

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

DISCHARGE FROM COMMUNITY HOSPITAL

PATIENT INFORMATION LEAFLET

Predicted date of discharge:

The Consultant responsible for your care is:

The name of your Ward Manager is:

The direct line for the ward is:

Produced by Betsi Cadwaladr University Health Board in partnership with:

- Anglesey Local Authority
- Gwynedd Local Authority
- Conwy Local Authority
- Denbighshire Local Authority
- Flintshire Local Authority
- Wrexham Local Authority
- Voluntary Sector Representatives

This information is fully supported and endorsed by your local hospitals, your Local Authority, your care commissioners and legal teams.

If you do anticipate any problems regarding your discharge at any time during your hospital stay, please speak to the nurse in charge of your care.

In this leaflet we aim to give you all the details about the

process of planning for your safe discharge from hospital. It also lists possible options that will be considered by the team caring for you on discharge.

Introduction

Welcome to Betsi Cadwaladr University Health Board.

The length of time you spend in hospital will depend on your clinical condition. Soon after your admission you will be given a Predicted Date of Discharge (PDD).

During your admission you will be assessed by various professionals and your views and goals will be documented.

A multi-disciplinary team including the ward sister, consultant or GP and ward nurses will begin to plan your discharge from hospital as soon as you are admitted. Depending on your individual circumstances this team may also include pharmacists, Social Workers, Community Nurses, Occupational Therapists, Physiotherapists and Discharge Co-ordinators.

Leaving Hospital

You will be discharged from hospital when your consultant or GP confirms that you are medically fit to leave hospital and that you no longer require a hospital bed.

Most patients go straight home from hospital however some patients may require extra support to regain or sustain independence.

A safe and timely discharge from hospital allows other patients, who require a community hospital bed, to be admitted without delay.

Your discharge out of hospital at the right time is important for the following reasons:

- This gives you the best opportunity to regain your independence.
- Some people find it harder to return home the longer they stay in hospital.
- There is a risk of acquiring infections in hospital. Leaving hospital as soon as you are medically fit means this is less likely and reduces the risk of any complications.

Our Commitment to You

- You will receive the right treatment in the right place and by the right professional.
- We will ensure your stay in a hospital bed is kept to a minimum by carrying out ongoing assessments to plan for your discharge.
- Once your Consultant/GP team assesses that you are medically fit for discharge/transfer we will aim to discharge you from hospital.
- Our aim will always be that you return to your own home. If returning home is not possible you will be transferred to the most appropriate and available service that can best meet your needs.
- We will aim to discharge you from hospital as early as we can on your day of transfer
- In partnership with our Local Authority, Voluntary Sector and Independent Sector Partners, we are committed to ensuring you access appropriate support on discharge
- In some circumstances we will arrange transport from hospital to your destination, this will depend on your individual circumstances.

Working with Us

Please help us find and agree the best care and support for you by:

- Sharing information and engaging with all health and social services staff members
- Taking part in the planning of your future care
- Attending Multi Disciplinary Team Meeting's (professionals involved in your care) with your family and be flexible as to when these happen
- Arranging your own transport home
- Read this information in full and support our common goals

Medication

We encourage patients to bring medicines from home into hospital so we can check exactly what you were taking prior to your admission. We may give you a Green Medicines Bag on discharge to keep your medications in.

We will return your medicines to you on discharge along with any newly prescribed medication. Let the pharmacist know if you have supplies at home.

We will explain your medication before discharge. There are written instructions on the packaging and a manufacturers leaflet inside.

If you have any questions or need advice about your medicines when you go home the pharmacy staff will be pleased to help you and can be contacted on the following telephone number:

Medicines Helpline 01248 384492

When you leave Hospital

If you no longer require hospital care and there is a delay in the start of your package or preferred community based placement you cannot choose to remain in a hospital bed.

To ensure that the assessment of your care needs is accurate and appropriate, it may take place in a more suitable environment such as an alternative community based bed which is outside the acute or community hospital setting.

Below are examples of services you may require when you leave hospital;

Intermediate Care at Home

Your hospital therapy teams and Social Care Worker may assess that you require a period of rehabilitation in your own home when you no longer require a hospital bed. This is sometimes combined with a package of care.

Intermediate Community Beds

The hospital team may recommend that you are discharged to an Intermediate Care facility to support a period of bed-based rehabilitation or clinical follow-up. You may be discharged to a community based facility such as a residential or nursing home for further rehabilitation and assessment of your long term needs.

Package of Care (POC)

When you return home you may require some help with your personal care and daily tasks. If so, you may be discharged to the Social Care Worker from your area who will visit you on the ward and complete an assessment of your needs. Your named Social Care Worker will take into account the review made by the medical, nursing and therapy staff. Your package of care will have a reablement approach to enable discharge home to be supportive, whilst encouraging you to increase/maintain your level of independence.

Care Homes

If it is identified that you need further care within a care home setting, you will be required to identify 3 care homes of your choice, one of which should have availability within the following 2 weeks and inform the healthcare professional responsible for your care of your choices.Please also see the leaflet "*Moving from Hospital into a Care Home: Your Choices*".This is in line with the Health Board's Discharge Protocol.

What it means to you

We understand that when leaving hospital you, your family, or carers will sometimes need time to make choices which can be life-changing. Your hospital works in partnership with the Local Authority to provide services which give you the time to help you make these choices in a more suitable environment.

Remaining in a hospital bed when you no longer need this level of care is not an option and you will be discharged from hospital when your consultant / GP assesses that you are medically fit and ready to leave hospital. We will aim to discharge you from hospital to a more appropriate environment.

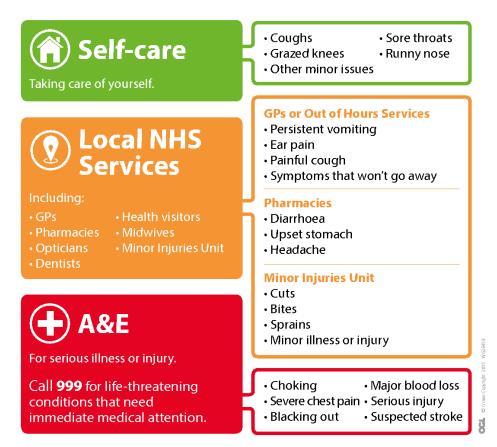
Please note: that we will always try our best to involve nominated members of your family or friends in your future care. The absence of family members due to holiday, work commitments etc does not mean that decisions regarding your discharge out of hospital can or will be put on hold until your family is available. If an advocate is required to support you with future care provision your hospital will arrange this for you.

Please be assured that our aim is to deliver the most appropriate care for all our patients in the most appropriate environment.

Your NHS Wales

Do you need care?





Still unsure? Contact NHS Direct Wales 0845 46 47

www.nhsdirect.wales.nhs.uk





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