



Milton Keynes University Hospital NHS Foundation Trust

Follow-up report (May 2019)



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1 The Review

As part of our Enter and View programme, we plan a review of the actions taken against our recommendations. The way this review is carried out varies depending on the type of project that was undertaken, and the type of recommendations that were made.

The initial Enter and View visits took place between September 2017 and January 2018 at the following units:

Ward 17 (Cardiology)

Ward 18 (Frail Elderly)

Ward 24 (Elective Surgery)

Patient Discharge Unit (PDU)

In this instance, we received an invitation from the Patient Experience Manager at Milton Keynes University Hospital (MKUH) to come and see the progress they had made against our recommendations.

We were delighted to see that all our recommendations had been addressed, with many having been completed or in progress. We were also pleased to see that MKUH had displayed our recommendations (see Appendix A) regarding the Patient Discharge Unit (PDU) at the unit entrance, so that service users can see the impact of their voice and the improvements made as a result.

We continue to be impressed at the level of commitment to good patient experience and outcomes displayed by the management and staff at MKUH.



2 Wards 17 & 18

We said:

“Patients would find it helpful to have a ‘Welcome Pack’ which contains the usual information given to patients on admission but also a more personalized ‘This is our plan for you’ type document which invites some level of patient participation.”

“Providing a written discharge plan that tells the patient what to expect physically and mentally in the first days and weeks at home, and who to contact if things are not as they should be, would ease concerns for both the patient and their family or carers.”

They did:

Ward 17 - patients are provided with detailed Cardiac Rehabilitation exercise guidelines upon discharge.

Ward 18 - a ward information slip is currently an open action, being developed by the Ward Lead.

Additional findings:

Since the visit, the Chief Nurse has increased the senior nursing team numbers for ward 18, which has since won MKUH Team of the Year. They have the lowest vacancy rate within the hospital and are currently fully established with no vacancies.

Meet and greet sessions were trialed but staff have found communications with families to be more effective and convenient using an individual appointment approach.

The Red 2 Green initiative is fully operational. The aim of Red 2 Green is to ensure that each day of a patient's stay in hospital is adding value to their diagnosis and/ or treatment and is reducing unnecessary time spent in hospital.

The ward has their own Physiotherapist and Breakfast Club.



3 Ward 24

We said:

“Where multiple consultants are involved in a patient’s care, a meeting between them to agree plans and familiarise themselves with patient history could be useful to ensure consistent advice and information is given to patients. This would be especially helpful to those patients with more complex clinical needs. Patients should not have to inform consultants of specific issues when they are entered in the case notes.”

They did:

Consultants now routinely use e-Care (electronic patient records) to access information surrounding patients care plans, which is a central point of information and can be updated in real time.

We said:

“Having a clear discharge plan from the time of admission gives patients peace of mind, and confidence in their discharge from hospital. We recommend that the discharge planning policy is applied to all patients to ensure that the current high standards observed in this ward are maintained.”

They did:

The Discharge Sister on Ward 24 explained that, as the ward deals with elective surgery, discharge arrangements are planned at pre-assessment stage.

Additionally, all patients discharged from Ward 24 routinely receive a 48-hr telephone call ‘welfare check’ to ensure any concerns are addressed and offer reassurance/advice.



4 Patient Discharge Unit (PDU)

We said:

“Patients may benefit from being given a pamphlet explaining what the PDU is and what they can expect before they arrive there.”

They did:

PDU have now developed an informative PDU information leaflet, which is given to all patients. PDU staff now visit selected patients on the relevant ward prior to discharge, to meet the patient, explain the process and provide the leaflet.

We said:

“Where medication issues are causing delays, operate a time window (e.g. 30 mins delay) beyond which patients are discharged and the medications are dispatched separately.”

They did:

Medication will be administered to the patient or relative at the point of discharge either on the ward or in PDU.
Healthwatch MK’s report has influenced the process at Board level - a Length of Stay Dashboard, chaired by the Medical Director, is now in place to monitor causes of delays and work is underway to find a robust solution to this issue.

We said:

“With regular updates on the status of their discharge, perhaps every 30 minutes, patients may be reassured, reducing frustration and stress and allowing them to better coordinate their pick-up arrangements. This update could include communication between the hospital pharmacy and the patient.”

They did:

Introduction of Rotational Operational Liaison Officers (ROLO’s) who support patients through the discharge process, which includes communication with carers/families.



We said:

“We suggest that, as people are still recovering when they reach the PDU and tend to be waiting in the unit for lengthy periods of time, the furnishings should be more comfortable.”

They did:

New high specification pressure-relieving chairs are now in situ. A radio has been added, which patients can choose to listen to. There is a poster on display (see appendix B) advertising the availability of games, puzzles and reading materials, plus reading glasses in a variety of strengths for patients to borrow. Snacks and hot drinks are also advertised as available.

We said:

“We recommend that a written post-discharge plan for medication, ongoing treatment and advice regarding who to contact, even if this simply clarifies that responsibility has transferred back to a GP, is provided to patients on discharge.”

They did:

Information now recorded electronically on eCare - an electronic discharge letter is generated, and a copy is emailed to the patient's GP.

We said:

“We would like to see the hospital website updated to provide a more detailed explanation of the discharge process.”

They did:

The MKUH website has now been updated with detailed information for patients and families: <https://www.mkuh.nhs.uk/patients-and-visitors/going-home>

We said:

“Whilst we understand it may be challenging, we recommend the hospital consider relocating the PDU. It could be easier for recovering patients to be situated closer to the main entrance of the hospital, with easier access to the pharmacy.”

They did:

At present, relocating the PDU is not a viable option. However, issues relating to links with the pharmacy are being considered at Board level

5 Appendix A



You said	We did
Patients may benefit from being given a pamphlet explaining what the PDU is and what they can expect before they arrive there	Patient Discharge Unit have developed a unit information leaflet PDU staff visit selected patients on the relevant discharge ward the day prior to discharge, to meet the patient, explain the process and provide the leaflet.
Where medication issues are causing delays, operate a time window (e.g. 30 mins delay) beyond which patients are discharged and the medications are dispatched separately.	Medication will be administered to the patient or relative at the point of discharge either on the ward or in PDU.
Where a medication omission is relatively trivial (e.g. readily available without prescription) offer the patient the opportunity to leave with the remainder of the prescription.	If the patient medication has omissions this will be discussed with the patient, pharmacist and doctor to agree a plan.
With regular updates on the status of their discharge, perhaps every 30 minutes, patients may be reassured, reducing frustration and stress and allowing them to better coordinate their pick-up arrangements. This update could include communication between the hospital pharmacy and the patient.	We are recruiting a volunteer to support the patients in the unit. The volunteer will be able to meet and greet the relative in the car park and be a point of contact. The information leaflet has contact details of the unit
We suggest that, as people are still recovering when they reach the PDU and tend to be waiting in the unit for lengthy periods of time, the furnishings should be more comfortable.	The discharge unit has introduced a "Move with Music" hourly to encourage the patients to stand and move hourly. The unit has made available games, cross words and daily information. Data collected over a 5 week period to understand average length of stay of patients in PDU
We recommend that a written post-discharge plan for medication, ongoing treatment and advice regarding who to contact, even if this simply clarifies that responsibility has transferred back to a GP, is provided to patients on discharge. This could reduce confusion about what to do if further support is needed.	The patients discharge information is sent electronically to the GP and a copy is handed to the patient.
We would like to see the hospital website updated to provide a more detailed explanation of the discharge process.	We are currently updating the information on the hospital intranet.



6 Appendix B

TheMKWay
CARE. COMMUNICATE.
COLLABORATE. CONTRIBUTE.

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

WELCOME TO THE PATIENT DISCHARGE UNIT

For your enjoyment/entertainment while you are with us, we have:-

- Crossword Puzzles
- Board Games
- Word Searches
- Books
- Magazines
- Cards



Forgotten your reading glasses? We have a variety of different strength reading glasses you can borrow.



Snacks and hot drinks available all day.

For any of the above please ask a member of the team

As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns.

Chief Executive: Joe Harrison
Chairman: Simon Lloyd

