



PATIENT FEEDBACK

| SPECIFIC QIP | QIP ACTIONS | WHAT WILL IMPROVE? | TIMELINE |
|--|--|---|----------|
| To improve visibility of feedback mechanisms nearer the patient. | <ul style="list-style-type: none"> Increase the usage of Patient Information Booklets at the point of admission which includes detailed information on how to provide feedback, PALS, complaints and contact information. | <ul style="list-style-type: none"> Facilitating patients to feedback so we can act on this in a timely and meaningful way. | Q2 2025 |



OTHER (DISCHARGE)

| SPECIFIC QIP | QIP ACTIONS | WHAT WILL IMPROVE? | TIMELINE |
|--|---|---|----------|
| To improve the usage of the Patient Information Booklet and promote the use of written information on discharge. | <ul style="list-style-type: none"> Increase the use of Patient Information Booklets at the point of admission which includes discharge planning, support information and what to do if they feel unwell at home. Ward based Volunteers to also promote the Patient Information Booklet whilst speaking with inpatients. Patient & Family Experience Advisory Council to assist by reviewing any new patient information leaflets for specific services or conditions ensuring they are patient friendly and readable. Promote the 'Guidelines for Communicating Clearly using Plain English' via staff newsletter and with any staff who are developing or reviewing patient information publications. Communication to all clinical staff via the 'Length of Stay & Readmission QI Group' regarding effective discharge planning including written information. | <ul style="list-style-type: none"> Increasing the quality and accessibility of information around support services, inpatient stays and discharge available to patients. | Q2 2025 |
| To improve clinically driven, patient-centred and well-documented discharge planning. | <ul style="list-style-type: none"> Communication to all clinical staff via the 'Length of Stay & Readmission QI Group' regarding effective discharge planning including written information. Promote and implement the SOP for planning and documenting the predicted date of discharge (PDD). | <ul style="list-style-type: none"> Patients will feel involved in discharge planning and be well prepared for safe discharge. Predicted Date of Discharge will be documented, communicated and updated. Regular audits should be completed by the MUH Patient Flow team to confirm compliance of PDD documentation within the medical notes by Ward/Clinical Team. All Delayed discharges are recorded both locally and nationally as per the National processes, including a record as to the number and the reason why the delay occurs. This information is fed back to the MUH discharge coordinators daily via wards and integrated flow rounds. | Q2 2025 |