

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p><b>EXAMINATION DIAGNOSIS &amp; TREATMENT</b></p>	<p><b>COMMUNICATION:</b></p>	1. Promotional campaign in relation to the role of all staff, availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.	IN PLACE
		2. '#Hello, my name is... ' was introduced in 2018.	IN PLACE
		3. The "safer to ask" series of patient leaflets will be promoted as a way of empowering patients to be more involved in the decision making process.	ON-GOING
		4. Newsletter post care and information leaflets for all patients introduced in Q3 2018.	ON-GOING
		5. Ongoing Series of Education Programmes focusing on communication and information to increase staff awareness around patient communication needs including topics such as bereavement, end of life care, breaking bad news, is available for staff.	ON-GOING
		6. Community Intervention Team (CIT) and OPAT working closely with the hospital to assist with early supported discharges. Numbers of interventions have increased from 15 to 20 per week in 2018.	ON-GOING
		7. Patients provided with clear information about complications to watch for post discharge and who to contact for information.	IN PLACE
		8. Patient Representative Service User Group in place. Patient Engagement workshop planned for 22nd November 2018.	ON-GOING
		9. Communication newsletter for publication for December 2018.	IN PLACE
		10. Hospital signage review planned for 2019.	DUE
		11. Support from Hospital Pastoral Care Ministry and Support Team.	IN PLACE
		12. Effective clinical handover proposed pathway.	ON-GOING
<p><b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	1. Preparing for discharge planning commences as part of the initial admission process.	IN PLACE
		2. Discharge summary template is completed in real time to ensure the patient and GP receive a copy on discharge for all medical patients.	
		3. Weekly meetings with Bed Management, Discharge Planning and Public Health in relation to long term care for patients and complex discharges.	
		4. Discharge Planner available from Monday to Friday to assist patients and families with discharge arrangements.	
		5. Discharge Lounge available Monday – Friday with designated staff to check and enhance information provided on discharge.	
		6. Medication reconciliation supported in the Discharge Lounge.	
		7. The referral process is in place for public health support in the community.	