HOSPITAL DISCHARGE PATIENT’S QUESTIONNAIRE

Bromley LINk

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 was 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) ...

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 ☐ No ☐ ☐ ☐ ☐

32. If yes, how long after arriving home? 1 day ☐ 2 days ☐ 3 days ☐ Or more ☐ ☐ ☐ ☐

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 ☐ ☐ ☐ ☐ ☐
- After discharge ☐ ☐ ☐ ☐ ☐
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
- White Irish
- Any other White Background

MIXED
- White & Black African
- White & Black Caribbean
- White & Indian Asian
- White & Pakistani Asian

Black or Black British
- Black British
- African Somali
- African Nigerian
- African Other
- Caribbean
- Any other Black Background

Asian or Asian British
- Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

Other
- Chinese
- Vietnamese
- Any other Background
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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