**Care Home Pilot – Discharge Questionnaire**

**Introductory / ice breaker:**

The aim is to try to establish a conversation with the resident. Introduce yourself and ask them their name and how they would like to be referred to.

Explain the purpose of the conversation - Including the independence of Healthwatch and how they remain anonymous in any reports that are produced.

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| **Introductory Questions** | | | | |
| How long did you spend in hospital? | | | | |
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| Was your visit to the hospital planned / expected? | Yes |  | No |  |
| If no, can you explain what happened? | | | | |
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| **Getting to Hospital** | | | | |
| How did you travel to hospital? | | | | |
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| Was a Public Transportation Service used? | Yes |  | No |  |
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| Was an Emergency Ambulance used? | Yes |  | No |  |
| How long did you wait for the service to arrive? | | | | |
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| Were you able to take someone with you? (If requested) | | | | |
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| **Arriving at Hospital** | | | | |
| If planned, was the admission date changed by the hospital? | Yes |  | No |  |
| If yes, how long was the difference between your original and new date? | | | | |
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| Upon arrival, was the admission process explained to you? | Yes |  | No |  |

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| Did you feel informed about what your stay involved? | Yes |  | No |  |

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| Did you feel supported through the admittance process? | Yes |  | No |  |
| If no to any of the above, what could have improved your experience? | | | | |
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| **Treatment at Hospital** |
| How would you describe the experience of your treatment and or care you received in hospital? |
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| In your opinion, did the medical staff have all the necessary information about your condition and needs? |
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Whilst receiving treatment / care

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| Did you feel supported by medical staff? | Yes |  | No |  |

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| Did you feel informed regarding your care / treatment? | Yes |  | No |  |
| If no to either of the above, what could have improved your experience? | | | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | In your opinion, were there enough staff on duty to care for you in hospital? | Yes |  | No |  | |  |  |  |  |  | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Did you know which staff members were responsible for your care? (after each shift change) | Yes |  | No |  | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Did you know who you could raise concerns with if necessary? | Yes |  | No |  | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Did you raise any concerns regarding your care and / or treatment? | Yes |  | No |  | | | | | |
| If yes, what were your concerns? | | | | |
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| How did you keep in touch with loved ones / your home whilst in hospital and how frequent was this? | | | | |
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| **Discharge Process** |
| How long before you were discharged, were you informed you were going to be? |
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| How did you feel in yourself at the point of leaving hospital, did you feel prepared? |
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| What support was given to help you be ready to leave the hospital? |
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| Was your opinion taken into account in the discharge process? | Yes |  | No |  |

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| Did you feel that you could raise any concerns? | Yes |  | No |  |
| How long before discharge were you informed of your discharge location? | | | | |
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| How were you transported to your discharge location? | | | | |
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| Did you know in advance what time you were going to be transported? | Yes |  | No |  |
| How long were you waiting for the transport? | | | | |
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| Did anyone attend / travel with you? | Yes |  | No |  |

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| Were all your belongings and medication (if taking any) transported with you? | Yes |  | No |  |

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| **Overall Experience** |
| How was your hospital experience overall? |
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| How was the overall discharge process?  What do you feel went well? What were you happy with? |
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| Is there anything that didn’t go well in the discharge process or that could have been better? |
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| What do you think is needed to be put in place in order to improve your experience (if anything)? |
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| Overall, how has the COVID-19 situation made you feel over the past few months? |
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All responses are recorded and collated anonymously.

If you require any more information please contact us on the details below contacting us**.**