

## **Doncaster Local Involvement Network (LINK) Discharge Procedure Survey Doncaster Hospitals' Patients**

**Doncaster LINK is your official independent Local Involvement Network. Our aim is to improve the links between your health and social care services.**

**We wish to give you the opportunity to say what you think about these services – what is working well and what is not so good.**

**Doncaster LINK is currently looking at what happens when patients are discharged from hospital.**

**If you have been an inpatient since January 2009 in any of the Doncaster hospitals it would be most appreciated if you could please spend a few minutes to complete the attached survey. This could help make a difference to future patient care.**

**Please return the completed form as soon as possible in the freepost envelope provided or alternatively to the address shown at the bottom of page 2 of the survey.**

**If you need help completing this survey you may ask a relative or friend to help you.**

**Thank you for taking part in the survey. The results will be made available in due course.**

# Doncaster Local Involvement Network (LINK) Discharge Procedure Survey Doncaster Hospitals' Patients

*For office purposes only, please insert the first part of your postcode*

## Section A

- Q1 Have you been an inpatient? Yes  No
- Q2 Hospital Name and Ward No? .....
- Q3 Did you need any aids or adaptations at home? (e.g. crutches, walking stick, toilet seat etc) Yes  No
- If Yes, were they available upon discharge? Yes  No
- Q4 Gender? Male  Female
- Q5 Age Group? Under 18  18 – 39  40 – 59  60 – 70  Over 70

## Section B

### Communication

- Q6 Were you given a copy of your 'After Care Package' and contact numbers of agencies involved?  
Yes  No  Do Not Know
- Q7 Was everything explained in a way you/your carer could understand?  
Yes  No  Do Not Know
- Q8 Were you given a copy of the letter from the hospital to your GP?  
Yes  No

### Medication

- Q9 Did waiting for medication delay your discharge?  
Yes  No  By how long?
- Q10 Upon discharge, were the following about your medication explained to you in a way you could understand?
- |  |   |   |
|--|---|---|
| Purpose <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | Any changes <input type="checkbox"/> Yes <input type="checkbox"/> No        | Any side effects <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Instructions on how to take given <input type="checkbox"/> Yes <input type="checkbox"/> No       | Written info given <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Were you sent home with old medication? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

**Section B (continued)**

**Arrival Home**

**Q11 How did you get home?**

Hospital Transport  Ambulance  Taxi  Private Car  Other

**Q12 When you arrived home did you require any of the following?**

Medical Assistance  Physical Assistance  Rehabilitation Services  Carer  N/A

If yes, who provided your assistance?

.....

**Q13 How long did you require assistance?**

1-3 Wks  1 Month  Longer

**How could this help have been improved?**

.....

**Q14 Since your discharge have you been VISITED by any of the following?**

Your Doctor  Social Services  Rehabilitation Services  Community Practice/Nurse   
Occupational Therapist  None

**Q15 Since your discharge have you SPOKEN over the phone to any of the following?**

Your Doctor  Social Services  Rehabilitation Services  Community Practice/Nurse   
Occupational Therapist  None

**Q16 How often have your changing needs for assistance been reviewed?**

Frequently  Infrequently  Never

**Q17 Any Other Comments? (If necessary please use a separate sheet)**

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.....  
.....

**Please return completed survey to:**

Doncaster LINK  
Doncaster Business Innovation Centre  
Unit 20  
Ten Pound Walk  
Doncaster  
DN4 5QA

Tel: 01302 554970  
Typetalk: 01302 554970  
Mobile/Text: 07525 237735  
Fax: 01302 554996  
Email: doncaster.admin@carersfederation.co.uk  
Website: www.doncasterlink.co.uk