

Patients' experiences of discharge from The Royal Liverpool and Broadgreen University Hospital Trust

The aim of this questionnaire is to explore patients' experiences and opinions on the process of supplying medication on discharge from hospital. Your opinion is very important to us and will be used to help develop discharge services in the future. It is important that this questionnaire is completed as accurately as possible.

This questionnaire will focus on the supply of your medicines at the time of discharge from hospital.

Completing this questionnaire should take no longer than 20 minutes.

None of the data collected by this questionnaire could be used to identify you.

How to fill in this questionnaire:

- Please read the instructions for each question carefully
- Please answer all of the questions truthfully, if you do not want to answer a question leave it blank
- For questions with tick boxes, please put a tick () in the box that is closest to your answer
- If you need any help completing this questionnaire, please ask the researcher

Thank you for completing this questionnaire

Date questionnaire completed

/ /

Part A: About you

Please read each question and tick the box next to the correct answer

Q 1. Are you:

- ¹ The patient ² A family member or carer

Q 2a. Sex:

- ¹ Male ² Female ³ Other

Q 2b. Age:

Q 3. Which hospital ward are you currently on:

- ¹ Acute Medical Assessment Unit (AMAU) ² Emergency Surgical Admissions Unit (ESAU) ³ Medical ward ⁴ Surgical ward

Q 4a. Were you taking any medicines regularly before this admission to hospital:

- ¹ Yes (go to Q 4b) ² No (go to Q 5) ³ Don't know (go to Q 5)

Q 4b. If your answer to Q 4a was yes, how many medicines did you take regularly before this admission to hospital:

- ¹ 0 - 4 ² 5 - 9 ³ 10 or more ⁴ Don't know

Q 5a. Do you usually collect your medicines from the same community pharmacy:

- ¹ Yes (go to Q 5b) ² No (go to Q 6) ³ Don't know (go to Q 6)

Q 5b. If your answer to Q 5a was yes, can you say why you prefer to use this pharmacy:

Please tick all answers that apply

- 1 It is close to my home 2 It is close to my doctor's surgery 3 It provides a delivery service 4 They order my medicines for me
- 5 The pharmacist knows me and what I need 6 Other *please specify*
-

Part B: About your medicines during your stay in hospital

This part relates to any changes to your medicines that may have occurred while you have been in hospital. This could be medicines stopped, started or changes made to your usual dosage.

Please read each question and tick the box next to the correct answer.

Q 6a. Were your regular medicines changed during your stay in hospital:

- 1 Yes (*go to Q 6b*) 2 No (*go to Q 9*) 3 Don't know (*go to Q 9*)

Q 6b. If your answer to Q 6a was yes, are you clear what medicines you will be taking after discharge:

- 1 Fully 2 Partly 3 Not at all

Q 7. If there have been changes to your medicines, have you been given information about:

| | Yes | No | Don't know |
|---|----------------------------|----------------------------|----------------------------|
| Q 7a. What your new medicine(s) are for | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Q 7b. The benefits of the medicine(s) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Q 7c. Likely side effects of the medicine(s) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Q 7d. When to use the medicine(s) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Q 7e. How to use the medicine(s) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Q 7f. Whether you will need any further supplies of the medicine(s) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Q 7g. How to obtain further supplies of the medicine(s) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

Q 8. Who did you discuss any changes to your medicines with:

Please tick all answers that apply

1 Consultant 2 Other doctor 3 Nurse 4 Pharmacist

5 Don't know 6 No one 7 Other *Please specify*

Part C – About your discharge

This part relates to your experience of discharge from hospital so far.

The following is a set of statements about your opinions on the discharge process. For each statement please select **one** option that best describes your opinion.

Tick the appropriate box.

| | Agree strongly | Agree | Neutral | Disagree | Disagree strongly |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Q 9. The steps involved in the discharge process were clearly explained to me by a member of staff | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q 10. I have been involved in planning my discharge from hospital | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q 11. Regular updates on my discharge have been provided when needed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Q 12. I fully understand the discharge process | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Q 13. Which of the following tasks still need to be completed before you can be discharged:

Please tick all answers that apply

- 1 Medicines to arrive from pharmacy 2 More tests 3 Test results 4 Arranging transport home
- 5 Organising social care 6 Don't know 7 Other *Please specify*

Q 14. Overall, how would you rate your experience of discharge from hospital:

- 1 Good 2 Satisfactory 3 Poor

Q 15. Have there been any positive aspects about your discharge?

Please give details below

Q 16. Have there been any negative aspects about your discharge?

Please give details below

Q 17a. Could we improve the supply of your discharge medicines?

- 1 Yes (go to Q 17b) 2 No (go to Q 18) 3 Don't know (go to Q 18)

Q 17b. If your answer to Q 17a was yes, how?

Part D: After your discharge from hospital

This part refers to your plans once you are discharged from hospital and how you will manage your medicines.

Q 18a. Could we help you manage your medicines once you are settled at home?

- 1 Yes (go to Q 18b) 2 No (go to Q 19) 3 Don't know (go to Q 19)

Q 18b. If your answer to Q 18a was yes, how?

Q 19a. Will you be visiting a community pharmacy soon after you are discharged from hospital:

- 1 Yes (go to Q 19b) 2 No (go to Q 20) 3 Don't know (go to Q 20)

Q 19b. If your answer to Q 19a was yes, what will the purpose of your visit be:
Please tick all that apply

- 1 To obtain further supplies of your medicines 2 To order your next repeat prescription 3 To discuss your new medicines 4 To discuss any problems with your medicines
- 5 Other *Please specify*

Q 20. If you had the option, where would you prefer to collect your discharge medicines from?

- 1 Hospital 2 Community pharmacy of your choice 3 GP surgery 4 Other *Please specify*

If you have any further comments that you think will be valuable to this survey, please feel free to include these in the blank space provided below:

Thank you very much for completing this questionnaire