St George's Hospital – Departure (Discharge) Lounge

Enter and View visits

November/December 2019

Acknowledgement

The Healthwatch Wandsworth Enter & View Team would like to thank the management, staff, patients and relatives who made us welcome and assisted us in carrying out our visits and in preparing this report.

The Project Team

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Enter & View Visit to St George's Hospital – Departure (Discharge) Lounge – 28th November 2019 – 6th December 2019

Executive Summary

Section 1. Introduction

Healthwatch Wandsworth (HWW) is the patient and public champion for the community in the areas of health and social care.

The Enter & View team from Healthwatch Wandsworth (HWW) made seven visits to the Departure Lounge at St George's Hospital, at different times of the day, on five different dates, between Nov 28th and Dec 6th 2019. Each visit lasted between three to four hours, allowing us time for interviewing patients and/or carers and for observing activity in the Discharge Lounge. The main aim of this project was to capture an immediate sense of patients' experience of the discharge process at St George's Hospital.

Section 2. Background information

The Discharge Lounge is intended primarily for inpatients who are being discharged. It has ten armchairs and two beds, limiting the number of people who can be in the room at the same time. An average of 22 patients pass through the Discharge Lounge per day.

Section 3. The Enter & View Visits

On the days of our visits, we were told that the overall numbers per day were between 20-26, representing between 18% - 30% of the total discharges for those days. The Discharge Lounge was unexpectedly quiet during most of our visits, so we did not interview as many patients as hoped. Some patients were in the Discharge Lounge for a matter of minutes only before being collected, while others were bed-bound and too frail for us to interview. We were able to collect detailed information from 39 patients, including four who had been day patients. In addition, we were able to observe and record activity involving other patients and carers waiting in the Lounge.

Participants' details

Age range: only one patient was less than 30 years old; four were between 50-59 years; nine between 60-69; nine between 70-79 years; and thirteen were over 80.

Ethnicity: we believe the ethnic mix of our participants was in line with the hospital's catchment area.

Length of stay: twenty people had been in hospital for less than a week, thirteen for a week or more, and two for three weeks. Four were day cases.

Ward of origin: fifteen patients were from medical wards, eleven from surgical wards or units, and nine directly from A&E or Richmond Ward. (We did not ascertain the discharging ward for the others.)

Destination: the great majority were returning to their own homes, including one bed-bound patient. Around one third of these lived alone. A few of the frailest patients we observed were returning to care nursing homes.

Waiting times in the Discharge Lounge: we observed waits of between 30 minutes and 2-3 hours. Twenty-eight of our participants were waiting in the Discharge Lounge for transport (17 for hospital transport, 11 for privately arranged transport); the type of transport did not determine the waiting time. Ten were still waiting for take-home medication (as well as transport, in some cases) and one was waiting for their discharge summary. Unexpectedly prolonged waits for medication caused some frustration for patients and for family members who were collecting the patient, and who had other, time-sensitive work or travel commitments.

Section 4. Findings from interviews with patients and Section 5. Findings from our observation in the Lounge

Overall, most people felt that they had been adequately prepared for discharge, and that where appropriate their family/carers had been sufficiently involved in planning. The great majority had not been given a leaflet on the wards with information about discharge. (*We understand that the hospital is currently reviewing its approach to providing a discharge leaflet.)*

- Seven people expressed remaining concerns about going home, either because of worries about their condition or treatment or adaptations they felt were needed at home.
- Two patients and the carer of a third stood out: two of these had three-week inpatient stays, the third had been in for a week. These people had more complex clinical conditions than were usual in our participants; two had experienced several changes to their estimated discharge date, which had caused them and their families some anxiety. At the time of discharge, two people were still unsure about the outcome of discussions with social services about their domiciliary care packages.
- Two–thirds of people had their discharge confirmed on the same day, although most had been advised (accurately) in advance of the probable date.
- Over half of the participants said that a staff member on the ward had gone through their discharge summary with them, but the rest were unaware of being helped in this way. In some cases, we found that patients had the summary in a bag with their medication but did not appear to be aware of its significance.
- The majority reported that they had a date for a follow-up appointment. We noted that many of these appointments were for post-surgery checks, or for procedures such as removal of stitches, that were time sensitive.
- Apart from delays in leaving, there were no complaints from patients about their time in the Discharge Lounge. People felt comfortable, and were complimentary about the nursing staff, who they found friendly and welcoming.

Section 6. Our Conclusions and Recommendations

We recognise that, in many cases, the discharge process can be highly complex, involving a chain of clinical decisions and administrative procedures. We acknowledge that our respondents were predominantly shorter-stay, and perhaps comparatively straightforward cases, and that we have no comparative, ward-based interviews. That aside, based on our interviews and observations of care in the Discharge Lounge, we can report that:

- According to our participants, the discharge process was working reasonably well for the most part and we found only isolated examples of complaints about forward planning (primarily for patients with more complex conditions).
- With particular reference to the Discharge Lounge, we conclude that it provides a safe and comparatively calm and comfortable alternative to waiting in a ward for transport home and is a more convenient pick-up point for ambulance drivers and relatives. Importantly, it provides the opportunity for the Lounge staff to check on the completeness of discharge documents and medication before patients leave the hospital. *However, we are clear that the availability of the Discharge Lounge should not remove the primary responsibility of ward staff for initiating discharge planning and ensuring that patients have all the essential documentation and follow-up appointments before they leave the ward.*

In the light of our interviews and observations, we have developed the following recommendations:

1. **Discharge Information**: No information leaflet on the discharge process seems currently to be provided to inpatients although we understand that a previous leaflet is under review. We did not identify a major unmet need for information on the part of patients except perhaps in relation to waiting times for medication and hospital transport. It seems to us that to be of general use a leaflet would have to be kept simple and the different circumstances for different categories of patient (e.g. medical or surgical) might rule out a single leaflet for all purposes. We welcome the information that the Trust is currently reviewing the provision of an improved discharge leaflet, and would like to be given more details about the timetable for this.

2. **Discharge Planning**: As mentioned above, a younger patient leaving after one week's stay in hospital commented that no one had asked about their home conditions or the help available to them to get home and to look after themselves thereafter. The assumption had apparently been made that a younger, employed person would have no needs for help with discharge and its aftermath. We ***recommend*** that all staff involved in discharge planning should be reminded of the need to avoid making assumptions about patients' ability to cope without asking them and should ask all patients directly about their potential needs.

3. Hospital Transport: The Lounge nurses told us of difficulties in communication between Lounge nurses and the HATS service base, as phone calls alone do not apparently provide a completely reliable way of obtaining information on bookings and re-bookings. There would seem to be scope here for a more fully computerised booking system which allows

real-time access by Departure Lounge staff, for the ultimate benefit of patients being discharged more smoothly. Developing such a system could be a worthwhile investment for the hospital or for the transport service, or both. We ***recommend*** that St George's initiate discussion with HATS on the possibility of developing and installing such a system.

4. **Other transport**: A number of patients and their relatives told us of difficulties finding space to park while picking patients up from the Departure Lounge. We ***recommend*** provision of better advance information for relatives about where to park and how to find the Lounge, and possibly the provision of a more convenient, suitably marked parking space for relatives near the Lounge.

5. **Medication:** Some patients had to wait unduly long to be given their take home medication. Our report details some of the measures the Pharmacy service is taking to improve and speed up this system.

Data provided by the Pharmacy showed that, on the days of our visits, 82% of TTOs for Departure Lounge patients were completed within the one-hour target, and 83% of MDOs within the three-hour target. This is the turnaround time for the dispensing process only and cannot account for other causes of delay that may result in delays in obtaining medication (see also recommendation 8). ***We recommend*** that patients should be given advance warning in cases where there could be as long as a three hour wait and should not be prematurely transferred to the Departure Lounge if they prefer not to.

6. **Discharge Summary**: ***we recommend*** that wards are reminded of the need to draw the attention of patents being discharged to their discharge summary and to go through it with them.

7. **Departure Lounge:** We have two ***suggestions for improvement*** of the Departure Lounge itself. ***We recommend*** that the room temperature is more closely monitored, and any feasible steps considered to achieve a more comfortable temperature for patients waiting. In addition, ***we recommend*** that the arrangements for access to toilets for patients in the Departure Lounge should be reviewed.

8. **Overall waiting time**: With a view to minimising waiting times and avoiding mishaps in discharge in the longer term, ***we recommend*** that hospital management institute a regular written process to review the circumstances in every case where a patient has had to wait more than, say two hours in the Departure Lounge with a view to learning any lessons for discharge planning and practice. We recognise that sometimes waiting may result from factors beyond the hospital's control e.g. relatives may not be able to pick a patient up within this time limit despite being given adequate notice by the discharging ward. But such factors should be recorded and given appropriate consideration.

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The Full Report

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion in the areas of health and social care services. At the national level, we send our reports to Healthwatch England. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. Our activities are developed in consultation with the public at our Assembly meetings and as we collect feedback from people about their experiences of health and social care in Wandsworth. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us, we speak to local health and care decision makers to hear about their plans to develop services and we use information on local health data to set our priorities.

1.2 Enter and View

Healthwatch Wandsworth has the statutory authority to visit health or social care services provided in the borough, or which cater for the local population but are located outside the borough. We can observe how services are delivered. Our main aim is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services. Our main focus is on the service user's experience of care.

Our E&V volunteers receive full training and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and those responsible for commissioning and providing the service we have visited. Finally, our report and any response from the service provider to our recommendations are posted on the Healthwatch Wandsworth website.

1.3 Purpose of Visit

Discharge from hospital is frequently highlighted as an area of concern for patients who often tell us of experiences of difficulties during the process of being discharged from hospital following an in-patient stay and it was particularly mentioned by some when we surveyed local people about what our priorities should be in 2019-20.

We defined the following objectives for our visits:

1) To understand from a patient's perspective what works well and what works less well in the organisation and information given during the discharge process via the departure lounge.

This includes the following stages:

a) being prepared before leaving the ward.
b) what happens in the departure lounge.
c) whether people feel prepared to return home.
d) organisation relating to any other needs.

This relates to one of our priority themes for the year: co-ordination of care for vulnerable residents.

2) To observe how people's comfort is catered for in the departure lounge

3) To understand how long someone might wait for discharge.

4) If people have information to manage when they leave hospital (for patients and carers).

This relates to one of our priority themes for the year around access to information to manage health.

2.0 Preparing for Our Visit

2.1 Discharge from hospital – guidance and research

NICE has guidance on discharge planning but not a departure lounge.

According to St George's Hospital operational guidance for the Departure Lounge, the purpose of a separate departure lounge is to:

- Enhance the quality of the patient journey by providing a safe and comfortable environment for patients to wait for medications, transport or family members.
- To free up inpatient beds as early as possible.
- To assist the Trust in meeting local and government targets.

There is very little literature to be found on the use of discharge or departure lounges. Most literature on discharge focuses on discharge from the wards. Previous work by Wandsworth LINK and Healthwatch Wandsworth highlighted problems with delays to discharge, lack of communication between staff and departments and staff and patients and carers and lack of coordination between services (our reports can be found on our website). These findings are consistent with work done by other Healthwatch.

Healthwatch Staffordshire and Healthwatch North Lincolnshire have written reports on discharge or departure lounges. Their full reports can be found on their websites and findings included:

- Information given to patients, families, friends and carers was inconsistent.
- Not all patients knew who to contact when they got home if they had further questions.

- Staff in the discharge lounge made people feel welcome and help people as required.
- Most patients were satisfied with their care.
- Most patients felt ready to be discharged.
- There were issues raised about patient transport service – not available, inconsistent provision.
- Delay in obtaining take home medication and this being detrimental to patients' wellbeing.
- Delays in patient transport as transport cannot be ordered until medication delivered leading to further delays for the patients.

2.2 What we learned about the Service before our Enter and View visits

A few members of the Enter and View team visited the Departure Lounge in October 2019 and met with staff there to find out more about the service and to see what it looked like. We also met with the senior manager of the service – Robert Bleasdale, Deputy Chief Nurse.

The Departure Lounge at St George's Hospital is for in-patients being discharged. It is situated by the hospital's main entrance next to the Transport Lounge. The Departure Lounge is open Monday to Friday 8.30am to 9pm with the last admissions around 7pm. Patients have to be booked into the lounge by the discharging ward. There are 10 armchairs and 2 beds and this is the maximum number of patients that can be in the lounge at one time. Before our visits, we were told that on average, 22 patients normally pass through the lounge each day. (After our visits, we were told that the overall figures for each day had varied between 20 and 26 patients, representing between 18% and 30% of total discharges on those days.)

A minimum of two nurses and one Healthcare Assistant are present in the Lounge. Patients are provided with food and drink whilst there. Sandwiches and drinks are the standard, but food vouchers can be given to those with dietary requirements. Sometimes patients are given a small food package to take home if they do not have any food at home. Transport is booked by the wards prior to the patient arriving in the lounge. If the patient is being picked up by a friend or family member this has to have been arranged by the discharging ward. Medication is also booked by the ward but patients are able to wait in the lounge for it to arrive. The staff often chase medication. Whilst in the lounge patients may have their medication explained to them. Although the lounge has a nursing aspect and is therefore appropriate for patients with higher needs, we were told that it cannot take some patients – e.g. patients who need a high level of oxygen, who are infectious or are incontinent. End of Life patients, patients with dementia, confusion or with learning difficulties are also usually unsuitable.

We received service performance information in August 2019 to further understand the numbers of people using the lounge, what wards they came from and other information. From this information we ascertained that a total of 611 patients were admitted to the

Lounge in May compared to 533 in April. The majority of admissions happened after 12 noon with approximately 20-25% happening between 8:30am and 12 noon.

In April and May 2019 approximately 22% of patients were referred from emergency and acute medicine and 78% from other wards.

The Departure Lounge has two beds in operation but if both beds are occupied patients need to be of the same sex. For the 12 months reported to us the percentage of patients transferred on beds ranged between 3% and 7%.

In terms of transport, in April and May 2019 350 patients used hospital transport, 290 did not require transport and 3 were picked up by friends or relatives.

Medication was already delievered to the lounge for 45% of patients when they arrived at the lounge, 30% still required medication and 25% did not require medication.

2.3 Final Preparations

A series of visits were arranged to cover morning, afternoon and evening in the Departure Lounge. A total of 7 visits took place over 5 days (28th November 2019, 3rd December 2019, 4th December 2019, 5th December 2019 and 6th December 2019).

An observation schedule and a patient questionnaire were designed to explore patient experience on the areas we decided to focus on in our objectives (see **section 1.3).**

3.0 Our Enter and View Visits

On the five days arranged, our Enter and View team visited the departure lounge and were welcomed by the Departure Lounge staff. Our team were able to approach patients waiting in the lounge and ask them if they wanted to take part in our survey. During our visit sessions our team spent around 3.5 hours in the Lounge and if there was another visit session on the same day there was a handover between team members about patients spoken to and whether a patient continued to wait to leave the departure lounge. Where a patient was still present when our team finished their time slot, we noted that they left after that time as we could not know the actual time they left.

In total we were able to speak to 39 patients and/or their relatives and carers. Although we saw a small number of patients in the lounge who were bed-bound, we confined ourselves in practice to interviewing those who were sitting or reclining in chairs.

Of the 39 people we talked to we identified 23 as female and 16 as male. 19 participants were White British, two Black British, six Caribbean, five White Other, five of Asian heritage and one African. The participants did not include many younger people. Only one person was under 30 years old, and 35 out of 39 were over 50 years of age (four were between 50-59; nine between 60-69; and nine between 70-79; thirteen were over 80 years of age). Nine patients had come to the Lounge directly from Accident and Emergency or from Richmond Ward which is linked with A&E, 11 from surgical wards or

units, 15 from medical wards (including critical care), and for three we did not ascertain the discharging ward.

The majority (25) had been in hospital for less than a week including five who had not had an overnight stay. One third (13) of participants had been admitted to hospital for a week or more, two people had been there for 3 weeks.

A total of 28 patients were primarily waiting for transport whether that was hospital (17) or other transport (11), mostly from friends or relatives. Ten people were waiting for medication and one for their discharge summary. We deal more fully with times of and reasons for waiting further on in this report. All of our participants were due to be discharged home; 26 of these were living alone, some (six) were receiving domiciliary/home care. During our visits, we observed a few bed-bound patients who were waiting for ambulance transport back to care homes.

4.0 Findings from interviews with patients and their relatives and carers

Below we have summarised findings from our discussions with patients and/or their relatives and carers.

Preparation for Discharge:

Do you feel adequately prepared for discharge? Were you and/or your family sufficiently involved in planning for your discharge?

Overall most of the patients felt ready for discharge. 32 out of 35 people (94%) said that they felt adequately prepared for discharge and 26 out of 32 (81%) said that their family/carers were sufficiently involved in discharge planning.

Were you given a leaflet about discharge and was this helpful?

We were told that the hospital had had a discharge leaflet but this was being reviewed. We asked patients whether they had been given a leaflet about discharge and whether it had been helpful. The great majority of patients had not been given a leaflet, while a few reported having been given useful leaflets about a variety of topics, including discharge, at an earlier stage in their care. We concluded that patients are currently not given a discharge leaflet as a matter of routine while on the wards. When the leaflets were handed out, patients found them helpful, but we did not get a sense that people were generally confused by or about the discharge process as a whole.

Did you have a choice whether to come to the Lounge?

Most people reported that they did not have a choice whether to remain on the ward or go to the departure lounge. About a third of the people we spoke to said that they were given enough information about the departure lounge and another third said they were not.

When did you know you were leaving today?

Nearly two-thirds of those who gave us information on this (23/36) had only been told they were being discharged on the day itself. This is consistent with the profile of length of stay and probably reflects the pressure the hospital is under to achieve the most efficient use of beds.

How long were you told you might have to wait in the Lounge?

While a number of patients passed through the departure lounge too quickly for us to interview them, those whom we spoke to waited in the lounge for between as little as 15 minutes and over three hours.

A total of 11 patients whom we interviewed, including some of the longest waiters, were waiting in the departure lounge to be collected by private, including family, transport and the length of their wait was accordingly outside the hospital's control.

The great majority of the remaining 28 we spoke to were waiting either for medication to take away or for hospital transport or for both.

Of the 12 patients we identified as waiting for medication - with or without hospital transport - two were in the lounge for less than an hour, seven between one and two hours; three patients (including one subsequently collected by a family member) were there for over two hours. We were told that some of the longer waits were due to the procurement of some forms of medication from outside the hospital. In response to our queries about this, we learned that since 2017 the Trust has contracted with an external partner community pharmacy to dispense prescriptions where the patient requires a Monitored Dosage System (MDS), in an effort to streamline the process and reduce delays for patients. There is a target of three hours (maximum) for the delivery of MDSs. We understand that Trust data confirms that this initiative has achieved significant improvement in delivery times.

Of the 17 patients we identified as waiting for hospital transport, five waited less than an hour, seven between 1 and 2 hours and five over 2 hours.

Whatever might be said about the actual length of waits (we deal with this in our conclusions and recommendations below, It was striking that three quarters of those dependent on the hospital for their departure (21 out of 28) were given no clear information before coming to the lounge about how long they might have to wait. Some were agreeably surprised not to have to wait long but others were not happy with the length of their wait.

Was the participant’s discharge delayed?

Very few patients spoke of delayed discharge from the ward (as opposed to waiting in the lounge after being discharged). Two patients’ discharge had apparently been delayed because of issues over care arrangements (including family care) at home. Another two

patients had been expecting to be discharged the previous day but had had to stay in an extra night because of late provision of medication or late-running tests.

Has anyone been through the medication and discharge summary with you?

Over half of participants reported that they had had someone go through the discharge papers with them, but a significant proportion (12 out of 32) were either not attended to or unaware of having been helped in this way. In some cases we found that patients had the discharge papers in a bag with their medication but said they were not aware of the discharge summary when we asked about it. Almost all participants were aware of having had their medication explained to them.

Experience:

Any problems coming to the Lounge?

None of our respondents reported any problems getting to the lounge from their discharging ward. We report the results of our observation on this and other aspects in a separate section below.

Are you comfortable?

Almost all of our respondents were comfortable sitting in the lounge. One elderly patient who had been feeling dizzy all day said they were not comfortable while another patient felt cold in the night clothes they had been wearing on the ward and needed to change into day clothes in the toilet. A number of patients put or kept overcoats on presumably because of the temperature. One other patient was anxious about getting money to buy food after getting home.

Have you got enough to occupy yourself while you wait?

Most of our respondents were content to sit and wait. Some dozed or did some shopping at the nearby food store. A few mentioned they had their iPad/phone/computer/a book or were happy with the free newspaper sometimes available or listening to the radio which was sometimes playing. One patient said they did not have enough to do but was unable to specify what might help.

Have you been offered food or drink?

Most respondents replied that they had.

Are the lounge staff welcoming and friendly?

All 34 patients with whom we managed to get this far in our list of questions gave positive answers to this except one who had arrived at a busy time and said they hadn't been spoken to by the staff after 20 minutes in the lounge. Other comments volunteered included: ‘very good’; ‘pleasant’ and ‘10 out of 10’.

If you needed any assistance, were they helpful?

We asked patients whether lounge staff had been helpful if they had needed assistance. A total of 20 patients said “yes” or that staff had been helpful, while a further 10 had not needed any assistance. Only one patient felt that staff had been less than helpful on their arrival (in not suggesting somewhere to change clothes). Another patient felt that staff could have been more “pushy” in chasing up their medication.

Are the Lounge staff welcoming and friendly?

We asked if people had found the Lounge staff welcoming and friendly. We received 32 replies, all positive.

Has your privacy and dignity been respected?

We also received unanimous positive responses to this question from 34 patients.

Any remaining worries or problems about discharge?

Only seven patients (or their relatives) expressed any remaining worries about being discharged. Of these, three had some continuing concerns about their condition or their treatment, two had concerns about adaptations or further adaptations which they considered were needed at home, one was worried about being on their own at home and another about imposing on others for help.

Any suggestions for improvement in the discharge process?

We asked patients if they had any suggestions for improvement in the discharge process. Fifteen had nothing to suggest or thought things had gone well for them. A slightly larger number (16) gave answers suggesting there was room for improvement, even if they were not able to make a specific suggestion.

In the latter group, three quarters (12) of the concerns in one way or another related to the length of time people had to wait (although a few were agreeably surprised to find themselves leaving more quickly than expected). In five of these cases the issue was identifiable as medication, while in another four it was transport. One patient had been sent down from the ward too late, missed their booked hospital transport with HATS and had to wait in the lounge for over two hours for another booking. This patient and three others felt that better information should be provided about timing.

One patient in their 30s who lived on their own and was being collected by a friend after a week in a surgical ward said that perhaps because of their age no one had asked about things like their accommodation or transport needs, although they could have been potentially vulnerable. Another patient commented that discharge was a process dealing with human beings and could not be run like an 'automated' system.

Any other comments about your care at St George's Hospital?

Our final question was to invite any other comments about patients' experience of their care at St George's. Of the 31 patients who commented, 19 were wholly positive, with comments including: "everything was excellent"; "the staff are lovely"; "absolutely fantastic, and "God bless St George's!".

Ten of the comments were mixed, recognising that overall care and individual staff were excellent but identifying some suggested shortcomings such as understaffing, variability in staff behaviour, cancelled operations and lack of organisation leading to delays. There were also a few critical comments on quality of food, meal-times (slow service and the gap between evening meal and breakfast), and parking charges.

Only one patient reported a more specifically negative experience, including being cold at night with apparently not enough extra blankets on the ward and unable to sleep because of "beeps" from IV drips. This patient also felt that staff had not been able to deal in a sufficiently caring manner with some of their behaviour while in a state of delirium.

5.0 Findings from our observations of care in the Departure Lounge

We planned to supplement our interview data with observations of activity in the departure lounge; the observations would be recorded at any quiet intervals during a visit. As it turned out, most of our visits were at noticeably quiet times, giving us the added opportunity of talking to staff about their roles and their experiences of working in the lounge. The observation schedule contained eight prompts for guidance and for ensuring consistency of approach.

Ten separate reports were completed by individual team members, plus two other reports based on the merged observations of two team members. Our visits took place at different times on five different dates between 28th Nov and 6th December 2019; the earliest starting time for one of our visits was 9am, the latest finishing time 7.35 pm, when there were seven patients recorded as still waiting in the Lounge for transport. There are no transfers from wards to the lounge after 8pm, but staff told us that, at busy times, patients might remain in the departure lounge until around 9pm.

Managing patients' arrivals from the wards

We were interested to see how orderly patients' arrivals were in terms of: transport to the Lounge, handovers between staff, and how comfortable and welcome people were made on arrival. Our reports agreed that people seemed to be transported efficiently to the Lounge from wards often by wheelchair; they were either already wearing outdoor clothes or were covered with blankets for the journey through hospital corridors from their wards. People were mostly brought down by porters, ward staff, or collected from the ward by a member of the lounge team (usually the duty healthcare assistant). Where formal handovers between ward and lounge staff took place, they were generally conducted in low voices so that no potentially confidential information was broadcast to others.

We witnessed a few arrivals and departures of bedbound patients. Their transfer to and from the two beds at the end of the Lounge appeared to be handled carefully and with due respect for privacy and dignity.

The nurses were polite and welcoming to new arrivals, helping to settle them in the Lounge armchairs, and offering the option of biscuits or sandwiches and a hot drink. They checked the completeness of documentation (primarily the discharge summary and drug prescription) and whether the person had already received their take-home medication. On occasion, the nurses would ring up the relevant ward to request electronic versions of the discharge summary that they could print and read through with the patient.

Attention to patients' comfort

In their interview responses, people told us that they had been made to feel comfortable. We were able to confirm that the four recliner chairs were useful for patients who were still visibly weak or needed to keep their legs raised. The other ten chairs provided comfortable support.

Some team members reported that the room felt rather chilly on their visits, not helped by the through-draught from the doors at either end of the Lounge. It was noticeable that some patients who arrived wearing their outdoor coats kept them on, while others put them on during their wait. It seemed too chilly for one patient who was still wearing hospital pyjamas but had not been offered a covering blanket. It seemed as if the onus was on patients to ask for any extra attention beyond being offered food and drink. For example, we noted that on arrival, people were not told about access to toilets, but had to ask a nurse for help when in need. The only toilet is not well signposted, is reached through two sets of double doors from the Lounge and it is shared with people waiting in the neighbouring ambulance transport waiting area (for people who have had outpatient appointments).

At the times of our visits, the Lounge was predominantly calm and quiet enough for some longer-stay people to doze. Arrivals and departures were not unduly disruptive, although manoeuvring beds into and out of position in the bays could cause some disturbance. There was often background music playing from a radio, not intrusively (although a former patient told us that it had been too loud during their wait). There was a stand with a few books and magazines in one corner, rather displaced by the festive Christmas tree that was put up during the week of our visits. Many patients were occupying themselves with mobile phones or iPads, others seemed rather isolated and welcomed the opportunity to chat to us. A few patients, who were very mobile, chose to leave the Lounge and walk around (one patient, waiting for medication, had time to get a meal at one of the hospital cafés).

One incident provides an illustration of what might happen to disrupt the usually smooth running of the Lounge: a patient (who was already known to the nurses) had been transferred from the A&E department to await ambulance transport back to their care home. The patient had dementia and kept refusing to go with the ambulance driver. This resulted in several attempts to re-arrange transport by a two-man team, and for the

patient to have a prolonged stay (of over four hours) in the Lounge. The observation notes record that both nursing staff and ambulance drivers treated the patient with great care and compassion throughout, and that the patient was made as comfortable as possible. This was one example of Lounge staff being flexible about the normal admission criteria. If space allows, they will take patients from the outpatient transport waiting area and from A&E, where people have been treated but not admitted. With hindsight however we wondered whether the need for a more dementia-friendly approach to discharge in this case might have been foreseeable.

Leaving the departure lounge

We observed considerable variation in the interval between arrival at and departure from the Lounge. Some people arrived a matter of minutes before they were collected (and so were not available for interview); others (17 out the 39 people we spoke to) were either waiting to be collected by relatives or friends or had pre-ordered taxis for themselves; while a third group were waiting for the ambulance transport that had been booked before they left the ward. Waiting times in the Lounge for both groups varied between 30 minutes and three to four hours. One reason was the delay in receiving 'take home' medications from the hospital pharmacy or in some cases procured outside the hospital (which often seemed to take even longer). Transport caused other problems, whether privately arranged or by ambulance.

One potential advantage of the Lounge is its location near the hospital's main entrance and the ambulance service base, reducing time-consuming trips to wards and departments to collect patients. For private drivers, the practice seems to be to advise them to find a parking place along the perimeter road near the main entrance (rather than using the already-overloaded hospital car park) and to call in briefly to the lounge to collect their relative or friend. In practice, we recorded instances where patients received mobile phone calls from relatives who were unfamiliar with the hospital site and could not find a place to park (it was often after dark, making it even more difficult). Staff would try to provide some guidance about where the driver might be able to stop briefly (sometimes it was possible to use a parking bay next to the ambulances, just outside the entrance). A nurse would then leave the Lounge to accompany the patient and carry their luggage to the waiting car. This did not make for stress-free departures.

The ambulance transport service is provided by Hospital and Transport Services (HATS) an independent service contracted by the hospital. Each patient's transport is normally pre-booked before they come to the Lounge, but we found that it is a complex system which depends for its success on factors such as accurate information about a patient's discharge requirements being communicated between wards, transport services, and carers (who are usually depended on to be there to open up locked house or flat). For example, in cases of poor patient mobility or mental confusion, two ambulance drivers might be needed to accompany the patient and to help them when they reach their destination; or a carer might arrive to accompany a patient, meaning that an additional space will have to be booked. The Lounge nurses cannot confirm with ambulance drivers that a patient with a

pre-booked slot is ready for collection until any missing medication or documentation has been received.

Unforeseen delays in the Lounge caused understandable frustration for patients and any family members or carers who were waiting with them. There were a few particularly time-sensitive cases: in two cases, appointments with staff from the Adult Social Services Department had been booked to continue discussions about care arrangements when the patients arrived home. (Both these waits were for ambulance transport.). In another case, a patient's daughter was due to catch a plane (This delay was for medication.).

Key activities of departure lounge staff

On each of our visits, the Lounge was staffed by two registered nurses and a healthcare assistant. On some occasions the nurses were working extra shifts because of staff shortage. On two occasions a bank nurse had been brought in because of staff sickness, but she had previous experience of working in the Lounge and was familiar with the routine.

On morning visits, the pharmacy departure lounge co-ordinator (PDLC) was also present. This is a new role within the Trust, which has been implemented to ensure that discharge prescriptions for departure lounge patients are completed as a priority to support patient flow within the Trust.

The post-holder is still in training for the clinical transcribing part of the role. The intention is to support the transcribing of medicines from the inpatient chart on to the 'take-home' medicines (TTOs) chart, enabling clinical teams to prepare the TTOs. The PDLC can focus on transcribing TTOs for patients who are suitable for the Departure Lounge. In the Discharge Lounge, the coordinator works with the nurses to ensure patients have received the information they need to take their medication correctly, particularly where the hospital team has added new medication. We were told that there have been cases where patients have been sent to the Lounge with incorrect medication; in each of these cases, the error was recorded on the hospital's incident-reporting system (Datix), and the information was fed back to the relevant wards and pharmacy teams.

Even at quiet times, with few patients in the Lounge, the nurses appeared to be busy liaising by computer or phone with wards and the HATS service to co-ordinate arrangements for admissions and departures. According to our observations, their key responsibilities included: collecting patients by wheelchair from wards; offering refreshments to new arrivals; chasing up medication, ensuring the completeness of discharge documentation and medication and explaining them to patients who had not received them previously; checking transport times and re-booking where necessary; accompanying patients and carrying their luggage out to waiting cars. In quiet moments they entered essential data on patients' departures into a spreadsheet which is used for monitoring purposes. Possibly most important was the nurses' role in responding to requests for help or information from patients and families. Given the sometimes high levels of anxiety shown by patients or their families – for example about delayed transport - nurses managed to appear calm, pleasant and helpful.

We were told that that communication between Lounge staff and the ambulance service was not ideal. There is no IT connection between the Lounge and the HATS base, so conversations have to be over the phone. The nurses reported that verbal messages about patient transport were not always passed on at shift handovers between HATS staff.

6.0 Our Conclusions and Recommendations

The discharge process involves a complex chain of decisions, some of them major and others quite detailed, including: clinical readiness for discharge, care plan if continuing care needed, possible adaptations at home and practical arrangements need to be put in place to ensure things go smoothly on the day of discharge itself.

Staff shared with us details of how the planned discharge process can sometimes go awry. A patient who had been sent home from a short stay medical ward had called back from home within ten minutes and was readmitted as an emergency. Another, much less dramatic case involved an older patient enduring an extended ambulance trip because a relative could not be there at the agreed time to open the flat. A similar failure of communication meant that another older patient could not get into their accommodation because two people were needed to carry him upstairs. Mistakenly, single driver transport had been booked; the following day, the (readmitted) patient was taken home in a two-driver ambulance. We also mentioned above the case of a confused patient who was reluctant to leave and whose transport had to be rearranged.

How good was departure lounge as a location for gaining peoples' experience of discharge from SGH?

Our original plan was to capture an immediate sense of patients' experience of being discharged from SGH, using the Departure Lounge as a convenient location to approach people. In fact, this proved not to be the ideal place for a private conversation (despite not being very busy on most of our visits). On the other hand most people had the time to talk to us and seemed to enjoy the interest being taken in their views.

As a result, we weren't able to recruit quite as many interviewees as originally anticipated and our sample proved to be quite heavily weighted towards shorter stay, and thus perhaps comparatively straightforward cases. We feel however that we obtained a reasonable snapshot at least of that proportion of hospital discharges involving transit through the Departure Lounge.

How well is the discharge process working?

Overall it seemed to us, as far as our interviews and observation went, that the discharge process was working reasonably well for the most part and the great majority of the patients we spoke to seemed well enough satisfied with the arrangements made and how they worked out. In particular, despite some patients' expectation (perhaps based on past experience) that they would have a long wait for hospital transport, in most cases we feel that the transport arrangements made by HATS were efficient and expeditious. We did however wonder why a number of patients had to wait as long as they did for medication

to be provided. We have some suggestions to make below to improve the overall timeliness as well as other aspects of the discharge process.

Role of Departure Lounge

We did not intend (or design) a critical evaluation of the Lounge itself. However, several lulls in activity enabled us to learn in some depth from staff about the Lounge and its functions. Together with our observation and interviews we were thus able to form a clearer understanding of the Lounge's valuable contribution to the discharge process. For example, it provides:

- A safe, comparatively calm, and comfortable (subject to better temperature control) place to await transport home;

- Pleasant and helpful staff who paid good attention to the dignity and privacy of patients;

- An alternative (possibly a preferable one for many) to finding somewhere comfortable to wait on a busy ward (although we have no comparison sample);

- A more convenient pick-up point for ambulance drivers and relatives;

- The opportunity to make a valuable check on the completeness of discharge documentation and medication before patients leave the hospital.

However, we are clear that the availability of the Lounge should not remove the primary responsibility of ward staff for initiating discharge planning, and for completing all the necessary documentation for patients: medication chart, discharge summary and outpatient appointment.

Suggestions for improvement

In the light of the foregoing we have identified a number of suggestions for possible improvement in the discharge process at St George's Hospital:

1. **Discharge Information**: No information leaflet on the discharge process seems currently to be provided to inpatients although we understand that a previous leaflet is under review. We did not identify a major unmet need for information on the part of patients except perhaps in relation to waiting times for medication and hospital transport. It seems to us that to be of general use a leaflet would have to be kept simple and the different circumstances for different categories of patient (e.g. medical or surgical) might rule out a single leaflet for all purposes. We welcome the information that the Trust is currently reviewing the provision of an improved discharge leaflet, and would like to be given more details about the timetable for this.

2. **Discharge Planning**: As mentioned above, a younger patient leaving after one week's stay in hospital commented that no one had asked about their home conditions or the help available to them to get home and to look after themselves thereafter. The assumption

had apparently been made that a younger, employed person would have no needs for help with discharge and its aftermath. We ***recommend*** that all staff involved in discharge planning should be reminded of the need to avoid making assumptions about patients' ability to cope without asking them and should ask all patients directly about their potential needs.

3. Hospital Transport: The Lounge nurses told us of difficulties in communication between Lounge nurses and the HATS service base, as phone calls alone do not apparently provide a completely reliable way of obtaining information on bookings and re-bookings. There would seem to be scope here for a more fully computerised booking system which allows real-time access by Departure Lounge staff, for the ultimate benefit of patients being discharged more smoothly. Developing such a system could be a worthwhile investment for the hospital or for the transport service, or both. We ***recommend*** that St George's initiate discussion with HATS on the possibility of developing and installing such a system.

4. **Other transport**: A number of patients and their relatives told us of difficulties finding space to park while picking patients up from the Departure Lounge. We ***recommend*** provision of better advance information for relatives about where to park and how to find the Lounge, and possibly the provision of a more convenient, suitably marked parking space for relatives near the Lounge.

5. **Medication:** Some patients had to wait unduly long to be given their take home medication. Our report details some of the measures the Pharmacy service is taking to improve and speed up this system.

Data provided by the Pharmacy showed that, on the days of our visits, 82% of TTOs for Departure Lounge patients were completed within the one-hour target, and 83% of MDOs within the three-hour target. This is the turnaround time for the dispensing process only, and cannot account for other causes of delay that may result in delays in obtaining medication (see also recommendation 8). ***We recommend*** that patients should be given advance warning in cases where there could be as long as a three hour wait, and should not be prematurely transferred to the Departure Lounge if they prefer not to.

6. **Discharge Summary**: ***we recommend*** that wards are reminded of the need to draw the attention of patents being discharged to their discharge summary and to go through it with them.

7**. Departure Lounge:** We have two ***suggestions for improvement*** of the Departure Lounge itself. ***We recommend*** that the room temperature is more closely monitored and any feasible steps considered to achieve a more comfortable temperature for patients waiting. In addition, ***we recommend*** that the arrangements for access to toilets for patients in the Departure Lounge should be reviewed.

8. **Overall waiting time**: With a view to minimising waiting times and avoiding mishaps in discharge in the longer term, ***we recommend*** that hospital management institute a regular written process to review the circumstances in every case where a patient has had to wait more than, say two hours in the Departure Lounge with a view to learning any lessons for

discharge planning and practice. We recognise that sometimes waiting may result from factors beyond the hospital's control e.g. relatives may not be able to pick a patient up within this time limit despite being given adequate notice by the discharging ward. But such factors should be recorded and given appropriate consideration.

Revised 6 February 2020

Disclaimer:

Please note that our findings in this report relate to observations and interviews on particular days. It should not be taken as a representative portrayal of the experiences of all service users, carers and staff

Appendix 1 – Observation Schedule

SGH DEPARTURE LOUNGE: OBSERVATION SCHEDULE

We have noticed in previous work that patients often do not have very high expectations for their care. This is especially true for older people. This means that we often learn a lot about care simply by observing what is going on and whether or not people's needs seem to be being met. This observation adds to what people tell us. Observation can be done throughout a whole visit session in the departure lounge. It might involve checking back with staff over some details eg whether they received all relevant details from a ward, or whether they had to ask for missing documentation.

Please note the time you made an observation next to the time you made it
This is a list of questions, you will want to write your notes on a separate sheet.

Date: **Time start and end:** **Observer:**

Observations of patients' arrival from the ward

1. As the patients arrive, note whether patients arrive looking dignified and comfortable
(e.g. are they covered with a blanket or wearing day clothes? do they seem to be warm enough?)

2. What happens to handover from the porter/other staff to the nurse in charge?
(e.g. Is there always conversation with a member of staff? Are they any occasions when a person is just wheeled into the departure lounge with no handover? Is paperwork handed over? Is verbal information discrete so that personal information is not shared with everyone in the lounge?)

3. Are all patients spoken to/greeted by staff and settled in?
(Is there any explanation of what is available in the departure lounge? Are there any routine observations of blood pressure or other observations made on arrival? Do staff note when medication might be required?)

Observations in the departure lounge

4. How many staff on duty? What are they doing?
(Are they mainly talking to patients or mainly talking to other staff? Are they occupied with observations?)

5. How do staff speak to patients?
(Observe if they put themselves at the patient's level or stand over them; do they speak at an appropriate volume? If the patient would like a private conversation, is this possible?)

6. Are staff looking proactively to see whether patients need help or have other needs?
(Is this done discretely? Especially for patients requiring help to go to the toilet - is privacy and dignity maintained? If patients appear to be in pain can they get painkillers?)

7. If patients indicate that they need a member of staff, do staff come promptly?
(How are patients able to call staff?)

8. Do staff attempt to resolve issues which were not sorted before the patient left the ward?
(e.g. medication not available; discharge summary not present)

9. How full or busy does the lounge get and does this affects people's comfort or staff performance.
(observe this at several time points during the visit, note the time and the number of people)

10. Any other observations of note

Appendix 2 – Questions for patients

SGH DEPARTURE LOUNGE: QUESTIONS FOR PATIENTS

Date: **Time:** **Interviewer:** **Form No:**

1. About the Patient: Chair/Bed Answering for self/carer answering

M/F Age band: First name of patient

Ethnicity: WB /other W/BAfrCarib/S As /other As /Mid E /other

Discharging ward: **Length of stay (wks):** < / 1 / 2 / 3 / 4 / >

Waiting for: Hospital transport/ Other transport *(specify)* / Medication/ Disch summary/ Other *(specify)*

Going to: Home - independent alone/ - alone with Home care/-living with others/Care home/ Other *(specify)*

Time entered Lounge: **Time left Lounge:**

2. Preparation for Discharge:

a. **Do you feel adequately prepared for discharge from hospital**: Yes/No

b. **Were you and/or your carer/family sufficiently involved in planning for your discharge:** Yes/No

c. **Were you given a leaflet about discharge and was this helpful:**
Yes, helpful/Not helpful *(specify)*/No leaflet given

d. **When did you know you were leaving today**: This morning/This afternoon /Yesterday /Earlier

e. **Was your discharge from the ward delayed because of**:

- ☐ Adaptations at home
- ☐ Placement
- ☐ Not delayed
- ☐ Care arrangements at home
- ☐ Other *(specify)*

f. **Before you left the ward were you given:**

- ☐ Your belongings
- ☐ Medication to take away
- ☐ Discharge summary
- ☐ A follow-up appointment
- ☐ Advice on how to manage your condition at home
- ☐ Information about who to contact if you have difficulties

Have you been given any of the above in the Lounge? (*note which*)

g. **Has anyone been through the discharge summary with you**: Yes/No

h. **Has your medication been explained to you**: By a Nurse/By a Pharmacist/Not explained/Not yet received

i. **Have any new arrangements been made for you**: Adaptations at home/ Care arrangements /Other *(specify)*

j. **Were you given any choice whether to wait on the ward or to come to the Lounge**: Yes/No

k. **Were you given enough information about the Lounge**: Yes/No

l. **How long were you told you might have to wait in the Lounge**:

3. Experience:

a. **Any problems coming to the Lounge**: No/Yes *(specify)*

b. **Are you comfortable:** Yes/No *(specify)*

c. **Have you got enough to occupy yourself while you wait:** Yes/No *(specify any wishes)*

d. **Have you been offered food or drink:** Yes/No

e. **If the person reports a long waiting time - Have you been kept up to date:** Yes/No

f. **Are the Lounge staff welcoming and friendly**: Yes/No *(specify)*

g. **If you needed any assistance, were they helpful**: Yes/No *(Specify what and how)*

h. **Has your privacy and dignity been respected**: Yes/No *(specify)*

i. **Any remaining worries or problems about discharge**: No/Yes *(specify)*

j. **Any suggestions for improvement in the discharge process**:

k. **Any other comments about your care at St George's**