Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Rapid Discharge -To Preferred Place of Death

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Rapid Discharge to Preferred Place of Death

Relative and Carer Information

Supportive & Palliative Care Team

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Introduction

The doctors and nurses will have explained to you that there has been a change in your relative or friend's condition. They believe the person you care about is now dying and in the last hours or days of life. To support you and your family the medical team will have discussed completing an Individualised Plan of Care (IPoC) to ensure that all your needs and preferences of care are met.

You and your relative/friend has expressed a wish to die at home, we want to do our very best to achieve this wish for you all. The doctors and nurses looking after your relative/friend believe that if we are to achieve this plan, time is of the essence. There are risks associated with this urgent rapid discharge plan of care, which will be fully outlined to you. You will need to meet other members of the wider healthcare team for this rapid discharge from hospital to your relative/friends preferred place of death.

Aims

There are a number of factors we need to consider prior to discharge:

- What are your concerns and expectations?
- What level of care / support from the healthcare professional are you expecting?
- What level of care / support is available?
- Specific risks involved in transporting from hospital to home

- What medication may be required at this time

The role of the Hospital Specialist Supportive & Palliative Care Team (HSSPCT), District Nurse (DN) and Complex Discharge Team

The role of the Hospital Specialist Supportive & Palliative Care Team (HSSPCT) and the District Nurse (DN) is to meet with you and your relative/friend, to make an assessment of their condition at this moment in time and to put an appropriate plan in place. The Complex Discharge Team will assess the need for their involvement.

The role of the ward staff

The role of the staff on the ward is to support you during your stay on the ward and answer any of your concerns and to ensure you have all the appropriate information you need.

Your role to make this plan happen

You will have a vital role to play in getting your relative/friend home. You will need to co-ordinate other family/friends. There may be specific risks involved that you need to be aware of, if we are to succeed in this rapid discharge plan, and it would help if you were able to explain these risks and the plan to other family members or friends involved.

Comfort Care

When someone is in the last hours or days of life, you may notice they are more tired and maybe sleepy for longer periods throughout the day.

If your relative/friend requires oxygen, then the hospital will arrange this to be delivered to the discharge address.

We are unable to provide 24-hour care at home, but you will have support from the district nurses who will visit up to four times a day. The district nurses will aim to support you and your relative/friend at this time. We can refer you for community palliative care support using a WHISPAR (Wigan Healthier partnership Integrated Specialist Palliative Care Active Response). For involvement of community services such as District Nurses, Hospice Nurse Specialist, Hospice in your Home Service and Marie Curie for additional support and also request some night sits from these two services (although this is not always readily available). Your relative/friend's General Practitioner (GP) will be contacted and asked to visit to provide medical support.

Due to weakness, it may be difficult for your relative/friend to swallow medication, or some medication that they are taking may not be beneficial at this stage and a decision may be made to stop them, but this decision will be made in your relative/friend's best interest and will be discussed with you. New medication will be prescribed so that if a symptom should occur, there would be no delay in responding to it.

Transport

When we have organised transport for your relative/friend's discharge home, although we cannot give a specific time for the ambulance to arrive, we expect it to arrive within 2 hours of the ambulance being booked.

Risks

We do not want to burden you with more information than you want or need, but we do want to make sure that all your concerns are listened to so that you are fully informed.

The recognition and diagnosis of dying is always complex, everyone is different. There are occasions when a patient who is thought to be dying lives longer than expected and times when a patient deteriorates and dies sooner than expected. Therefore, there is a risk that despite all our best intentions and plans, your relative/friend's condition may change suddenly, and we are unable to go ahead with this planned discharge home.

There is also a risk that your relative/friend's condition changes suddenly and they may die during the ambulance journey home. It is important for us to make sure you fully understand the real risks that may be involved at this time.

What is a Statement of Intent?

A Statement of Intent is completed to inform out of hours services that your relative/friend is expected to die within the next few hours or days. It confirms that a Medical Certificate of Cause of Death will be completed by the doctor that has signed the Statement. In some cases, the doctors are not able to complete a Statement of Intent if your relative/friends' condition is reportable to the coroner. This may result in your relative or friend being transferred to the hospital mortuary when they have died, and the police will attend to represent the coroner. Please note this is normal practice and should not cause you any concern. We know this is a difficult time; all efforts will be made to make this process as smooth as possible.

What is a Unified Do Not Attempt Cardiopulmonary Resuscitation (uDNACPR) form?

We are expecting your relative/friend to die and a uDNACPR informs services such as the Northwest Ambulance Service that cardiopulmonary resuscitation is not an appropriate intervention, as we want to allow a natural death.

Personal care folder

You will be given a green personal care folder with information needed for the Community Teams to care for your relative/friend.

Information that is important is:

- Contact numbers for the team looking after your relative / friend.
- Individual Plan of Care to communicate decisions, discussion, and the plan of care.
- Medication prescription for the district nurses.

- Statement of Intent – this is to communicate to the out of hour's services that we are expecting your relative/friend to die and that the uDNACPR lilac form has been completed.

Organ and Tissue Donation

If your relative/friend has an expressed a wish to donate Tissues, this referral can still be made to The Tissues Services in the community. Please speak to a member of the Community Team or you can contact Tissues Services on – 0800 432 0559.

Memories and Keepsakes

If you wish to have a keepsake such as a handprint, a lock of hair or a photograph, please speak to the nursing staff, who will be able to help you with this. If you would like us to contact our Chaplaincy and Spiritual Care Team or Priest prior to discharge, let the staff know or this can be done at your preferred place.

Who will issue the Medical Certificate of Cause of Death?

- Your relative/friend's GP will complete the Medical Certificate if they have visited before death and completed a Statement of Intent – contact your surgery.

OR

The hospital doctor that has completed the Statement of Intent if not seen by your relative or friend's GP – contact hospital Bereavement Service the next working day

- If the death is reportable to the coroner and you want to know more information, the Bereavement Service will be able to help.

Bereavement Office

Available 8 am until 4 pm Monday to Friday excluding bank holidays

Telephone: 01942 822524



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