

“Going Home”

Improving the patient experience of discharge

An acute hospital Quality Improvement project



1. Background

There are estimated to be over a million emergency re-admissions to hospital within 30 days per year, at a cost of over £2.4 billion to the NHS¹. In addition to this, the NHS spends £820 million per year on treating older patients who no longer need to be in hospital².

Effective discharge planning and execution is critical to generating flow through the acute hospital Trust, simultaneously improving quality, patient experience, use of available capacity and also saving the Trust money.

Unfortunately, discharge planning is often variable across acute hospital inpatient settings, leading to wide discrepancies in safety, efficiency, timeliness and the degree to which ‘what matters to the patient’ remains at the heart of the process.

Occupational therapy and physiotherapy at Salisbury NHS Foundation Trust is provided by separate teams across a number of different clinical departments and areas. This fellowship team was made up of the clinical leads within each of these teams. It is often, but not exclusively, therapists that provide the experience, knowledge and skills to enable efficient discharges in many areas of acute care. The team were therefore well placed to identify discrepancies in the quality of discharge planning across the Trust.

2. Aim

Original aim: To improve the patient experience of discharge and to reduce discrepancies in quality of discharge planning between different clinical areas.

Following evaluation of the available literature it became clear that there was a lack of evidence to support the assumption that patient experience of discharge was poor and that there was variation in quality across the Trust. The timeframe of the project drove the modification of the aim to reflect the fact that the team needed to fully **understand the problem** and establish a baseline prior to selecting and implementing quality improvement strategies.

Modified aim: To investigate patient and staff experience of the discharge process from Salisbury Hospital in order to identify future quality improvement strategies to benefit patients and support enhanced hospital flow.

3. Project Design

A literature review was carried out in order to determine the effect of team working and patient inclusion in satisfaction with the discharge process. It is well documented that a multi-disciplinary discharge plan improves quality and patient satisfaction¹.

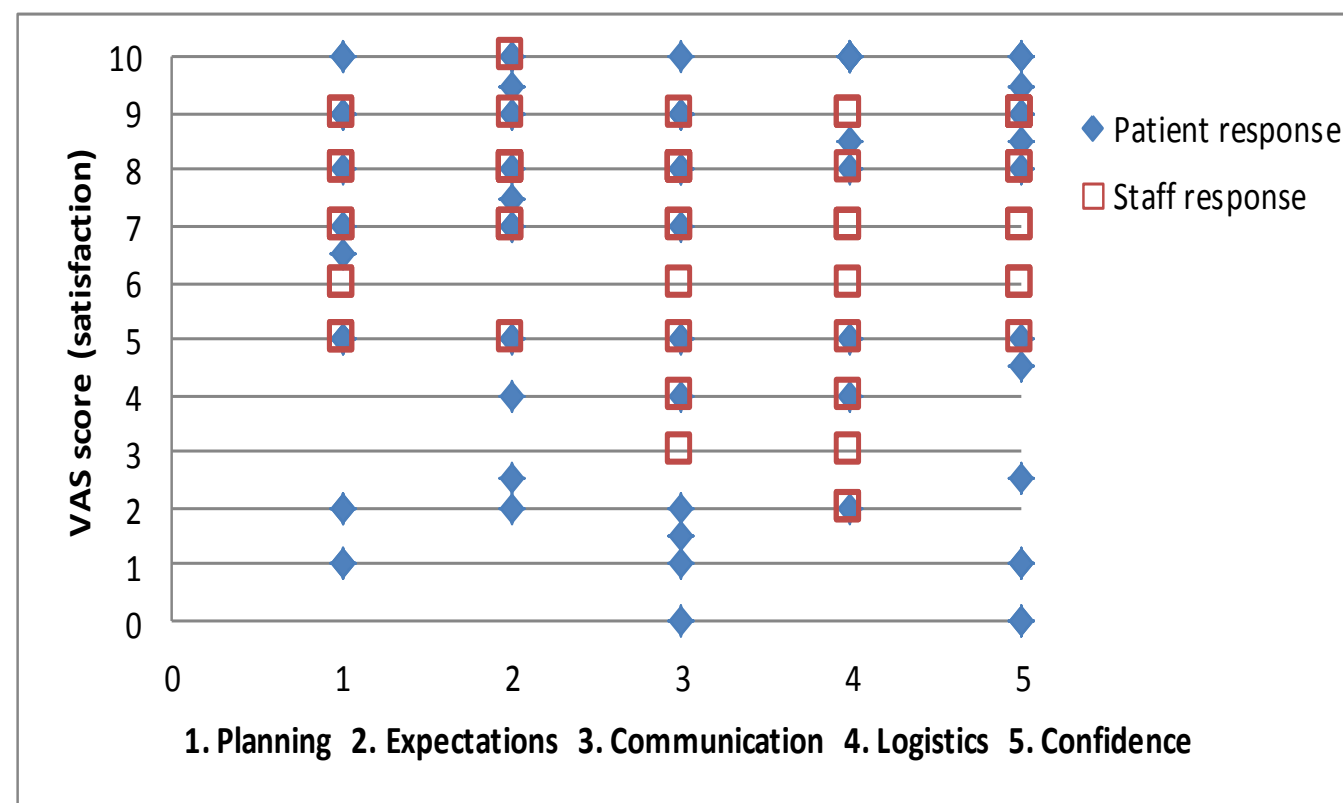
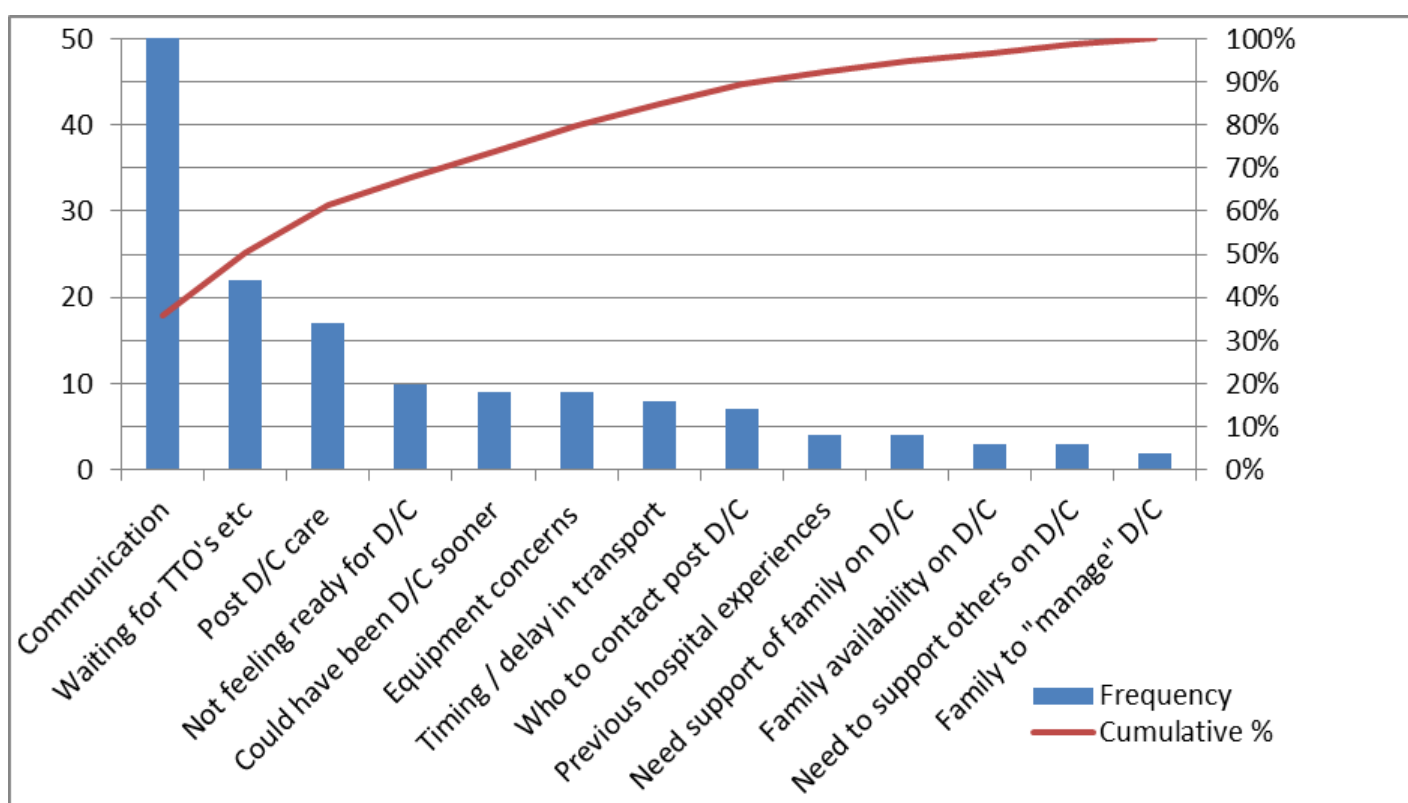
There is evidence to suggest that patient engagement leads to better health outcomes³.

A variety of data sources were used to ensure that results reflected the fact that patient experience is subjective and that people’s perspective on an experience can change on reflection after the event.

- Retrospective data was gathered from 12 months worth of complaints and concerns sent to the Trust Customer Care Department and Real Time Feedback gathered on wards.
- Results of a patient focus Group run by Healthwatch Wiltshire were studied, analysed and themed.
- Prospective data was collected through facilitated semi-structured questionnaires with patients; these comprised a variety of questions where patients were asked to rate their experience using a visual analogue scale (VAS) alongside open ended questions.
- The patient semi-structured questionnaire was adapted for use with staff.



4. Results



Comments from the patient interviews were thematically analysed. Issues which were mentioned repeatedly included poor communication, reliance on family, waiting, and a lack of information.

Communication was highlighted as a significant factor:

- Patients were unsure of their discharge plan;
- General communication felt poor;
- Short notice was given of discharge;
- Lack of information was given about processes and procedures;
- Patients were unsure as to what they were waiting for.

- The results of the VAS scores demonstrated that patient perception of the quality of communication shows considerably more variation than that of staff.
- This highlights a disconnect between staff and patient experience at the point of discharge, which is further demonstrated in the differences between patient and staff confidence in discharge.
- Patient confidence in discharge was lower than that reported by staff.

Discharge was slightly disorganised. I got the impression the communication between departments is not great i.e. pharmacy & nursing staff.
Patient

Discharge was chaotic. No information from nurses.
Patient

All members of staff were extremely helpful to ensure a smooth transition to home life. Home follow up visits were helpful. They went that extra yard.
Patient

5. Lessons Learnt

- In projects seeking to improve patient experience it is critical to ensure that the patient voice is a part of the research.
- The IHI Framework for Quality Improvement has proved invaluable in guiding the project development and focusing the aim.
- Data from the literature review outlined the context for the initial data collection. This highlighted the need for an enquiry led design that generated enhanced understanding of the issues and rationale.
- Collation of data from a variety of sources highlighted communication as the main issue causing reduction in satisfaction with the discharge process.
- Patient interviews highlighted that positive discharge experiences occurred where there was increased support during the discharge process. This may be attributable to improved communication between staff, patients and their support network to manage expectations.

6. What next?

Analysis of our ‘Lessons Learnt’ have shown that there is a need to develop the project to further investigate and build on the knowledge gained so far. Areas for further work include:

- The disconnect between patient and staff opinions of the discharge process and the underlying causes of this.
- Exploration of positive experiences of discharge looking to share and promote good practice.
- Working collaboratively alongside patients to create a model for effective communication throughout the discharge process.
- Sharing our findings with stakeholders across the Trust to create a case for change.
- Disseminating the improved understanding of Quality Improvement methodology acquired by the Fellowship team to reinforce a change of culture within the Trust.