Who Cares

The health & social care Local Involvement Network for North Lincolnshire

Experiences of hospital discharge in North Lincolnshire

Voluntary Action North Lincolnshire

Advancing Local Voluntary Action

CONTENTS

Who Cares is hosted by Voluntary Action North Lincolnshire. To become a member or to take part in any of our activities please contact us using the details below.

Who Cares: **C/o Voluntary Action North Lincolnshire**
4-6 Robert Street, Scunthorpe,
North Lincolnshire, DN15 6NG

Telephone: 01724 845155
Email: who-cares@vanl.org.uk
Website: www.who-cares-online.org.uk

1. *WHO CARES*

Who Cares is the Local Involvement Network (LINk) for North Lincolnshire (NL). LINks have their origins in the Local Government and Public Involvement in Health Act 2007. This act requires each local authority to ensure that a network of local people is established in their areas to investigate the quality of health and adult social care services.

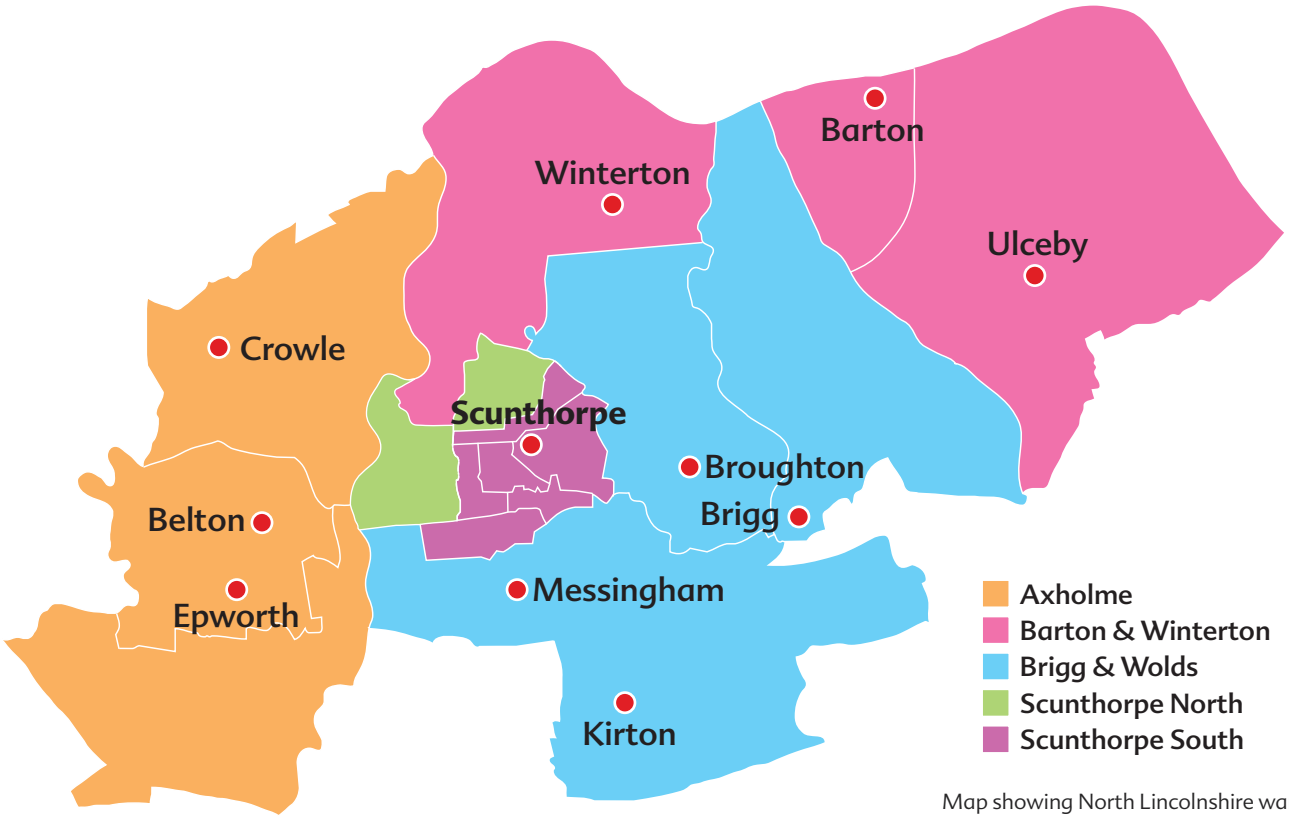
Who Cares has a membership of over 300 individuals and an active Executive Board of 17. Corporate membership includes some of NL largest employers including North Lincolnshire Council and Tata steel . The Hospital Discharge project is the latest research to be undertaken by the team and is subsequent to concerns raised by LINk members.

2. CONTEXT OF THE RESEARCH

After a number of incidents were drawn to members attention it was agreed by the Executive of *Who Cares* to undertake research on patients experiences of hospital discharge. It was agreed that the research would try to gain information from people returning home, back into residential and nursing homes.

3. BACKGROUND

North Lincolnshire is a rural authority and has an ageing population. Using figures from NLC Ward Profiles we were able to establish that of the NL population approximately 25% were of retirement age. Finding the future together (North Lincolnshire's JSNA 2010) anticipates a 2% annual growth in the older population, with an average1,000 more people aged 65+ in the population each year.



Map showing North Lincolnshire wards.

Ward	Population	People of retirement age % figure shows proportion of ward
Ashby	9,304	1,963 (21%)
Axholme Central	6,826 (2004)	1,357 (19%)
Axholme North	7,622 (2004)	1,170 (15%)
Axholme South	6980 (2004)	1,482 (21%)
Barton	9,888 (2004)	1,565 (16%)
Bottesford	11459 (2004)	2,551 (22%)
Brigg & Wolds	10,898 (2004)	2,324 (21%)
Broughton & Appleby	6,557 (2004)	1,434 (22%)
Brumby	11,506 (2004)	1,590 (14%)
Burringham & Gunness	3,809	1,051 (28%)
Burton upon Stather & Winterton	11,092	1,762 (16%)
Crosby & Park	11,565 (2004)	1,962 (17%)
Ferry	10,699 (2004)	1,560 (15%)
Frodingham	7,761 (2004)	1,327 (17%)
Kingsway with Lincoln Gardens	10,479	2,377 (23%)
Ridge	12,382	2,671 (19%)
Town	7,513 (2004)	1,396 (19%)
	156,340 (variance on current figures quoted of 4,660).	29,542

Source: NLC Ward Profiles (Etoria 2007)
www.northlincs.gov.uk/NorthLincs/AboutUs/NorthLincolnshireWardProfiles.htm

Older people age range	Number
60 – 64	10,900
65 – 69	8,300
70 -74	7,100
75 – 79	5,600
80 – 84	4,000
85+	3,500
Total	39,400

Fig. 1

Already, the figures quoted in the NLC 2007 Ward Profile work is out of date by quite a considerable margin when the ONS supplied 2008 statistics to the 2010 NLC / NHSNL JSNA .

4. METHODOLOGY

Response to Scoping Opinion for Preferred Methodology was sent out to the complete list of Care and Residential Homes provided by NLC and supplemented by web research. This was initially as an email approach or where there was no email address available then by post.

Interview visits to Care and Residential Homes were arranged. Selections were made across urban and rural North Lincolnshire in an attempt to gather representative coverage. Where this was not achieved it was because of access to sufficiently senior managers and in order not to disrupt the daily regime of residents.

Appeals for experiences were made through the *Who Cares* website and the monthly newsletter which was distributed to around 300 people and organisations, through regular articles and reminders in the Scunthorpe Telegraph's Community Voice page. These are reported in the results in a synoptic format.

Visits to care homes were arranged and interviews with managers or senior staff were conducted between 18 October 2010 and 24 February 2011. In order to ensure consistency of reporting an interview report was used as a template.

A questionnaire was also distributed to North Lincolnshire Council adult service staff who were considered to have a valuable insight because of length of service, professional distance from emotion, experience, expertise and casework.

5. LIMITATIONS

There was a recognition that patients being discharged from hospital would not appreciate delay in departure. It was also known that there was a likelihood that the hospital itself would make a similar request in terms of patient experience feedback. There was also the matter of patient confidentiality and whether the hospital system and protocols would allow provision of patient contact details to third parties.

As a consequence it was felt that a revised focus might be to go through health professionals, Care and Residential Homes and North Lincolnshire Council health adult services. Discussions with Care and Residential Home managers established the possibility that time constraints and capacity issues upon staff might not be conducive to people coming forward.

It is entirely possible that people responding to an appeal for examples of experience of hospital discharge will do so from a negative perspective, few people manage to find the time despite best intentions to write of positive experiences after the event. To try to ensure that a balance was achieved people were asked about positive aspects of their experience.

6. RESULTS

Of around 50 residential and nursing homes across North Lincolnshire, intensive interviews were conducted in six of them. On average these interviews generally took around an hour. Collectively these facilities cared for some 215 residents. Using Etoria 2007 figures this is approximately 0.73% of people of retirement age in North Lincolnshire. The vast majority of retired residents lead independent lives and it is only with incapacity they may be forced to seek care homes .

It has not been possible to definitively establish the actual number of retired people living in residential or nursing homes in North Lincolnshire This is difficult to establish consequential of the different access routes to residential or nursing care.

If the figures above are extrapolated with caution then a case might be made that if six homes have 215 residents then the other 44 might have a further 1577 residents. This does not seem to be a unreasonable estimate when measured against North Lincolnshire Council (NLC) funded placements. By far the largest proportion of placements are with private care providers as opposed to NLC facilities.

	In North Lincolnshire	Out of North Lincolnshire	Total
Residential	647	62	709
Nursing	119	16	135
Total	766	78	844

Fig. 1 Residential and nursing care purchased by NLC at 31 March 2010

NHS North Lincolnshire also fund placements consequential of medical need as opposed to social care. Some residents also fund their own placements by private means.

If the most recent figures are used then the research had access to approximately 32% of NLC placements, or around 14% of residential or nursing home residents.

Care home sample

Home	Location	Type	Visit made
Ascot House	Scunthorpe	Residential Care Home, Dementia, Alzheimer's. 40 residents.	October 2010
Crosshill House	Barrow upon Humber	Residential Care Home. Dementia, Alzheimer's. 14 residents.	October 2010
The Birches	Brigg	Residential Care Home for Adults with Learning Difficulties. 31 residents.	October 2010
Sycamore Lodge	Ashby	Care Home with Nursing. 45 residents.	January 2011
Haverholme	Appleby	Care Home with Nursing, disabilities and dementia. 52 residents.	January 2011
Clarence House	Brigg	Care home with Nursing, physical disabilities & dementia. 33 residents.	February 2011

Care home interview issues

Theme: Discharge times
Issue: There appeared to be a full range of days and times when patients were discharged. However, the issues arose when advance notification was not received, or late evening returns.
Failure to contact ahead of arrival back caused preparatory and staffing issues.
Frequently very little notice given.
Late evenings do not help patients to settle back into homes when any changes to their mobility or sleep patterns are not communicated and therefore home has difficulty making any necessary adjustments or changes in care provision.

Theme: Communication
Issue: It appeared to be consequential of poor communication ahead of discharge that Home Managers had begun to require that they visit the hospital to undertake assessment ahead of discharge to ensure that the care needs were addressed. This was particularly so when residents were returning to Homes after a long hospital stay.

Discharge Liaison Nurse does not always have useful knowledge communicated in order for dissemination to home.

Theme: Medication
Issue: Medication is usually sent but insufficient detail such as if the last dose has been given, nor explanation of any change or discontinuance.
14 or 28 days supply provided. Although little notice is taken of some Home Managers notifying the hospital that they will arrange medication through GPs as blister packs.

Insulin dependent diabetic patient accepted for discharge. District Nurse concerned about the instability of the condition so a nursing care assessment undertaken. Concerns expressed about hospital discharging back into home by accident. Patient required 'thickened fluids' due to swallowing difficulty. Not supplied by the hospital, not detailed on discharge summary so GP could not prescribe. Medicines not always sent with patient, GP cannot prescribe until hospital has been contacted causing delays.

Info on any drugs discontinued is not often stated so that the care home staff assume only drugs are those detailed on the discharge summary.

Often insufficient supply which takes at least 48 hours to resolve through a GP prescription.

Discharge summary short on detail for staff to understand medical issues . Nursing notes also light on information about daily living needs or any changes. (f) Changes in medication are not always relayed, new medication not always issued. (g) Home not always informed about drugs discontinued so staff assume no longer needed unless very aware of patient history and need.

Notified of patient discharge at 9am, arrived mid afternoon with letter & medication. Patient insulin dependent & changed but none provided. Letter did not detail dose or frequency to use beyond 'use as directed'.

Patient discharged with different drugs / injections for blood thinning but not on discharge summary. Frail patient discharged with severe urinary infection and diarrhoea due to *clostridium difficile,* although hospital stated no symptoms at discharge. Patient returned with a haematoma on the leg which required dressing which were not supplied.

Theme: Information
Issue: One Home Manager described the information given upon hospital discharge as "usually insufficient, incomplete or incorrect". Diagnosis and medication information is generally supplied but nothing on mobility, dietary or toiletry needs helpful for care planning.

Care Homes provide detailed information to the hospital but there is a tendency that this gets lost as residents use more than one hospital ward resulting in repetition of information.

Home Managers have had to go into wards ahead of discharge to ensure that they are able to accept return.

Residents have returned with chest and urinary infections and staff need to be informed. Similarly if returning from a long term stay then any changed sleep patterns or mobility needs to be notified to staff.

Discharge letter accompanying patient tends to contain scant information & has been known to be wrong.

Theme: Transportation
Issue: A new patient arrived at a home, the home manager went to welcome but realised it was not the same person who had been assessed in hospital. Fortunately ambulance had not left & patient taken to another location.
Patient arrived, not expected no beds, informed ambulance crew who took patient to another location.
No notice patient discharged early evening in the middle of winter when it was freezing cold. Little feedback from complaint which took a long time to process.

Staff employed by NLC were approached and the following issues were highlighted.

Theme: Discharge Times
Issue: One member of staff reported elderly patients being discharged after midnight and this was considered unacceptable practice unless personal patient choice.

Theme: Fitness to Discharge
Issue: All respondents raised this as a major issue. Fitness for discharge was by far the one which concerned staff the most. One case cited an inappropriate discharge leading to a re-admission which resulted in the patient passing away.
Information about options not always available.
Equipment not provided on discharge.

Theme: Transport
Issue: A diabetic waiting for transport home was left from morning to early evening with access to either food or drink.
Discharge was often dependent upon availability of transport, failure to arrange could caused delays.

Theme: Medication
Issue: Adequate supplies not always supplied and GPs will often not issue until they have received discharge details.
Dosage rate on labels not always clear.
Patients name not always on box.

Theme: Information
Issue: Often conflicting information on documentation. E.g. one form states normal diet, another might say soft diet for the same patient.
A&E do not provide details of actions taken, diagnosis, changes to medication &c.

Examples of good practice:

These included hospital and community occupational therapists liaising well to ensure that equipment needed is in situ prior to discharge.

Likewise sharing of information about medication between hospital dispensary and Co-Ag unit.

Pre-admission visits.

Professional and friendly ambulance personnel.

Mini case studies

In addition and to supplement this, a number of expressions of interest were received through the media appeals. Seven mini case studies are provided in a synoptic format in order to provide sufficient detail and incorporate issues such that patient anonymity was ensured.

Date	Reason	Issues
Sept 2009	84 year old female. Bowel operation	Patient thought that they were discharged too early (8 days as opposed to the 14 recommended) as wound was red, sore & 36 clips left in. No assessment made ahead of discharge, no attention paid to ensuring sufficient home care in place (daughter lives abroad).
Jan 2010	Male. Ward 25 SGH. Emergency colostomy & appendectomy.	Identified MRSA carrier. Catering was the issue, only "survived because my partner brought in supplies". On admission he notified staff that he was coeliac but all he was offered was a jacket potato and Heinz beans. Catering manager came to see him as he was leaving to talk to him about what they could offer him during his stay.
Feb 2010	51 year old female. Hip replacement surgery. Referral by GP (arthritis around hip joint).	Considered too young at 49. Insisted on patient losing weight. Start to finish 2 yrs 8 mths. 7 year old daughter. Theatre staff were described as wonderful. Tea ladies & cleaners extremely helpful & courteous. Pushed to get back on feet, but explanation of benefits throughout provided a useful understanding. Pain relief management was by negotiation, daily limit administered when needed rather than forced prescriptively. Discharged after blood flow checks confirmed ok. Own transport too late for ambulance at 3pm. Excellent aftercare. Issue with plaster resolved later the same morning.
Feb 2010	Female. Grimsby Hospital.	Given wrong medication, someone else on a different ward. Signed off first thing in the morning, still waiting for medication at 5pm. Sat all day in Ward 28. Sent home on a Friday but didn't see anyone until following Tues/Wed. Not contacted by GPs or Social Services.
March 2010	Carer	Agencies do their job, but fail to look at things from a holistic perspective. Not good at recognising or dealing with underlying mental health issues. Lack of appropriate care upon discharge. Constantly changing staff & workers. No real connection or build up of rapport. Fear to speak out as it risks repercussions or loss of any aftercare provision.
March 2010	Report of an elderly fathers experience.	Poor ward care & very little information or help provided on social care upon discharge.
March 2010	Male. Knee replacement operation.	Out within a week. 20 mins. Physiotheraphy. Also badly bowed leg was straightened, didn't tell him that they'd pulled & moved tendons. Patient wary of painkillers because of heart problems. Already on 8 paracetamol, taken off others because he became 'sky high'.

These responses were made as either face to face or over the telephone and notes taken

7. RECOMMENDATIONS

It is recognised that there are procedures for patient discharge from hospital. Equally it is acknowledged that on a great many occasions the silent majority do make a seamless return to their normal routine. We are confident that there are many satisfied customers who can attest to this. The issues drawn to our attention could in many cases easily be resolved through better communication but also through a rigorous adherence to patient focus and delivery of the "Right care in the right place" information booklet produced by NLaG.

It is also acknowledged that some North Lincolnshire residents have had cause to stay in hospitals outside the NLaG area, such as Castle Hills or Hull Royal Infirmary in the East Riding of Yorkshire, Doncaster Royal Infirmary in South Yorkshire and even as far afield as Sheffield or Leeds.

However it is clear, if not from individual responders' but the care homes that there are on-going and regular issues which can place vulnerable people at greater risk when returning from a stay in hospital.

Area of concern: Discharge times
Recommendation: The necessary liaison between statutory agencies to ensure seamless transfer / return home must be undertaken to ensure patient safety and comfort.
Ensure that there is sufficient advance notification of discharge given to the receiving residential or nursing home to ensure that the patient's care requirements can be met and where necessary adjusted.
The same would apply when patients are returning home to family or independent living receiving health or social care support.

Area of concern: Fitness to Discharge
Recommendation: Ensure that appropriate professionals have 'signed off' patients and that accurate notes reflecting assessment and patients progress are available.

Area of concern: Medication
Recommendation: Medication is often sent, but insufficient details accompany it. Changes or discontinuance should be explained to homes in order that they can administer correct dosages &c. Notes should also indicate when last dose has been administered as well as new dosage frequency &c.

Area of concern: Information
Recommendation: If patients are returning to their own homes or families then advance notice of any required changes should be given to facilitate equipment provision or modifications to property.

If one does not already exist then an agreed protocol for sharing of patient information needs to ensure that useful information as well as any necessary medical information is available to carers. Depending upon hospital treatment care homes may need to modify care plans upon residents return, so details on any change to mobility, dietary or toilet needs assists return to home.

Area of concern: Transport
Recommendation: Ensure that the appropriate agency staff liaise with transport and that the patient is expected home and that the necessary support is in place to receive the resident.

Many of these recommendations are part of the discharge procedures operational in the area which if implemented to the letter should not see concerns raised. However, clearly for a number of reasons there are lapses of protocols and where this occurs risks to patients returning to care or home increase.

8. REFERENCES

- Finding the future together: North Lincolnshire's JSNA 2010. NHSNL & NLC.
- Right Care in the right place : Helping you to get home from hospital. February 2009 (Review due June 2012). NHS North Lincolnshire & North Lincolnshire and Goole Hospitals NHS Foundation Trust.
- North Lincolnshire Nursing and Residential Home of Choice Policy (Staff protocol and Procedure) Northern Lincolnshire and Goole Foundation Trust, NLC, Lincolnshire CC & NHS North Lincolnshire. (February 2009, review due June 2012).
- Northern Lincolnshire Discharge Joint Discharge Protocol Community Care (Delayed Discharge) Act 2003. NHS North Lincolnshire & NLaG. September 2003.
- Discharge & Transfer of Care Policy NLaG. July 2010 due for review 2013.
- North Lincolnshire Ward Profiles 2007, Etoria. North Lincolnshire.
- North Lincolnshire Market Position Statemen. www.northlincs.gov.uk

9. ACKNOWLEDGEMENTS

Particular thanks go to Dorothy Hulme a stalwart volunteer who despite the winter weather and cancelled appointments went on useful fact finding missions. It is these findings which have provided a valuable insight into hospital discharge of elderly patients back into Care and Residential Homes.

Thanks are extended to statutory services, particularly North Lincolnshire Council staff who arranged invitations to meetings where *Who Cares* staff were able to make presentations to potential research stakeholders. Similarly the responses from NLC social service staff have provided useful insight into the discharge experience. Many of their contributions mirrored issues and concerns raised by care home managers and staff.

To those Care Homes who returned questionnaires and particularly those who agreed to interviews a big thank you. Care Home manager's feedback has been particularly revealing and by taking the time to feed through issues, many of which can be easily resolved, it is hoped that recommendations formulated will see improvements made to discharge systems which benefit older and vulnerable people returning to residential care or nursing care.

Thanks are also extended to the local people who provided their own personal experiences which have formed the case studies.

10. RESPONSES

Copies of the draft report were sent to NHS North Lincolnshire, Northern Lincolnshire and Goole NHS Trust, North Lincolnshire Council and the Care Homes and they were invited to submit feedback and responses to the recommendations. Where that feedback suggested clarification was needed, we have subsequently tried to incorporate those points.

Not with-standing the above, the responses are provided verbatim below.

Northern Lincolnshire and Goole Hospitals NHS

NHS Trust

- The new Orion Discharge Summary System is being piloted and implemented in the next few months which should address some of these issues, whilst it will not address the quality of the detail added by the clinicians, this will be tackled by the Clinical Director's and consultants.
- At SGH we introduced "discharge monitoring forms" for health and social care professionals and care homes to raise any issues at the point of discharge, this is separate to our complaints procedures. This has 2 purposes, firstly to raise the issue with the discharging wards, and secondly to ensure that any trends are captured and incorporated into the discharge training.
- We also have a quarterly meeting led by discharge liaison with ward managers and care home managers to raise awareness of issues experienced by care homes and the hospital staff at the points of admission and discharge and to generally improve communications into the processes. Guest speakers are also invited to discuss topics that are relevant to all — for example, there has been recent input from pharmacy, equipment store and safeguarding.
- Discharge Liaison also lead regular "discharge link nurse" meetings for hospital staff.
- Recent training has needed to concentrate on the changes in legislation and guidance due to changes in the continuing healthcare processes. The current training program is concentrating on getting the basics right throughout the patients journey with regard to referrals / relevant mdt input and discharge planning throughout the inpatient stay which addresses any issues raised in the report.
- The administration hub is a central point within Operations centre functions that can be accessed by hospital and community staff for advice on the assessment and discharge process particularly where there are concerns ahead of discharge.
- Transport; we have recently seen an increase in transport issues as the ambulance contract moved to the PCT and also as the out of hours (OOH) provision within the contract hasn't been filled. Generally these issues are improving and the commissioners are discussing OOH provision further.

Care Home Managers:

It was very enlightening to read that it is not only [us] that has had some issues with this and hope that this will have an impact on the service.

I have no further comments to make on the report and i am happy that the home could be of help in this research.

On behalf of myself and the staff [at] Thank you for inviting us to share some of our hospital discharge experiences with *Who Cares*.

I would however like to add we have had some positive hospital admissions and discharges.

NHS North Lincolnshire response

NHS North Lincolnshire

Re: *Who Cares* report into Hospital Discharge at Scunthorpe Hospital

NHS North Lincolnshire welcomes the report by *Who Cares* into the hospital discharge research which has been taken from a care homes experience of hospital discharges.

The intelligence provided by *Who Cares* will be of use to NHS North Lincolnshire as a commissioning organisation in working with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust as a provider of health care to the resident population of North Lincolnshire.

One point highlighted in the report in section 5 pertaining to the limitations refers to 'going through' health professionals, but then talks about care home staff and adult services. There was no work done with health professionals in relation to GP's, Community Nursing or Continuing Care Nurses to seek their experiences, and feel that this needs to be made clear within the report.

In terms of recommendations drawn we welcome these and the issues of discharge times, transport, medication and general information offered gives NHS North Lincolnshire valuable insights from a care homes perspective into their experiences which we routinely monitor through our quality contracting processes.

Once again NHS North Lincolnshire would like to thank *Who Cares* for this valuable piece of work and we value the positive contributions made.

Yours sincerely
Caroline Briggs
Director of Strategy and Joint Commissioning

Who Cares

Voluntary Action
North Lincolnshire

Advancing Local Voluntary Action

NAVCA
Quality
Award

E-mail: whocares@vanl.org.uk
Website: who-cares-online@vanl.org.uk

VANL
4-6 Robert Street
Scunthorpe
DN15 6NG
Phone: 01724 845155
Fax: 01724 281599