

Inpatient Experience Survey

Coordination of care between hospital and other services, including discharge

Healthcare for the patient is often a journey of which the hospital experience is only a small part. The Inpatient Experience Survey has enabled us to find out not only what is happening in hospital, but what is happening prior to admission and after our patients leave.

This month's report focuses on the coordination of care between home, hospital, GPs and other services, before and following discharge.

Effective admission and discharge planning, and the coordination of care following hospitalisation is important clinically. It allows us to extend our care beyond our hospital walls. It also provides patients and their families with the skills and information they need to manage their care.

The poor coordination of care, and poor discharge planning in particular, appears to leave patients worried, unsure how to manage their condition, and unsure about the next steps in their care plan. This has been associated with unplanned readmission rates. Yet this is the aspect of care, other than food, that the greatest percentage of our patients feels we (together with our healthcare partners) are performing poorly on (18%).

It is also important to note, however, that most of our patients are getting great, well-coordinated care. Two-thirds of patients rate the coordination of care prior to admission as very good or excellent. Over half (60%) rate the coordination of care following discharge positively. We can learn from and build on their experiences.

The comments in this report provide clear guidance on what works well for patients, namely:

- Test results and information to be shared between services.
- A timely discharge.
- Discharge plans to be clear, written down and explained.
- Discharge plans to contain information on what to do, what to expect, details on medication, how patients can manage their care at home, warning signs to look out for and who to contact if concerned.
- Some patients also wanted to know who to contact if services, appointments and follow-up care did not eventuate as planned.

For many of our patients, it appears the transition between hospital and home is a worrying time. Their comments suggest they are concerned about how they will manage their care and how they might cope once they leave our care. They are also worried about things going wrong. Good information at discharge is not only useful to the management of their care, patients appear to find it reassuring.

This is an area of our care where small changes could potentially make a big difference to our patients.

David Hughes
Deputy Chief Medical Officer

WHAT MATTERS TO OUR PATIENTS?

Our inpatients are asked to choose the three things that matter most to their care and treatment.

1. Communication

Communication is the aspect of our care most patients (54%) say makes a difference to the quality of their care and treatment.

"A very informative discussion with the team of doctors upon my discharge the following day." (Rated excellent)

How are we doing on communication?



2. Dignity & Respect

Being treated with compassion, dignity and respect makes a difference to the quality of care and treatment for nearly half (44%) our patients.

"In the discharge lounge staff talk about your personal circumstances in front of other patients- embarrassing." (Rated moderate)

How are we doing with dignity and respect?



3. Confidence in Care and Treatment

More than one in three of our patients (38%) rate having confidence in their care and treatment as one of the things that makes the most difference.

"Good discussion about possible problems of home care and facilities when planning my return home." (Rated excellent)

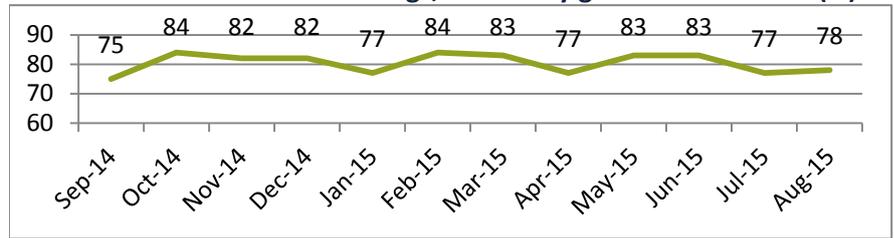
How are we doing with confidence?



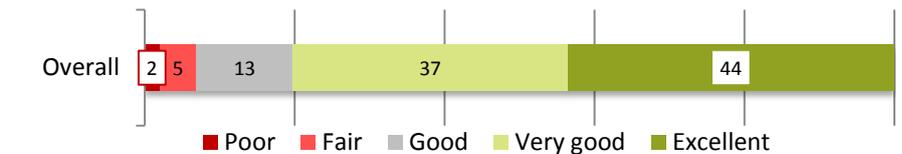
Overall care and treatment

Over 2000 patients to date have completed the survey in the 12 months to August 31st 2015. Most patients rate the care and treatment at Counties Manukau Health positively, with an average of 80 per cent rating it very good or excellent. Seven per cent of patients, however, rate their care as poor or fair.

Overall care and treatment ratings, rated very good and excellent (%)



Overall care and treatment ratings to August 31st, 2015 (%)



Overall n= 2290

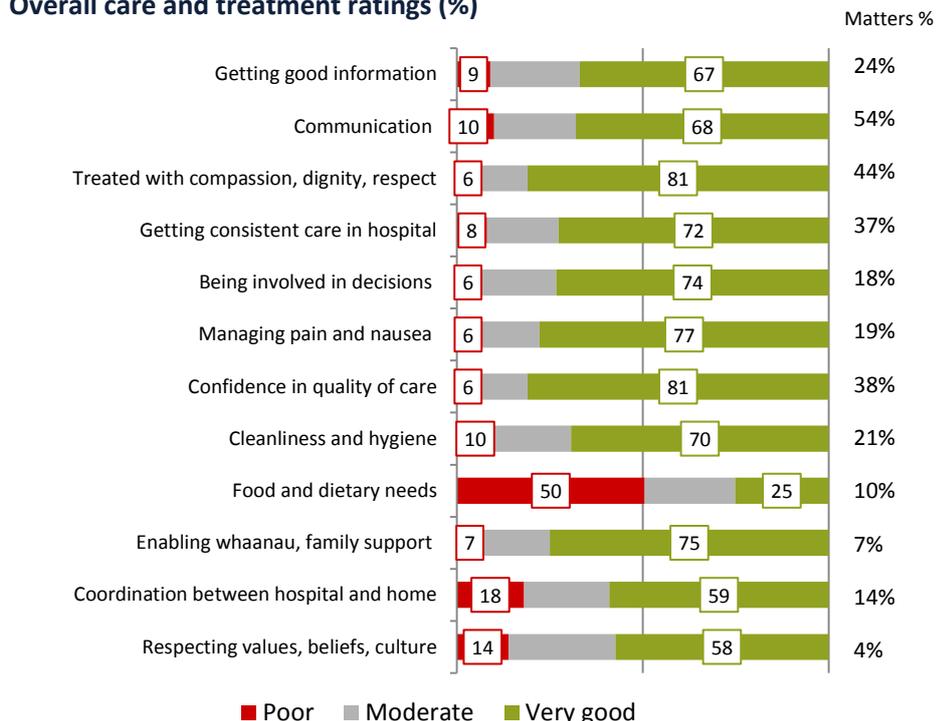
What matters to patients

The graph below ranks the dimensions of care *in order of what matters most to patients* and shows how we are doing on each of those dimensions. The percentages of patients who say that each dimension makes a difference are listed next to each.

Fourteen per cent of patients felt that the coordination of care between the hospital, home, and other services such as GPs and follow-up services was one of the dimensions of care that mattered most to them.

This was one of the dimensions of care, other than food however, that patients were most likely to rate us poorly on. Focusing on the coordination of care and treatment between hospital, home and other services is an area in which we can improve patient experience.

Overall care and treatment ratings (%)



Rated overall care excellent

"Thank you so much for the discharge plan...I'm so grateful for the home care nurses that came to visit - that was a blessing to my family."

"They helped me with making sure I had the aids before I got home. They arranged more respite care days, which has been a tremendous help to the family."

Rated overall care very good

"The staff who discharged me had a lot of information about my surgery and made it very clear if I had any problems I was more than welcome to ask."

"Discharge from a house surgeon could be improved and should be. Everyone waits around all day for one letter. It holds up patients and those tasked with uplifting them."

Rated overall care good

"Discharge procedure was messy. Time of discharge was mentioned but not adhered to. Took another 1+1/2 hrs more and it was only after threatening to walk out that action took place, but even then not all information was there. Bad coordination between all parties involved!"

"We had next to no information of what to do AFTER mum left the hospital in regards to whether she felt ill or got sick etc. No contact numbers recommended and pretty much left to our own devices."

Rated overall care fair

"I am extremely concerned about the lack of information provided prior to the surgery and being discharged without adequate information after surgery. I knew a fair bit about the procedure, I should never have been discharged without being told of the warning signs to look out for."

Rated overall care poor

"I had no advice on how to keep surgery wounds clean or dry, and no equipment to keep them clean. I had to go to my doctor and I had to pay money I didn't have for them to just give me alcohol wipes and tell me I just have to get the wounds wet in the shower, and dry them with a towel afterwards. Which has led to me to come back to Middlemore as I couldn't afford my GP because of getting an infection and to be put on antibiotics. Not happy just being pushed out the door with no advice on cleaning wounds to keep infections away."

Coordination of care

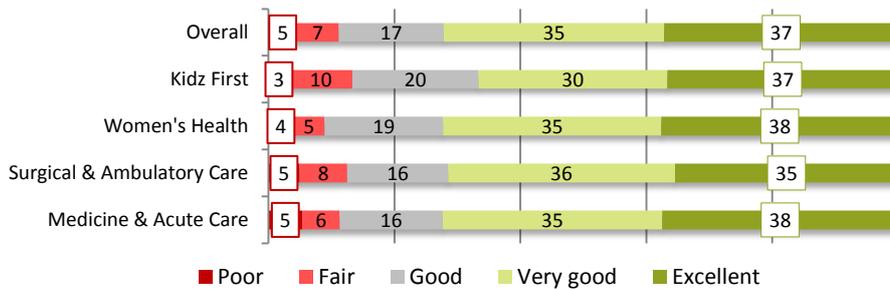
For patients, hospital care is often just part of their healthcare journey.

Before admission

Patients were asked how they would rate the coordination of their care between the hospital, home and other services before they came to hospital.

Almost three-quarters (72%) rated it as very good or excellent. One in ten patients, however, rated it as poor or fair.

Coordination of care before admission (%)



Medicine & Acute Care n=336; Surgical & Ambulatory Care n=894; Women's Health n=419; Kidz First n=60. The differences between service groups are small but significant (p<.05). Note that the data from some divisions are too small to be included here (<50). (Those who said it was not applicable have been removed and the data recalculated.)

Discharge

Under half (47%) of our patients say they were well prepared for leaving hospital with one in six (15%) saying that they were not well prepared.

How well they were prepared for leaving hospital (%)



Medicine & Acute Care n=475; Surgical & Ambulatory Care n=1156; Women's Health n=501; Kidz First n=73.

Over half of our patients (60%) rated the coordination of care between the hospital, home and other health services after they were discharged from hospital as very good or excellent. One in five (20%), however, rated it as poor or fair.

Coordination of care after discharge (%)

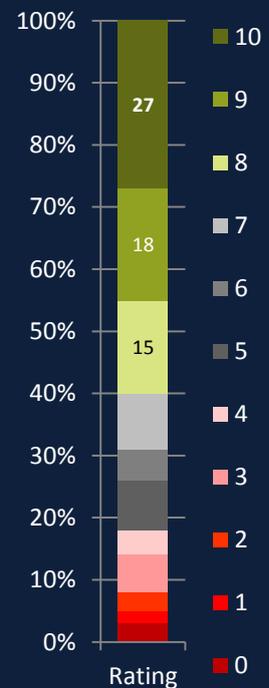


Medicine & Acute Care n=358; Surgical & Ambulatory Care n=942; Women's Health n=426; Kidz First n=73; Overall n=1826 (Those patients who said it is not applicable have been removed and the data recalculated.)

Coordination of care

Those who selected the coordination of care between the hospital, home and other services as one of the three things that made a difference to their care were asked to rate how well CM Health performed on this dimension. Overall, on an 11-point scale, where 0 is poor and 10 is excellent, most patients rated CM Health well, with 59 per cent rating the coordination as excellent (8-10), 22 per cent rating it as moderate (5-7) and 18 per cent as poor (0-4).

Rating (%)



n=357

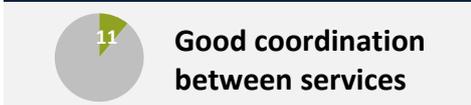
Patient comments

"The lab people come for blood tests, the pharmacy sends out the infusions, the midwives come to change dressings and I have had wound assessment appointments. My appointment with infectious diseases changed all of this, I was informed and they keep me informed for which I am very grateful. The coordination is incredible." (Rated 10 – excellent)

"Dressings needed attention. I have been to the doctors and they didn't dress me. I called the district health nurse and the supa clinic couldn't fit me in. I called so many health departments it's not funny. ... To be made to feel like no one cares is disgusting." (Rated 2 – poor)

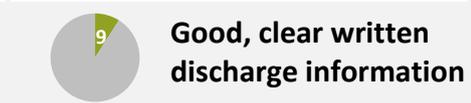
A closer look at coordination of care

A total of 228 patients commented on the coordination of care between hospital, home and other services. Note that some patients make more than one comment; therefore percentages may exceed 100%.



There was an easy transition in and out of hospital. The GP and services outside of hospital were seamless and well-coordinated, information was shared and everyone was on the same page.

"All outpatient and home visits were coordinated well by hospital and doctors."



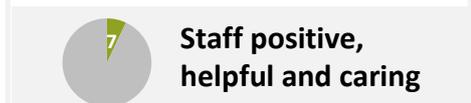
On discharge patients appreciated good, clear written information about who to contact, information on medication, wound care, and details on post discharge care.

"Before discharge I was given all the information about whom to contact if the pain doesn't get any better."



Patients appreciated it when there was good follow-up, for example patients received phone calls, the plans put in place eventuated as promised.

"When things were planned or set, they happened when they were to happen."



Patients appreciated it when staff were generally helpful, friendly, efficient and made things easy. Staff showed concern about their patients' ongoing wellbeing both inside and outside the hospital.

"Having a caring team of midwives made such a difference."



There was insufficient coordination between services, on admission and post discharge. It was characterised by poor communication between services, for example important information was not shared between the hospital and other services.



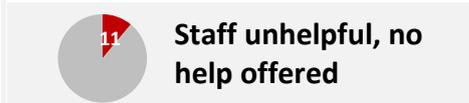
Patients were not given clear information on discharge about who to contact, no written information was provided, and patients were left unclear what to do.

"Doctor says keep taking meds until finished but didn't give scripts or discharge papers, they said they would post them so I went 5 days without antibiotics."



Planned referrals and follow-up appointments, documentation or services were not received or were delayed. For example there were delays with homecare services.

"She said home help will call in the next couple of days - I heard nothing!"



Patients felt that staff were unhelpful, concerns were ignored and no help was offered at discharge. Some were left in pain or distress and felt abandoned and upset about the lack of concern shown to them.

"Had to walk out of the hospital in pain as no one offered a wheelchair or to assist me to the car."

ACTIONS

HOW TO IMPROVE THE COORDINATION OF CARE AND DISCHARGE

Patients want the healthcare journey between home, hospital and other services to be seamless, whether prior to admission or after discharge.

In particular patients are asking for:

- Information between services to be shared – including test results and any health or care plans.
- A timely discharge with shorter waits for information in the discharge lounge.
- Discharge information to be clear, written down and explained. They would like to see information on what to do, what to expect, how to manage pain, how to treat wounds, information on medication, side effects, the expected progress and time frames for recovery, what to look out for, any warning signs, and who to contact.
- Any support required to be both planned for and implemented.
- Staff to address patients' concerns, worries and questions prior to discharge. Many patients were worried or in pain and would like staff to assist or reassure them about how they could manage their care and treatment once they leave hospital.

SUPPORTING THE SURVEY

Please remember that the survey relies on staff collecting email addresses from patients. Please do not assume that patients do not have email addresses – check first, as many do. Also, please check that the email address provided is correct.

CONTACT

For more information on the Patient Experience Survey, please contact Feedback Coordinator, Lyndee Allan at Lyndee.Allan@middlemore.co.nz