Discharge communications Project

Communications toolkit

November 2023

Caring Steps

Together

Giving you confidence to move forward

Overview

- Super MADE (Multi Agency Discharge Event) events in 2022 held across the Acute and Community Hospital highlighted significant gaps in understanding and communication around discharge pathways and processes. This impacted on:
    - Patient and family / carer experience, causing distress and often delayed decision-making
    - Staff feeling unsupported in having difficult conversations
    - Community providers feeding back that they regularly spend time resolving issues at the point of admission to their service that could have been prevented.
- This all impacts on safe, timely and appropriate transfers of care.
- Subsequent extensive research with service users, their families and carers, staff across all acute and community hospital settings and VCSE colleagues yielded significant insights into the impact and nature of the issues and concerns and the things they wanted that would help address them.

Aims and objectives

- Aims
  - This project aims to improve these issues by developing a suite of resources and tools to explain to patients, their families and acute and community colleagues, what will happen before, during and after leaving hospital. These will be implemented and rolled out using a structured plan with funded time for training and local champions. A public awareness campaign will offer further support.
- Objectives
  - Help colleagues to facilitate better conversations about leaving hospital and reduce the amount of time clinicians spend following up on discharge conversations.
  - Help individuals and their carers to feel more informed and supported, reducing confusion and delays.
  - Reduce the number of complaints made by people who have left hospital.
  - Improve the quality and experience of the whole discharge process for patients and carers.
  - Reduce lengths of stay.
  - Improve and increase safe discharges, supporting community providers more effectively at the point of care transfer.
- Scope
  - All hospital settings – acute and community
  - BSW-wide.

What's different this time?

This approach aims to:

- Reinforce the importance of conversations taking place between clinical staff and patients/families/ carers
- Equip staff to have these conversations
- Ensure that patients are engaged and involved in the decisions being made about their care and future rehabilitation
- Address/refresh staff knowledge gaps post covid practices
- Position the role of the acute setting as one stage of the recuperation journey
- Acknowledge different pathways and that "home" may not always be the option for all
- Localise the overarching approach to BSW
- Discharge (from acute/community care) doesn't mean "better", it's one stage of the patients' health journey
- Getting the message planted throughout the patient journey including pre-admission via routing appointments
- Patients and staff have been involved in the co-development of these materials.

There's no place like home

NHS
Let's get you home to what matters to you.
Nobody wants to stay in hospital for any longer than is necessary.

NHS
Let's get you home
Helping you to leave hospital safely

NHS
Homerton Healthcare
Continuing your care once you are ready to leave hospital

NHS
When am I going home?
It's ok to ask.
Ask us for more information.

LET'S GET YOU HOME

NHS
Plan for discharge from the start

PASSING THE BATON
A Practical Guide to Effective Discharge Planning

Previous approaches have driven the home is best message without inviting a discussion with the patient and families and ensuring that they understand and are engaged with the process.

Target audiences

- Patients
- Families and carers
- Trusted intermediaries
    - Primary Care
    - Carers
    - VCSE
    - Community Groups
- Healthcare professionals
    - Directly involved with the discharge process
    - Broader awareness (from the front door)

Key messages: public, patients, family and carers

- An acute hospital setting is not the best place for your longer term recuperation

  Supporting messages:
  - Staying in hospital longer than you need to will slow down your recovery.

- You will leave hospital when you are medically well enough to do so.

  Supporting messages:
  - Patients who stay in hospital longer than is necessary may face associated risks, such as infections and the loss of independence and mobility.
  - Hospital stays are to provide specific and usually intense medical interventions.

- You will be involved in the decisions made about your longer-term care.

  Supporting messages:
  - We're empowering patients and their families to be more involved in their recovery plan, to ask questions and work together with staff to leave hospital sooner.
  - We won't plan anything without involving you, your family or carers.
  - If you have any questions or don't understand any details about when you are leaving hospital please ask us.

- There is support available in the community

  Supporting messages:
  - There is help available for you if you need it when you leave hospital.
  - Arrangements for immediate ongoing care needs and any practical help will be in place to support you getting home to make sure you are ready to leave.
  - A range of different types of support is available, as appropriate and the right package of care for you will be put together to help you recover.

Key messages: health and care professionals

- Patients should leave acute hospital settings when they are medically fit to do so

  Supporting messages:

  - There is support available for patients, families and carers, should they need it, when they leave hospital.
  - Arrangements for immediate ongoing care needs and any practical help will be in place to support patients to leave hospital to make sure they are ready to leave.
  - A range of different types of support is available, including from the voluntary sector.

- Patients should be involved in their plans for discharge

  Supporting messages:

  - Staff have a duty to fully involve patients, their families and carers in decisions about their care and treatment.

- Good communication with patients will help the discharge process and flow

  Supporting messages:

  - With the right information, advice and support we're helping patients take on a more active role from the start, so when the time comes to be discharged, they'll feel prepared to leave and finish their recovery at home.
  - Conversations with the patient and any carer will help professionals to check that they understand the plans for leaving hospital.

- Preparing patients for discharge is the responsibility of the whole team

  Supporting messages:

  - The responsibility for communicating effectively about when a patient is leaving hospital sits with the whole multi-disciplinary team involved in providing patient care.
  - Together all staff need to say and reinforce consistent messages.
  - The voluntary sector also need to be included.

Outputs: 4 strands of activity

1. Public awareness
2. Intermediary awareness and advocacy
3. Staff ambassadors, training and resources
4. Patient, carer and family tools

All assets and information will be generic across the BSW area

Creative approach

- Fresh visual identity built on patient communications best practice with bespoke photography representing all settings.
- Developed by external NHS comms specialist agency.
- Three creative routes developed and shared with steering group and public for feedback on creative approach, messaging, copy and tone of voice.
- Design reflects best practice guidance on designing for those with dyslexia and/or dementia.

Creative principles:

- Used sans serif fonts, as letters can appear less crowded.
- Avoided underlining and italics as this can make the text appear to run together and cause crowding. Use bold for emphasis.
- Avoided using all capital letters and uppercase letters for continuous text. Lower case letters are easier to read.
- Used single colour backgrounds
- Used dark coloured text on a light (not white) background.
- Left aligned text, without justification. This makes it easier to find the start and finish of each line and ensures even spacing between words.
- Broke up the text with regular section headings in long documents and include a table of contents.
- Used Pictograms and graphics as they can help to locate and support information in the text.

Public awareness

- Using ICB and system partner channels (Local Authority, VCSE) channels e.g. newsletters, social media, media releases
- Messaging to educate around the role of acute in recovery, address barriers, drive motivation to adopt discharge behaviours, and change attitudes
- Content to include patient as staff stories, factual evidence on the benefits of the approach etc.
- Targeting both “carees” and carers”

Preparing you to leave hospital

You will be discharged from hospital as soon as you are medically well enough.

If you need it, extra support will be available for you at home or close by, to help your recovery.

For more information talk to your hospital team or visit www.bswtogether.org.uk/discharge

Patient posters

Caring Steps Together

Giving you confidence to move forward

Resources to help patients, families, carers and colleagues working in health and care understand the discharge process and how to access onward care and support.

www.bswtogether.org.uk/discharge

Bath and North East Somerset, Swindon and Wiltshire Together

Digital screens for public places

Social media graphics and videos

New resources to support you before, during and after your hospital stay

Care and support beyond your hospital stay

Support before and during your hospital stay

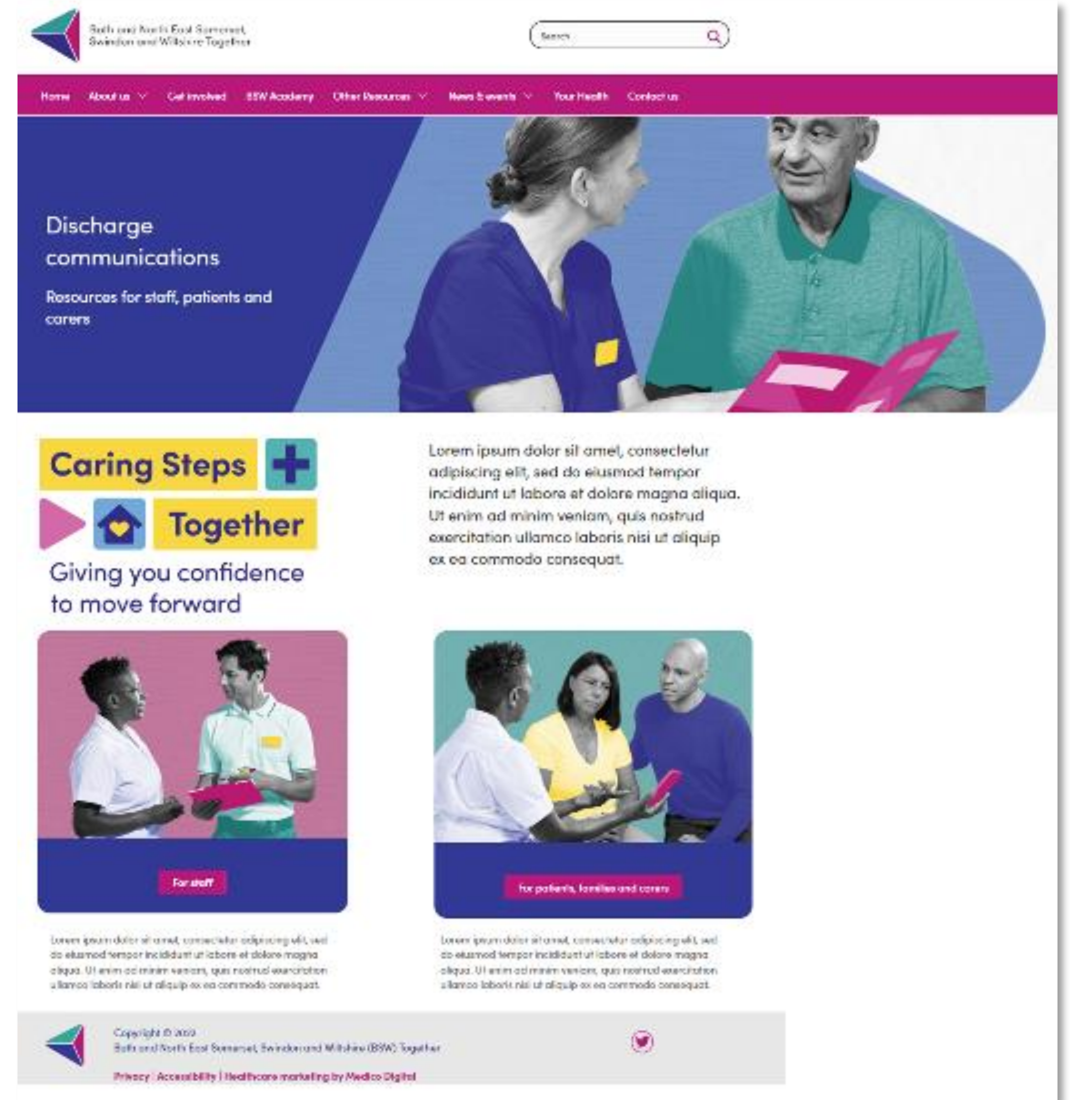
Nobody wants to stay in hospital longer than they need to

Preparing to leave hospital

Influencer awareness and advocacy

Dedicated online space on BSW Together website: www.bswtogether.org.uk/discharge

- Purpose includes referrer/influencer comms to include:
    - Primary Care
    - VCSE organisations
    - Local Authority venues e.g. libraries
    - Outreach engagement opportunities
- sign-posting journeys early on and communicating the role of these organisations with patients and families pre/post discharge

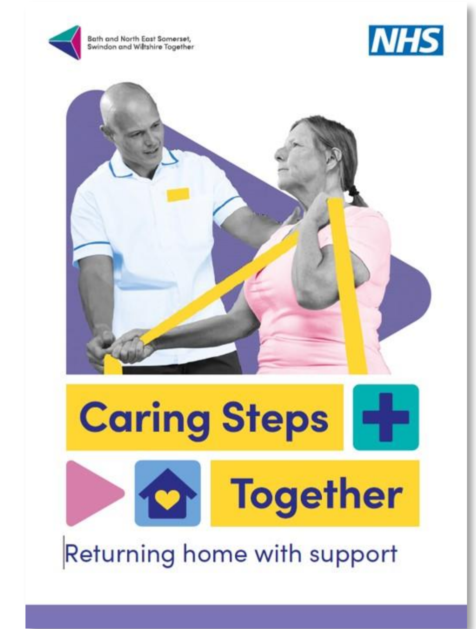


Staff ambassadors, training and resources

- Identification and training of in situ ambassadors for the programme of work – charged with being main POC for the programme, advocating for its adoption, ensuring colleague awareness and engagement with the tools available. Ongoing comms to support these ambassadors and maintain the programme's deployment. These ambassadors will be equipped with a programme toolkit offering tools to help perform their role as Ambassadors (e.g. train the trainer tools) and showcase the assets available for staff and patients.
- In situ comms will also help to promote and reinforce the programme e.g. staff room posters. One toolkit per Ambassador and per ward.
- Launch events and internal comms roll-out.
- Merchandise and conversation prompts for staff.
- Online resource repository.
- Embedding in other staff training programmes.

Patient, carer and family resources

- Dedicated collateral available in print and online via leaflets and video explainers covering:
  - Guiding principles
  - Pathway 1
  - Pathway 2
  - Pathway 3
- Hosted in single dedicated repository.
- Alternative formats available.
- Budget covers enough printed material for 6 months in each setting.



Short copy: Programme introduction

New resources are now available to help health and care professionals provide hospital patients, as well as their families and carers, with extra support before and during their onward care journey. The new Caring Steps Together resources aim to help people understand the process of leaving hospital, while providing clarity on the other support services that are available in the community. The resources can be given to patients directly, either as a printed hard copy or in a digital format, such as a PDF document or online video. All the resources can be viewed and downloaded on the BSW Together website (www.bswtogether.org.uk/discharge).

Short copy: Programme introduction - staff (1/2)

New resources are now available to help health and care professionals provide hospital patients, as well as their families and carers, with extra support before and during their onward care journey.

Colleagues working in the local health and care system have told us more needs to be done to improve the wider understanding around complex discharge pathways and processes. Many have said the current approach to discharge is confusing and has led to stressful situations for both staff and patients.

A new programme of work, Caring Steps Together, has been established to address these issues. Months of extensive research with patients and their families, along with colleagues working across acute and community hospital settings, as well as the voluntary sector, has yielded significant insights into the impact and nature of the issues and presented ideas on how to address them.

New resources are now available to help support patients, their families and carers to understand the process of leaving hospital and the other services that are available to provide support in the community. The resources can be given to patients directly, either as a printed hard copy or in a digital format, such as a PDF document or online video. All the resources can be viewed and downloaded on the BSW Together website (www.bswtogether.org.uk/discharge).

Short copy: Programme introduction - staff (2/2)

<If there is access to a discharge ambassador – use the copy below, if not please see below>

There are also resources to support colleagues including videos about the programme and resources. These are also available on the BSW Together website (www.bswtogether.org.uk/discharge/staff/). Colleagues also have access to a dedicated Discharge Ambassador who can help provide guidance on the resources available and other support that is available in the community.

The contact details for your Discharge Ambassador are:

<name>

<job title>

<telephone number>

<email address>

<If there is not access to a discharge ambassador – use the copy below>

There are also resources to support colleagues including videos about the programme. These are also available on the BSW Together website (www.bswtogether.org.uk/discharge/staff/).

Comms toolkit

Public **HCP colleagues** **Intermediaries**

Campaign toolkit

- Campaign overview (long)
- Campaign overview (short)
- Internal newsletter copy
- External/public newsletter copy
- BSW ICB media release
- Posters – staff
- Posters – patient facing
- Logo and graphics pack
- Social media assets (static)
- Social media assets
    - Animation
    - Staff film
- Patient leaflet PDFs
- Screensaver
- Email signature
- Digital screen assets

Channels - ICB

- Website - professionals and public facing
    - Patient leaflets
    - Patient videos
    - Ambassador videos
    - Support directory
- BSW Together
- Seven Days
- Sue's News
- The Triangle
- Primary Care Bulletin
- People and Communities Bulletin
- Media release
- TeamsNet
- Twitter/LinkedIn/Facebook/Instagram/Next Door
- HOSC report
- Wiltshire Area Boards
- Healthwatch
- VCSE alliance cascade
- Medical Directors (check with James)
- BSW Academy (check with Sarah?)

Channels – Other owners

- Swindon Council
- Wiltshire Council
- BaNES Council
- VCSE
- HRCG
- WHC

Launch events

- RUH/SFT/GWH ambassadors roadshow
- Community hospitals roadshow
- Staff/ward trolley dash

Impact

- To reduce the amount of time clinicians spend following up on discharge conversations by increasing the quality of those conversation's, this will be achieved by staff training and information and the resources that we will develop which will include videos and leaflets. Therefore, reducing confusion delays, (measured by an increase in staff competence and confidence).
- To reduce the number of official CHOICE delays because of misunderstanding, poor explanation, and a need to myth-bust and explain that the aim is still home / that interim care and rehabilitation is temporary (measured by tracking PW2 waiters, refusals to leave hospital and go to a care home).
- Decrease the number of complaints made around discharge from service users, their carers and their loved ones (measured by complaints to PALs).
- Improve the quality and experience of the whole discharge process, by working with VCSE colleagues to gain overview of the lived experiences that people will share with us.
- A reduction in LOS post patients being made NCTR, however all the above will feed into this reduction and is therefore going to be a challenge to measure quantitatively.