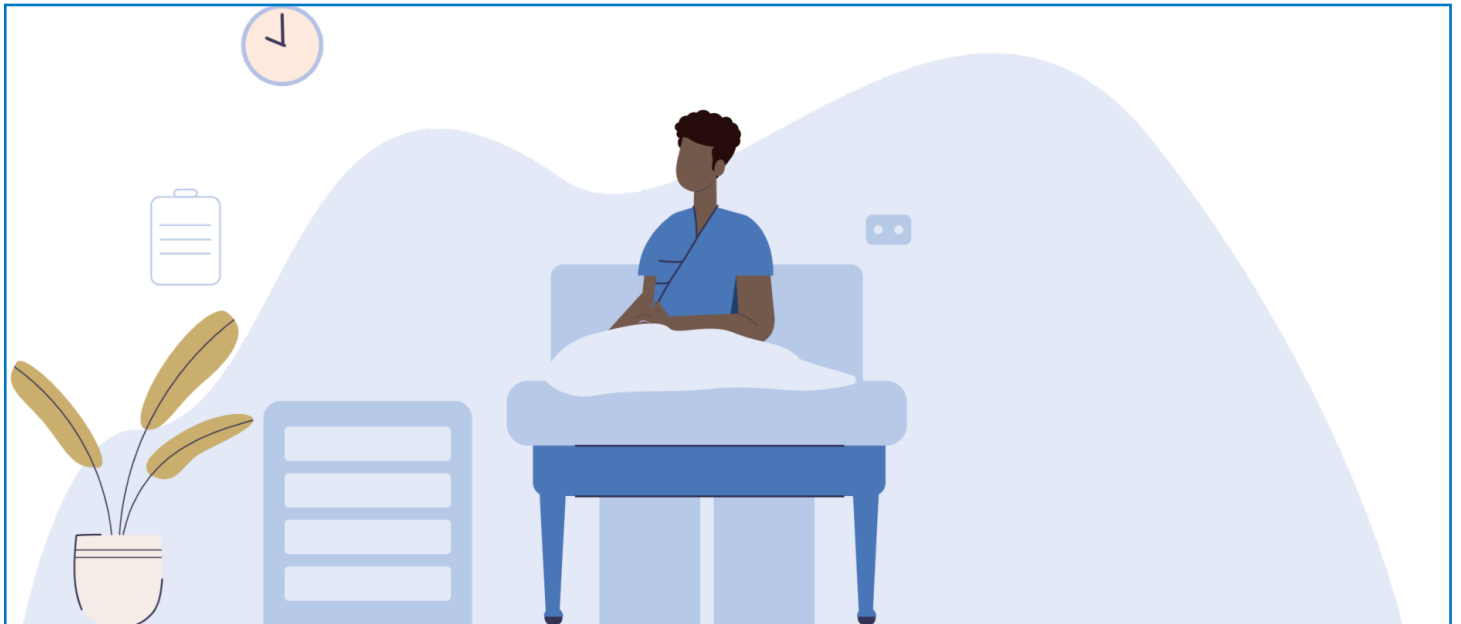


Discharge Leaflet

During your hospital stay, we will do our best to make you feel comfortable and ensure you receive the very best care and treatment. We know that staying in hospital can be a stressful time for you and for your loved ones.

Your Discharge Explained

Our number one priority is to support you in a safe recovery so that you can return home as soon as you are medically well, which is also known as medically optimised. This may not mean a full physical recovery, as we can continue to support you in the community if required.



Planning Your Discharge Together

It is important that, *together*, we plan your discharge. *Together* involves you, the care team and any family, carers or friends you wish to be included.

Hospitals are the right place to be when you are ill and require help from the acute care team however spending more time in hospital than you need to can do more harm. You will recover far better at home/in your usual community setting. Staying in hospital increases the risk of becoming unwell from other infections and becoming deconditioned (losing strength and independence). Staying in hospital longer than necessary also means other acutely unwell patients may have a delay in accessing the urgent hospital beds they need.

Some people will have been assessed for admission to the Virtual Ward. This is short term care and is offered as an alternative to staying in hospital. If suitable, you will have been assessed by the relevant team and will have been given some information leaflets.



Next of Kin (NOK) / Family and Friends

With your consent, we often talk with NOK, family and friends when supporting you with your discharge. We appreciate it is a difficult time for everyone involved when a loved one is unwell, therefore we want to work as a team to arrange a safe and preferable discharge.

It's useful if you can provide:

- A lead contact / Next of Kin (NOK) – often family and friends have multiple members wanting to be involved, however we are unable to liaise directly with everyone. It's really helpful to have a lead contact who will then any share any updates with family and friends.
- Correct contact details for NOK– Name, relationship, telephone and email.
- Availability – times when NOK are / aren't available / best time for us to make contact.
- Upcoming holiday / work trips – unfortunately we cannot delay discharges due to NOK commitments, however, we could consider earlier discharge / alternate options if we are made aware of NOK unavailability.
- Power of Attorney – if your NOK has power of Attorney for your Health/ Finance, it is helpful that proof is provided as soon as possible. Please could your NOK/family member show these documents to a member of the care team so they can be added to the patient record and then returned as soon as possible.

How You Can Support Your Discharge

On the back page of this leaflet is a list of really important questions with regard to your discharge. Please consider your answers, and if helpful, make notes. If you or your family have any concerns or are aware of any circumstances that will impact on your discharge arrangements, please let a member of the care team know as soon as possible.

Additional Support/ Further Health and Social Care Assessments:

If you require additional support, or it is not safe to return home, a team of health and social care professionals will support you. A Discharge Co-Ordinator, Therapist and member of the Social Care Team may be involved.

Initial conversations/assessments will take place in hospital, though some assessments may be completed outside of the hospital setting. We have a range of community services available to enable this assessment to take place at home. If we can't assess you at home, your assessment may take place in one of our temporary bed-based settings across Calderdale or Kirklees.

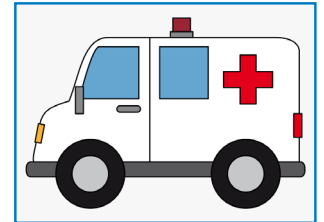
Sick Note

You may need a sick note or information for your employer or insurance companies. Speak to a member of your care team.

What to Expect on the Day of Discharge

We will always aim to get you home early on your day of discharge rather than keep you in hospital for longer than necessary.

Transport: In most circumstances it is easier for you to arrange transport with your NOK. Hospital transport is only available for people who meet a very strict criteria, something your care team will be happy to discuss.



Medication: We will ensure you have a minimum of a 2-week supply of all your medicines prior to discharge, including supplying any new or changed doses. If a specific medication isn't available upon discharge, we will discuss the plan with you. A member of the care team will discuss your hospital stay and explain your medication to you and common side effects. You can ask questions about your medication and treatment. Your GP will be informed electronically of these changes and can therefore prescribe more when required, just submit a request to them as you usually would for your medicines. We advise that you contact your GP in good time to arrange a repeat prescription for ongoing medication.



After you are Discharged:

GP: Your GP will receive an electronic letter explaining why you were in hospital; it will include your medication and discharge location. You do not automatically receive a follow up appointment with your GP. Please contact your GP if you have any concerns.

Follow up appointments: If you need a follow up appointment, further investigations or you have been referred onto a community service, we will arrange this before you leave hospital and details may follow in the post. If you do not receive the care you were offered, please use the contact details below.

District Nurses / Community Nurses: You may require an onward referral to our District Nursing Teams following your discharge. District Nursing Teams provide nursing care for patients who are housebound, aged 18 and over and are registered with a Calderdale / Kirklees GP. A person is not housebound if they are able to leave their home environment with assistance. For instance, if they are able to attend personal appointments such as the hairdressers, opticians or visit supermarkets, they will be deemed as appropriate to attend their GP surgery for their healthcare, except where there are identified nursing reasons for example, Palliative Care Support visits, Intravenous Antibiotics and Complex Wound Care.

Further support: If you feel you need further support once you are home you can self-refer to community / social services, see contact details below.

Compliments and Concerns: We hope you are happy with the care provided and have a safe and pleasant discharge. If you have any concerns, complaints, compliments, or feedback please raise them with the Ward Nurse in Charge/ Co-Ordinator, or contact: patientadvice@cht.nhs.uk,
Tel: 0800 013 0018

Friends and Family Test: Good care or poor care? Let us know. Please help us improve the quality of our service by telling us about the care you received. To leave your anonymous feedback you can:

- visit our website: www.cht.nhs.uk and search "friends"
- scan the QR code to go to our website
- complete a card (please ask a member of staff)
- respond if you receive a text message (text message is free).



Patient Satisfaction Surveys: A staff member may be in touch once you are discharged to talk about your experience or ask you to complete a questionnaire. If you do not wish to participate, we understand and will respect your decision.

Useful Contacts

Huddersfield Royal Infirmary:

Telephone: 01484 342000

Calderdale Royal Hospital:

Telephone: 01422 357171

Age UK, Calderdale and Kirklees:

Telephone: 01422 252 040

Telephone: 01484 535 994

Equipment:

Calderdale Equipment Loan Stores

Telephone: 01422 261399

Medication Helpline

Telephone: 01422 224356

Kirklees Medequip

Telephone: 01484 728970

NHS Volunteers

Telephone: 0808 196 3646

nhscarevolunteerresponders.org



Social Services / Health and Social Care Needs

- Calderdale Gateway to Care: Telephone: 01422 393000
- Kirklees Community Health and Social Care Hub: Telephone: 0300 304 5555
- Kirklees Out of Hours Emergency: Telephone: 01484 414933
- Calderdale District Nursing Single Point of Access: Telephone: 01422 652291

Discharge Checklist -

What Do We Need to Know and What Do You Need to Consider?

Considering your current situation:

Current Situation	
Where do you live? Have we got your correct address for your discharge destination? Some people stay with relatives. Were you living at home prior to being admitted, or at a relatives or different care setting?	
Are you independent with washing and dressing cares?	
Do you prepare your own meals?	
Do you do your own shopping?	
Can you walk independently? Do you use a walking aid?	
Do you have any other equipment at home? Do you think any additional equipment would be of benefit?	
Can you independently take your medication? Are you coping?	
Do you already have care provided at home by a District Nurse? If so, please highlight this to a member of the Care Team.	
Do you have any support ? Who is this provided by? Can you provide contact details? If not, can you ask family or friends to get it?	
Are you/Family/Friends/Carers coping or do you require more help?	
Do you support/care for anyone else at home?	
Do you have any pets that need looking after/are being looked after?	
Do you have anything important/unusual to note re accessing your home - A narrow path? Multiple steps? A challenging layout / limited space?	

<p>Do you have trouble discarding things (recycling, selling or giving things away)?</p> <p>Is it difficult to access and use the rooms/surfaces in your home?</p> <p>Is it difficult/unsafe to move around your home due to this?</p>	
<p>Considering the above, would the property benefit from a deep clean? <i>(This would be chargeable).</i></p>	
<p>Do you have any issues at home that may affect discharge, e.g. ongoing developments at home?</p> <p>Unexpected recent events such as a flood/fire/break in?</p> <p>Are you homeless?</p>	
<p>Do you feel safe in your own property and out in the community?</p> <p>Do you feel you have control over your finances and possessions?</p> <p>Do you have any concerns about your support network?</p>	
<p>Travelling Home</p>	
<p>Have you got suitable clothes and footwear to travel home in?</p> <p>If no, can you arrange for someone to provide alternatives when needed?</p> <p>If not, please speak to your care team.</p>	
<p>Will someone be able to ensure your heating is on/bed is made up/ some essential shopping has been provided?</p> <p>Can you arrange this?</p> <p>If not, please speak to your care team.</p>	
<p>How will you get home?</p> <p>Can you ask family, a friend or arrange a taxi?</p> <p>In some circumstances, we may be able to make other transport arrangements.</p>	

If you have any comments about this leaflet or the service you have received you can contact :

Hospital Discharge Team

Telephone: 07769300408

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਚ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"