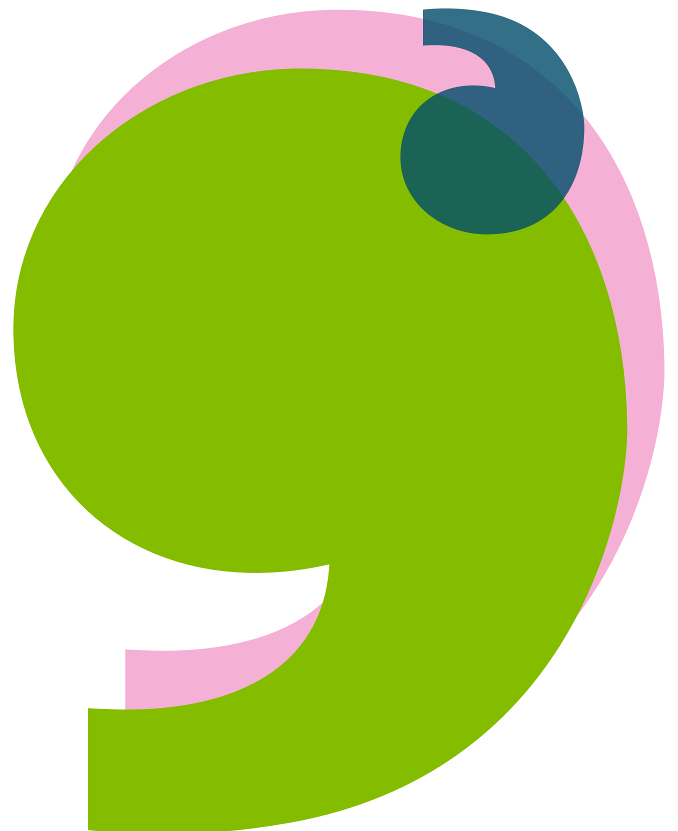
Milton Keynes University Hospital NHS Foundation Trust

Review of Staff/ Patient Communication

Patient Discharge Unit

January 2018



Contents

Contents 2
1 Introduction 3
1.1 Details of the visit 3
1.2 Acknowledgements 3
2 What is Enter and View? 4
2.1 Purpose of Visit 4
2.2 Strategic drivers 4
2.3 Methodology 5
3 Summary of findings 6
4 Results of the visit 7
4.1 Discharge process – main findings 7
Pre-discharge planning 7
Delayed discharges 7
Post discharge arrangements 8
5 General Observations 9
5.1 Patient opinions regarding their hospital treatment overall 9
5.2 Authorised Representative General impressions 9
6 Summary of Recommendations 11
Service provider response 12
Appendix A – Copy of the interview questions and prompts 14

1 Introduction

1.1 Details of the visit

Details of visit: Patient Discharge Unit	
Service Provider	Milton Keynes University Hospital NHS Foundation Trust
Date visit carried out	31 January 2018
Authorised Representatives	Paul Maclean
Contact details	01908 698800

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Milton Keynes University Hospital NHS Foundation Trust (MKUHFT), service users, visitors and staff for their contribution to our Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

The purpose of this Enter and View programme was to engage with patients, or their relatives and carers, to find out how they felt about the level and effectiveness of communications between the staff and themselves.

2.2 Strategic drivers

Healthwatch Milton Keynes, as part of a thematic review of the level of information that is given to patients about their treatment and discharge services, intend to gather data and experiences to improve processes and report how patients feel about the information they are given and the way it is provided.

These visits have been carried out in response to the Red 2 Green initiative that Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) have implemented across the hospital. 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. A big part of the initiative is focused on making sure that patients have a clear understanding of

what is happening to them each day and what needs to happen before they can be discharged.

2.3 Methodology

Healthwatch Milton Keynes Authorised Representatives met with the Patient Experience & Engagement Manager, and most of the Ward Matrons, to outline the project and gather the staff views on the Enter and View programme that would run throughout the hospital.

To ensure Healthwatch was able to gain the views of patients admitted for a variety of reasons and receiving treatment from different specialty areas and staff it was agreed with the hospital that we would spread the visits over a number of different types of wards. Healthwatch Milton Keynes began this programme of visits with reviews of Wards 17 (Cardiology) and 18 (Frail Elderly), as Ward 17 had not started using Red 2 Green at the time of the visit, and Ward 18 was the first Ward the initiative was rolled out in. For the second visit in the programme, we visited Ward 24, a reasonably new and modern surgical ward where the Red 2 Green ethos was embedded in to the design and set up of the ward.

For this, our third visit, we focused on the Patient Discharge Unit which represents a key part of the treatment process and which faces some different challenges to the previous Wards. We agreed the date and timings so that the visits were not disruptive to patients or staff. On this occasion, no Healthwatch Milton Keynes leaflets were provided to forewarn patients as it is difficult to predict which patients will be using the unit.

The visit took place in the early afternoon and at the beginning of the visit the Healthwatch Authorised Representative made himself known to the most senior staff member on duty and was briefed on which patients it was appropriate for him to speak with. Over the duration of the visit there were, overall, 6 patients on the ward that it was appropriate for Healthwatch to engage with.

The Authorised Representative (AR) approached each of these patients with an introduction and gained their consent to interview them. All of the patients spoken to were happy to share their experience with us.

The AR used a set of questions and prompts amended from but based on the standard set used in the previous visits. The amendments were designed to enable a stronger focus on the discharge process. The prompts are designed to be selectively and flexibly used by the AR in order to encourage the patient to talk about what they knew about their treatment, who gave them the information, and how they felt about the information given. The AR wrote extensive notes during the conversation and then transcribed them later for analysis. A copy of the prompts is included in the appendices.

During the interviews the AR was accompanied by Nadean Marsh, the newly appointed Head of Nursing for Quality and Improvement, Safeguarding, who acted as an observer during the interviews. This was agreed by Healthwatch Milton Keynes as her involvement would familiarise her with the Enter and View programme and get a feel for the patient experience in the Discharge Unit. Nadean played a passive role in the interviews and, based on the levels of candour expressed by the patients interviewed, the AR was satisfied that the patients were not influenced by her presence. Indeed, Nadean was able to assist in the process by

helping to investigate and resolve specific patient issues and concerns as they were expressed during the interviews. The AR is grateful to Nadean for her support in this regard.

After the visit, the lead AR had a brief discussion about the findings with the Patient Experience & Engagement Manager and the Head of Nursing for Quality and Improvement, Safeguarding.

There are several factors that influenced this visit which may render the findings rather more tentative than the previous visits, as follows:-

- Three of the six patients were noticeably debilitated and distracted and were therefore less able to contribute fully, though one was supported by a carer, who offered useful insights.
- The Unit surroundings are rather confined with patients often in close proximity to one another and with members of staff circulating regularly. This may have constrained some responses.
- Due to the function of the Unit there was some inevitable noise, interruptions and other distractions as the discharge process was proceeding around us.

3 Summary of findings

The Patient Discharge Unit (PDU) is a well-run operation with helpful and readily-accessible staff, working calmly in a very clean and tidy environment.

The PDU plays an important role in affecting the reputation of the hospital because discharge represents, for most patients, the final contact with the hospital and strongly influences a patient's lasting impression. In addition, because patients are understandably very eager to go home, there can be heightened sensitivity and emotion surrounding the discharge process.

Of the six patients interviewed, four were frustrated by quite significant delays in their discharge, three of them caused by problems with the provision of medication. This is a challenge for the Unit because while not necessarily responsible for the delays, they do take a role in supporting patients to seek resolutions to the various problems that lead to delayed discharge, and in reassuring the patients involved.

The four affected patients were naturally unhappy at the delays and were frustrated and bewildered by the uncertainty surrounding the resolution process. They felt uninformed about the reasons for the delays as well as the likely timeframe to fix the issue.

4 Results of the visit

4.1 Discharge process – main findings

Pre-discharge planning

Five of the patients had reported being given sufficient warning during the day of their discharge, in order to make arrangements for their collection from the PDU.

Two patients reported being completely unaware of the Discharge Unit and its function, e.g. "I didn't even know it existed until they told me to get dressed and packed. I thought I'd just report here, collect my meds and leave. How wrong I was."

The Unit is located some distance from the main car parking and is in a relatively anonymous position in the main body of the hospital. Patients are advised to make their own arrangements for transport home, and this can create problems. For example, the elderly wife of one patient was escorted personally by the hospital CEO into the Unit having become hopelessly lost. She was dismayed to find that, having parked in the multi-storey parking, the car was a considerable distance from the Unit. Her husband was in a wheelchair and she also had to carry his luggage and medication. Although there is parking nearer to the Unit, patients and carers don't seem to have been advised (e.g. on the website, or when arranging pick-up) on where to park for ease of access.

In respect of ongoing care provision at home, five patients had suitable arrangements in place. One patient was unsure when they were actually going home as they were being taken elsewhere for further treatment.

Delayed discharges

Of the six patients interviewed, four were experiencing delays against the originally planned discharge schedule. Three of these delays were due to apparent problems with the provision of medication. The fourth patient was too unwell to provide details about the reasons for the delay in discharge, beyond stating repeatedly that the wait for transport had taken all day. The discharge process for the remaining two patients was proceeding as planned.

All the delays involved a minimum of 2 hours duration according to the patients, and for all four, the likely time of discharge remained unclear during the interviews.

The patients affected expressed frustration and bewilderment at these delays. In the case of one patient who had been waiting for approximately two hours, the delay was caused by the omission of one item from their prescription. The item was an anti-indigestion remedy readily available from any pharmacy without a prescription. As she said, “I could have bought it myself on the way home.”

To compound her problem, the patient lived outside of Milton Keynes and was being picked up by a family member. The patient was unsuccessfully trying to obtain a time-estimate from the hospital for the medication, in order to synchronise with the arrival of her transport who was en route. The patient said

that “Everything had gone so well until I arrived in Discharge”. The patient expressed surprise and disappointment that the entire prescription had been returned to the Pharmacy for one commonly available item, and that it could cause such a delay.

The frustration at the delays was made worse for patients who reported that they were not told why they were being delayed, and weren’t told when they were likely to be able to leave. One patient told me "I feel like I'm invisible. The staff keep walking past me without letting me know what's going on". Another patient said "I'm worried that they've forgotten about me. Nobody is telling me anything". She added "There's some kind of mix-up with the medication. Don't know why".

Post discharge arrangements

There was a mixed picture amongst those interviewed. One patient had a very clear plan for the coming weeks, with follow-up appointments made and detailed information booklets handed out. A second patient knew that Carers would be attending her at home within an hour of arrival to administer medication, though she was less clear what was going to happen after that.

Other patients were less clear about next steps. Two patients were told to take their medication and refer to the GP if further issues arose. Two further patients were completely unclear on next steps. One said: "I've been asking, but not had any answer". One Carer said "I've had no information, even on [the patient’s] diagnosis and test results. I've been asking for two days. I don't know what to do with his medication, when it finally arrives."

When asked what would happen in the event of post-discharge problems or concerns, they all were rather unsure and most thought that they would simply consult their GP or call the 111 service. Apart from one patient, none had been given contact details to obtain help or advice from the hospital. This may of course be appropriate but there was a general uncertainty regarding what would happen next.

5 General Observations

5.1 Patient opinions regarding their hospital treatment overall

Five patients were extremely complimentary regarding the care they had received from medical staff, e.g.

- "They were very attentive, even on small things like helping me get to the bathroom"
- "They give you the impression they have time for you even when they are rushed",
- "They were very friendly and always called me by name and told me their names,
- "Everyone was helpful. The doctors, nurses and physios."

The patients were also positive about the approachability of staff and their willingness to take questions saying: "Staff were very happy to take questions and challenges, even if I asked them multiple times."

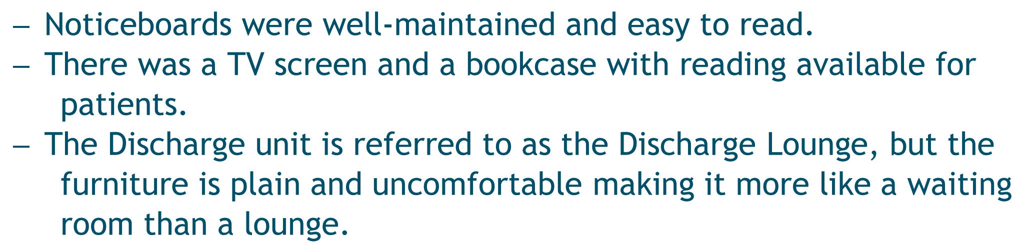
Three patients reported difficulties in obtaining clear answers regarding aspects of their treatment reporting:

- "I want a named person to be available to explain to me what is happening to me and why."
- "Staff were too busy with more needy patients. I felt processed rather than involved."
- "I found it hard to get straight answers. I had to chase around and I kept getting passed from one person to another."
- "I really had to push to get clarity on diagnosis and treatment".

One Carer was concerned that staff hadn't noticed her husband's condition, and stated: “How could they not see that [the patient’s] English isn't good and that [the patient] is in a confused state?"

5.2 Authorised Representative General impressions

- There were several staff throughout the visit who were consistently and actively engaged with the patients.
- The staff were all aware of the Healthwatch visit and were all helpful and polite to the AR.
- The staff were observed to be attentive and supportive in their various interactions with patients.
- The atmosphere was calm and patients were mostly relaxed.
- The whole Unit was very clean and tidy.



- Noticeboards were well-maintained and easy to read.
- There was a TV screen and a bookcase with reading available for patients.
- The Discharge unit is referred to as the Discharge Lounge, but the furniture is plain and uncomfortable making it more like a waiting room than a lounge.

6 Summary of Recommendations

Our recommendations are based on the responses received from patients, and from observations made during the visits:

- Patients may benefit from being given a pamphlet explaining what the PDU is and what they can expect before they arrive there
- 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.
- 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.
- 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 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.
- 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.
- We would like to see the hospital website updated to provide a more detailed explanation of the discharge process.
- Whilst we understand it may be a challenge to achieve, our final recommendation would be that the hospital consider relocating the PDU. It could be easier for recovering patients to be situated closer to the main car parking area, closer to the main entrance of the hospital, with easier access to the pharmacy.

Service provider response

Patient Discharge Unit Response

The Patient Discharge Unit is a designated area within Milton Keynes University Hospital that provides an environment where patients complete their hospital stay prior to discharge under the care of a Registered Nurse and supported by Health Care Assistants.

We welcome the recommendations as learning for the Patient Discharge Unit team who also plan to share them across the wider organisation including the inpatient ward areas to improve standards and patient experience outcomes.

There are current several initiatives within the Trust that are all contributing to the overall experience of the discharge planning process. They include:

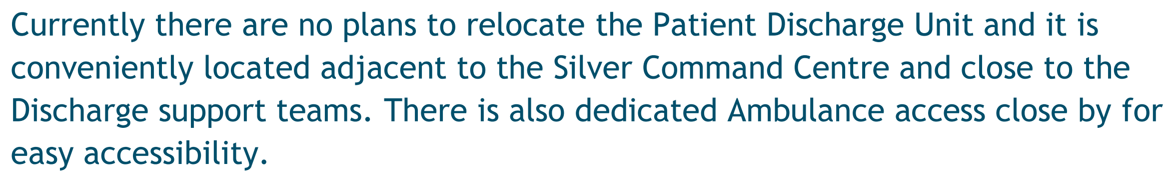
- Dedicated Ward and Board Rounds – reviewing of patients' journeys
- Red 2 Green – process to support setting predicted date of discharge, unblocking delays and adding value to each patient's day in moving towards discharge
- Rotational Operational Liaison Officers ROLO'S who are part of the discharge team who coordinate discharges, and aim to improve communication by planning discharge in partnership with patients, families and carers.

We are currently reviewing the patient leaflet that explains the discharge process within the Trust and will ensure information from your feedback is included about the Patient Discharge Unit.

The Trust is implementing an electronic patient record system in April 2018. It is anticipated that the introduction of eCare which includes an Electronic Patient Medication Administration (EPMA)system will significantly improve medication administration and more timely discharge summary information for patients/ families /carers and their GP. Further reviews will be undertaken post implementation to ensure this information is being received in a timely manner to all parties.

The Patient Discharge Unit supports #end PJ Paralysis which is a national initiative to get patients up, dressed and moving, and is working in collaboration with the frailty team to review how this can be adopted more widely within the unit.

The Trust Lead for Discharge is investigating the use of volunteer staff to support the nursing team with intentional rounding within the unit to enhance patient comfort and experience whilst they are waiting to be discharged.



Currently there are no plans to relocate the Patient Discharge Unit and it is conveniently located adjacent to the Silver Command Centre and close to the Discharge support teams. There is also dedicated Ambulance access close by for easy accessibility.

In the future there will be a new multi storey car park built at the back of the hospital which will allow families and carers to have closer parking for the Patient Discharge Unit for the collection of patients. In the interim we will continue to work closely with the estates and car parking teams over access.

We thank Health Watch for taking the time to visit the Patient Discharge Unit and for providing a positive and constructive report.

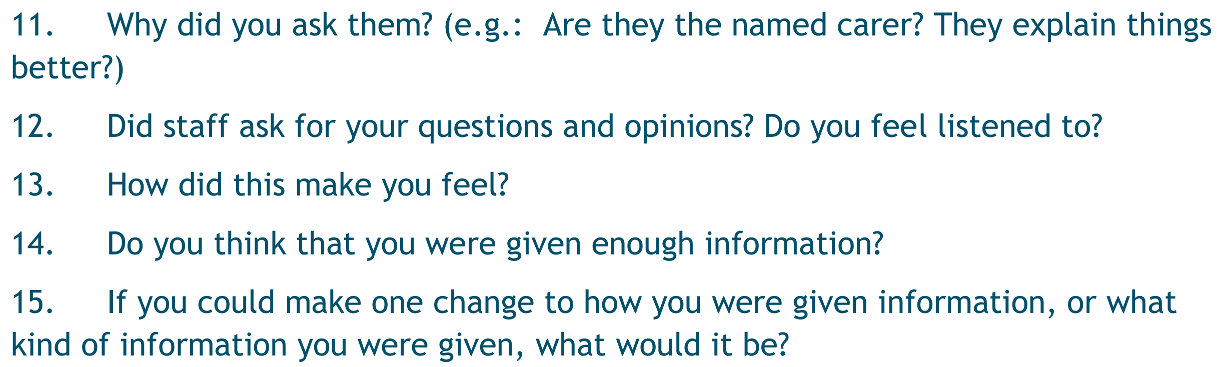
Appendix A – Copy of the interview questions and prompts

Communication regarding discharge questions/ prompts

1. What time are you due to be discharged? Where are you being discharged to?
2. Is the discharge happening as planned? Has the process run smoothly?
3. When did you find out the discharge timing?
4. What support is available to you at home?
5. Have the staff checked that you will be properly cared for at home?
6. Have you been briefed on what will happen to you after today, e.g.: appointments, care instructions?
7. Have you been given all the necessary medication and other equipment?
8. Have you been advised who to ask or follow up with if you have questions or concerns after discharge?

Communication regarding treatment - questions/ prompts:

1. Did your current stay here go as planned?
2. How were you kept informed about your treatment? (e.g.: Who told you? (patient should have a named carer); How do they inform you? (what method is used))
3. Did you have any specific requirements for the way you need to be given information? (e.g.: interpreter; to a carer/ relative)
4. Were these requirements provided for?
5. If you could, would you change the way you are given the information and if so, how? (e.g.: The time it is given? the method it is given? who gives it? Who it is given to?)
6. Did you generally understand what you have been told?
7. Did staff check that you have understood?
8. If yes, how did they check?
9. Did you feel comfortable asking for more information or for an explanation?
10. Who did you ask?


11. Why did you ask them? (e.g.: Are they the named carer? They explain things better?)

12. Did staff ask for your questions and opinions? Do you feel listened to?

13. How did this make you feel?

14. Do you think that you were given enough information?

15. If you could make one change to how you were given information, or what kind of information you were given, what would it be?