

# PLANNING YOUR DISCHARGE FROM HOSPITAL

This booklet is intended to help you, your carer and your relatives and friends understand how your discharge or transfer from hospital takes place.

We need your help and co-operation so that this happens as efficiently and smoothly as possible.

If you need specific medical or surgical treatment then hospital is the right place for you. Once your treatment has been completed it is important that you leave hospital safely but as quickly as possible.

Name of Patient .....

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# PLANNING TO LEAVE HOSPITAL

**We will assist you in planning your hospital discharge. Shortly after you are admitted a ward nurse will ask you about your home environment and the support you have.**

It is important that you tell the nurse as soon as possible about anything that might make your return home difficult.

If you tell us that you think you might need social care support or we think you might need social care support we will ask your permission to refer you to the Adult Social Care Department of the area in which you live.

We will not discharge you from hospital until you are medically well enough and the multidisciplinary team are happy for you to leave and it is safe for you to return home or be transferred to a non-acute care environment.

If you, your relatives, or carers would like help with planning your discharge please speak to your ward nurse or contact a discharge co-ordinator on:

**Royal Sussex County Hospital**  
**01273 696955 Ext. 3696**

**Princess Royal Hospital**  
**01444 441881 Ext. 8023**

## **Brighton and Sussex University Hospitals**

You will be under the care of one of our medical or surgical teams whilst you are in hospital. They will let you know how you are doing and when you will be well enough to leave hospital. Your discharge will start being planned on admission.

Some patients need additional support when they leave hospital and this leaflet tells you about the support that is available and sets out a useful checklist so you can prepare for the day when you are ready to leave.

**When you are discharged home it is important that you will be safe and that you will be able to look after yourself. Some people require no extra help while others do need some support. We will help you assess your needs and what you need help with.**

**We may be able to help you access a range of services to support you on your return home including:**

- District nurse
- Community matron
- Intermediate care
- Home care
- Residential or nursing home care

## **Adult Social Care**

If you need social care support to help you get home safely you will be asked to agree to being referred to the relevant Adult Social Care Department. You will then be helped to assess your needs and to draw up a support plan. A support plan might include things like home care support and aids to help you regain the skills of independent living (washing, dressing, food preparation etc...).

If you have home care support before your hospital admission, your hospital stay is short (up to two weeks) and your needs have not changed, staff on your ward may be able to help you get this care restarted in time for your discharge.

If your hospital stay is longer than two weeks then you will need help of the relevant Adult Social Care Department and you should ask to be referred to them.

## Rehabilitation/ Intermediate Care

There are occasions when your medical condition has become stable but your recovery is not complete. You may be transferred to a rehabilitation unit or referred to the Intermediate Care Team.

This team can provide you with short term support and treatment at home or within one of their beds. They will work with you to help you return to your previous level of health and wellbeing. The team is multidisciplinary and includes therapists, nurses and social care staff.

## Residential and Nursing Home Care

In very exceptional circumstances some people do require a long term placement in residential or nursing homes immediately on their discharge from hospital. Adult Social Care will support you and if appropriate your family to identify a preferred care home as quickly as possible.

If your preferred home has no immediate vacancies then you will be expected to transfer to an interim placement as required by the Brighton and Sussex University Hospitals' TCP 212 Choice of transfer of Care of Adults Policy.

# HOW WILL MY CARE BE PAID FOR?

## Adult Service

Not everyone who needs services has the ability to pay for them so if you have been assessed as eligible to receive social care services, your ability to pay for them will also be assessed.

If your financial assessment confirms that you do not have sufficient resources to pay for your care then the local authority will pay for part or all of it depending upon your individual financial circumstances.

## NHS Continuing Healthcare

NHS continuing healthcare is the name given to a package of care which is arranged and funded solely by the NHS for individuals outside of hospital who have ongoing healthcare needs.

You can receive continuing healthcare in any setting, including your own home or a care home.

NHS continuing healthcare is free, unlike help from social services for which a financial charge may be made depending on your income and savings.

## NHS-Funded Nursing Care

Individuals who require ongoing nursing care in a registered care home with nursing may be entitled to NHS – funded care – a weekly contribution made to reflect the registered nursing care element of the fee. Eligibility for this is determined following a CHC decision. Please discuss with the ward team.

For more information please ask for the leaflet: “NHS continuing healthcare and NHS-funding nursing care - Public information booklet”

This information can also be downloaded from the Department of Health website at [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

**Now you are in hospital, you may be referred to one or more of the following professionals or services depending on your care needs.**

## **Chaplaincy Service**

The chaplaincy team is available to offer spiritual, pastoral and religious support to all patients and their relatives and carers, during their stay in hospital.

## **Community Matron**

Community Matrons offer support at home to people with more than one chronic medical condition. They will co-ordinate your care and help you monitor and self-manage long-term conditions, avoiding crisis and further hospital admissions.

## **Dietician**

Dieticians assess your nutritional requirements and provide specialist advice about nutrition, food-related

issues, and dietary treatment plans to support you with the management of your medical condition.

## **District Nurse**

District Nurses are qualified nurses with additional training enabling them to assess your needs at home. They work closely with your GP to support your care at home. They provide holistic nursing care to 'house bound' adults or by reason of their diagnosis, are best supported in their own environment by the skills and expertise of the District nursing service.

## **Discharge Coordinator**

Discharge Coordinators give support to patients with complex discharges. They can help you with planning your discharge, particularly if your circumstances have changed or you require help to organise your on-going care.

## **Falls Prevention Team**

The Falls Prevention Team aim to maintain and improve

independence, restore function and support the well-being of adults who are at risk of falling or who have fallen.

There is a falls prevention information leaflet available for patients on the BSUH website: [www.bsuh.nhs.uk](http://www.bsuh.nhs.uk) under – ‘Patients and visitors/ Patient information leaflets’. The leaflet is entitled ‘How can I reduce the risk of falling in my home?’

### **Hospital Social Care Team**

The Social Care Team works with patients who have been identified by hospital staff as requiring social care support in order to be safely discharged from hospital. The team work with patients and their families to help them draw up a support plan that describes the sort of support they need and how this support should be provided. Once the support plan is agreed the team will then help you to arrange the support you need to be discharged safely from hospital.

### **Occupational Therapist**

Occupational Therapists help you to maintain independence in activities of daily living.

They can assess and recommend special equipment to aid you at home such as rails, raised toilet seats and perching stools.

### **Patient Advice and Liaison Service (PALS)**

PALS is a friendly, informal and confidential service, providing information and support to patients, their partners and carers using our health services. PALS staff will listen and try to help you sort out any problems quickly.

PALS also welcome your opinions about our hospital services and encourage improvement when services appear to have fallen short of what is expected. PALS staff are normally available between 9.00am – 5.00pm Monday to Friday, voicemail is available outside these hours.

You can contact them by email on [pals@bsuh.nhs.uk](mailto:pals@bsuh.nhs.uk) or by telephone: Brighton hospitals [01273 696955 ext 4029](tel:01273696955) and Haywards Heath [01444 441881 ext 5909](tel:01444441881).

## Pharmacist

Pharmacy staff will check the medicines you have brought into hospital and your prescription chart during your hospital stay. They can explain what any new medicines are for, how to take them and common side effects. After the doctor has written your discharge prescription, the pharmacy will supply your medicines to take home.

Please let your pharmacist know if you think you need help managing your medicines. They can liaise with your regular pharmacy to provide longer term solutions.

For any future hospital stays, please bring all your medicines with you. This helps us to make sure all your medicines are recorded accurately on admission.

## Physiotherapist

Physiotherapists assess mobility and provide advice on exercises to help you regain movement you may have lost. They also deal with concerns such as breathing problems and anything else that affects your ability to move or walk independently.

## Speech and Language Therapist

Speech and Language Therapists assess speech, language and swallowing difficulties and give advice on the management of these problems.

## Specialist Nurse

Specialist Nurses are qualified nurses who have additional skills and training in a particular area, e.g. diabetes, asthma, breast care, heart failure, respiration and palliative care. They can offer specialist advice and support for your condition.

## HOUSING AND HOMELESSNESS

**When you are admitted to hospital it is important to consider whether or not you will have accommodation to return to.**

**You may have housing problems such as:**

- Your medical needs may make your current accommodation unsuitable.
- You are of no fixed abode.
- Your landlord or person with whom you are living has asked you to leave.
- You are having a prolonged stay in hospital which may affect your payment of rent and tenancy.

**In order to ensure your discharge is not delayed and you have suitable accommodation to be discharged to** please alert your ward nurse to any housing issues that may arise for you.

# PLANNING YOUR DISCHARGE CHECKLIST

## In Hospital please ask and make a note:

### When I get home can I?

	Yes	No
Take a bath?	<input type="checkbox"/>	<input type="checkbox"/>
Have a shower?	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs or steps?	<input type="checkbox"/>	<input type="checkbox"/>
Lift heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>
Take walks/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Resume sexual activities?	<input type="checkbox"/>	<input type="checkbox"/>
Return to work?	<input type="checkbox"/>	<input type="checkbox"/>
Drive a car?	<input type="checkbox"/>	<input type="checkbox"/>
Other activities?	<input type="checkbox"/>	<input type="checkbox"/>

### When I get home will I need to think about?

	Yes	No
Someone to stay with me?	<input type="checkbox"/>	<input type="checkbox"/>
Help to get to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Help with shopping or preparing meals?	<input type="checkbox"/>	<input type="checkbox"/>
Help to do housework or gardening?	<input type="checkbox"/>	<input type="checkbox"/>
Help to walk up my path to my front door?	<input type="checkbox"/>	<input type="checkbox"/>
Help with my medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Help to communicate?	<input type="checkbox"/>	<input type="checkbox"/>
Help to swallow safely?	<input type="checkbox"/>	<input type="checkbox"/>
My family/carers to be taught to care for me?	<input type="checkbox"/>	<input type="checkbox"/>

### What will be provided?

	Yes	Start date
District nurse?	<input type="checkbox"/>	.....
Home care service?	<input type="checkbox"/>	.....
Day hospital?	<input type="checkbox"/>	.....
Day centre?	<input type="checkbox"/>	.....
Occupational therapist?	<input type="checkbox"/>	.....
Physiotherapy?	<input type="checkbox"/>	.....
Community matron?	<input type="checkbox"/>	.....
Intermediate care?	<input type="checkbox"/>	.....
Other?	<input type="checkbox"/>	.....

Please **highlight** to staff any problems or concerns you have about returning home.

# ON THE DAY OF YOUR DISCHARGE

## Transport

It is expected that people will make their own travel arrangements when they leave hospital. Please arrange for a relative or friend to collect you from hospital. Hospital transport is available only for those people who have a medical problem that prevents them from using a car, taxi or public transport.

**Please note we can only transport one small bag of essential belongings; any other possessions must be taken home by family or friends.**

## Medicines to take home

You may be given medication when you go home and the nurses on the ward will explain the instructions to you. If you brought medications in with you, this will be returned providing it is safe and appropriate to do so.

## Discharge Lounge

Patients may be transferred to the Discharge Lounge prior to discharge. It can take several hours for transport and medications to be organised, but you will be well cared for while you wait by qualified nurses with facilities including refreshments and television.

## Discharge Summary

A letter giving details of your hospital admission and discharge medications will be sent to your GP and other care providers and you will be given a copy. Further repeat prescriptions should be obtained from your GP surgery.

## GOING HOME DAY CHECKLIST

- ✓ Ask family or friends to bring in outdoor clothes
- ✓ House keys at hand
- ✓ Ask for valuables to be returned
- ✓ Ask about any dressings, syringes etc. to take home
- ✓ Ask for discharge summary letter for your GP
- ✓ Details of outpatient or follow up appointments
- ✓ Where are wheelchairs for use?
- ✓ Contact names and numbers for services arranged
- ✓ Medications I must take and instructions on their use
- ✓ Information about any special diets
- ✓ Information for my carer or family on how to care for me
- ✓ Transport arrangements
- ✓ Ask for a medical certificate (sick note) if needed for your employer

**Please ask relatives or friends to make sure your home is ready for your return, with the heating turned on and some food available.**

## ONCE HOME - WHAT IF?

**Q. What if the District Nurse does not arrive?**

**A.** During office hours contact your GP surgery.

At the weekend or evenings, contact the District Nurse via your GP's emergency number.

**Q. What if I need more dressings?**

**A.** Ring the GP surgery or District Nurse who can ensure you receive a supply.

**Q. What if Home Care does not arrive when expected?**

**A.** Telephone the home care provider. The name of the provider and their telephone number will be on your support plan.

**Q. What if my recovery is not going as expected?**

**A.** Contact your own GP who will assess the situation.

**Q. How long will my medication supply last?**

**A.** The hospital pharmacy will usually give you 14 days supply of medications.

You must contact your GP surgery for further supplies of medications.

**Q. What if I fall and cannot get up?**

**A.** Nobody should try and lift you without help.

Dial 999 and ambulance personnel trained in patient handling techniques will be pleased to assist.

# SAFETY AT HOME

- Make sure all your carpets are secure and remove loose rugs
- Is your lighting adequate? Choose brighter bulbs, especially on stairs
- Is furniture arranged so that you can move around easily?
- Make sure your phone is accessible and stay in contact with friends and family
- You may want to consider the benefit of a community alarm

## Notes

This booklet was produced in association with:

Sussex Partnership   
NHS Foundation Trust

  
**Brighton and Hove**

  
**Brighton & Hove  
City Council**

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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NHS Trust

**Disclaimer**

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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