

Hospice Admission and Discharge:

A Guide for Patients,
Relatives and Carers



0113 218 5500

www.st-gemma.co.uk

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Your referral to St Gemma's In-Patient Unit

The Hospice In-Patient Unit provides specialist palliative care to patients with life-limiting illnesses, and support to those who are important to them. For patients this might be symptom management, for example, pain or breathlessness management. The In-Patient Unit also cares for patients at the end of their life.

When will a bed be available?

We look at all of the patients who have been referred to the In-Patient Unit from across the community and hospital each day. The vast majority of patients are admitted within a day or two of being discussed with our team; the wait can sometimes be longer, depending on bed availability, and the needs of the other patients who are also waiting. We prioritise each day based on clinical need and will keep you updated.

What will I need to bring in with me?

When you come into the Hospice as an In-Patient, we ask that you bring all of your usual medicines. If you have any dressings or special equipment to help manage your condition, please bring these with you too. Most people bring their own toiletries and some comfortable clothes for their stay. There is space in the rooms if you would like to bring some photographs or small personal items.

Will I have my own room?

Most of the rooms in the Hospice are single rooms. We do, however, have 2 bays on each ward, which can accommodate two patients each. We try to accommodate patient and family preferences wherever possible, but you may be in a shared room during your stay.

What are the visiting hours?

Our usual visiting hours are 8am – 8pm. This enables families and friends to spend time with patients, whilst giving all patients an opportunity to rest. There may be certain situations where visits outside of these hours can be accommodated; this needs to be agreed in advance with a member of the team.

Can I smoke at the Hospice?

There is a small smoking area in the garden that patients are welcome to use, if well enough to do so, or are able to be accompanied by a

visitor. It is likely that many patients will require an escort to be with them to facilitate them smoking out of hours, particularly overnight.

If staffing permits, there may be an opportunity for staff to help patients to and from the smoking area during the day, but this will not be possible overnight (8pm – 8am). The ward team can also offer you nicotine replacement, such as patches.

Will the Hospice be able to cater for my dietary needs?

The Hospice team are able to cater for most dietary preferences and requirements. This can be discussed with the nursing and hospitality teams on your arrival. If you have any questions about this before you are admitted, please let your palliative care nurse know, and they can clarify any questions with the hospitality team on your behalf.

How long will I stay at the Hospice?

Our average length of stay is around 12 days, however the length of your stay will vary depending on your individual needs.

Please don't worry if we discuss your discharge from the Hospice within a few days of your admission.

Discharge planning takes time to get right. It is important that we start planning as soon as possible so that care, equipment and any other services can be arranged in good time.

The Hospice team works in partnership with patients and their families, to ensure they are closely involved with all decision making during their admission, and when planning their discharge. By working together we hope to meet the needs of each individual and provide personalised care that respects your wishes and individual circumstances.

Can I choose to stay in the Hospice, if I'd rather not be discharged?

The In-Patient Unit is unfortunately not able to offer longer-term care or respite for patients. The Hospice's In-Patient Unit has a limited number of beds. It is only by discharging patients when they no longer require a specialist palliative care in-patient setting, and their care needs can be met in the community, that we can provide a service that is fair for

all of our patients. This enables beds to be available for patients to be admitted when they need us most.

Discharge planning will be reviewed on a regular basis and can be postponed or stopped at any time due to changes in your health needs, or if your condition deteriorates more quickly and it would be your choice to remain in the Hospice for the last days of your life.

Who is involved in Discharge Planning?

Several members of the Hospice team may be involved. This may include our Patient Transfer Nurse, members of the ward team, therapy team, and community nursing team. Depending on your circumstances, if support from carers at home or a nursing home is required, the Hospice team may refer to the external agencies for assessment.

Either a Social Worker or a Health Case Manager from the local community team will coordinate your discharge and liaise closely with you and your ward team. They will help you think about where you would like to be cared for e.g. your home, a relative's home, a nursing home and any help you may need with personal or nursing care.

When we start planning your discharge the team looking after you will work closely with you and those close to you to arrange it. If you are returning to your home, Physiotherapists and Occupational Therapists at the Hospice may assess you and talk to you about equipment which could make life easier at home. Additionally, they may complete a home visit with or without you to ensure they fully understand the environment you will be living in and can advise you about managing everyday tasks when you return home.



Welcome to the

Dales Ward





What funding is available to me?

In some circumstances funding can be available if you are eligible. Funding is offered by the Local Authority (Adult Social Care) or the NHS (Continuing Healthcare/Fast Track funding) to make sure that you can continue to be supported at home or in an alternative place of care such as a nursing home. There can be a charge for services provided by the Local Authority but your contribution will depend on your financial circumstances and the services you require. Adult Social Care staff will be able to explain this and assist with any queries you may have. Further information regarding this is available on request.

Who should I ask about my discharge?

It is very natural to have questions about your discharge from the Hospice. Our staff are here to help you and your family. If you have questions, let the staff member looking after you know. They can direct your question to the most appropriate person who will be able to assist.

What happens on the day of discharge?

You will be given information about who to contact if you have any problems, including telephone numbers for the Hospice and the local nursing teams. We arrange transport if required and can book it with an escort if a family member or carer wants to travel with you. Everyone

who is discharged will receive a 14 day supply of medication. We will send an updated discharge letter to your GP and local neighbourhood team if appropriate. This is sent electronically through your shared medical record, and you will also receive a copy.

When I'm discharged will I still have contact with St Gemma's Hospice?

Yes. Following your discharge you may continue to be supported by the Hospice's community team. This could include contact from a Community Nurse Specialist or the support and therapy team staff. Support is offered in a number of ways including telephone, in person, access to online resources or attendance at St Gemma's Out-Patients for one to one and group activities. You may also be visited at home or in your nursing home if needed. Other services involved in your care such as the spiritual care team, family support and therapy teams may be offered to you following discharge.

Once you're home, your GP will be responsible for your day to day care along with other community healthcare professionals such as your local neighbourhood team. If you or your family have any concerns or worries once you are home or in your nursing home, you can still call us for advice. If you are under the care of St Gemma's community nursing team you can call us on 0113 218 5540. Otherwise you can call us on 0113 218 5511.

Once I'm discharged will I be able to return to St Gemma's Hospice?

The Hospice often admits patients more than once. If you feel this might be needed, our community team would assess you to see if returning to the Hospice is appropriate. Some patients choose to be admitted to the Hospice for end of life care. This is for patients who are assessed as having only a number of days to live, whose wish is to spend their final days in the Hospice.

Where this is your wish, it is important that the health professionals involved in your care are aware. They should record this wish in your shared medical record. As you become less well, they will monitor you and liaise with the Hospice team regarding admission at an appropriate time provided beds are available.

Useful Telephone Numbers

St Gemma's Hospice (Main Reception) – **0113 218 5500**

St Gemma's Hospice (Community Team) – **0113 218 5540**

St Gemma's Hospice (out of hours) – **0113 218 5511**

Adult Social Care (Leeds City Council) – **0113 222 4401**

Continuing Healthcare – **0113 843 1675**

Health Case Management Team (North) – **0113 295 4701**

Health Case Management Team (South) – **0113 378 2721**



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