South Tees Hospitals NHS
NHS Foundation Trust

Meeting / Committee:	Board of Directors	**Meeting Date:**	26th November 2013

This paper is for:	Action/Decision	Assurance	Information

Title:	The Improving Patient Pathway Programme – discharge

Purpose:	This paper provides a progress report on the discharge work stream of the IPP programme and outlines the benefits realised to date.

Summary:	Over the past 12 months a significant work programme has been designed and implemented which has included the redesign of discharge processes, significant improvements in partnership working and delivery of kaizen workshops to 40 plus teams across the Trust. There have been a number of quantitative and qualitative benefits realised to date, with further opportunities identified that are currently being pursued at a system level. Further progress in some areas is dependent on the commissioning intentions of the CCGs and local authorities. It is recommended that further assessment of benefits realised is undertaken when the initiatives are tested over the winter period.

Prepared By:	Gill Collinson Deputy Director of Operational Services for Service Transformation	**Presented By:**	Susan Watson Operational Services Director Gill Collinson Deputy Director for Service Transformation

Recommendation:	Trust Board is asked to note progress and to continue to support the programmes in place to deliver the agreed outcomes.

Implications	Legal	Financial x	Clinical X	Strategic X	Risk & Assurance X

South Tees Hospitals NHS
NHS Foundation Trust

Improving the Patient Pathway Programme

Discharge

1. INTRODUCTION

The Improving the Patient Pathway (IPP) Programme was instigated within the Trust to pull together the work programme resulting from three key initiatives, namely Transforming Community Services (TCS), the diagnostic work undertaken by McKinsey's in 2011 and the Bed Utilisation Review, undertaken in October 2011.

The programme board was convened in October 2012 and meets monthly to assess progress against the various projects within the programme. This paper provides a progress report on all the corporate projects relating to Discharge within the programme and an overview of the quantitative and qualitative benefits realised to date. Further work needs to be undertaken to accurately calculate the financial benefits. A separate paper is being developed looking at the wider benefits from the IPP programme.

2. BACKGROUND

The shared purpose of the IPP Programme is;

"To provide patients, service users and carers with continuity of care, smooth transitions between care settings, and services that are responsive to all their needs together."
National Voices, 2012

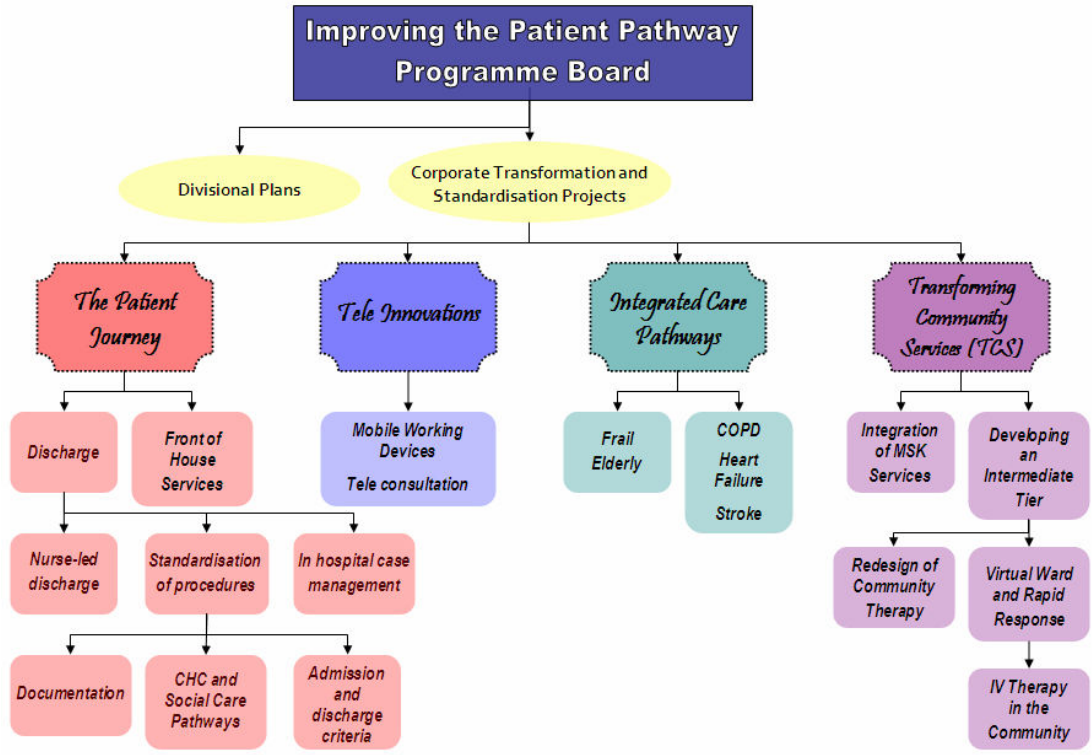
The shared purpose was taken from the National Voices paper, on what patients have said they want from the integration of services and has focused on providing a seamless journey for patients and carers throughout the whole organisation and when working with partner agencies.

The agreed success factors are to aim to

- Achieving zero cancellations of elective surgery, delays to transfer of care and outliers
- Achieve 85% occupancy – indicator known to reduce patient harm and improve patient experience of services
- Reduce the number of occupied bed days to support the planned upgrade and reconfiguration of wards and to release capacity to either make savings or invest in services

It was also agreed that the two keys ways of achieving our aims were to standardise processes across the organisation and where appropriate in partnership with other agencies to transform the way in which services are delivered in line with the national policy on integration and local commissioning intentions.

The diagram below outlines the various projects within the IPP programme:



3. THE PATIENTS JOURNEY - DISCHARGE

3.1 Standardisation of Processes

The work on discharge has utilised the most significant amount of the service transformation team resources over the past 12 months. All aspects of the systems and processes regarding discharge have been reviewed, redesigned and standardised. The implementation programme and sustainability plan are outlined in detail below. The historical data regarding delayed discharges was found to be unreliable and a new process for capturing and cleansing data has been designed and introduced across all sites. This new system allows for each ward to be monitored regarding the types and number of delays on a daily basis but is highly labour intensive; however we would anticipate that this will be replaced by the MEDWORXX system in the near future. The high level KPIs reported to FMG on a fortnightly basis consistently demonstrated that delays relating to waiting for assessment and waiting for further NHS care or intermediate care account for the largest number of delays, both in terms of the number of patients and bed days accumulated and these have therefore been the prioritised for improvement.

The processes that have been standardised are all vital to ensure that discharges are planned and achieved in a timely manner, that the requirements of the community care act 2003 are met and that delays to transfer of care can be accurately documented and reported. For example, the setting of a realistic planned date of discharge (PDD) is the critical action to ensure that discharge planning actually happens in advance of the patient being medically stable (to minimise delay) and is the date that triggers delays in ECamis (our internal data system from which delays are monitored and reported). It is also the date that supports the section 2 notification to social care that a patient needs an assessment, which is governed by the legislative framework in the Community Care Act 2003.

The table below outlines the range of processes that have been introduced as standard work

Process	**Aim**	**Benefits realised to date**	**Sustainability plan/further developments**
Standard definition and use of Planned Dates of Discharge	To achieve standardised use of PDDs across organisation	Improved understanding of the role of PDDs in discharge planning. % of PDDS is a CQUIN in 13/14 and monitored monthly.	Random monthly audits of ECamis. Monthly mop up workshops on discharge for new starters and those wards were improvements have not yet been achieved.
Redesign of social work referral forms	To streamline and standardise referral forms. To move to electronic referral	Improved partnership working with social care. 72 hour timeline for assessments agreed for all community hospitals. Qualitative evidence to suggest that referrals are timelier. Implementation completed October 13.	On-going dialogue with social care colleagues at monthly discharge meetings Repeat audit of social care referrals in early 2014.
Redesign of Continuing Health care pathway.	To reduce number of days patients wait for CHC assessments. To simplify and standardise processes. This has been achieved in South Tees, but is ongoing with NYCC and HR&W CCG.	Pathway redesigned with South Tees CHC and Social Care colleagues. Ongoing reduction in average number of days in each phase of pathway. overall increase in number of DST undertaken (see below). Processes being redesigned with NYCC and CCG in H&R, by march 2014.	To continue to monitor each phase of process. To increase capacity to meet demand for nursing assessments. To achieve strategic agreement across system to move to a 'Discharge to assess' policy. Proposal to IMPROVE November 2013.
Delayed discharge meetings/teleconference	To meet /teleconference with social care and CCG colleagues weekly in summer and bi weekly at times of peak demand to unblock	Improved working relationships with the both social care and CHC colleagues. Ability to respond swiftly to system level issues	To continue and increase frequency during winter period.

	system issues relating to discharge.		
Standardisation of Patient Status at a Glance Boards	To implement the roll out and standardisation in the use of PSAG Boards.	Roll out plan on course. The Discharge Workshops have provided teams the opportunity to review their PSAG Board and develop action plans to maximise the benefits to be gained.	Ward managers responsible for ongoing audit. Audit tool introduced at discharge workshop.
Introduction of a framework of responsibilities and escalation for complex discharges	To ensure that patients with complex discharge needs are appropriately. To clarify roles and responsibilities of ward staff.	Raised awareness and escalation of more complex patients reported	Random audits of ECamis for patients with long lengths of stay and daily scrutiny of delayed discharges.

3.2 Discharge Improvement Workshops

The scale of process and cultural change required to embed the standardised processes for discharge required an in depth implementation plan. Between May and October, 43 teams have completed the discharge improvement workshops. This number includes all adult wards in JCUH, FHN and community hospitals, the orthopaedic and trauma discharge team and case management team.

The workshops utilised a range of service improvement methodologies and techniques, including the PDSA cycle, Tachi Ohno's circle of 7 wastes, visual control, continuous flow and 5S. The length of the workshops ranged from 3-5 days depending on the size of the teams attending. Appendix 1 outlines the content of the programme.

The evaluation of the workshops was very positive. Interest in attendance grew as the programme gained momentum, although there were some inevitable challenges with regard to releasing staff to attend, particularly junior doctors. The evaluation of the workshops can be found in appendix 2.

In addition some divisions have had to significantly change their practice regarding the PDD definitions and this will be monitored as part of the sustainability plan.

Each workshop was followed by 15 and 30 day report outs. Some examples of the early benefits reported by wards include;

- Ward 11 reported at their 30 day update that over the previous two weeks 22 prescriptions out of 29 were written the day before and subsequently 17 patients went home before midday. 12 of these patients were discharged before their planned date of discharge.

- Ward 12 introduced a multidisciplinary team daily board round to take place Monday – Friday **at** the PSAG board. Ward 12 continue to audit this process and they found that between 29 July –

26 August the board round was performed 18 days out of 20. The 2 occasions it was not performed the consultant addressed the board round with the coordinator and discharge plans were discussed and updated on the PSAG board.

- Ward 12 has also completed an audit to explore the numbers of patients discharged. They found that from Monday 29 July –Monday 26 August a total of 90 discharges took place, an average 22 – 23 per week. During the previous 4 weeks there were a total of 64 discharges, an average 16 per week. The sister reported that although they were discharging more patients these usually took place prior to lunch time and that the ward appeared calmer for this. Ward 12 report that they are applying the 'pull system', they no longer wait for the bed manager to contact the ward for the numbers of empty beds but instead they contacted the AAU's asking if there are any patients ready to transfer into their care.

- Ward 9 identifies and records the level of discharge for each patient on their PSAG board. The ward manager has reported that since the workshop they now discharge patients earlier in the day and has reported a 21% increase in discharging patients prior to lunch.

- Ward 24 conducts all handovers at the PSAG board and has managed to save 6 hours a week by introducing this practice. This saved time is invested directly back into time caring for their patients.

- Since the workshops the directorate for cardiology negotiated and secured designated slots with the radiology department. to ensure patients who have had a pacemaker implanted have an early morning x-ray the day following their procedure.

- Specialty medicine has an identified 'discharge champions' on each ward to ensure the standard processes are understood and applied.

- The division for trauma and orthopaedics have increased their morning discharges and commence all discharge planning prior to or on admission.

- Ward 35 has developed a very comprehensive information board for patients and their carers; the display board format is being rolled on all the division of surgery wards.

- The community hospitals have developed an aid memoire for the staff in terms of discharge planning, amended their discharge checklist to incorporate the planned and ready for discharge date and are making preparations for the receipt of their PSAG boards.

- Ward 19 has seen an impressive improvement of 30% in the application and recording of the planned discharge date.

- From the commencement of the workshops to date the organisation has seen a 14% increase in the application of the planned discharge dates (see Appendix 3)

3.2.1 Areas for further development or improvement

At the end of each workshop all ward teams were asked to highlight areas for improvement that were out with their control. The following areas were repeatedly highlighted:

Area for further improvement	**Current Status**
Introduction of 'time to think beds' in the community	The Trust is proposing to South Tees CCG IMPROVE advisory group moving to a 'Discharge to Assess' model. In addition 16 care home beds have been commissioned as part of winter plan to trial this concept and reduce pressure on acute beds.
Would like a ward based social worker	Wards with this resource include: front of house and ward 28 – funded by acute medicine, ward 4 – funded by specialty medicine, ward 34 funded by trauma and orthopaedics. The hospital based social work team lead is exploring the alignment of social workers to groups of wards.
Organisation to expand use of electronic technology for requesting scripts, investigations and internal and external referrals etc.	This has been referred to colleagues in ICT
E-Discharge to be a more user friendly system. I.e., include discharge letter on WEB ICE system.	The team is exploring this with ICT
Endoscopy: - ERCP and therapeutic OGD waiting times to be reduced - PEG waiting times to be reduced	The directorate of gastroenterology are experiencing difficulties in the recruitment of gastroenterologists and nurse endoscopists. This reflects the national position and these issues are on the divisional risk register for acute medicine.
Lack of x-ray facilities within Carter Bequest CH and impact upon patient flow (specific to ward 28)	This will be addressed by commissioning intentions for stroke pathway.
Planned closure of discharge lounge and impact upon patient flow	Throughout the workshops the facilitators encouraged the JCUH wards to concentrate on a.m. discharges in an effort to reduce the reliance on such an area.
Reconfiguration of community hospital bed base to expand the current list of patient pathways that have direct access into the community hospital bed base.	The admission criteria and associated pathways are being redesigned as part of the frail elderly pathway work. In particular firmer criteria regarding the level of rehabilitation required and points for decision making are being addressed.
Medical model for care of the patient (specific to the gastroenterology and respiratory wards)	Following discussion with the senior medical staff there are no plans to change the working arrangements of the senior clinicians.

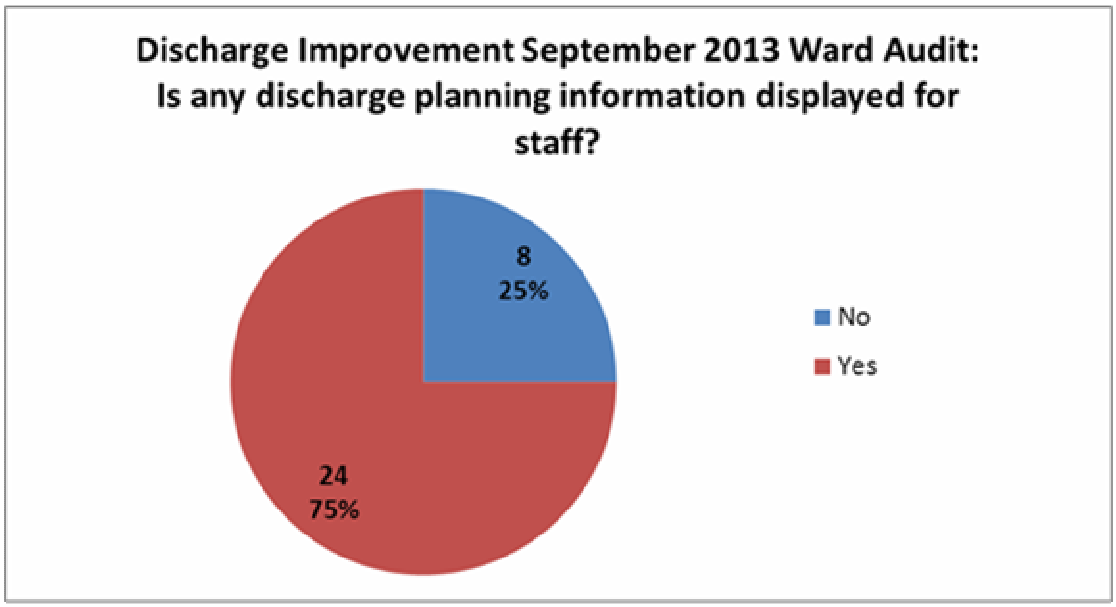
Continuity of ward based junior doctors (specific to elderly care)	The junior doctors shift cover has been amended to provide continuity of care.
An increase in ward volunteers	The introduction of ward volunteers has been a great success especially during meal times when the volunteer will help to feed those patients who struggle to feed themselves.
Direct access to out of hours community nursing team	Referrals to rapid response from AAU have significantly increased in past two months. Now working with CCG to include early supported discharge from base wards
Specialist nurses weekend & bank holidays	This request was specifically raised by the division for trauma and orthopaedic surgery and the division for cardiology and cardiothoracic surgery, and requires further exploration by the divisions. Links to 7 day working.
To introduce nurse practitioner role	The front of house teams highlighted this role would improve the flow of patients through the two assessment units. To be explored in Front of House redesign work.
Introduction of case managers to non-case managed wards	A formal assessment of the impact of case management will be presented to Formal Management Group in Jan 14.
Improve pharmacy processes: - One stop - Cas packs - Extended opening hours i.e. weekend pharmacy - e- prescribing - dedicated pharmacy portering service or a functioning pod system (on leaving the ward one script took 18 hours to arrive at the pharmacy)	The clinical support service division is working on a strategy for the development of pharmacy services. Management group has approved increasing staffing numbers to support additional hours at weekends over the winter period.
Improved laundry services (clean laundry not always readily available)	The assistant director of hotel services stated that the organisation had recently procured enough items of linen to ensure that if necessary every bed in the organisation could be changed twice a day.
Warfarin discharges made easier (currently not standardised across the patch)	This issue was specifically highlighted by the cardiothoracic services and will need further exploration with our local CCG's.
Transport: - Access to same day transport for	Seven day ambulance transportation for repatriation is already available from the private

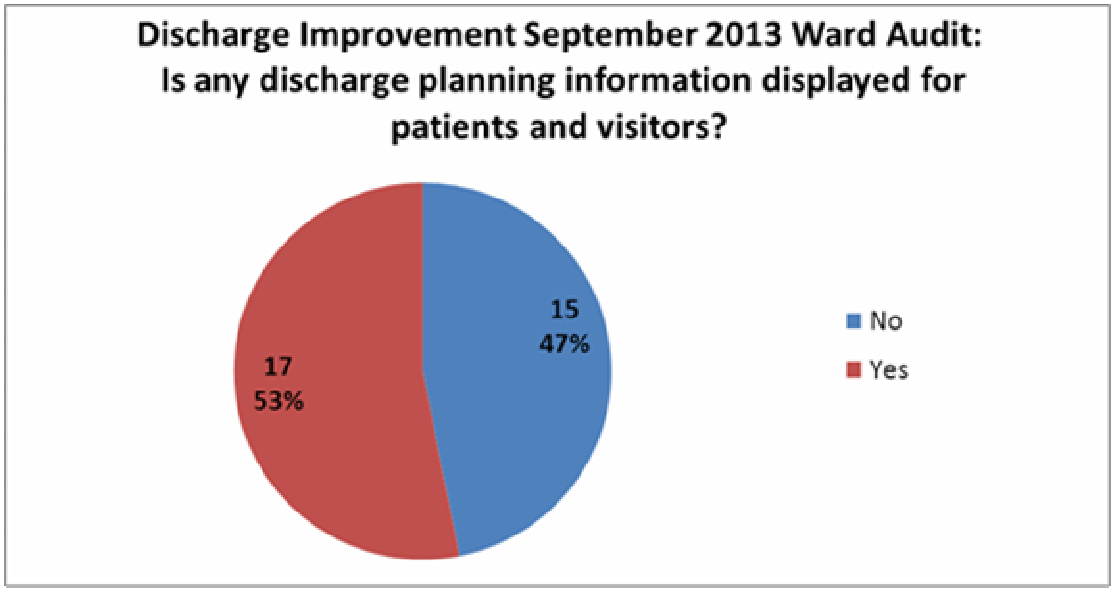
repatriation patients - 7 day ambulance booking service - 7 day PTS service	sector however this is a chargeable service. NHS transport provides a PTS service 6 days a week however this should be booked 24 hours in advance to guarantee the journey. The NHS ambulance services will honour bookings with less than 24 hour notice but this is dependent on vehicle and crew availability. The North East Ambulance Service provides an on line booking service that can be accessed by JCUH staff 7 days a week 52 weeks of the year. Any bookings by telephone can be made 6 days a week excluding bank holidays. This has been communicated to all wards and departments
Improved / standardised repatriation processes	Management group recently supported a proposal for improving repatriation processes and this is being discussed by the local chief executives.
To include discharge training into the induction training for all staff including junior doctors	There is limited agenda space for the junior doctor's induction however 2 slides in terms of discharge planning have been incorporated into the induction presentation and divisions are being encouraged to include it as part of the local induction.

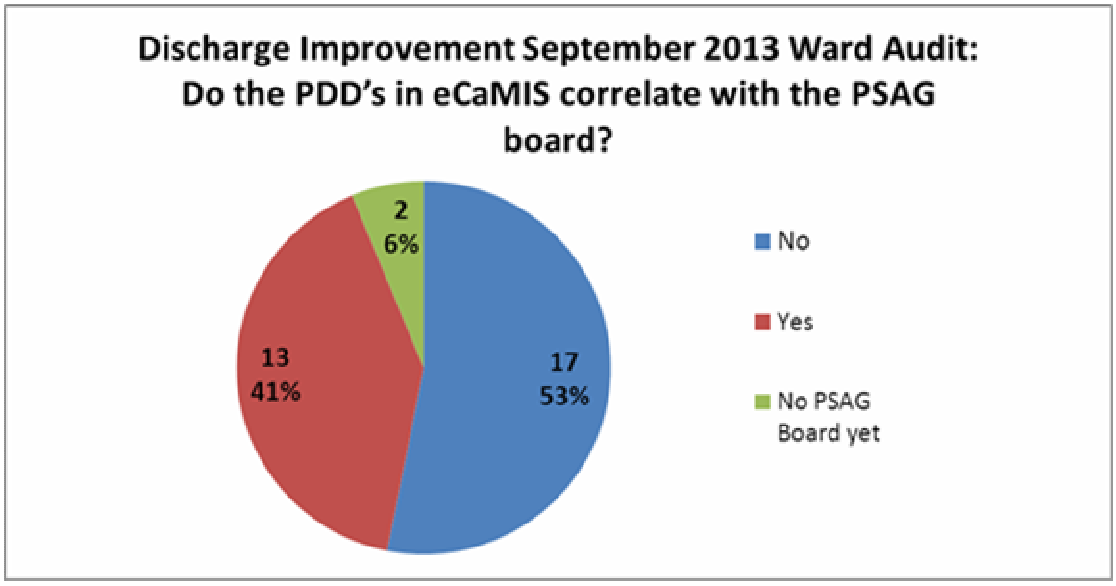
3.2.2 Sustainability Plan

A sustainability plan has been developed and includes;

- The "Big Bang" share and spread event was held on 31st October. All wards were invited to host a stall highlighting their achievements.
- ½ day discharge planning workshops taking place monthly.
- Facilitators undertake monthly ward visits to offer further support
- Monthly ward audits - the graphs below outline the audit results for September 2013.







Remedial work is being undertaken with all wards, struggling to maintain standard work for PDDs. Results of the audits are disseminated monthly to Divisional Managers and Chiefs of Service.

3.3 In Hospital Case Management

The recommendations made following the Bed Utilisation Review reported in January 2012, included

- Establishing a Hospital Case Management (HCM) team through the integration of the complex discharge team, the FASTeam and recruitment of staff as ward assigned hospital case managers
- Education of the new HCM team
- Implement an electronic resource utilisation management system

At the Formal Management Group meeting held 24 July 2012 members agreed to the concept and principles of a 12 month pilot for a HCM team using non recurrent PCT monies and existing Trust resources.

- Hospital case management team

The hospital case management team became operational in late November 2013, following consultation with existing staff, recruitment of additional staff and training on the JCUH site. Hospital case managers were introduced to FHN in February 2013 and additional resource has been established within the South Tees community hospitals. There are 18 WTE case managers working across the Trust. The breakdown of the resource available to case managed areas include;

Site	**Zone**	**wte current**	**wte prior to pilot**
JCUH	Front of house	4.8	2.8
	Base wards	7.4	3.4
JCUH Total		**12.2**	**7.2**
FHN	Front of house	1	0
	Base wards	1.8	0.8
FHN TOTAL		**2.8**	**0.8**
Community		**2**	**1**
Team lead	**All**	**1**	**0**

The role of the hospital case manager comprises of three key functions;

- To establish if patients meet the criteria for admission and/or a continued stay in an acute bed using an established resource utilisation tool
- Coordinate discharge planning and arrangements with the ward team for patients on case managed wards.
- Offer discharge advice and support to non-case managed wards for level 3 and 4 complex discharges.

In addition the nurses within the case management team undertake the nursing assessment required as part of the continuing healthcare assessment (CHC) assessment.

- Resource Utilisation Management System

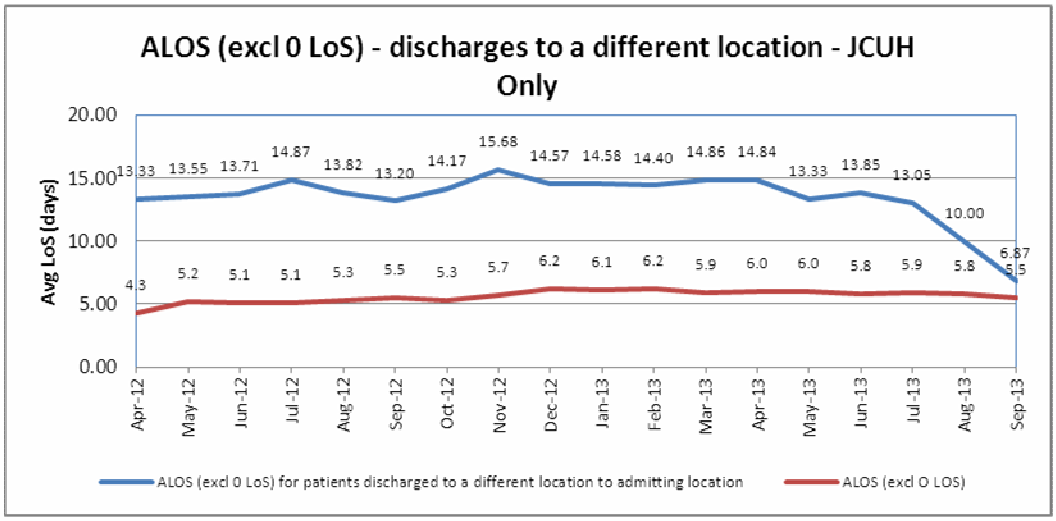
The introduction of the electronic utilisation management system (MEDWORXX) to support case management has been very challenging. A root cause analysis established two key reasons for the substantial delay in implementation. These were delays in the procurement process and delays in implementing the technical interfaces to support the cloud based system and transfer of information between ECamis and MEDWORXX. Functionality was established in late June 2013. The delay in the implementation of the MEDWORXX system has resulted in two issues:

- Case managers have been unable to review patients on a daily basis to establish whether they meet the criteria for admission and/or continued stay
- The system has not yet generated data with which to quantifiably demonstrate the benefits of case management or the organisational benefits of having a real time electronic resource utilisation tool.

MEDWORXX is now fully operational and the increasing amount of valid data within the system is now sufficient to generate daily operational reports and higher level management reports. Case managers now hold a Ready for Discharge meeting each morning and information is fed into the bed management meeting.

Evaluation

The delay in the implementation of MEDWORXX, coupled with the unreliability of historical in-house data regarding delayed discharges has made it extremely difficult to undertake a quantitative evaluation of hospital case management to date. However there have been quantitative improvements which would indicate positive impacts by case managers. These include the reduction in ALOS in patients who are discharged to a different location to the admitting location. Generally these are patients who have complex support requirements on discharge and include those transferring to community hospitals, intermediate care and care homes and are the priority groups of patients that hospital case managers focus upon.



This graph shows a steady reduction from March 2013, when the case managers had been operational for 4 months and established on wards considered to have greatest demand for support, i.e.1, 2, 7, 8,9,11,12,15, 27,29.

The steep reduction seen in June and July is attributed to the impact of the single point of referral, located in JCUH which as described above has replaced historical processes, with a centralised lean system and is described in more detail below.

Qualitative evaluation has also been undertaken formally in two ways

- Survey of all ward managers
- Discovery interviews with all case managers

Both of these methods found that the role and contribution of case managers has become increasingly appreciated as they have integrated into ward teams. Requests for dedicated case management support continue from non –case managed areas, and only 4 wards felt that they didn't need a case manager in the ward manager survey. There have also been requests from case

managed wards for the case manager to be available at weekends .The full results are currently being incorporated into the full evaluation of case management.

In July 13, Corporate Directors agreed to the extension of the current pilot until March 2014 with a full evaluation, recommendations and business case to be presented to FMG in January 2014 in order to achieve the original aims of the project. This will include a full evaluation of the actual and potential benefits of MEDWORXX.

The Board is asked to note that the extension to case management until the end of the financial year is being achieved through prudent budget management and is not incurring any extra costs to the organisation.

3.3.1 Single point of referral

The single point of referral was introduced as a pilot scheme in June 2013 to reduce the delays relating to waiting for further NHS care or intermediate care. The traditional referral pathways predated the integration of community services into the Trust and at a process mapping event in April, it was agreed to introduce a standardised approach to transfers across all the community hospitals and bed based intermediate care services.

Since its introduction the single point of referral has reduced the average waiting time to transfer by 2.5 days per patient, and is facilitating an average of 28 transfers per week, releasing capacity of approximately 8 beds.

The single point of referral has been resourced with minimal staffing, during the pilot phase as anticipated the number of referrals has increased as we move towards winter and a business case has been approved to extend the service until March 2013. This service centralises the practical coordination and organisation of transfers and also manages the collation and dissemination of community bed capacity, twice daily to support the organisational bed meetings. The impact that this service has had is in addition to the ward based work of case managers.

3.3.2 Assessments for Continuing Health Care

Despite the improvements achieved as outlined above, there is further capacity that can be released if we moved to a 'Discharge to Assess' policy. Traditionally in South Tees assessments regarding the longer term placement of patients on discharge are undertaken within JCUH, FHN or a community hospital. South Warwickshire has pioneered the 'Discharge to Assess' model and defined the following principles

- Clear and understandable pathways
- No patient to be in hospital for longer than clinically required
- No-one to make a decision about long term care whilst in hospital
- Reduce duplication of assessments and variations in practice
- Care to be delivered at home wherever possible

Locally the work on discharge undertaken during 2012/13 has identified that acute bed days could be saved if patients were assessed for their future longer term placement if undertaken outside of

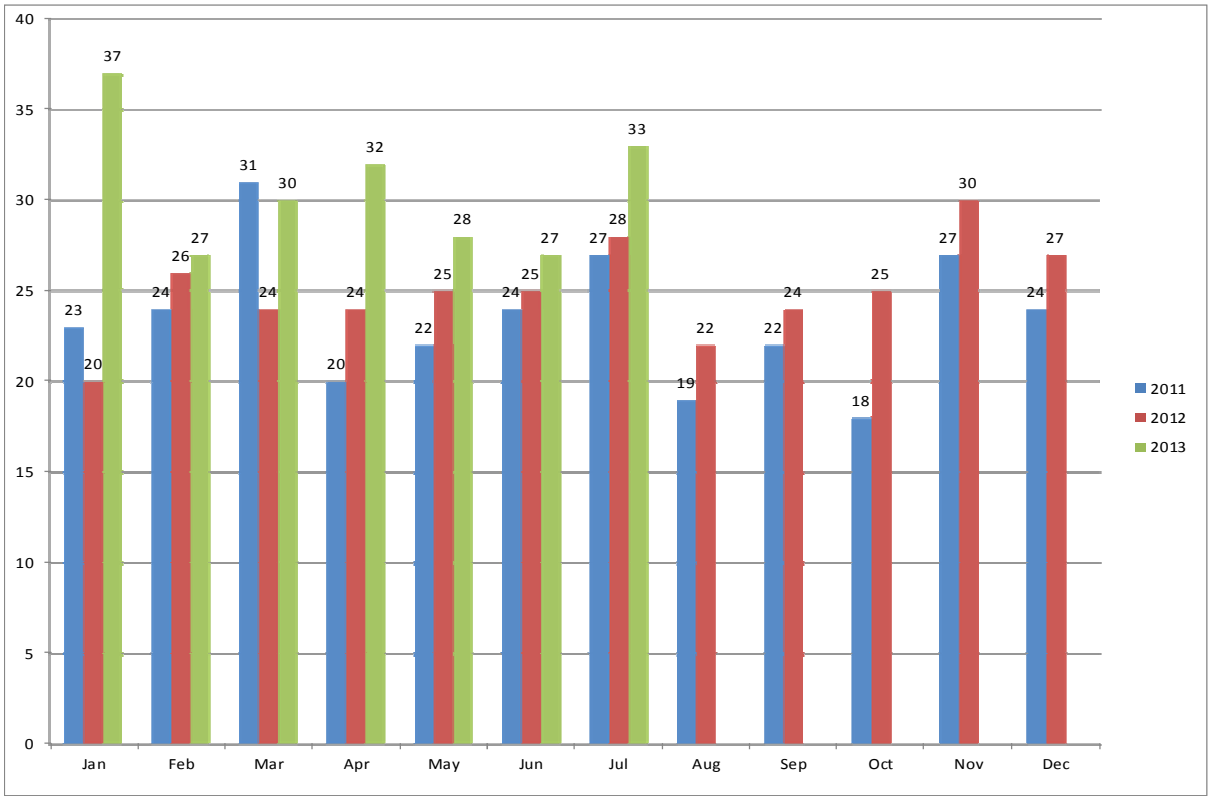
acute hospital. A number of discharges to assess models from around the UK have been researched, including visits to Sheffield, South Warwickshire, Liverpool and Sunderland.

A proposal which will support both the strategic integration agenda and the more efficient use of resources, by moving to a 'Discharge to Assess' process, which is in line with existing national guidance is being presented to the November meeting of the South Tees CCG IMPROVE advisory group.

Current position

The overall number of CHC assessments being undertaken on the JCUH site has seen a significant increase, as outlined in the table below.

Number of DST assessments on JCUH site 2010-11 to date.



In June 2013 the pathway regarding Continuing Health Care Pathway (CHC) was redesigned with CHC and social care colleagues, to simplify and standardise the process with the aim of reducing the number of days that patients wait for each phase of the CHC assessment.

Analysis of the data in September shows that following the nursing assessment, there is an average wait of 7 days before the Decision Support Tool (DST) meeting is undertaken and then a further average 6 days before the patient is discharged. The reasons for the delays include;

- Availability of CHC assessors, social workers and families
- Families looking at possible residential and nursing homes
- Residential and nursing home assessing patients before accepting them for placement.

These delays can also mean that patients stay within an acute environment for too long and consequently decompensate and may enter long term nursing or residential care prematurely.

At the current level of activity, moving to a 'Discharge to Assess' model for patients awaiting DST assessments alone, would release approximately 13 beds on the JCUH site.

4. CONCLUSIONS

There have been a number of quantitative and qualitative benefits realised in relation to Discharge across the organisation. Progress has been made at a system level with partner agencies making local agreements that support safe and timely discharge.

Further progress in some areas of the transformation agenda is dependent on the commissioning intentions of the CCGs and local authorities.

It is recommended that further assessment of the benefits realised is undertaken when the initiatives are tested over the winter period.

Gill Collinson

Deputy Director

Service Transformation

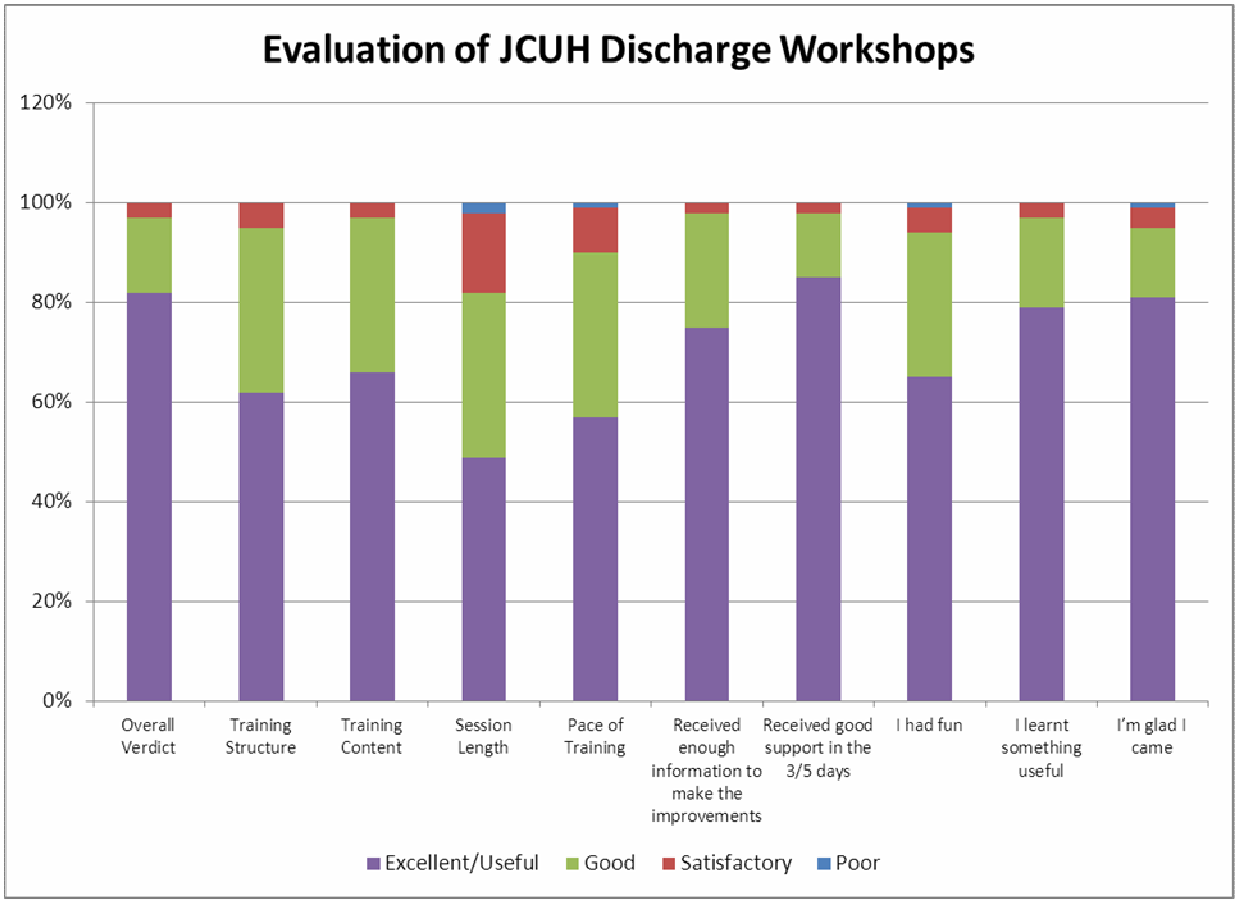
November 2013

Appendix 1: Example Discharge Improvement Workshop Agenda

South Tees Hospitals NHS
NHS Foundation Trust

Agenda for Discharge Improvement Workshop
Wards 31 & 32

Time:	Monday 08 July 2013 Room 25, Academic Centre, JCUH	Tuesday 09 July 2013 Room 10, Academic Centre, JCUH	Wednesday 10 July 2013 Room 32a, Academic Centre, JCUH
8.30am	Welcome/Introductions - Consultant Sponsor and Divisional Manager	Daily debrief Review ideas and themes generated from the previous day and plan into the next day	Daily debrief Review previous day's events
9.00am	Standard Processes Presentation:– PDD definitions, Levels of Discharge Framework Transport and Pharmacy PSAG boards presentation and ward clerk DVD	Floor work and implementation	Complete any outstanding floor work and commence action planning
11.00am	**BREAK**	**BREAK**	**BREAK**
11.15am	Standard Processes Presentation cont'd:– Mental Capacity Act Single Point of Referral Discharge legislation, Section 2/Section 5 Referral forms	Floor work and implementation	Prepare for 1.00pm report out
12.15pm	**LUNCH**	**LUNCH**	**LUNCH**
1.00pm	Idea generation exercise, general and specific Identify areas for improvement on their ward – The team	Floor Work and Implementation	**Report out 1:00pm** – divisional manager, consultant sponsor , lead nurse, matron and directorate manager to attend
1.30pm	Patients journey to be mapped by half of the team, the remaining team members to create the ideal journey	Floor Work and Implementation	Plan for day 15 and day 30 report out Information taken back to the ward to be displayed
3.30pm	Theme and group the ideas generated and arrange other individuals to attend	Regroup and feedback findings to facilitators	Reflection Question and Answers Close
4pm 4.30pm	Reflection Question and Answers Close	Reflection Question and Answers Close	



	Poor	Satisfactory	Good	Excellent/Useful
Overall Verdict	0%	3%	15%	82%
Training Structure	0%	5%	33%	62%
Training Content	0%	3%	31%	66%
Session Length	2%	16%	33%	49%
Pace of Training	1%	9%	33%	57%
Received enough information to make the improvements	0%	2%	23%	75%
Received good support in the 3/5 days	0%	2%	13%	85%
I had fun	1%	5%	29%	65%
I learnt something useful	0%	3%	18%	79%
I'm glad I came	1%	4%	14%	81%