Preferred First Name:

Ward and Contact Details:

Discharge Team Contact Details:

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Discharge Leaflet

Your Hospital Journey Explained



Hospitals are the right place to be when you are ill and require help from the acute care teams, however, spending more time in hospital than you need to can do more harm than good.

Staying in hospital increases the risk of developing infections and losing strength and independence (becoming deconditioned).

During your hospital stay, we will do our best to make you feel comfortable and ensure you receive the very best care and treatment.

Throughout your hospital stay, there may be occasions where you will be transferred between wards. For example, you may move from the Accident and Emergency Department to an assessment ward, then to a specialty ward following your clinical diagnosis. As your condition improves or if you require support on discharge, you may move to a less acute ward.

Our main priority is to support you in a safe recovery so that you can return home as soon as you are medically well enough to leave hospital. 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. Soon after you arrive in hospital, we will discuss and begin planning your discharge. this helps to avoid any potential discharge delays and to address any concerns.

The evidence tells you will recover far better at home, or in your usual community setting.
Staying in hospital longer than necessary can also delay access to hospital beds for other patients who need urgent care.

compassionate care

How You Can Support Your Discharge



Welcome Boards

Behind your bed is a Personal Information board. This board can be completed by anyone, including yourself, carers, family or friends to share important personalised information about you with our care teams. This helps to get to know you better and facilitates person-centred care.

Discharge Checklist

At the end 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 discharge arrangements, please let a member of the care team know as soon as possible. In particular, please consider the essentials you will need such as a key, food, drink, heating and other essentials, and how you will travel home.

Next of Kin / Family and Friends

With consent, we often talk with Next of Kin, unpaid carers, family and friends. This is because 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 well-planned and safe discharge.

It's useful if you can provide:

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

Next of Kin / Family and Friends Details (please also share these with ward colleagues):

Hospital at Home

We are able to support your discharge by referring you to community services, often called 'virtual wards' or 'hospital at home.' This means you will continue to get the medical support you need in your own home rather than in hospital. If you are able to be supported by these pathways, you will be assessed and provided with the appropriate information.

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. This may include a Discharge Co-Ordinator, Therapist and member of the Social Care Team.

Initial conversations/assessments will take place in hospital, though some assessments may be completed outside of the hospital setting, including Continuing Health Care Assessments. 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.

What to Expect on the Day of Discharge

On the day of discharge, you may move to the Discharge Lounge to support with your transition home, including a discharge discussion, discharge summary, medication and to wait for your pre-arranged transport.

We will always aim to get you home early on your day of discharge rather than keep you in hospital for longer than necessary. However, we need to ensure your discharge is safe, and that we have provided the correct advice, onward referrals and medication before leaving. At times, this may cause a delay.

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



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.

Useful Contacts

Calderdale Royal Hospital:
Telephone 01422 261399

Huddersfield Royal Infirmary:
Telephone: 01484 342000

Medication Helpline
Telephone: 01422 224356

Calderdale Equipment Loan Stores
Telephone: 01422 357171

Kirklees Equipment - Medequip
Telephone: 01484 728970

Calderdale District Nursing Single Point of Access: Telephone: 01422 652291

Kirklees District Nursing Single Point of Access: Telephone: 0300 304 5555

Social Services / Health and Social Care Needs

- Calderdale Gateway to Care: Telephone: 01422 393000
- Calderdale Out of Hours Emergency: Telephone: 01422 288000
- Kirklees Community Health and Social Care Hub: Telephone: 0300 304 5555
- Kirklees Out of Hours Emergency: Telephone: 01484 414933

Age UK, Calderdale and Kirklees:

- Telephone: 01422 252040
- Telephone: 01484 535994

Carers Count

- Telephone: 0300 012 0231, 01422 39 101
- info@carerscount.org.uk

Support with Lasting Power of Attorney:

- Where to start - Lasting power of attorney - Your Voice, Your Decision - Gov.UK campaign
- Age Uk (as above)

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: PALS - **patientadvice@cht.nhs.uk**,
Tel: 01484 343800

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.

Information about my Discharge:

Discharge Checklist -
What Do We Need to Know and What Do You Need to Consider?

Considering your current situation:

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

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

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉੱਪਰੋਕਤ 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"