STUDY OF HOSPITAL DISCHARGE PROCEDURE
undertaken by PATIENT VOICE for Oxfordshire LINK

Part I. INTRODUCTION:

1. Over the last three months of 2009 Patient Voice had received a number of adverse comments about delays in discharge, particularly from delivery of medication from Pharmacy. Patients had to wait on the ward or in the JR discharge lounge for considerable time or were taken home for collection of medication later. The problem causes irritation, disquiet, even distress.

2. A project was commissioned in March 2010 by Oxfordshire LINK:

"to undertake research based on questionnaires completed by patients who had been discharged from the ORH NHS Trust, possibly the NOC in the last six months" on recommendation of the Stewardship Group the study was extended to include comments, observations from Group Practices about degree of satisfaction with the discharge information.

3. The work was carried out over three months - mid-March to mid-June - accessing potential patients through local newspapers and radio, social groups (eg TWG, retirement/care homes - see acknowledgments) with a letter sent to all practice managers in Oxfordshire. There was a total of 54 individual patient replies and answers/comments from 21 Group Practices.

4. The report is given in 2 parts with precise recommendations at the conclusion of each section:

- collated patients' experience which is essentially QUANTITATIVE,
- observation/comments on the discharge system by General Practitioners which is mainly QUALITATIVE,
- with a summary of main concerns, causes with recommendations given in the next paragraph.

5. SUMMARY of CONCLUSIONS AND RECOMMENDATIONS:

a) a fair assessment of patients' discharge is COULD DO BETTER with room for IMPROVEMENT.

b) priority should be given to a fine-tuning of existing systems so that the quality of patients' experience is ENHANCED. Post- operative, at completion of hospital treatment, patients want to leave for home as soon as practicable, delays of over 90 minutes are likely to cause anxiety and distress to patients, family, carers as all simply want to return home, not have to wait longer, far worse if there is no estimate for the delay.

c) there will be significant improvement by eliminating potential blocks in supplying discharge medication - by far the main problem area - this will save staff time and create more positive experience for patients.

d) it is essential to involve all levels of staff in suggesting ways to improve and then implement them; the Quality Circle approach has achieved much in all forms of work activity.

Part II. ANALYSIS of PATIENTS' QUESTIONNAIRES

1. There was a total of 54 completed with 34 JR, 10 NOC, 5 Churchill, 2 Horton Gen., 2 Community H., 1 Children's H ; of these 26 stated satisfactory discharge with 2 qualified satisfaction; 26 were not satisfied.

NB: 4 from the 'satisfied group' had experienced some delay and are included in the total of 30 for this analysis.

2. Reasons given for the delay were:

on the ward	8,
medical	3,
nursing	2,
porterage	2,
lack of wheel chair	2,
WAITING EDICATION	30.

NB: there is some overlap in numbers and categories as most waiting medication also included one other category in their reply.

3. Further analysis of 'waiting for medication' gave:

- WHERE:

24	wards
5	discharge lounge (JR)
1	pharmacy

- LENGTH of TIME:

5	30 mins,
1	45 mins,
4	one hour,
1	90 mins,
3	two hours,
5	three hours,
5	four hours,
6	over four hours.

Over 50 % had to wait 3 hours or more, which is certainly not an acceptable standard as patients need to get home.

4. HOW STAFF HANDLED DELAY:

	YES	NO
- given reason/explanation	15	15
- estimate of time	10	20
- apology offered	15	15
- medication collected later	8	22

While nursing staff may not be able to give any estimate of time for medication

delivery, it is reasonable to expect them to offer simple apology for the delay but again in half the sample no apology was offered.

There were 8 occasions where someone had to return to collect medication; one had to travel back from Witney to the JR - never a speedy journey - the next day and a husband whose wife was very frail, had to return twice to get the prescription, having to make a round trip of 25 miles each time. In another example where incorrect medication had been ordered, the patient's relative refused to leave elderly person alone for some hours to collect but happily a manager delivered to their home.

5. ADDITIONAL COMMENTS:

Technically these must be classed as anecdotal but they have validity as patients have taken time to complete the comments box and provide additional insight:

- food in JR (private ward as an emergency) described as 'unpalatable'; same person on transfer to St Luke's was full of praise for the food there,
- one patient offered the information that NOC medication is dispensed from the Churchill pharmacy with possible delays from the extra link in the supply chain,
- two patients attending NOC for a second operation avoided the lengthy delays experienced at the first admission by self-discharge and went a local chemist shop to buy OTC painkillers,
- at JR there was error in dosage (double prescribed amount) detected by the patient but not understood by two foreign nurses; it required senior nurse to check with ward doctor and pharmacy so causing a lengthy delay,
- a patient at the Churchill made two suggestions for improvements to the procedures:
  - routinely for straightforward cases medication prescribed in advance of discharge,
  - ensure that all junior doctors have been trained in discharge procedures - not learning by discovery.

6. RECOMMENDATIONS:

There is a clear case for a simple REVIEW of discharge procedures on wards to remove potential problems/blocks:

- with routine/standard treatment examine feasibility of prescribing medication in advance of discharge and perhaps anticipate where a non-stock drug has to be requisitioned elsewhere,
- particularly at NOC because of extra supply link with Churchill and for simple painkillers,
- where a delay is unavoidable, then duty nurses should be able to give some estimate of delay time which would be a big help for family or carers to plan collection of patient.
- it should be standard practice for staff to offer a simple apology as a matter of courtesy.

All of these are basic operational procedures in the retail and business sectors; NHS should not be an exception.

Part III. COMMENTS ON DISCHARGE PROCEDURES BY GENERAL PRACTITIONERS

1. Detailed replies were received from 21 practices - just over 25% of the total number of practices in Oxfordshire PCT - which is a good response from busy people prepared to give time to make detailed comments and suggestions to improve quality of information.

2. Out of total of 21, three were satisfied with present system, three simply referred to the PCT survey of July to September 2009 (see paragraph 6 below); the other 15 suggested improvements or problem areas.

3. The department causing most concern is A & E as there can be a delay of up to one month for receipt of discharge letter and then often of poor quality. This may reflect the inherent pressure in A & E workloads.

4. ANALYSIS of CONCERNS and DISSATISFACTIONS:

a) Criticisms of speed of delivery was raised by 4 practices. NHS target is for discharge letter to be received within 48 hours; in the PCT 2009 audit 43% of ORH letters met the target time, 46% of NOC letters. NHS target for outpatient letters is receipt within 10 days of the appointment with ORH getting 63% and NOC 42% in the audit.

b) Comment was made by 12 practices about quality of information in the discharge letter:
   - spread over too many pages
   - suggest restricted to one sheet
   - too small to read
   - alter font size in computer text
   - often incomplete
   - standard template would solve this
   - variable in quality of information
   - again agreed template ensure standard quality
   - often simple information gaps
   - template requiring full completion
   - not enough information in an electronic form
   - ensure revised template covers necessary items
   - lack correct information
   - revised template
   - no need for paper copy of patient letter
   - sometimes illegible
   - solution in electronic form
   - lacks vital information on medication
   - have 'medication' panel in template
   - no flagging for 'AT RISK' patient
   - again include prominently placed panel
   - need clarification of GP action
   - incorporated in template
   - similar clarity on follow up.

5. One senior partner suggested form of template for electronic completion with these sections:
- presenting complaint
- final diagnosis
- summary of investigation results
- new medication, medication stopped, reasons for change
- follow up date
- highlight 'ACTION NOW'.

with this additional note: some narrative is helpful as little value in ticking a series of boxes but danger of losing key items in a lengthy narrative; eg drug changes.

6. The return with 15 practices expressing some criticism of present letters from hospitals represents 18.3% almost a fifth of practices; however the Oxfordshire PCT survey - July to September 2009 gives a final summary table for Quality of letter as SATISFACTORY: with a target of 98%; ORHT at 90%; and NOC at 88%. The variance to the PV return can be explained by the simplistic 'ticking of box' of the PCT survey as purely number collection whereas narrative comments were given in replies to the present PV study which has accessed QUALITY of comment. It is vital that the concerns expressed by GPs are not only recognized but IMPLEMENTED in the recommended review.

7. RECOMMENDATIONS:

There is a clear, simple message:

a) a revised format for discharge letter put into a standardised template which provides the essential information suggested above, contained within one panel on a computer screen, to be sent electronically,

b) such a revised form will save time, reduce chance for error and ensure speed of delivery - thus making best use of time for hospital and practice doctors,

c)it is essential to involve GPs in the design as end users,

d) new format should be introduced with precise description of what is required in each panel or box on the form,

e) it should become standard practice that all junior doctors at the start of their placement receive training in use/completion of form.

Patient Voice - June 2010.