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Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
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CARERS AND DISCHARGE

A carer's guide to hospital discharge

August 2010

Am I a carer?

Your mother may just have had a stroke. Your husband or wife may have been disabled in a road traffic accident. Your son may have just gone through a distressing period of acute mental ill health. It doesn't matter what age you are, or what else you have going on in your life. If someone you care about has been in hospital, and you know that they are not going to be able to manage at home without your help, then you are a carer.

A carer is someone who, without payment, provides help and support to a family member or friend who may not be able to manage without help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children, or young people under the age of 18 who care for another family member.

What is discharge?

This is a catch-all term used to describe the process for getting a patient, who is in hospital or an intermediate care setting (for example, for a short period of rehabilitation), ready to leave. It involves talking to the patient and their family/friends about what kind of support and help they might need, helping them make informed choices and making sure that the support is available when they get home. It often involves moving first to some kind of 'step-down', rehabilitation unit or an intermediate care setting for a while, before finally moving home.

Making decisions about caring?

You may not have considered yourself to be a carer until now and you may be trying to adjust to a completely new situation. Perhaps you are bringing a relative home who used to live elsewhere or providing additional support for them in their own home. You may be wondering how you will cope with someone whose life has been considerably changed due to injury or illness impacting on their ability to manage independently. Or you may have been looking after someone at home until now, but are unsure whether you can continue to provide all the help they may need after their hospital stay.

No one wishes to remain in hospital for longer than is necessary and there will always be a need to bring about timely discharge. You should not, however, experience this as undue pressure to accept caring responsibilities beyond those which you are able or willing to undertake. The pressure for discharge might come from hospital staff who need the beds and it may come from the patient and other family members. Indeed, you may also want the person to be at home as soon as possible. However as a carer you need to consider other areas of your life:

- If you have a job will your caring responsibilities affect it?
- Do you have children or other people who depend on you?
- Is your own health at risk from stress or from tasks such as moving the patient?
- Are other family members or friends able/willing to contribute to the caring role?

As a carer you have a choice of whether or not to provide care, or about the amount of care that you feel you can safely provide. It is very important that you are realistic about what will happen when the patient comes home, that you have all the information you need to make a decision, and that all options are explored.

What can carers expect to happen

All Health and Social Care Trusts have policies about involving carers and you also have certain rights. This section explains what you can expect to happen.

1. When the patient is first admitted

Your involvement should begin as soon as the person is admitted to hospital. If the admission is planned and not as an emergency then your involvement should begin before they are admitted.

CHECKLIST

✓	Has someone asked you if you provide help or support to the patient?
✓	Have you been given details of a named person within the hospital you can talk to about all aspects of the hospital stay and the eventual discharge? This might be a nurse or a social worker.
✓	Have your communication needs been addressed, e.g. interpreter, signer, written information in accessible format etc?

2. Throughout the in-patient stay

All the staff that you deal with during the patient's stay in hospital or an intermediate care setting (Doctors, Nurses, Physiotherapists, Occupational Therapists, Social Workers and others) should apply the following principles in their dealings with you, the carer:

CHECKLIST

	Your knowledge of the patient and your expertise in caring for them should be recognised by staff.
	With the patient's permission you should be fully involved as an equal partner at all stages of their treatment including decisions about what needs to happen for a timely and positive discharge.
	You have a choice about caring. No assumptions should be made about your or other family members' willingness to provide care. A distinction should be made between a person caring **about** someone and a person providing care **for** someone.
	Everyone is different. Consideration should be given by staff to carers who face additional barriers to services including people with communication difficulties, people from minority ethnic communities, carers of people with mental health needs, carers of people with learning disabilities, older carers who may have health issues themselves and young people under the age of 18 (young carers).
	Staff foster good and effective communication with you and maintain records of discussion with you.

3. Planning for discharge

Planning for someone coming home after a period in hospital can have a huge impact on people's lives. Your employment, health and relationships can all be affected. Carers need to be able to make **informed** choices.

CHECKLIST

	Have you been given clear and concise written information about your involvement in the discharge process and told about local sources of help and support, including independent sources of advocacy?
	Have you been told of your right to, and encouraged to participate in, a carer's assessment under the Carers and Direct Payments Act (NI) 2002? This is an assessment of **your** needs and is an opportunity to discuss the implications of caring so you can make informed decisions.
	Have you been told about the diagnosis and treatment of the patient and the long term implications of their condition? This should include medication, possible side effects and the practical realities of the extent of caring and should include the opportunity to talk to a pharmacist, if necessary.
	Has someone asked you about your ability and willingness to care, during the assessment of the patient in preparation for their return home?
	Have you been involved in: • Discussion about future care options? • Assistance with convalescence and

	rehabilitation, including occupational therapy home visits and physiotherapy? • visits to residential or intermediate care/rehabilitation settings where possible?
	Have you received the training you believe that you need, for example moving and handling, safe use of equipment, providing medical care, administering medication, and caring safely?

4. The discharge

When patients leave hospital without appropriate plans being put in place there is a real risk that this could result in readmission to hospital. It is important that you feel prepared for the patient returning home and that plans include information about how you will be supported once the patient leaves hospital or intermediate care. The following checklist will help you to ensure that all appropriate arrangements are in place for a safe and timely discharge and to support you in the caring role.

CHECKLIST

	Have you been given reasonable notice that the person is coming home? Targets have been set to avoid any unnecessary delays in discharge; hospital staff will discuss these with you.
	Have you been given a copy of the discharge plan? This should have, in writing, everything that has been agreed about what will happen to support you and the patient. It should include details of medication and what to do in an emergency.
	Are all the agreed services to support you and the patient in place or do you know when they will be in place? Has essential equipment been delivered?
	Have arrangements as to how the patient will be transported home been agreed with you?
	Have you been given written information about local sources of help and how to access them?
	Have you been given the contact details for the Trust's Carers' Co-ordinator?
	Has the patient's GP been told they are coming home and informed that you are the patient's carer?
	Has the patient got enough medication to last until they can see their GP?
	Do you have a phone number to call if you have any worries or concerns, both during the normal working day and also out of hours or in emergencies?
	Have you had sufficient time and support to get everything ready at the patient's home? Is it warm enough; is there food in the house etc?
	Have you been told when the care plan will be reviewed and who will be responsible for arranging the review?

If you have any other issues or concerns not covered in the above checklist please do not hesitate to raise them with your named person, your key worker, nurse or social worker.

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