

HOSPITAL DISCHARGE PATIENT'S QUESTIONNAIRE

Bromley Local Involvement Network (LINK) is an independent organisation set up by the government to help improve health and social care in Bromley. It has statutory powers to help make the improvements that local people want.

We would like to hear from people in the borough about their recent experiences of leaving hospital (*within the last 6 months*), and we would be very grateful if you could take the time to fill out our short survey about your care and send it back to us (details of how you can do this are at the bottom of the survey).

We will use your responses to understand what patients think about the discharge process in Bromley and to find out what is and isn't working well. We will then create a report based on the findings and will work alongside local NHS bodies to share good practice and resolve issues.

All named replies that we receive will also go into a draw to win £50 of Marks and Spencers gift vouchers. Please reply by Friday 18th March 2011 – the draw will take place on Monday 21st March 2011. Replies received after this date will still feed into our report!

Participation in the survey is voluntary, your answers are COMPLETELY CONFIDENTIAL, and will NOT be linked to your medical records.

If you need any help filling out the survey, please contact Bromley LINK on 020 8315 1982 or admin@bromleylink.org and we will be happy to assist! Many thanks in advance for your time and help with this – your views can help make services better for everyone in Bromley.

ABOUT YOU

1. Is English your first language? YES NO
2. Do you consider yourself to have a disability? YES NO
3. Do you live? Alone with Family with Friend
 with Partner with Carer
4. Do you live in a: House Flat Other (please list)
5. Do you have a downstairs toilet? YES NO
6. Do You Have a Lift? YES NO

HOSPITAL DETAILS

7. Date of Admission
(if known)

Hospital/Hospice
Name:

Ward name:

8. Admitted for Day Case Surgery Medical
9. Admitted via Urgent Care Centre A & E Planned Admission
10. Were you on your own when you were admitted? YES NO
11. Were you admitted with a new Medical Problem? YES NO

YOUR CARE

12. How long had you been in hospital before staff talked to you about arrangements for going home?

13. Were you able to talk about your feelings and your future with staff? YES NO

14. Did you have support from family or friends at the time of your admission? YES NO

15. Were family and friends present at any time during your hospital stay? YES NO

16. Were any other health needs you have taken into account by staff? YES NO

17. If 'yes' above what are your health needs: Long term condition
 Sensory impairment
 Mental health issue
 Learning Disability

18. Please give any further details of your health needs below:

DAY OF LEAVING HOSPITAL

19. Did you feel well enough to go home? YES NO

20. Is this your first discharge because of this medical condition? YES NO

21. What date were you discharged?

22. What time did you leave the ward?

23. If you used the discharge lounge, how long did you have to wait in it?

24. What time did your transport arrive?

25. When did you arrive home?

26. What form of Transport did you use to get home?

Own Car	Taxi	Hospital Car	Ambulance	Public Transport	Other (please list)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	...

27. Did you have anyone with you? YES NO

28. Who?

29. Did you have anyone at home waiting for you? YES NO

THE DISCHARGE PROCESS

30. Were you given medication to take after you left hospital? YES NO

31. Were you told you would have a visit from?

	Doctor	District Nurse	Carer
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. If yes, how long after arriving home?

1 day	2 days	3 days	Or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Were you given instruction/ information on your condition and what to expect? YES NO

34. Were you given instruction/ information about how to use your medication? YES NO

35. Were you given instruction/ information on how to look after yourself? YES NO

36. Were given instruction/ information on who to call for advice? YES NO

37. If you needed it, did you have a plan for your ongoing care prepared for you before discharge? YES NO

38. Were you involved with the plans? YES NO

39. Were your family / friends/ carer involved? YES NO

40. Did you feel that staff treated you with dignity and respect? YES NO

41. How do you feel about the care and support you received:

	Very Good	Good	Fair	Poor	Very Poor
• At hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• After discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What was good about your care? What would you have changed?

43. Please use the space below to tell us anything else (good or bad) about your recent discharge from hospital and your home care after it. Is there anything else that you think we should know?

EQUALITY AND DIVERSITY MONITORING (optional)

To help us make sure that all sections of our community receive good care, we'd be grateful if you could provide some information about yourself:

ETHNIC ORIGIN: How would you define your ethnic origin?

WHITE

- | | | | |
|---------------|--------------------------|----------------------------|--------------------------|
| White British | <input type="checkbox"/> | Any other White Background | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | | |

MIXED

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| White & Black African | <input type="checkbox"/> | White & Indian Asian | <input type="checkbox"/> |
| White & Black Caribbean | <input type="checkbox"/> | White & Pakistani Asian | <input type="checkbox"/> |

Black or Black British

- | | | | |
|------------------|--------------------------|----------------------------|--------------------------|
| Black British | <input type="checkbox"/> | African Other | <input type="checkbox"/> |
| African Somali | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| African Nigerian | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |

Asian or Asian British

- | | | | |
|---------------|--------------------------|----------------------------|--------------------------|
| Asian British | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Any other Asian Background | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | | |

Other

- | | | | |
|------------|--------------------------|----------------------|--------------------------|
| Chinese | <input type="checkbox"/> | Any other Background | <input type="checkbox"/> |
| Vietnamese | <input type="checkbox"/> | | |

GENDER

Male Female Prefer not to say

AGE

Under 18 35-44 65-74
18-24 45-54 75-84
25-34 55-64 85+

THANK YOU

Thank you for taking the time to complete this questionnaire – your answers will help us make sure that the hospital discharge process works as well as possible in Bromley.

Please send your completed questionnaire back to us using the enclosed freepost envelope or to:

**Freepost RSBL-LCUA-JCYA
Bromley LINK
Community House
South Street
Bromley
Kent
BR1 1RH**

To be eligible to win our prize draw of £50 in Marks and Spencer vouchers, we would also be grateful if you could tell us:

Your name: ..

Your postcode:

Would you be happy to be contacted by someone to give further feedback on your experience? YES NO

Preferred contact method: Email Post Phone

Contact details:

Would you like to know more about Bromley LINK? YES NO

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