



Attitude



**Discharge planning is a process used to decide what a patient needs for a smooth move from one level of care to another.**

The actual process of discharge planning can be completed by a social worker, nurse, case manager or other person. Ideally, and especially for the most complicated medical conditions, discharge planning is done with a team approach in consultation with the patient and their family/caregivers.

Good discharge planning requires anticipation of potential problems by good information gathering, early resolution of potential barriers to discharge, and timely referral to the multidisciplinary team during every patient's admission. It involves close collaboration between the patient, the family, and the multidisciplinary team and will lead to improved patient and carer satisfaction.

Effective discharge planning can decrease the chances of readmission to the hospital, help in recovery, ensure prescribed medications are taken correctly, and adequately prepare the patient and their family/caregivers to take over care.

Admission to hospital is a vulnerable time for patients and their families. As a result of illness, patients often experience a loss of functional ability and require either a temporary or more prolonged increase in social support. A survey in the UK found that 43% of the 2.3 million carers in the United Kingdom felt inadequately supported when the person returned home.

- How are we doing here at BOPDHB?
- What are our patients telling us about their discharge from our wards?

*I hope you take the time to read the response to the Patient Experience Survey questions relating to discharge and the comments patients are making below. Can you make a difference for your patients?*

Averil Boon, BOPDHB Programme Manager

### Patient Experience Surveys

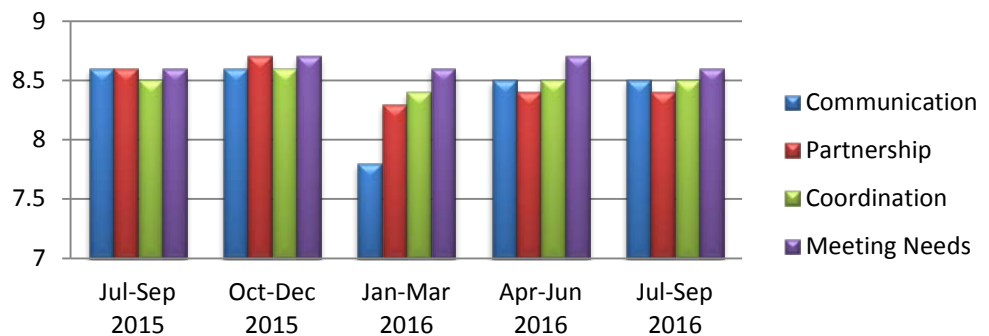
The quarterly national and the fortnightly BOPDHB Patient Experience Surveys have now been underway since August 2014.

The two surveys have informed us of the experiences of over 2000 people in the last 12 months, who were admitted to Tauranga and Whakatāne hospitals with at least one overnight stay.

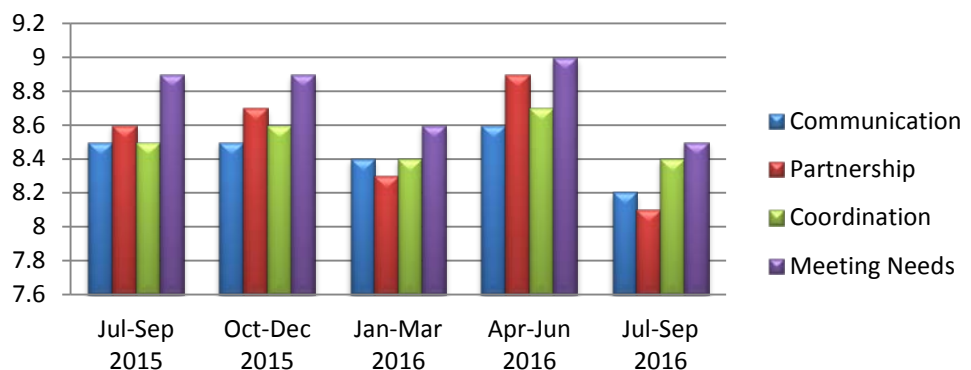
### Overall Results:

Patients are asked to rate their experience on a scale of 1-10 and to enter comments which are a rich source of real time feedback.

**Quarterly National Patient Experience Survey**



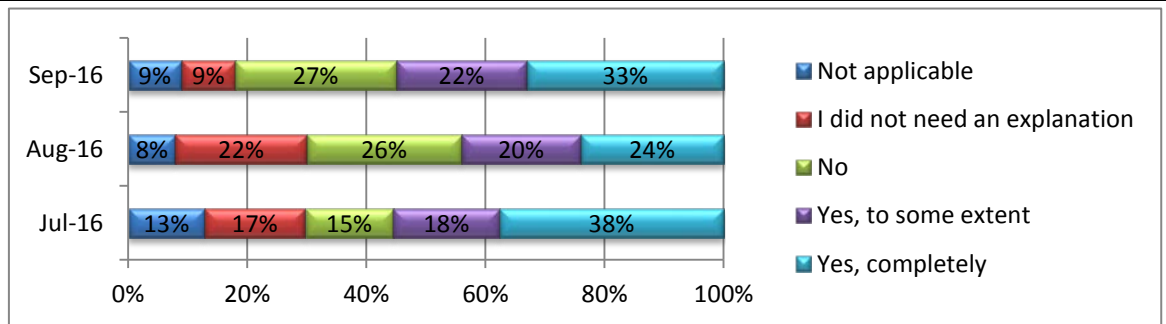
**BOPDHB Fortnightly Patient Experience Survey**



# What are our patients saying about being discharged?

## Communication

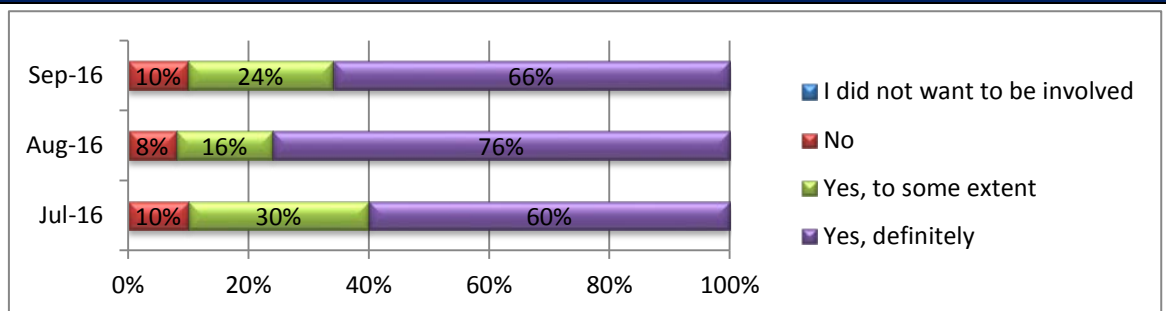
Did a member of staff tell you about medication side effects to watch for when you went home?



- Overall excellent communication, although side effects weren't mentioned. I believe had there been any to worry about it would have been discussed prior to my discharge.
- There were several doctors involved in my treatment resulting in contradictory advice. After my discharge I was unable to contact any of the doctors involved to clarify the position and was left to decide which advice to follow virtually on the toss of coin, something I regarded as highly irregular and dangerous.
- I only saw a doctor once after my admittance and that was when I got discharged. The physiotherapist who the doctor relied on to clear me for discharge did not seem to have any understanding of how cellulitis makes it hard to use crutches, even after she saw how I could not wriggle my toes while on the crutches. An answer to one of the questions she was asked was: "It costs \$800 a day to keep a patient in hospital." I felt like she just couldn't wait to get rid of me. If I had had more notice about being discharged I could have prepared myself for discharge i.e. I could have arranged to have clothes to be brought to me to walk out in. As it was I came out in a hospital nightgown, wore the cardigan and coat I had worn in to hospital, which, fortunately I still had in my room plus a blanket over my legs.
- I felt the treatment I received was very good from admission to discharge.
- Everything was great except when it came to information re my discharge and anything I should do once I was home. I accept this was possibly because I had to stay in an extra night and was discharged on a Sunday but.....
- I feel I can handle a situation better when I know what to expect. Because I've not had many medical problems in the past, my knowledge of terminology is sketchy. It was very helpful to be given the option/ rundown on what was happening to me, and how it would be dealt with. I'm very grateful to the lovely lady doctor who took the time to sketch out how/why the ERCP is done. It gave me great confidence going into the procedure, which actually helped with the further procedures. Also, the doctor who discharged me on my last day was particularly empathetic, which boosted my confidence for managing my home recovery.
- Everyone was extremely helpful. Also after speaking to the doctors and being told I could go as soon as discharge papers were organised, I ended up leaving without any information after waiting for three hours and not receiving anything. Two weeks later and I still haven't got discharge papers.
- The doctor that came to explain about my discharge was very nice and explained all things very well and was extremely helpful and left me feeling comfortable.
- Discharge time was confusing.
- Communication is the hardest thing to judge as it always falls below my expectations with different people telling me different things. The discharge letters need improvement and tell the summary of your admission.

## Partnership

Did you feel you were involved in decisions about your discharge from hospital?



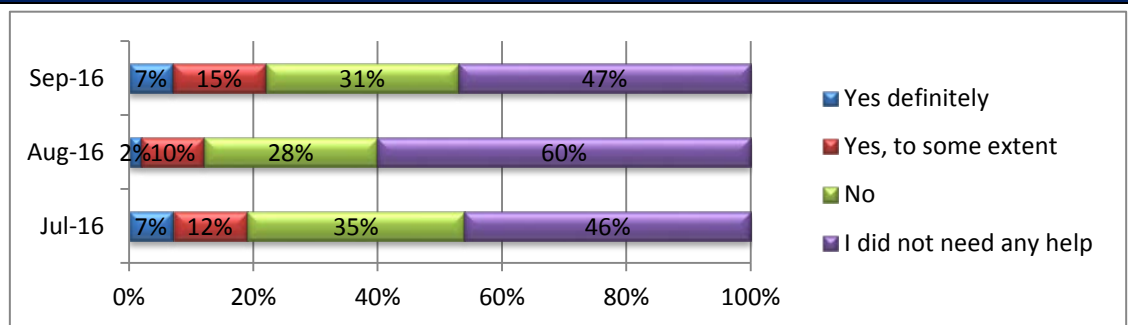
- I was discharged with no healthcare in place when I got home. I tried to arrange some care prior to my operation. I met someone for the hospital about follow-up but it took two days to get back to me and from then on it was the weekend. The doctors and nurses were great.
- I guess the bit that I was a little unsure on, which seemed a little 'loose' - was the whole discharge bit. I guess that process needed to be a little more explicit as in 'here are your discharge papers - you can go'.
- During my stay in hospital I felt the staff were very good in letting me know things about my care. However, I felt I was discharged with obscene haste and when I was still in far, far too much pain with

very limited mobility. I understand that they were doing operations in another part of the hospital and needed the bed but I was definitely not ready to go home so soon. The whole thing was very painful and rushed. I was left to pack up my belongings, get dressed into my civilian clothes and go to the transit lounge with no help, apart from being wheeled down there, and yet I was in so much pain and could hardly move. Leaving the hospital and getting into the car was so uncomfortable, awkward and painful that it was cruel and very upsetting.

- They didn't 'assume' but discussed their concerns with me regarding my discharge.
- I had to fight to have certain parts of the surgery done the way I wanted and also had to fight to be discharged early and to convince them I did not need pain relief.
- I had a total knee replacement and found that there was definitely a lack of staff in the physio department to advise and show how to cope with the exercises in hospital and when you returned home. They were only with you for a brief moment and then you were left to your own. Being the weekend and being discharged within three days made me feel a little insecure as to how I was going to cope. I was presented with a book on exercises but it is not the same as being shown how. I have had to ring up the hospital to see if they are doing classes and yes I did get an appointment to be assessed but that is 26 days after my surgery. Perhaps it is because I got called in on a cancellation for surgery and they only have a skeleton staff on at the weekends.
- Discharged too early and readmitted the following day.
- They checked whether I had sufficient help at home before my discharge.

## Coordination

**Do you feel you received enough information from the hospital on how to manage your condition after your discharge?**



- I had to ask about dressings etc. and in the end I contacted district nursing myself and requested a dressing change and wound check. It is scary not having someone trained to check your wound a few days after discharge as it may not be healing.
- It took five days after discharge to get a helper.
- Generally excellent although about four times there seemed to be the situation where someone would say a certain thing would happen, i.e. blood test, medication, procedure, or future tests after discharge, and the next one either didn't know, wasn't aware it had been suggested, or decided it wasn't necessary.
- Care was taken to ensure that I saw all the support people I needed to see before discharge.
- I had to ask when I needed to take what medication and when. I was put on four different medications on discharge and I feel it's very important that the patient knows exactly when to take the next dose. This happened on my three discharges from hospital in three weeks!!!!
- Hospital-to-home care was organised perfectly. Moving to the Transit Lounge was fabulous - the trial using their delegated orderly was brilliant. He was able to collect my medications from pharmacy and keep me informed of progress regarding my discharge in as much as when he collected the medications and being able to help me to my car. Definitely should keep that service!
- From admittance to discharge it has been great.
- I ate very little of the food brought to me as it was the worst food I have ever had. The IV was left in my wrist too long and it had started to tissue. More could have been done about my being discharged.
- I was looked after very well thank you - as stated before the only hiccup was the discharge/home care.
- Once you have been cleared to leave, discharge documents could be a bit quicker.
- A lot to take in at ward round. Specific guidelines around post op activity would've been beneficial. Informed via discharge letter that there will be no follow-up in outpatient clinic meaning no opportunity to clarify questions. Unsure about return to exercise, return to work (? Light duties).

## Is there anything else you would like to tell us about your hospital stay?



- After being told I was being discharged at 11am I was not sent home till 4.30pm. This caused my wife a lot of distress as she turned up at 11am to take me home only to be waiting five hours later. In this time she had no food or drinks so I gave her mine.
- The discharge day was very hasty to get me to the transit lounge. The discharge summary did not document the pre-admission medication had been altered and changes that had been made while an inpatient. Aspirin had been commenced post-op and was not on the discharge summary. Because of the hypertension I have been back to see the GP twice.
- I felt quite overwhelmed by the care and kindness I received. I even had one staff member helping me with taking my belongings to my friend's car on discharge.

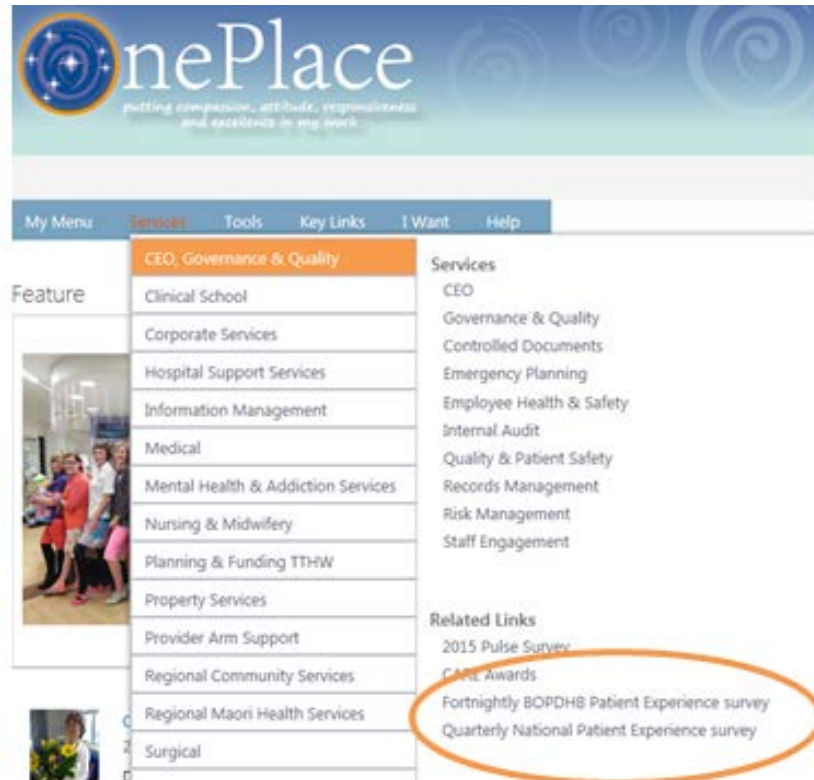
## Does your area look at your results and look for ways to improve your scores?

Do you have you a success story you would like to share, can others learn from things you have tried in your area of work?

If you have an idea, please talk to your manager, quality coordinator or the service improvement unit or look at the ["Projects and Quality Initiatives Toolkit"](#) page.

I would love to hear from any area that is planning a small test of change or has already done so, please contact me, I would love to help if I can.

Averil Boon, Programme Manager



The Patient Experience Surveys are a goldmine of feedback that we can use to look at how we provide our services and identify opportunities to make improvements.

Choose either of the surveys from the **OnePlace** links (see image on left):

- Each domain heading has a separate menu below it that takes you to the individual questions and comments (see image on right).
- Use the menu on the left-hand side to choose the domains and questions.
- Use the filters across the top e.g. 'date range' and 'ward' or 'service' (see image below).
- Don't forget to click the 'Apply' button to display the filtered results.
- Filtered results will appear as slightly shaded alongside the whole organisation's results so you can compare.

Filtered results show comments for your area only and the 'Wordle' displayed on the right-hand side of the screen, shows the most commonly used words in the comments.

The image shows a filter panel on the OnePlace website. At the top are several dropdown menus: "Date Filter" (01 Jan 2016 - 17 Jun 2016), "Age", "Gender", "Ethnicity", "HSC", "Hospital", "Service", and "Ward". Below these is a "Date Filter" section with "Discharge Date = 01 Jan 2016 - 17 Jun 2016". The "Ward" dropdown is open, showing a "Check all" button, an "Uncheck all" button, and two options: "Acute Care Unit WGA" (checked) and "Adm Planing Unit TAU" (unchecked). To the right of the filter panel, a "Response" column shows "went home?".

Contact your service's Quality Coordinator for help if needed!