



Lancashire Local Involvement Network (LINK)

TELL US ABOUT YOUR EXPERIENCES OF BEING DISCHARGED FROM HOSPITAL

A survey about hospital discharge in Lancashire

Return to us by FREEPOST:

**FREEPOST RSCB-RHTB-UXKS
Lancashire LINK Support Team
Leyland
PR25 3GR**

**Alternatively this questionnaire is available on our website:
www.lancashirelink.org.uk**

For more information contact us on 01772 431195



EXPERIENCES OF HOSPITAL DISCHARGE

What is the purpose of this questionnaire?

We are gathering people's experiences of being discharged from hospital to find out what's working well and what's maybe not working so well and could be improved. We will be publishing a final report which will be sent to the hospital trusts in each locality so your views can help to influence and inform future service development in your local area.

Does it apply to me?

YES if you have had a stay in hospital and been discharged in the last 12 months OR you are / were a carer for some one who stayed in hospital and was discharged in the last 12 months.

How long will it take me?

It should take you no longer than 10-15 minutes to fill in the questionnaire. We very much appreciate your time and value your contribution.

How will the information I give be used?

All the responses we receive will be collated and written up in a report with recommendations. This report will be available on our website for you to read in due course and key findings will also be reported on in our monthly newsletter.

What about confidentiality?

We can assure you that all information you give us will be confidential and anonymised.

Who is collecting the information?

Lancashire Local involvement Network (LINK) is a health watchdog working to improve health and social care services in Lancashire. We are independent of the NHS and social care services but work closely with them.

Further information

If you need any further information, would like any help completing this questionnaire or would like to talk to one of our engagement officers about your experience please call us on 01772 431195 or if you wish you can give us your contact details below and someone will get back to you.

Name:.....

Telephone:..... E-mail:.....

We are happy to provide this questionnaire in large print or another format - please let us know your requirements

Thank you for your time and contribution. Please return the completed questionnaire by 31st March 2011 to the freepost address below:

**Freepost RSCB-RHTB-UXKS
Lancashire LINK Support Team
Leyland
PR25 3GR**

Alternatively this questionnaire is available to complete on our website:

www.lancashirelink.org.uk

Please tell us who has filled in this form - are you:

The person discharged Relative / Friend / Unpaid carer

Paid care worker Other (please state)

Are you filling in this form from:

a) your experience as the patient?

b) your experience as the carer / friend / relative?

The following questions relate to the person who has been discharged from hospital. Please complete it about your most recent stay in hospital.

Section A: About the person who has been discharged from hospital

1. In order to know which part of the county your information relates to please let us know your postcode

2. Male Female

3. Age

18-20 21-30 31-40 41-50 51-60
61-70 71-80 81-90 91 and over

4. Please indicate which of the following best describes your ethnic group

White British <input type="checkbox"/>	Asian or Asian background - Pakistani <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
White Irish <input type="checkbox"/>	Asian or Asian background - Bangladeshi <input type="checkbox"/>	Gypsy Roma Traveller <input type="checkbox"/>
Any other White Background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Traveller of Irish descent <input type="checkbox"/>
Black or Black British - Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Any other <input type="checkbox"/>
Black or Black British - African <input type="checkbox"/>	Mixed - White and Black Caribbean <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Any other Black background <input type="checkbox"/>	Mixed - White and Black African <input type="checkbox"/>	
Asian or Asian background - Indian <input type="checkbox"/>	Mixed - White and Asian <input type="checkbox"/>	

Section B: About the stay in hospital

5. Which hospital were you in as an NHS patient?

6. When were you discharged from hospital?

Month Year 2010 2011

7. Was your admission to hospital planned?

Yes No

If **NO** were you admitted via:

GP A&E other (please state)

8. How long were you in hospital

Section C: About being discharged from hospital

9. Where were you discharged from?

A&E Hospital Ward Specialist Unit Don't know

Other (please state)

10. Did anyone talk to you about making arrangements for going home?

Yes No Not sure

a) if **YES**, when was the first time during your stay someone talked to you about the arrangements for going home?

At time of admission The next day After a few days

A few days before discharge On the day of discharge

Other (please state)

b) If **YES**, do you know who spoke to you to arrange the details about going home? (Please tick all that apply).

Ward manager Staff nurse Health Care Assistant

Doctor Case manager Social worker

Discharge Coordinator Don't know

Other (please state)

11. Was your discharge delayed for any reason?

Yes No Not sure

Can you tell us why it was delayed?

12. If you needed some support at home when first discharged this may be provided by a local organisation in your community (e.g. Age Concern). Were you made aware of these services whilst in hospital?

Yes No Don't know

If **YES**, did you receive any of these services as described above?

Yes No

13. If you needed medicines to take home, were they ready for you at the time you were discharged?

Yes No Don't know

14. Did you understand the instructions / information you were given about your medicines to take home?

Yes No

15. Did you receive information about your expected recovery at home after discharge?

Yes No Don't know

Did you feel this information was:

Too much Too little Just enough Not sure

What information / advice would have been helpful to you or your carer at that time?

16. Did you receive this information in a way you could understand?

Yes No

17. Did anyone give you any information about patient support groups or organisations relating to your condition before you were discharged?

Yes No

18. Did you spend time in a discharge lounge when you were discharged from hospital?

Yes No

If **YES**, how would you rate your experience in the discharge lounge?

Very poor Poor Satisfactory Good Very good

19. Did you need any special equipment to be arranged at home for your discharge?

Yes No

If **YES**, was the equipment available when you needed it?

Yes No

20. Did you need a district nurse to visit you at home after discharge?

Yes No Don't know

If **YES**, do you know if the nurse had all of the information needed to treat you in your home?

Yes No Don't know

If you needed any dressings / equipment etc. were they available for the district nurse to use when they visited you for the first time?

Yes No Don't know

21. When you were discharged did you receive a copy of the discharge letter to your GP?

Yes No Don't know

22. As far as you know, did your GP receive a summary of your discharge from hospital in a timely manner?

Yes No Don't know

If **NO**, did you experience any problems as a result of this?

23. If you live in sheltered accommodation, do you know if the warden / caretaker was informed of the date and time of your discharge from hospital?

Yes No Don't know Not applicable

24. Did you need an ambulance or hospital transport to take you home?

Yes No

If **YES**, were you satisfied with this service?

Yes No

If **NO**, please tell us why you were not satisfied.

Section D: Please complete this if the person being discharged has a carer. If no carer is involved please go straight to Section E

25. If you have a carer, were they included in the planning of your discharge from hospital?

Yes No Don't know

Were they kept informed and involved in the arrangements for your discharge?

Yes No Don't know

26. At what stage in your hospital stay were your carers involved in the arrangement for you to go home?

On admission Early in your hospital stay
Later in hospital stay Day before discharge
On day of discharge Don't know
Never involved

27. If you had paid carers at home before your stay in hospital, was the service back in place when you needed it after you had been discharged?

Yes No Don't know
Not applicable

28. If you had not previously had paid carers at home, but needed them after your stay in hospital, was the service in place on your return home?

Yes No Don't know
Not applicable

29. If you are an unpaid carer who regularly cares for the person discharged are you aware that you could request a carer's assessment from social services?

Yes No Don't know

Section E: About your overall experience

30. Do you know how you can make a comment or a complaint to the hospital or services if you wished to do so?

Yes

No

Don't know

31. Which best describes your experience of your discharge from hospital?

Very good Good
Satisfactory Poor Very poor

32. What was good about your discharge from hospital?

33. If you could improve three things about your experience of being discharged from hospital, what would they be?

1.

2.

3.

Please use the space below to add any further information about your experience of hospital discharge you wish to tell us about.

THANK YOU very much for taking the time to complete this questionnaire.
Please return it via the FREEPOST address given on the front before 31st March 2011

