both doctors and nurses. In 1 instance, the patient's GP had been involved.

1 person indicated that Social Services had been involved in informing them.

7 people (27%) indicated that they had been informed by relatives.

### **14. Did leaving day go smoothly?**

All respondents indicated.

Yes = 40 (83%)

No = 8 (17%)

Of those who indicated 'no':

West Middlesex = 3

Kingston = 0

Teddington = 3

Charing Cross = 3 (75% total Charing Cross patients)

No correlation between 'yes' or 'no' answers and where patient discharged to.

100% of those indicating 'no' were in hospital for longer than 0.5 months. The average length of stay was 1.75 months (to nearest 0.25 month gradation), compared to overall average 1.25 months.

## APPENDIX II Cont.

50% of those who indicated 'no', had indicated 'yes' to relatives or carers being involved in discharge.

### 15. If not, why not?

Six people (three-quarters of those who answered no) gave a reason, although one of these gave no information and another respondent had discharged herself against advice.

Half the respondents had problems with ambulance transport:

- *"Long exhausting wait for Ambulance to take me home."*
- *"I was left waiting 6 hours for an ambulance."*
- *"Transport Home was a problem. The Ambulance was arranged for the morning but did not come until the late afternoon."*

One respondent was delayed waiting for a wheelchair and medication, and one respondent's leaving day did not go smoothly because a sheltered housing scheme manager *"was not there"* and *"home care didn't turn up"*.

### 16. Suggestions how departure day could have been better?

Six suggestions given quoted below in full.

It is noticeable how knowledgeable these respondents are about hospital procedure.

- *"Due to requiring oxygen for travel there seems to be a shortage of reliable transport. This definitely needs looking into."*
- *"The Hospital needs to sort out its internal problems. Particularly communication between departments. This is very poor at the moment resulting in my 6 hour wait for an ambulance."*
- *"The Hospital needs to improve its communication. It would have been nice to have been told at least the day before that I was being transferred to Craig House."*
- *"NHS Continuing Care procedure not being interpreted correctly. Resulting in unnecessary stress and anguish to my relatives."*
- *"My scheme manager should be involved with my discharge."*
- *"Better information required from Medical staff, and co-operation on supply of medication which I require for my condition and had brought with me".*

The two respondents who referred to communication problems were patients in West Middlesex and Teddington.

### 17. Assessed as needing help in home?

43 respondents indicated 'yes' or 'no' to this question.

Yes = 33 (77%)

## APPENDIX II Cont.

No = 10 (23%)

Although this question was aimed at people being discharged into their own homes, six respondents who indicated they had been discharged to care homes gave a positive response to this question (3 said 'yes' and 3 said 'no'). If these are removed, the proportions of respondents who were discharged to their own home, or a friend's or relative's home in the community, who answered this question are as follows:

Yes = 30 (81%)

No = 7 (19%)

### **18. If yes, when did help begin?**

22 respondents indicated when their package began (two-thirds of people who had indicated they were assessed as needing a care package).

One of these respondents was discharged to a care home, where they indicated that the care was provided.

One declined the help they were assessed as needing.

One person indicated that their care package commenced before their discharge date.

Of the remainder:

Straight away = 9 (47% of 'remainder' total)

Day after = 4 (21%)

2 days = 1

3 days = 1

4 days = 1

5 days = 1

Never = 2

It could be surmised from this that 68% of respondents to this question received a satisfactory service (help began at the time of discharge or the next day).

\* see point 16 below for revised figures.

### **19. Was it wholly in place, partially or not at all?**

23 respondents who indicated that they were assessed as needing care gave a positive answer to this question.

Both respondents who indicated they were assessed as needing care, and indicated that they were discharged to a care home, indicated 'not at all' to this question. One of the respondents therefore gave a contradictory

## APPENDIX II Cont.

answer to that given for the previous question. One of them commented "No. They didn't turn up".

None of the respondents indicated that they had only received part of the care package.

12 respondents (55% of those who indicated 'wholly in place', 'partially' or 'not at all') indicated 'wholly in place'.

9 respondents (41%) indicated 'not at all'.

One respondent (who had indicated 'not at all') commented "The Occupational Therapist promised help, but nothing happened".

### **20. When did the full assessed care package begin?**

21 respondents gave an answer to this question (who had also indicated that they had been assessed as needing help at home).

All but two of the respondents had also answered the question covered in Point 14. and given an identical answer, apart from one respondent who gave information which did not address the question. This is to be expected because this question was designed for people who had received only part of their assessed care package in the first instance, and none of the respondents fell into this category.

Of the two who answered this question and not the question posed in point 14., one indicated that the full package began immediately following discharge, and one that it began the day after discharge. The two questions for these respondents were basically the same, as the first question asked when their care package began, and the second when their full care package began, and they indicated that they only received their full care package. Neither of these respondents indicated contradictory information, therefore these respondents' answers to the latter question can be added to those of the former to give the following reliable combined results on when the full care package was in place:

Straight away = 10 (48% of those who indicated a definite date)

Day after = 5 (24%)

2 days = 1

3 days = 1

4 days = 1

5 days = 1

Never = 2

It could be surmised from this that 72% of respondents to this question received a satisfactory service (the full care package began at the time of discharge or the next day).

### **21. Is your help at home satisfactory?**

## APENDIX II Cont.

Of those respondents who indicated that they were assessed as needing help at home, 29 (67%) indicated an answer to this question.

Of these 29 respondents, two had also indicated that they had been discharged to a care home. They were both satisfied with their help at home.

Of the remainder, who were discharged to their own homes:

Satisfactory = 24 (89%)

Not satisfactory = 3 (11%).

In addition, two people responded to this question who had not indicated that they had been assessed as needing care at home. They had both been discharged to their own homes. One found their help satisfactory, and one found it not satisfactory.

### **22. If you ticked no, how could it be improved?**

Four people gave a response to this question, all of whom had been discharged to their own homes. One of the answers was not relevant to the question. The other three answers are reprinted in full below:

- *"By the quality of the carers"*
- *"Further help needed at different times of the day"*
- *"I need re-assessment by local services, as I am unable to cope on my own"*

### **23. If went into sheltered accomm./care home, did you go to first choice and/or somewhere else first?**

There were six positive responses to this question. One of the respondents was already in sheltered accommodation and went back there.

Of the other five respondents, three went straight to their first choice, one went somewhere else first, and one went into a nursing home as respite care for his wife who cared for him at home but who was herself in hospital.

### **24. If somewhere else first, have you been advised of moving date?**

The one respondent who indicated 'somewhere else first' left this question blank, although it was indicated elsewhere that the patient has now completed their move.

The respondent who went into a nursing home as respite care for his wife indicated elsewhere that he has a date to return home.

## APPENDIX II Cont.

### **25. If not received this information, do you know if being monitored on your behalf?**

There were no appropriate positive responses to this question.

### **26. Do you have any other comments?**

19 respondents wrote something in this freeform field. The issues written about covered a range of topics, particularly the standard of hospital care, and the behaviour and helpfulness of hospital staff (both criticisms and praise). These will be collated separately from this report.

Comments from this field relevant to hospital discharge (both positive and negative) are re-printed below in full with the names of persons and hospitals removed, with the exception of one very detailed response which was marked confidential, comments from which have been selected to ensure anonymity.

*"I have already written to ----- Hospital about the matters referred to in this questionnaire, together with some other justified complaints, but have not yet received a reply."*

*"I would like to say that the therapist at ----- was very caring and very eager to give all kinds of help, but I went away only using their stick as help"*

*"But three days after leaving hospital I lost part of the sight in my left eye. This was due to the Ambulance man taking no interest in my having two sticks to help me walk. I am still having the District Nurse visit every day. He should not be an Ambulance Driver".*

*"I was more than satisfied with the help I received. The only disadvantage was lack of physiotherapy at home, having been discharged from hospital before receiving the necessary help. A physiotherapist came after I had been home for 4 weeks. She was most helpful eventually."*

*"My relatives have not been given all of the information they requested of ----- Hospital. My relatives are now challenging the NHS CC decision, which was not to award me this status. Even though I meet the criteria."*

*"The hospital was, of course, anxious to get her out of her bed"*

*"The social services attached to the hospital were reasonably helpful but, in the end, I had to do most of the searching to find a home. While she remained in hospital, the nurses, on the whole, were very caring and helpful to her, although she was in an acute ward, unsuitable to her condition and their routine. I think the staff handled the situation pretty well"*

## **APPENDIX II Cont.**

*"I have a feeling the hospital would have insisted on pushing her into the first available care home vacancy, irrespective of its suitability for her. I did feel terribly pressured to find a place for her and it was a ----- period of great anxiety."*

*"Considerable pressure felt, by relatives particularly, to find a nursing home placement quickly - hospital made it clear its own priorities/targets for ensuring that no 'bed-blocking' would occur. A very difficult situation all round."*

<b>Homeward Bound Appendix III</b>
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**18 March 2004**

**LEAVING HOSPITAL**

Richmond upon Thames Council and Age Concern Richmond are working together to find out how people feel about arrangements that were made for them when they left hospital and if there were delays for any reason.

Richmond Council has a duty to watch over local health services, and can make recommendations to improve and influence services.

We understand you have recently been in hospital, and we want to learn how you got on during your stay. It would be really useful if you could fill in the attached questionnaire, and return it to us in the enclosed pre-paid envelope by Friday 2 April 2004.

If you are unable to complete the questionnaire yourself, please ask a relative or carer to fill it in for you. If you do not have anyone who could help you, please contact Age Concern and ask to speak to Margaret Reynolds, telephone number 020 8940-8090, or Rhoda Fraser, telephone number 020 8940-8306.

If you have any concerns about your information being passed to Age Concern, please make this clear on the front of your questionnaire and the information will not be shared. The information you provide will be used for statistical purposes and no one will be identified by name.

Age Concern will also be making arrangements for a limited number of face to face chats to gather additional information during April. They will contact you directly to arrange this.

Thank you for taking part in this valuable piece of research.

Yours sincerely

**Jeanette Phillips**  
Principal Policy Officer

**Ryan Sampson**  
Chief Executive Officer  
Age Concern

Homeward Bound Appendix III
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Questions about your experience of being discharged from West Middlesex hospital, Kingston hospital, Charring Cross, or Teddington Memorial hospital

### Section 1 - Personal Details

Name
Address
Phone no.

### Section 2 - Hospital information

1. Which hospital were you in?

.....  
.....

2a. When did you go into hospital

.....

2b. When were you discharged from hospital?

.....

**3. Where did you go when you were discharged from hospital? (Please tick)**

Home	Residential home	Nursing home	Other

**4. Was your stay in hospital an emergency or was it planned?**

.....

.....

.....

.....

**5. On arrival to the hospital were you provided with information about how long you would be in hospital?  
Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

**6. Were you kept up to date with what would happen when you were ready to leave the hospital?  
Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

7. Did you have a named nurse? (e.g. did you have an individual nurse who was dedicated to look after you)

**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

8. Did the hospital involve your relatives, carer, friend in discussions about your discharge from hospital?

**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

8a. If not, do you know why this was

**Comment:**.....  
.....  
.....  
.....  
.....

9. Did you feel you had a choice about the way you were discharged, i.e., were you given enough information and time to come to a decision about your discharge arrangements?

**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

**10.** Did you receive sufficient advance notice of the date you would be leaving hospital?  
**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

**10a. If you were, how was this information passed on to you and by whom?**

.....  
.....  
.....  
.....

**10b.** Did your leaving day go smoothly?  
**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
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**10c.** If not, why not?

**Comment:**.....  
.....  
.....  
.....  
.....

**11.** Do you have any suggestions about how your departure from hospital could have been better?

**Comment:**.....  
.....  
.....

**12. Were you assessed as needing help in your home when you were discharged?**

**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

**12a. If you ticked YES , when did this help begin?**

**Comment:**.....  
.....  
.....  
.....

**12b. Was the full assessed care package in place, or only part of it?**

**Comment:**.....  
.....  
.....  
.....

**12c. When did the full assessed care package begin?**

**Comment:**.....  
.....  
.....  
.....

**13. Is your help at home satisfactory?**

**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

**14.** If you ticked NO, how could it be improved.

**Comment:**.....  
.....  
.....  
.....  
.....  
.....  
.....

**15.** If you went into sheltered accommodation, residential or nursing home accommodation, did you go to your first choice and/or did you have to accept a temporary placement?

**Comment:**.....  
.....  
.....  
.....

**15a. If you had to accept a temporary placement, have you been advised of the date when you will move to the residential/nursing home of your choice?**

**Please Tick One Box**

<b>Yes</b>		<b>No</b>	
------------	--	-----------	--

**15b.** If you have not received this information, what timescale has been given for this move, and who is monitoring it on your behalf?

**Comment:**.....  
.....  
.....  
.....  
.....  
.....

