Discharge to Assess (D2A)
A qualitative evaluation of patient experience
(Ipswich Hospital) - Executive summary

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1. Introduction

Discharge to Assess (D2A) is a model of hospital discharge which focusses on improving capacity for assessment and re-enablement\(^1\) to reduce delayed transfers of care (DTOCs).

In Ipswich and East Suffolk, a D2A model has been implemented where patients are allocated to one of four pathways:

- **Pathway 0 (zero):** the individual is ready to return to their usual place of residence, where appropriate with their usual care package of informal support or domiciliary care. Some patients on Pathway 0 may receive support from the British Red Cross.

- **Pathway 1:** the individual’s needs can be met safely at home with further reablement to regain independence. This reablement service is provided by Home First and patients can receive support from the NHS Crisis Action Team (CAT).

- **Pathway 2:** the individual is not safe to return home and further reablement in a bed-based community service is needed before they return to their usual place of residence. This is provided at Bluebird Lodge (a community hospital designated as the Short-Term Assessment Reablement and Rehabilitation [STARR] centre providing two-weeks intensive rehabilitation and reablement), Felixstowe Community Hospital, Aldeburgh Community Hospital or in specialist physiotherapy and reablement suite at Hertismere Place care home.

- **Pathway 3:** the individual is not safe to return home and there are doubts about their ability to regain independence and return to their original place of residence.

Healthwatch Suffolk [HWS] conducted an evaluation of the four pathways from Ipswich Hospital using interviews with staff and patients and/or their family members. Data collection took place using three methods:

1. Twenty staff members were interviewed in eight separate focus group sessions. Most of the staff interviewed were members of the multi-disciplinary teams and involved in managing patient care. Volunteers and a Co-ordinator for the British Red Cross were also interviewed.

2. Interviews were carried out with 42 patients and their family members across each of the D2A pathways. Ipswich Hospital User Group [IHUG] members were given the opportunity to contribute to the design of the questionnaire.

3. A short online survey was distributed to staff at services involved in D2A. Twenty-five staff responded to this survey.

In total, 42 patients and their family members were interviewed regarding 43 discharge experiences from Ipswich Hospital that had occurred between November 2018 and February 2019. Three respondents had been discharged from Ipswich Hospital more than once within this timeframe.

Both patients and family members participated in the interviews. In 26 instances the patient was interviewed, in eight cases a relative gave their view of the discharge experience and in four cases both the patient and their relative provided feedback.

Twenty-one discharge experiences were from pathway 2 - (four went to Aldeburgh hospital, two to Felixstowe Hospital, 15 to Bluebird Lodge).

A further 37% of the sample (16) were discharged on pathway 0, 10% (4) were pathway 3 and less than 5% of the sample were from pathway 1.

Interviewees were also asked for the reason patients had been admitted to Ipswich Hospital. Falls were the biggest cause of admission, accounting for over half of the sample, and in 60% of cases, these patients were discharged via pathway 2.
Levels of activity

Respondents who made positive comments about the levels of activity at Ipswich Hospital mentioned:

- Physiotherapists, Occupational Therapists, Nurses and Consultants all being involved in the provision of, and encouraging patients to undertake, activities to support their reablement;
- Patients were provided with information and exercise leaflets;
- Patients were supported and encouraged with walking, washing, dressing and in one case with coughing to alleviate a chest cold;
- Two respondents felt that the activities they (or their family member) had received in hospital had positively impacted on their strength, mobility and the levels of care they required on discharge;
- Three respondents felt they were sufficiently independent without support, all of whom were discharged on pathway 0.

Overall, the levels of activity experienced in Ipswich Hospital were felt to be generally positive in a third (14) of cases.

Examples of comments from people who were happy with the level of activity at Ipswich Hospital:

“It was about making sure she could get herself up, get herself dressed, get herself washed. And at that point, Mum was very strong, so we all felt that she was doing quite well and would be able to cope okay back at the flat. And that was agreed between all of us.” - Family member (Pathway 0 - 1st discharge)

“I had various exercises to do like keeping my left leg on the move, lifting my foot up. I know I was told what I could do and what I ought to be careful doing and what I couldn’t do. The physiotherapist encouraged me to do various exercises. I was kept well informed, and I had the information I needed. [I knew that] if I did certain things, I stood a chance of improving. Then I had the alternative of doing nothing, which wasn’t going to help anybody.” - Patient (Pathway 2)

Amongst the ten cases where the levels of physical activity were negatively rated, or where the respondent felt that their experience could have been improved, two main themes emerged.

These were a lack of staffing/staff time to aid activity (three instances) and a feeling from patients/relatives that they needed to request activity rather than it being proactively offered (2 instances).
“They didn’t really do anything with him. He had no stimulus at all. Which was a shame, but it’s numbers of staff.” - Family member (Pathway 3)

Overall, 80% (20) of respondents on pathways 2 and 3 were satisfied with the levels of activity encouraged within the community settings. However, seven of these considered that more could have been done. 90% of respondents felt that the support, reablement, and encouragement they had received from all staff (OT’s, Physios, nurses) helped them feel confident about going home.

“They gave me goals to meet every day and they fully involved me in what was happening and what was being arranged. The OT’s were particularly good.” - Patient (Pathway 2 – Aldeburgh)

Transfers

Most respondents had no issues with transport nor medication when being transferred from Ipswich Hospital to a pathway 2 or 3 destination. However, a small number of respondents had experienced delays in transfer and being transferred late in the day.

Transport home on any of the pathways was not a problem for most respondents, with 63% of patients being transported home by relatives or friends.

However, three respondents did experience significant difficulties with hospital arranged transport. Two waited six and ten hours respectively for hospital transport to arrive, the third respondent took three and a half hours to travel from Barham to Felixstowe.

In addition, a quarter of pathway 0 patients were not discharged until after 7pm as a consequence of delays with medication and/or transport.

However, even those patients who were not discharged late in the day reported delays of 2-3 hours from being told they would be discharged to when they actually left the hospital.
Receiving medication on discharge home was not an issue for just over half of the sample. For those who did experience problems (nearly all of whom left Ipswich Hospital on pathway 0):

- Seven people experienced a delay in medication being dispensed, with one respondent delayed for five hours;
- Three people did not feel they were given enough information about how to take their medication or how to get more medication;
- Two people found that not all of their medication had been provided.

The majority of patients did report leaving hospital with the appropriate contact information or discharge notes. Despite this, on pathway 0, in five discharges, respondents said that they received no information on discharge.

Levels of involvement and engagement
Respondents reported similar levels of satisfaction for being engaged within pathway 2 and 3 settings as they reported with Ipswich Hospital.

- 36% expressed a positive experience (vs 35% at Ipswich Hospital);
- 28% a negative experience (vs 30% at Ipswich Hospital);
- 24% (vs 23% at Ipswich Hospital) felt that while they were somewhat involved, communication could have been better;
- Felixstowe hospital was the only setting where all respondents were positive about their involvement.

Analysis of the patient interviews reveals some positive examples of engagement with patients and relatives. Some respondents reported that they were kept well informed at all times, had a clear understanding of why discharge dates were changed, and had an awareness of the goals they needed to achieve in order to facilitate discharge.

"I was very content with the way in which I was treated, how I was kept informed about what was going on. I mean, if one has to go into hospital, I think I chose the right route and couldn’t have been more satisfied." - Patient (Pathway 2 - Aldeburgh)

Patients who made negative comments about levels of engagement at Ipswich Hospital and at Pathway 2 and 3 setting reported similar themes. These included:

- Feeling that the responsibility is on them as the patient/family to find information (14 instances at Ipswich and six instances on pathway 2 and 3);
- That discharge occurred too quickly or too soon, both from the acute (eight instances) and pathway 2 and 3 (four instances);
- Lack of involvement in discharge planning (six instances);
- Feeling that limited staff resources or beds but pressure on discharge (five instances).
2. The results - Staff focus group results

Overall, staff felt that significant progress had been made towards delivering the discharge to assess programme.

They felt that this was in part due to having key people to drive through changes and solve issues within the early stages of the development of the programme, and because of the dedication of the staff involved and their willingness to embrace the ethos of D2A.

Key themes in the staff interviews included:

**Improved relationships**

Comments from the staff focus groups provided evidence of improved working relationships across the whole D2A process, for example:

- **Between community settings and the acute hospital** - Two groups mentioned that regular discussions with ward staff about discharge plans had helped them build rapport and establish trusted relationships. Staff reported that this could improve the quality of referrals. Staff also felt that community hospitals becoming an extension of the acute hospital had helped to breakdown professional barriers between the services.

- **Within each setting** - The introduction of the multi-disciplinary board rounds within the community hospitals was seen as a particularly positive move by all groups in terms of gaining a better understanding of different skill sets and building integrated teams.

- **Across the pathways** - Co-location was mentioned by one group as an important factor in enabling better cross-pathway working and discussion about the most appropriate service response for individual patients.

“[The] Red Cross are based in our office, so we use-- and when we’re doing the triage, sometimes when we’re getting the referrals through, they’re actually patients that don’t want any support at home but they’d be quite happy with just that welfare sort of check that the Red Cross offer so actually, we refer to pathway zero quite a lot.”

*Home First Staff*
Communication

Communication with patients and relatives was an area that the staff focus groups felt was working well.

The introduction of the multi-disciplinary team meetings and the “walking board rounds” (as referred to across all pathways) were seen as a positive step forward to involving patients and families in discharge planning.

Significantly, staff views on communication were sometimes at odds with some patient perceptions, who felt that they were not always proactively communicated with.

Inappropriate referrals

Staff also reported that inappropriate referrals could impact on everyone involved in the D2A process, but particularly the community hospital’s capacity due to the increased length of stay for patients with complex needs.

The key factors identified as leading to inappropriate referrals were:

1. A lack of knowledge of the D2A process, ethos and pathways within the acute sector, including:
   - The D2A process not being started early enough;
   - The hospital not providing information about final destination of the patient, so that the pathway 2 and 3 services are aware of what they have been working towards;
   - Hospital staff not understanding the purpose or length of stay criteria for each of the pathway 2 and 3 services.

2. Periods in which Ipswich Hospital was under pressure, including when the hospital was in escalation procedures and at weekends were reported as in-creasing the chance inappropriate referrals.

When inappropriate referrals arose, staff often felt they were unable to challenge the decisions made at the acute hospital or if they did, that it would not make any difference.

Staff felt that communication was working well with patients but this was sometimes at odds with what patients reported.
2. The results - British Red Cross

The British Red Cross currently work out of Lavenham, Saxmundham and Brantham wards at Ipswich Hospital, as well as offering a service at Blue Bird Lodge and Felixstowe Community Hospitals.

It is therefore not surprising that, of the 31 respondents who mentioned or answered questions about the Red Cross in their interview, 15 were either not aware of Red Cross involvement in Ipswich Hospital, the community hospitals or post-discharge, or had no contact with the Red Cross at any time during their stay in services.

Of the respondents who had contact with members of the Red Cross:

- Seven respondents said that they or their family member had spoken to members of the British Red Cross whilst in Ipswich or a community hospital but did not have any further support from them.

- Three people had received services from the Red Cross at home following a stay in Bluebird Lodge. These included weekly visits, help with shopping and being part of a Red Cross programme to connect them by telephone with other people who may be experiencing loneliness.

- Two patients had completed activities or exercise with members of the Red Cross whilst in Bluebird Lodge. These included walking the corridors and playing with a balloon. Both felt that their experiences with the Red Cross were positive and one felt it helped them become mobile.

Staff views on the Red Cross

All of the staff focus groups were positive about the role and impact of the Red Cross. And staff from Felixstowe Community Hospital and Bluebird Lodge, particularly felt that they would like more of the service provided by the Red Cross.

Staff reported that the Red Cross could benefit patients through:

- Activities and exercise which the Red Cross provided;
- Being easier for patients to communicate with as non-medical personnel;
- Helping with getting personal items (for example, clothes, hygiene items) and transport for patients and families;
- Home check ins to support patients who were discharged on a pathway.
2. The results - Staff online survey results

Twenty-five staff responded to the online survey. There was a wide range of job titles reported by participants to the survey.

These included:

- Managers (4);
- Independent Wellbeing Practitioners (3);
- Complex Discharge Nurses (3);
- Nurses (3);
- Matrons (2);
- Social Workers (2);
- Administrators (2).

The majority of these came from either an acute hospital, or a community hospital. Twenty-two of these respondents were already involved in D2A. The key results of the survey were:

- Twenty-four of twenty-five staff surveyed said that their knowledge of D2A was either “good” or “very good”. Only one individual, a nurse from a community hospital, said that they would rate their knowledge of D2A as poor.

- Twenty-three of the respondents had received information about D2A. The two respondents who had not received information about D2A were a discharge co-ordinator from a social care provider and a nurse from a community hospital.

- Of those who had received information about D2A, the types of information which people most commonly reported receiving were leaflets (seven) or verbal information (seven instances).

- Twenty-five respondents answered the question “how would you like to receive information about discharge to assess?”. Of these, the most popular response was via email (16 instances). Staff also said that they would like information in leaflets (12), team meetings (11) and face to face (11).

- Eighteen respondents answered the question ‘do you have any suggestions for how your knowledge of discharge to assess could be improved?’. Seven respondents skipped this question. Four said that they did not have any suggestions. Of the 14 others, almost all related to better provision of information, either about the programme itself or in how information is communicated.
3. Recommendations

1. A proactive approach to communicating with patients and families by staff across all pathways would be highly beneficial.

Some respondents who had experiences of both Ipswich Hospital, and community settings on pathway 2 and 3 felt that they had to “chase” staff for information, or that information was not offered to them unless they asked for it.

2. Patients, family carers and health and social care services involved in patient’s care across all pathways need to be given adequate notice of discharge.

Some respondents across both Ipswich Hospital and pathways two and three felt that they were discharged without enough notice. Often, these respondents were only told by staff that they would be discharged on the day. Some patients across these pathways also felt that they were “pushed out” before Christmas.

3. As much as possible, hospitals should aim to ensure that discharges occur at the scheduled time on the day of discharge, and at an appropriate time of day.

A number of respondents reported that their or their family members discharged from Ipswich Hospital, both to pathway 2 and 3 destinations as well as home, had been delayed, sometimes for extended periods of time.

4. For there to be continual service improvement, it is suggested that patient experience of discharge from Ipswich hospital is monitored over a longer period. A continued monitoring of discharge experiences could also help to identify the impact of hospital readmissions.

Although the current report provides some evidence of the impact of D2A on hospital discharge, patient experience should continue to be monitored to ensure that standards are maintained and improved.

5. Further evaluation should be carried out of the experience of patients discharged on pathway 1.

In addition, as the current report focuses on the period of November - January 2018/19, the evaluation does not include many experiences of people who have been readmitted to hospital multiple times. Continued monitoring of experience could therefore help to gather more data about readmissions from the patient/family perspective.

6. Ipswich hospital should aim to dispense medication in a timely manner when patients are being discharged.

Although Healthwatch Suffolk received a number of referrals of patients discharged on a pathway 1, very few of these respondents felt able or willing to take part in the evaluation. To gain evidence about patient experience of pathway 1 discharges, a further evaluation focused on this pathway should be carried out.

Some patients, particularly those leaving Ipswich Hospital on a pathway 0 to home, experienced delays in receiving their medication on the day that they were discharged.
7. Ipswich hospital and community hospitals should aim to ensure that patients are discharged with the appropriate information.

Some patients across almost all pathways said that they were either not given any information, for example contact details or a discharge note on discharge or did not know if they had been given any information. Some patients were also not given information about their medication or follow up appointments.

8. Community health teams should be more involved in the D2A programme.

Staff members from Bluebird Lodge felt that community health teams could be more involved in D2A. They felt that D2A leads attending the meetings of local OTs and physiotherapists would involve community health teams more.

9. Ipswich Hospital should aim for an improvement in the way patients are assessed for each pathway, particularly in times of pressure.

Staff from community hospitals often felt that they received inappropriate referrals from Ipswich hospital, or that certain Ipswich Hospital wards and consultants could sometimes wrongly assess a patient's criteria for each pathway.

Particularly, staff highlighted weekends and periods when the hospital was using its escalation procedures as creating more inappropriate referrals. Some staff from pathway 2 also felt that they needed an improved way to feedback to the hospital about inappropriate referrals.
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