Discharge to Assess (D2A) at Staffordshire Hospitals

Executive Summary

Background

Healthwatch Staffordshire are the independent consumer champion in for Health and Social Care. They use feedback from the public of Staffordshire using health and social care services to work with service commissioners and providers to make improvements.

Between January and May 2019, Healthwatch Staffordshire carried out a study which gathered the views of patients and staff on their experiences of the Discharge to Assess (D2A) process in Staffordshire.

This study was undertaken in response to feedback received by Patients and their families about D2A and aimed to gather experiences of the process for patients being discharged from Staffordshire hospitals and staff on wards where D2A operates.

Methodology

This project was designed to use face to face semi-structured interviews. Interviews were chosen as they give an opportunity to explore with the participants their answers and gain a deeper understanding than is possible with surveys.

The target group of the study were patients in hospitals in Staffordshire, including Royal Stoke; County Hospital, Stafford; Queens Hospital, Burton upon Trent; Samuel Johnson Hospital, Lichfield; and Sir Robert Peel Hospital in Tamworth. 102 interviews were carried out with patients from several wards. We spoke to mainly elderly patients across the hospitals. The participants had a range of reasons for being in hospital with a split between those who had been admitted on a planned basis and those who had been admitted on an unplanned or emergency basis. Only four participants said that their most recent admission had been a direct readmission following a previous discharge.

We also spoke to Nursing staff, Discharge Facilitators and some medical practitioners who were involved in the D2A process on wards visited.

Findings

We found that a significant number of Patients placed on a 'fit for discharge' ward were waiting for care packages, housing or other services and some of these had been waiting for several weeks.

Findings showed that overall, most of the patient participants were positive about their experience of being discharged from hospital. There were very few suggestions from participants for improvements to the discharge process. Most participants did not identify any barriers or delays to their discharge. However, the main messages that came out of the study was that very few of the participants said that they had been involved in making decisions about their discharge or communicated with about discharge. Whilst for most of those participants the lack of involvement was not a particular issue with how they felt about the discharge process, for some of them the perceived lack of communication was the biggest area for improvement. For many of the participants a lack of communication meant that they were unaware of the decisions that had been made about their discharge including where they were being discharged to or that they were being discharged at all. Relatives also reported a lack of involvement and engagement by the wards with several close family relatives reporting to us that their relatives had been moved from one hospital to another with no communication with them. For many participants who said they had been involved with plans for discharge, this often amounted to being the recipient of information rather than actively involved indecision making. 29 Patients followed up 6 weeks following discharge reported a variety of experiences but mostly positive about the service received.

Staff perceptions also varied with some feeling that the D2A process had not improved patient flow or experience and expressed feelings of a perceived loss of control and influence over the discharge process. The Track and Triage teams however were both clear and passionate about the benefits if D2A for Patients.

Recommendations

A number of recommendations are made in the report aimed at improving the D2A experience for patients, relatives and staff including:

- Ensuring that patients are kept informed about the progress of their discharge and when they might expect to be discharged, what arrangements need to be made before they are discharged and who is responsible for making those arrangements.
- Staff should try to give as much notice as possible when patients are being transferred between hospitals keeping patients and relatives informed.
- Recognise the role of families in discharge planning, however, not at the expense of direct communication and involvement of the patient.
- Communication at all stages of the process was identified as a significant area for improvement with an emphasis on how communication between staff on wards and the discharge team communicate with patients and families can be improved so that ultimately patients and families are more engaged in the process.
- Trusts should provide information and training for staff around discharge to ensure consideration is made as to whether the patient may have care needs and that an appropriate assessment is arranged.