

THE HOSPITAL OF GOD AT GREATHAM

HOME FROM HOSPITAL

Re-ablement support

The aim of the service is to prevent admission into hospital, reduce any time spent in hospital, make the use of that time as effectively as possible and prevent unnecessary readmission.

If Home from Hospital is involved immediately this can reduce length of stay in hospital or prevent hospital admission in the first instance.

Home from Hospital is a FREE service to those registered with an East Durham GP. Each client can use the service for up to 6 weeks from the point of referral.

The service aims to support :

- ◇ People with a diagnosis of dementia who already receive services.
- ◇ People with dementia who may not have a diagnosis of dementia and do not receive services.
- ◇ People over 60 years who may or may not have a diagnosis and people with short-term memory problems or cognitive impairment
- ◇ People with early onset dementia under the age of 60 years

East Durham Area

- ◇ Thornley
- ◇ Wheatley Hill
- ◇ Ludworth
- ◇ Haswell
- ◇ Seaham
- ◇ Murton
- ◇ Easington
- ◇ Peterlee
- ◇ Blackhall
- ◇ Horden
- ◇ Castle Eden
- ◇ Hesledon
- ◇ Shotton Colliery
- ◇ Wingate
- ◇ Station Town
- ◇ Trimdon
- ◇ Sedgefield
- ◇ Fishburn
- ◇ South Hetton
- ◇ Coxhoe
- ◇ Hutton Henry
- ◇ Ferryhill



Why are we doing this?

The Hospital of God at Greatham has a great deal of experience of caring for people with dementia; both for people who are in residential care and for others receiving support in the community. The charity provides day care, carer support and domiciliary support at 3 locations in East Durham. It also provides less formal support at 5 Memory Cafes throughout the east Durham area.

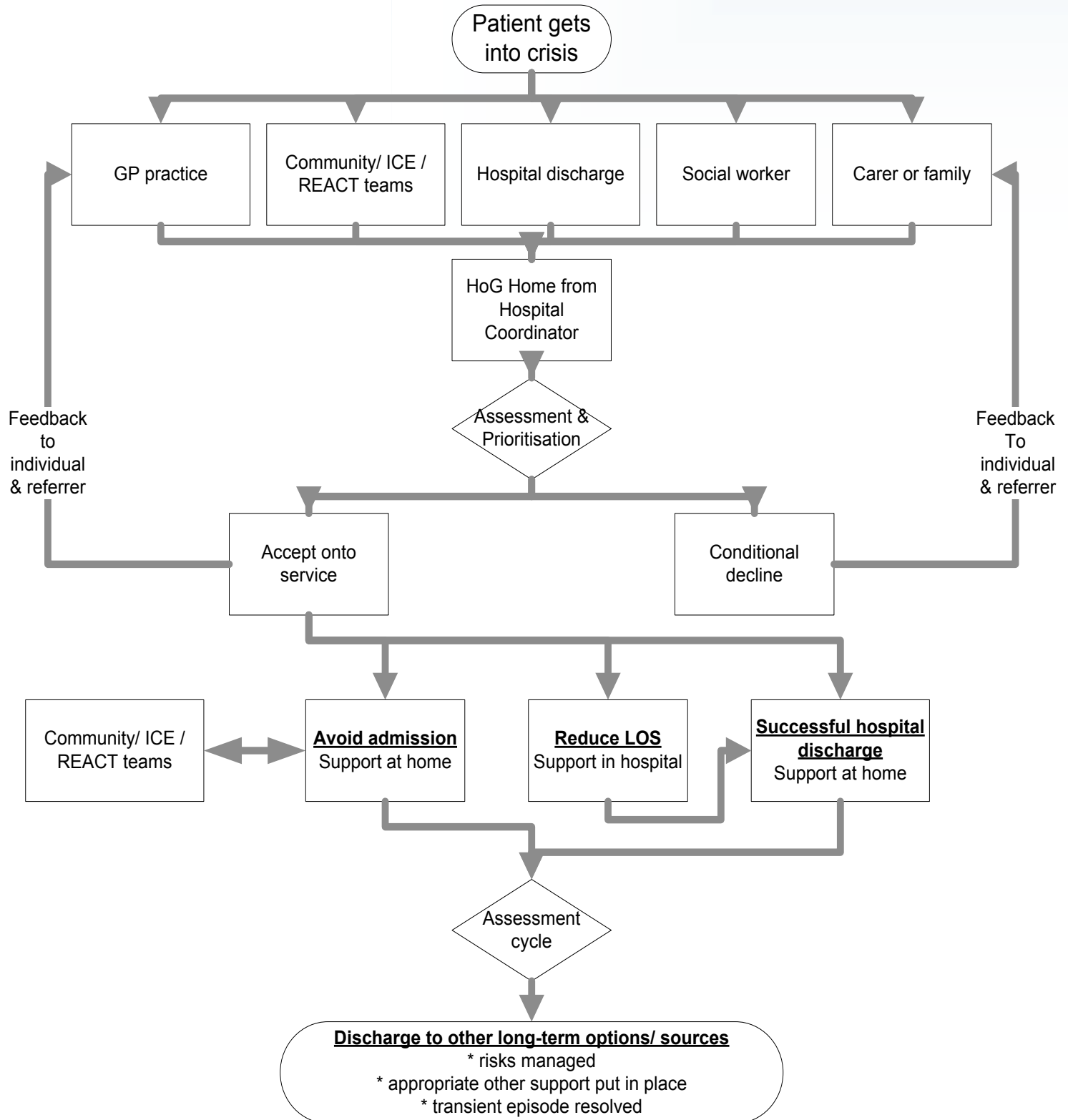


People with this dementia:

- ◇ Are particularly likely to have an inappropriate hospital admission: for example if someone is found wandering on the street the typical response of the public is to call an ambulance. The ambulance service assume that the person is not safe at home so they are taken to hospital
- ◇ May have inappropriate or poorly planned discharges: when they return home the bills haven't been paid, the heating has been off for a while, there is no food in the house and there can be a whole accumulation of things that someone just out of hospital is not ready to cope with. This results in stress and possible re-admission
- ◇ May have their mental health deteriorate because they have had a difficult time in hospital
- ◇ May not understand their medication and therefore do not administer correctly
- ◇ May have a lack of social support and suffer from social isolation.
- ◇ Tend to stay in hospital longer because clinical staff may have a lack of insight into the person's dementia and this can impede their treatment.
- ◇ May experience a longer stay in hospital which leads to infections, reduced mobility and lack of social interaction.

Patient Pathway

Patients with dementia often only receive medical support once they have been admitted to hospital. Earlier interventions could have avoided such admission. This is our pathway.



Re-ablement support workers

To make a referral or for more information please call or email Judith or Laura on the numbers and email address below.

Tel: Judith Day 07944280270

Tel: Laura Robinson 07944280269

homefromhospital@hospitalofgod.org.uk



Key Service Outcomes

- Reducing inappropriate admissions and re admissions to hospital from the community and residential care
- Reducing the length of stay in the acute setting
- Enabling lower levels of health intervention post-discharge by providing intensive versatile community support