

# Case study

## Home from Hospital

*Working within the Hospital Discharge pathway, the current Home from Hospital (HfH) service supports older people after discharge from hospital following illness, injury or surgery.*

Those accessing the service live on their own and often have multiple complex health conditions. After discussions with the referrer, a HfH Coordinator is booked in to carry out a home visit and assessment within 5 days following discharge. They work with the client to identify on-going needs, both emotional and practical, plus support them to rebuild confidence and independence. Some needs may be short term while others are long term to sustain recovery, promote independent living and reduce social isolation.

Support can include help with hot meals, cleaning, shopping, trips out, activities and befriending visits. All of this can help to aid recovery and reduces the risk of hospital re-admission. In addition, through referrals to other services such as our Help at Home, Information & Advice and other community based services, the Client can be supported at home and in the community.

- ✓ Reduce risk of hospital readmission
- ✓ Link to ongoing support
- ✓ Maintain level of independence

\*ALL NAMES HAVE BEEN CHANGED

## Edith\* – adjusting to life following amputation

### Issues/challenges faced:

Edith had a long hospital stay which included a leg amputation. Having been very independent prior to her admission, the HfH coordinator was concerned that she was now despondent and struggling to adapt to her new circumstances.

### Support given:

The HfH coordinator gave a package of support to Edith, focusing on both her physical and mental health.

- The coordinator spent time discussing services that could support Edith and planning changes she could make to increase her well-being and regain a level of independence.
- Weekly volunteer visits helped Edith regain some confidence.
- Edith was supported to set up Help at Home for shopping and cleaning and through the AUKWSBH Information & Advice service applied for attendance allowance.
- She was put in touch with the local social prescribing service which could provide support after the six weeks of HfH volunteer visits stopped, supporting her to continue to build her confidence and join local activities.



### Outcome

**Edith was supported to adapt to her new life following amputation.** As well as securing practical help for day to day activities, Edith was encouraged to access ongoing support, build confidence and improve her social life. AUKWSBH's HfH service begins the process, not only to enable older people to survive following life changing hospital stays, but to thrive. Edith says: "Without Age UK's help I wouldn't be where I am today and I'm so grateful to them and I feel so much more positive."