

# Learning from complaints: themes June2019



Care: Quality / suitability of care



Communication: Staff attitude



Access: Booking issue



Assessment: Diagnosis incorrect



You said "I do not feel that all staff were aware of my husband's dementia during his admission"

We did "The electronic system, "health of the ward" that the Trust is rolling out across the wards allows a forget me not flower icon to be added to a patient to raise awareness for the staff. The deputy ward sister will ensure that until the electronic system arrives she will have a stock of laminated forget me not flowers available."

You said "My father had a failed discharge from hospital and he died shortly after what will you do to avoid failed discharges for other patient's"

We did "Reviewed the discharge pathways for Ward 11 and introduced a discharge coordinator role"

## We encourage all staff to attend Customer care training and Conflict resolution

You said "A resident in our care home was discharged and the communication was very poor, what will you do to improve this"

We did "implemented a discharge planning checklist to be used for every patient on Ward 3 "

You said "My car was damaged when a helicopter came in to land because a staff member released the gate they were holding "

We did "Trust helicopter landing policy amended and all portering staff reminded about the importance of ensuring the locking bolts are secured"

# Discharge checklist now in use on Ward 3

## Appendix 2: Discharge Planning Checklist

PATIENT DETAILS (or addressograph) Name: Hospital/ NHS number: Date of birth: Home address: Home postcode:	<div style="border: 1px solid black; background-color: yellow; padding: 2px; display: inline-block;"><b>DISCHARGE CHECKLIST</b></div>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Date of discharge/ transfer</div>
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Prior to or on day of discharge	Sign & date
Discharge address confirmed <span style="float: right;"><input type="checkbox"/> Yes</span>	
Communication with patient and / or family	Sign & date
Details of power of attorney / court of protection documented in notes <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Discharge destination, plans and follow-up discussed with Carer/s <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Access: Keys/ key holder available or key safe number: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Safety: If house is empty, heating etc checked prior to discharge <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Date: Next of kin or representative informed of confirmed discharge date <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Transport: Patient or representative asked to arrange transport <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Communication with community health and social care services	Sign & date
Any complex issues discussed with community nurse/GP surgery <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Signed prescription chart provided for community nurses/hospital if required <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
CHC, S/S or family have confirmed funding and care in place <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
MDT actions	Sign & date
Patient or relative unable to arrange transport, so transport arranged <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Mobility aids and/or equipment with patient or in situ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Follow-up appointments arranged if required <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Medication	Sign & date
Medication / consumables to take away ready and available <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Medication to take away checked <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Warfarin (yellow book) updated and community nurse referral completed if needed <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Medication counselling undertaken <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Day of discharge	Sign & date
Property checked and returned <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Cannula removed <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Documentation	Sign & date
Advice leaflet given if required <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> N/A</span>	
Patient or carers given copy of discharge summary (eIDF) <span style="float: right;"><input type="checkbox"/> Yes</span>	
GP sent copy of discharge summary (eIDF) <span style="float: right;"><input type="checkbox"/> Yes</span>	
Discharging Nurse (name, designation and contact details)	Sign & date
Signed: _____	Contact details: _____
Print name: _____	Date: _____