July 2023

healthwatch Brighton and Hove

Supporting the improvement of patient's stay at our local Hospitals

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Reducing the Length of Patient's Hospital Stay Engagement Workshop

Introduction

Healthwatch Brighton and Hove (Healthwatch) work closely with University Sussex Hospitals Trust (UHSx). We are in regular contact with their Director of Patient Experience, Engagement and Involvement, and on Monday, the 26th of June, 2023, we were invited to a workshop to discuss the hospital discharge process at the Southlands Hospital in Shoreham. The focus of the workshop was "***On reducing the length of stay patients have in hospital and improving their discharge experience.***" We invited a range of stakeholders to attend the event, including, Tilla Butler from Sussex Interpreting Services and Joss Bromley from the Carers Centre.

> ***"With the help of Healthwatch and their local network, the workshop enabled participation from a range of perspectives including patients and their carers who may face barriers to engagement. The outputs from the day offer a unique contribution to improving patient experience, safety and length of stay in hospital and we are grateful to Healthwatch in their support and challenge to the Trust's approaches, ensuring that the patient voice is at the heart of decision making."***
>
> - Nicole Chavaudra- Director of Patient Experience, Engagement and Involvement

Background

Most of the research Healthwatch have undertaken in this area has focused on discharging patients smoothly from hospital, because this has been an ongoing issue. The work Healthwatch has previously conducted includes:

- Our nationally recognised Healthwatch Brighton & Hove Hospital Discharge Wellbeing Project (HOPs), which during the pandemic helped 2,404 people who had recently been discharged from hospital between 2020 and 2022. We found that **553** (23%) of people we contacted had some issue or concern related to their hospital discharge and **542** (23%) were referred for some additional community support.
- The hospital discharge process changed during the coronavirus pandemic and in June 2021 we wrote an article on What can you expect when you're discharged from hospital?.
- In 2019, Healthwatch published a report "Let's Get You Home" which looked at the experiences of old and frail people being discharged from the Royal Sussex County Hospital (RSCH). We interviewed 80 people in hospital and followed up on 49 people two months later at home. 41% of those who took part were over 80 years old. We found that old and frail people were routinely leaving the RSCH without proper discharge plans or advice. Community support often failed to meet expectations and did not always help people cope independently at home.

Before Covid, the NHS was running the ' Let's Get You Home' campaign, and as previously mentioned, the discharge process changed during the pandemic. Now that the coronavirus restrictions are no longer in place, this process needs to be built back up.

At the event, we were told that currently, there is not an overarching process for smoothly discharging patients from the hospital, and as a result, it is often done in a disjointed way, which is difficult for patients and hospital staff. If there are delays in discharging patients, it could mean they unnecessarily stay too long at hospital. Consequently, the NHS are working on plans to improve the overall hospital discharge process for patients.

The NHS is currently working on a two-year program to improve the discharge process. The Sussex Integrated Care Strategy, "*Improving Lives Together*", sets out the agreed long-term improvement priorities the health and care system will be focusing on that will bring the greatest benefits to local people and our workforce. One of the immediate improvement priorities is "*Accelerating patient flow through, and discharge from, hospitals*." The plan includes the following commitment:

The actions we are taking this year (2023-24) to accelerate patient flow through, and discharge from, hospitals are:

What we will do	What we will achieve	When
We will undertake a comprehensive review of discharge pathways to identify, and put in place, improvement plans for the changes which need to be made to reduce delays to patients being discharged from inpatient and community services.	Health and care partners will have a more proactive approach to discharge planning, minimising delays at each part of the pathway (across pathways 0 to 3) and utilising virtual wards for early supported discharge, with a more seamless interface between health and care.	June 2023
We will evaluate and select a small number of digital innovations which will best support improvements in the discharge pathways, alongside the development of a shared data architecture to provide visibility of patient flow and capacity.	We will support more efficient use of our workforce, improved patient experience and seamless working between health and care colleagues.	September 2023 to select innovations; and March 2024 to roll it out.
We will develop an economic model for discharge in Sussex which enables us to make best use of available funding and supports the care market to expand in a sustainable way.	We will have a clear and affordable plan for the future to ensure we understand where best to invest available funds to grow discharge capacity which will meet the needs of our population.	December 2023
We will develop and mobilise a multi-agency workforce plan based on agreed discharge demand and capacity requirements.	We will develop our model for the health and care workforce to enable us to build the right capacity in home care or post-hospital bedded care to meet the needs of our population.	March 2024

This means that the focus for the first year, this year, is on what planning processes need to happen when a person is admitted to hospital.

What we learnt about reducing the length of stay patients have in hospital and improving their discharge experience

It is not healthy for people to stay in hospital past the point where their care needs have been met. In the workshop, we learnt that If people stay

too long in hospitals, there is an increased risk of them falling, their mental and physical health can begin to decondition, there is an increased risk of sleep deprivation and catching infections. So, it is vital to get patients back to their homes when they are ready to leave hospital, so they have the best opportunity to recover.

If patients stay longer than they need to in hospital, it not only potentially impacts their health it also affects the flow between the emergency departments and wards within the hospital. This can result in departments becoming overcrowded, which can cause delays and negatively impact patient care, consequently reducing patient and staff satisfaction.

One of the most striking things the workshop highlighted was that there is often a search to fix an isolated problem, such as focusing solely on the discharge process. However, research conducted by the NHS shows that problems with patient discharge are an interaction between the whole patient journey in the hospital. So, to improve a patient's stay in hospital and ensure that they do not stay longer than they need to, their journey from the moment they are admitted to when they leave hospital needs to be examined.

An estimated 80% of admissions to hospital are unplanned, and these account for most of the patient stays across all the hospital sites in Sussex. To help patients feel more in control of their situation when they are likely to feel vulnerable, it makes sense to start planning the patient's whole stay as soon as they are admitted.

In the workshop, we discussed what planning needs to be done when a person is admitted to hospital. This included, arranging therapies and medication, discussing when the patient might leave hospital, what support they have and arranging how they will get home. We discussed

the need for forward planning and open communication between the patient and hospital staff, so that the whole process is joined up. If the patient and everyone involved with them knows what is happening, this will facilitate an overall better patient experience.

It is important that plans around the patient's stay and care needs are made as soon as possible so everyone involved knows what is going on. This will help patients feel more reassured, and hospital staff will have clearer information about the patients.

"One point that I personally hope is taken away from the workshop is that discharge planning documents that are completed collaboratively between patients, carers and staff will allow for greater understanding of the process, needs and resources of the participants. Currently, it appears that staff complete their discharge plans, patients are sometimes given a checklist to plan their discharge with but there doesn't appear to be any document that combines the two. A document completed in co-production will allow for the discharge process to become something that takes place with the patient and their carers rather than something that happens to the patient."

- Joss Bromley - Senior Carer Link-Worker - The Carers Centre

The group suggested how the patient's hospital stay and discharge could be improved.

- The information given to the patient needs to be clearer; there have been too many forms with varying levels of information. In the workshop, we were able to discuss what the patient needs to know so they feel informed but are not inundated with information.

- When a person is admitted to hospital they need to be provided with key information, such as the ward they are on, visiting hours and the ward phone number. This information should be in a readable size font and be on a postcard or document no larger than one side of A4
- There needs to be more information about the patient, possibly having a board above the patient's bed, giving any key information and the date they are expected to go home.
- There needs to be clear information about the ward, such as who is in charge and guidance on staff uniform.
- To get the discharge process right for the patient and ensure their physical and mental wellbeing is cared for, there needs to be open communication between the patients, their family, friends or carers and the clinical staff, so that everyone is clear about what the expectations are.

"There was lots of info given and it was very informative about the topic. There were lots of leaflets and documents which we were asked to give comments or feedback on. I think that when someone is ill, anything longer than one page is probably too long to read. There was quite a lot of jargon such as 'criteria to reside', which participants felt wasn't appropriate for patient info leaflets. The conclusions seemed to be that what was presented would be information overload for patients / their families. The leaflets were not useful as they were too in depth and had too much specialist language."

- Tilla Butler - Interpreter – Sussex Interpreting Services

"We at Age UK West Sussex, Brighton & Hove are deeply committed to reducing the length of hospital stays and improving the discharge experience for older customers. We are acutely aware that all partners must work closely together to improve the health outcomes for all patients and we will do all we can to support and transform the system and services that are available for those that need it most."

- Helen Rice - CEO – West Sussex

Summary of how the patient experience will be improved from admission through to being discharged from hospital

- **On a person's admission to hospital, they and their family or friend will be provided with key information, such as, the ward the patient is on, ward phone number and visiting hours.**
- **When the patient is in the ward, they will be provided with a preparing for discharge leaflet.**
- **Have a planning for discharge discussion with clinical staff and family (or friend) and complete a planning for discharge checklist.**
- **Complete key information about themselves for a 'this is me' whiteboard to go above their bed.**

These steps could help improve communication between everyone involved in the patient's care and provide the patient with some reassurance during a difficult time for them.

If you have any questions, stories good or bad please let us know by contacting Clary at clary@healthwatchbrightonandhove.co.uk.