

Going home from hospital

Discharge Planning

Planning to leave the hospital, called discharge, will be discussed with you early in your hospital stay. Hamilton Health Sciences provides short-term care, called acute care. When you no longer need acute care, you will be discharged from the hospital.

You and your family need to be involved in discharge planning. The health care team is here to support you in your goal to return home and provide the best plan possible. The expected day of your discharge will be discussed with you.

If you are having elective surgery, you will need to make plans for your discharge before you are admitted.

You will be discharged at 9:00 am.

How can you and your family be involved in discharge planning?

Time of discharge

Be prepared to leave the hospital by 9:00 am on the day of your discharge.

Your bed will be used right away by another patient waiting in another area such as the Emergency Department or by someone needing a bed after surgery.

Arrange to have someone available to pick you up at the hospital by **9:00 am** (unless told otherwise) on the day of your discharge.

If this is not possible:

- you will need to book and pay for a **taxi** or,
- the health care team will book **Ontario Patient Transfer (OPT)**. You will need to pay for OPT at the cashier's office or you will receive a bill at home.

Bring clothing, shoes, a coat, house keys and other items to the hospital before the day of your discharge.

Family involvement

Family meetings with the health care team will be arranged if needed. Family meetings take place during the day and family members may need to rearrange their schedule in order to attend.

When the patient is not capable of making decisions about going home, the Substitute Decision-Maker (SDM) or Power of Attorney (POA):

- needs to be available and involved in discharge planning
 - needs to be available for treatment decisions
 - is expected to attend family meetings
 - is responsible to organize some services for discharge and discharge locations.
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Helping at the hospital

Ask the health care team how you can help the patient while they are in the hospital. Ways to help include helping the patient to walk, get up to the bathroom and fill out menus.

Support at home

If support is needed at home, a Community Care Access Centre (CCAC) Case Manager will help you make some of those plans. These services may include nursing, personal care and therapy services. You may need to pay for additional services, supplies and/or equipment.

You may also need services such as Meals-on-Wheels, Lifeline, DARTS, or grocery services. You are responsible for organizing these services and will need to pay for many of them. The health care team can help direct you in your planning.

The patient's current living situation

Do **not** make changes in the patient's current living situation until the health care team has worked with you to determine what you need to safely go home.

Prescriptions, follow-up appointments and costs

The health care team will talk to you about:

- prescriptions
 - follow-up appointments
 - possible costs/fees for some services and equipment. You must pay for costs such as ambulances, braces, crutches and other items not covered by OHIP before you leave the hospital.
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Transfer to another hospital

We will transfer you back to your hometown hospital if you no longer need our hospital's specialized care.

If you have questions or concerns

- Speak with any member of the health care team or the Clinical Manager on your unit.
- Call Patient Relations at extension 75240.
- Call the switchboard to have the Site Administrator paged on evenings and weekends.

Members of your health care team will support and work with you to get you home safely. Feel free to ask questions at any time.