Listowel Wingham
HOSPITALS ALLIANCE
Enriching Life's Journey Together

Preparing for Your Discharge (Leaving the Hospital) Begins Now

When you are admitted to the hospital, your health care team will work with you to plan your care goals and plan for the day when you will leave the hospital. This is called your day of discharge. Conversations about your discharge will take place soon after you are admitted. Knowing when you will leave the hospital can help you, your family and caregiver(s) plan and explore your options. Your health care team can also arrange any follow-up care you may need in time for when you leave the hospital.

Sometimes patients may be transferred to a different unit or another site/hospital during their stay. This depends on your needs and where you can best receive the care you require. Your health care team will keep you informed of any possible transfers. No matter which site/hospital you are transferred to, they will always help you prepare to leave the hospital.

Where will I go after I am discharged?

Going home is typically the first choice for patients. This is called the home first approach. If you need care at home, Home and Community Care Support Services will talk to you about your care needs, and about the resources in the community that may be right for you. They may contact you virtually (by phone) or in person, depending on your situation. Ask your health care team for more information.

What do I need to do to prepare for discharge home?

Once you know your day of discharge, you need to arrange your own transportation home. If you need help, ask your health care team for a list of phone numbers for travel options, such as patient transportation services, taxi or wheelchair accessible taxi.

Note: Listowel Wingham Hospitals Alliance does not pay your transportation to leave the hospital.

What if my needs can't be met at home?

If your needs cannot be met at home, your health care team will work with you to decide what type of facility can best provide the care you need.

A care site could include:

- Inpatient rehabilitation
- A transitional care unit
- Complex continuing care
- A long-term care home
- A retirement home
- Supportive housing
- Palliative care
- A hospital in your local community

If you are eligible for one or more of these care sites, your health care team will help with this transition.

What happens if I need long-term care?

If your needs can best be met in a long-term care home, your care team and a placement coordinator from Home and Community Care (HACC) Support Services will work with you to find a home that meets your care needs. This may include placement in a long-term care home where you will wait until a space becomes available in your preferred home.

Hospitals are not homes and are not designed to meet a person's care needs over a long period. There is evidence that while you wait in hospital, without the social and recreational supports provided in settings such as long-term care, you could be at risk for physical and cognitive decline. You may also be at risk for hospital-based infections. Your timely admission into a long-term care home will ensure you get the health and personal care required to support your independence, safety and quality of life.

Listowel Wingham Health Care Alliance requests that you choose at least three Long Term Care homes, one of which needs to be considered short-listed or idle. The HACC coordinator will assist you in identifying these beds. If you decline to put your name on an idle or short-listed bed, HACC will choose a bed for you, as per the requirements of Provincial legislation Bill 7.

Once it has been determined that you are in hospital waiting for a bed in long term care and no longer need acute care, the Ministry of Health and Long-Term Care requires hospitals to charge a co-payment. This daily rate is established by the Ministry of Health and Long Term Care and is equivalent to the costs of meals and accommodations. There is a process to determine if you qualify for a reduced rate, and someone from our Finance Department will review this with you.

It is the hospitals expectation that you be discharged to the first available bed on the list of long-term care homes that you have selected. When a discharged patient refuses to leave the hospital to one of these homes, the Ministry of Health and Long Term Care will inforce a rate of $400 per day, as per Bill 7.

Who do I contact if I have questions about leaving the hospital?

Speak with any member of your care team. They are here to support you.

. Your care team may include:

- **Physician**
- **Nurses**
- **Dietitian**
- **Occupational Therapist**
- **Physiotherapist**
- **Physiotherapy Assistants/Rehab Assistants**
- **Social Worker**
- **Speech-Language Pathologist**
- **Recreational Therapist**
- **Home and Community Care (HACC) Support Services staff**

Note: This handout was adapted with permission from a document developed by University Health Network.