Southport and Ormskirk Hospital
NHS Trust

PATIENT INFORMATION

Your Journey from Admission to Discharge

North West Regional Spinal Injuries Centre, Southport

INTRODUCTION

This leaflet aims to explain what you can expect from admission to discharge.

The North West Regional Spinal Injuries Centre (NWRSIC) is based in Southport.

THE RIGHT PLACE FOR YOUR CARE

- The NWRSIC is one of 12 specialist spinal cord injury (SCI) rehabilitation centres in the UK and Ireland and is part of Southport and Ormskirk NHS Hospital Trust.
- We are commissioned to provide spinal cord injury services to the North West population, which consists of approximately 7 million people in Cumbria, Lancashire, Manchester, Cheshire, Merseyside, and the Isle of Man.
- The NWRSIC is an internationally recognised Centre of excellence that has the largest ventilator-dependent and

weaning programme in Europe for the treatment of people who require ventilation following SCI.

- The NWRSIC has 43 beds (acute and rehab) and 8 community beds, managed by our Spinal Outreach Team.
- For further information, please refer to the NWRSIC on http://www.southportandormskirk.nhs.uk/spinal/

SOUTHPORT AND THE SURROUNDING AREA

- Southport is a seaside town in Merseyside.

- The NWRSIC shown as a ★ on the map above is 2 miles from Southport town centre but is easily reached by car, bus or taxi. There are both train and bus stations in the town centre.
- The NWRSIC shares the same site as Southport Hospital.
- Close by, there is a small retail park, Tesco, McDonalds, Spar, Post Office, chip-shop, hairdressers, Dobbie's

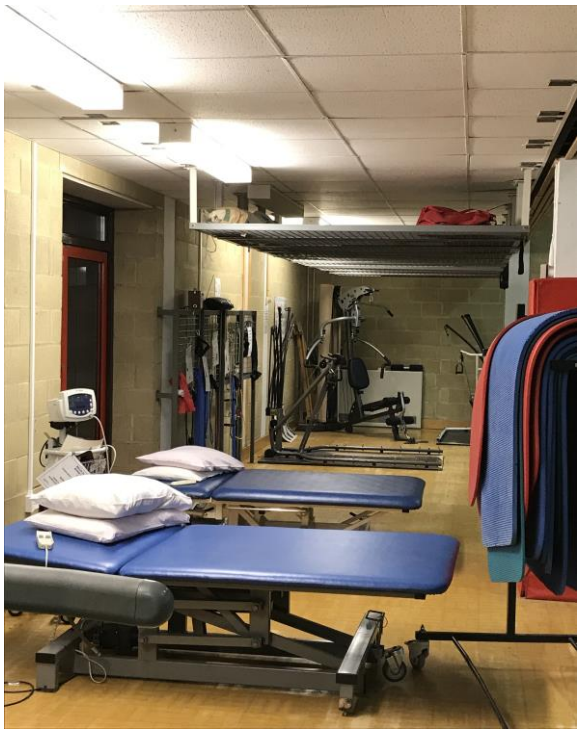
Garden Centre and some pubs/restaurants. (Please ask staff if you would like any directions).

- ‘Fine Jane’s Brook’ path can be accessed from the road next to the Centre. This is popular with staff and wildlife.
- The duck pond on site is also popular with our visitors.

THE CENTRE

You can relax with friends and family in the day room, attend breakfast club and eat meals with fellow patients.

Depending on <u>your</u> individualised goals, therapy can be carried out bedside, in the gym, therapy rooms or pool:



YOUR MULTI-DISCIPLINARY TEAM

MISSION STATEMENT AND CARE PHILOSOPHY

Our mission is “to provide every opportunity for individuals to achieve their maximum potential in order to adopt the lifestyle of their choice within the extent of their ability.”

Care in the Centre is undertaken by skilled professionals who make sound judgements based on wide experience, research and specific expertise in advanced technologies.

Care consists of a partnership between you, your family, carers and staff at the Centre. We will work with you to assess, plan and implement care to meet your individual needs and prepare you for living as independent a life as possible following discharge.

WHAT TO KNOW PRIOR TO YOUR ARRIVAL

- You will be admitted into isolation, allowing us to carry out routine infection control screening. Once screening is complete, you will be moved to a single sex bay. Ward bays usually have 4-6 beds and we have 8 beds off site. We will inform you of any planned bed moves.
- TVs are available for bedside use and we encourage the use headphones. Free Wi-Fi is also available.
- To avoid delays in starting your rehab, you will need suitable clothing; comfortable shoes/trainers and comfortable clothes, allowing freedom of movement. (Please ask a member of staff if you are unsure before you purchase anything new).
- Bring toiletries and essential items; bear in mind you will have limited storage space.

WHAT TO EXPECT FROM REHABILITATION

- You will be greeted over the first few days by your multi-disciplinary team (MDT). This will be led by one of our three Consultants who will complete an initial assessment of you, discuss a partnership agreement and confirm your anticipated length of stay. This will be formalised at your first goal-planning meeting.

- Following this, your estimated date of discharge (EDD) will be documented in your rehabilitation passport (this is a document for you to keep that records your progress).
- Your team will spend time getting to know you, find out what your normal routine is, what is important to you and what you would like to achieve. This will inform assessments and discussions with you in working together to establish realistic and achievable goals. These will be reviewed regularly with you and discussed at goal planning meetings.
- Your Case Manager will arrange a goal-planning meeting within the first 10-14 days of your rehab. You will receive an invitation for you and a family member to meet with your treating team to discuss progress, goals, discharge plans and length of stay. These will then occur at regular intervals; usually every 4 weeks to review and plan.
- Your rehab goals will be holistic; your morning routine, mobility in bed, bladder and bowel management, washing and dressing, nutrition and hydration are just a few things that are vitally important in addition to the “bigger” goals of transferring, strengthening and improving balance.
- Once established up in a wheelchair, you will receive a timetable from your therapists. This will capture the appropriate range of rehabilitation activities available. This includes time for self-directed activities, and your morning routine as well as sessions with your therapists. An example can be seen overleaf. If that’s not enough, the gym is open at the weekend for self-directed exercise; please liaise with your therapists if you wish to participate.
- We will support you with re-integration and accessing the community, whilst you are at the Centre.

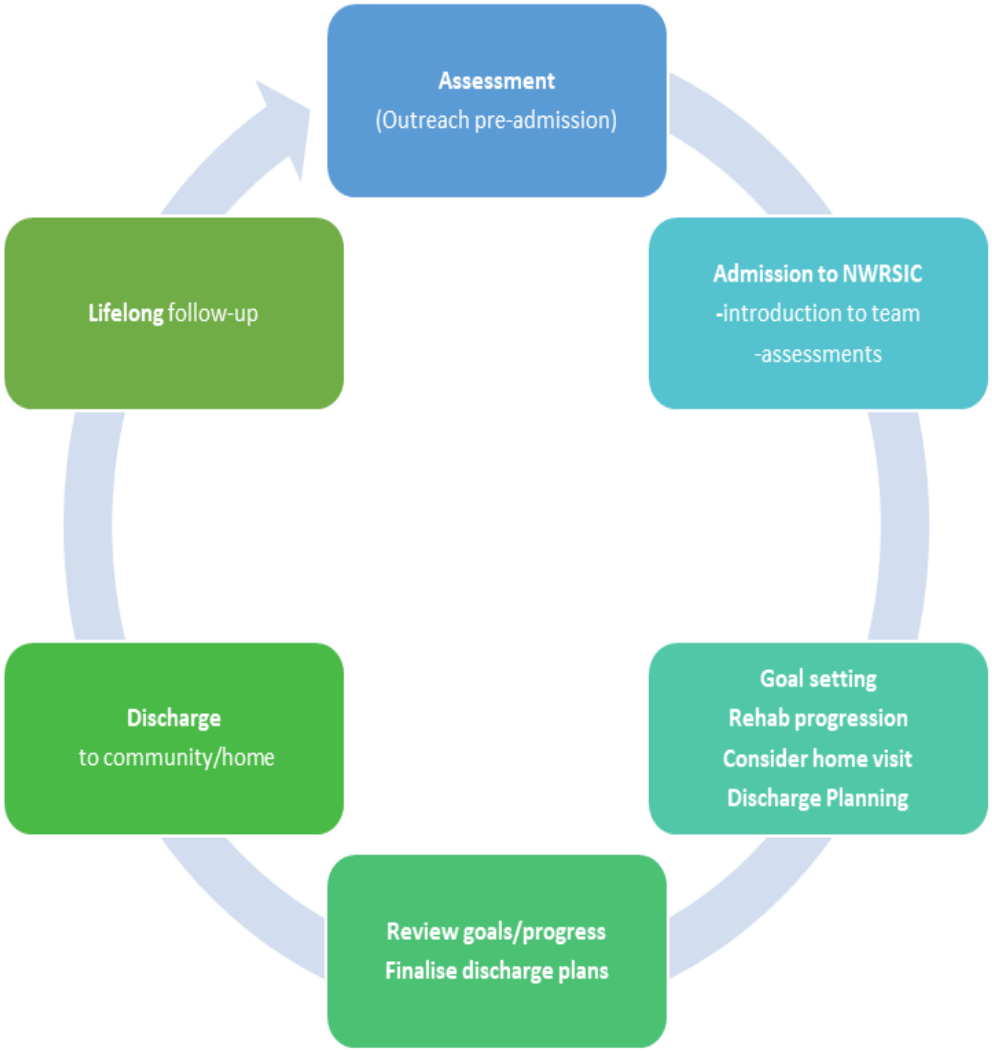
- Our Occupational Therapists and Health and Well-being team offer relaxation, mindfulness and water relaxation sessions.
- Wednesdays are for patient education sessions (there is a timetable on the ward) recreation, sports, indoor and outdoor activities for anyone interested (ask therapy staff).
- We offer opportunities to educate you and your family on any care needs. We encourage you to ask questions and participate in patient education, to understand your injury. This will enable you to manage your needs and guide your own care. We aim for you to become an 'expert' in your needs to ensure consistency and life-long well-being.
- Therapists can offer a 'family room' for you to spend private quality time with your loved ones, during weekdays. (Please liaise with your therapists to book a time slot).
- We can introduce you to peer support, charitable organisations, vocational clinic, Department for Work and Pensions representatives and a Psychosexual Counsellor, if requested. We also have our own wellbeing team, who are here to support you and your family.
- Whilst at the NWRSIC, if required, we will provide you with a wheelchair based on your needs, to trial. It is not uncommon for people to trial a few different chairs as they progress. A referral will be made to your local rehabilitation services, as needed, as it is your local services that are responsible for provision of a wheelchair for discharge and longer term use. We will advocate for you and pursue where possible but are reliant on services in your area to meet your needs.

EXAMPLE REHABILITATION PROGRAMME

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 till 10:00	Morning Routine	Morning Routine	Morning Routine	Morning Routine	Morning Routine
10:00 till 11:00	Independent Programme	Independent Programme	Independent Programme	Independent Programme	Independent Programme
11:00 till 11:30	Appointment	Strength Class	Wheelchair Skills Session	Cardio Session	Appointment
11:30 – 12	Independent Programme	Independent Programme	Independent Programme	Independent Programme	Independent Programme
12:00	Cutlery Practice	Cutlery Practice	Cutlery Practice	Cutlery Practice	Cutlery Practice
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
13:00 till 15:30	14.00 Therapy Session	13.00 Therapy Session	13.00 – 14.00 Patient Education	13.00 Therapy Session	14.00 Therapy Session
15:45		Independent Programme		Independent Programme	
16:00	Peer support/ mindfulness session		Sports and Recreation Session		15.30 Health & Wellbeing Session
16:15					
17:00	EVENING MEAL	EVENING MEAL	EVENING MEAL	EVENING MEAL	EVENING MEAL

Morning Routine	Therapy Session	Independent Programme	Appointments
• Bowel & Bladder Management • Skin Checks • Chest Management • Passive range of movements • Personal Care (n/staff or therapist) • Breakfast Group • Transfer Practice • Aquatic Therapy	• Physio Treatment • OT Treatment • Joint Treatment/ • Assessment • Seating & Posture • Upper Limb Interventions • Assistive Technology • Hand Group • Individual Wheelchair Practice Session • Kitchen Assessment • Community Assessments	• Self-Stretching • Exercise Prescription – use of designated areas • Accessing the community – following assessment	• Goal planning meetings • Case Manager • DWP • Psychology/counsellor • Peer Support • Medical • SALT

THE REHABILITATION JOURNEY



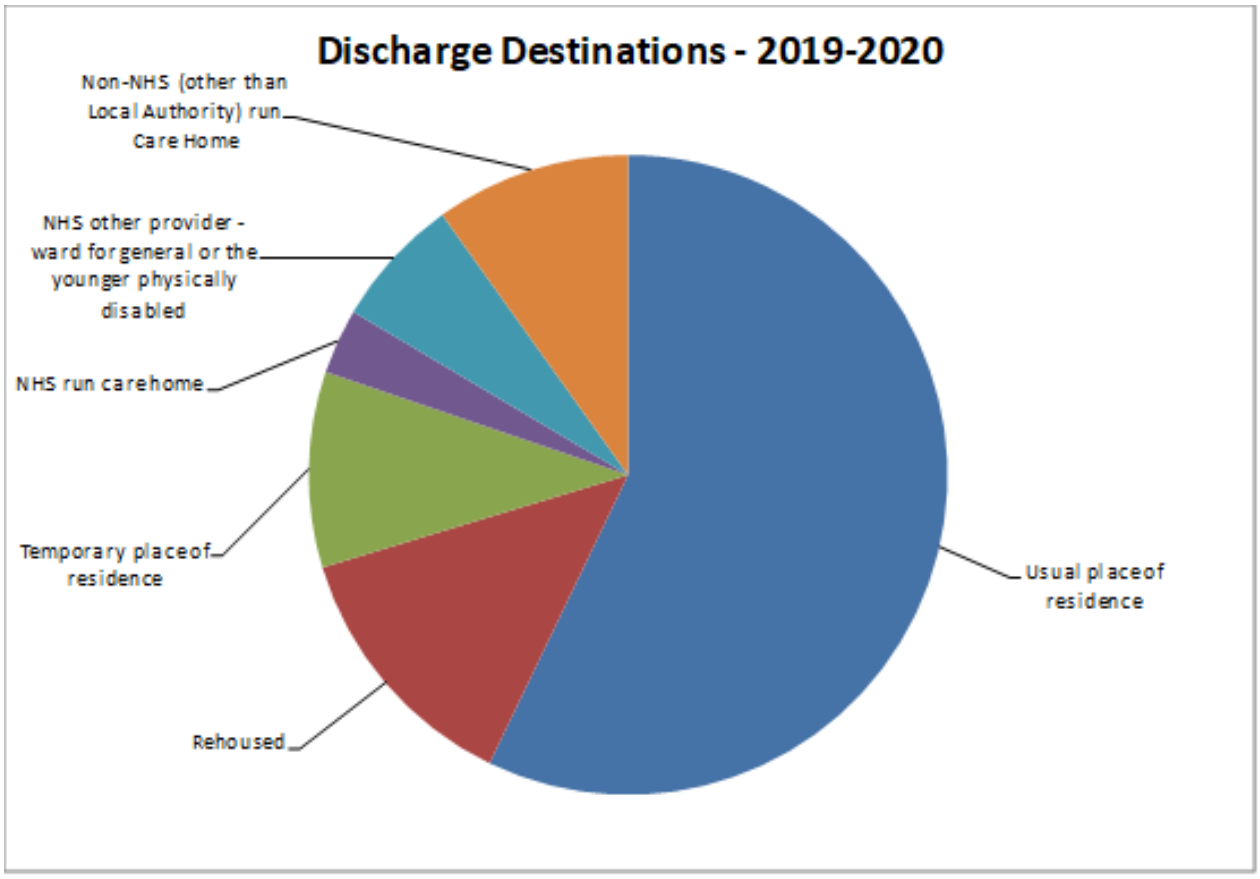
PLANNING YOUR DISCHARGE

In order to ensure a timely and safe discharge, your Case Manager will commence discharge planning with you from admission. During your rehabilitation members of your team may visit your home to assess and identify potential barriers to a safe discharge. This is so we can look at what is possible, and help us support you to explore alternative discharge destination options as a ‘Plan B’.

Previously, some patients have chosen to be discharged home to temporary downstairs living until adaptations have

been completed or re-housing obtained. Some patients are concerned that they may be unable to comfortably access their home, so want to know about other potential places they could go. The more options considered, the more choices you have and the better the outcome for you and your family.

Sadly, despite everyones best efforts, not everyone is able to immediately return home. The chart below illustrates where patients were discharged to between 2019-2020.



Towards the end of your rehab, the MDT will assess if day leave or weekend leave is possible. This is subject to an accessible environment, equipment needs, medical authorisation and your level of independence.

If your home is no longer suitable for your needs and temporary downstairs living cannot be considered, we will support you to obtain a suitable interim placement in your local community.

Depending on your care needs at discharge, you may require support to enable you to live as independently as possible. Your Case Manager will support you through the process of funding and care provision.

Case Managers will liaise with you and your community services to ensure you receive the information and support required. These processes will be explained to you during rehab, as part of discharge planning.

Once you and your treating team confirm your goals for your stay are complete, and you are medically stable, we will work with you to transfer back to community, as you will no longer require a hospital bed within a specialist commissioned service.

Should you feel that rehabilitation at the NWRSIC is not for you, or you do not engage in the process, then we will support you in expediting your discharge.

We understand that whilst you undergo rehab, your full potential for recovery may not be known and this may impact on decisions around your discharge destination. If in doubt, we would advise you to explore options that will provide you with choices at discharge.

After discharge, you will return periodically to see your Consultant for follow up appointments, as we provide life-long care.

OUR COMMITMENT TO YOU

- Patients should receive the **Right treatment**, in the **Right place** and by the **Right professional.**
- Provide a safe and accessible environment.
- Provide rehabilitation opportunities for you to achieve your maximum potential within the extent of your ability.
- Connect you with peer support to facilitate reintegration.
- Regular goal-planning meetings to review goals and encourage effective communication between the team, you and your family and care providers.

YOUR COMMITMENT TO US

- Arrive prepared to engage in rehabilitation.
- Adhere to the partnership agreement.
- Attend all rehab and patient education sessions, as able.
- Take responsibility for your rehab, your discharge destination and work towards the agreed discharge date.
- Be respectful to staff, other patients and visitors, as per the Trust policy.
- Notify ward staff if you are leaving the Centre's grounds for purposes other than therapy (this is for your safety).

PEER SUPPORT

Spinal Unit Action Group (SUAG): SUAG is a local charity who supports the patients and families registered with the NWRSIC. They visit you at the Centre and arrange social events for you and your family. They are a small charity, but if you think they could offer you any help please ask your

Case Manager who can advise you, and if appropriate will refer you to SUAG.

Spinal Injuries Association (SIA): Gary Dawson, Peer Support 07964 457985. See https://www.spinal.co.uk/

Aspire: Jo Grover, Independent Living Advice 07919 888403. See https://www.aspire.org.uk/

Back Up: Michael Hipwell 020 8875 6742. See https://www.backuptrust.org.uk/

Back-up Family Mentor Service: Alice Jackson 020 8875 6762 or https://www.backuptrust.org.uk/support-for-you/mentoring/talk-family-mentor

Independent Peer: Deborah Cornwall 07826350246 Deborah.cornwall@yahoo.co.uk

Friends and Family Day: look out for this event held quarterly at the Centre giving you an opportunity to meet some of the team and the peer support.

BENEFITS

A representative from The Department for Work and Pensions (DWP) visits the Centre most Fridays, to provide benefits advice and support with any applications. Your Case Manager can arrange an appointment. Useful contacts below: www.gov.uk

Jobcentre Plus (New claims): 0800 055 6688
Personal Independence Payment (General): 0800 121 4433
Personal Independence Payment (New): 0800 055 6688
Attendance Allowance & DLA 65+: 0800 731 0122

SUMMARY

The NWRSIC and Southport and Ormskirk Hospital NHS Trust understands that during rehabilitation patients and families, when leaving hospital, sometimes need time to make choices which can be life-changing. This can be stressful for you and your family. Our hospital works in partnership with community services and Local Council Authority to provide services which give you the time to help you make these choices in a more suitable environment.

You **cannot** choose to remain in a NWRSIC bed when you no longer need this specialised level of rehabilitation and therefore will be transferred from hospital when your treating team assesses that you are fit for transfer.

We pride ourselves in delivering quality care and rehabilitation in a patient-centred approach, focusing on individual needs. We support all our patients (new and old) to lead as independent a life as possible, through liaison with local hospitals, Clinical Commissioning Groups, General Practitioners, local Councils and care commissioners.

FOR MORE INFORMATION PLEASE CONTACT US AT:

North West Regional Spinal Injuries Centre
Southport & Ormskirk Hospital NHS Trust
Southport & Formby District General Hospital
Town Lane
Southport
PR8 6PN. Tel: (01704) 704333
http://www.southportandormskirk.nhs.uk/spinal/

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Your own GP or District Nurse

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) – 0300 100 1000
Stop Smoking Helpline (West Lancashire) – 0800 328 6297

Please call 01704 704714 if you need this leaflet in an alternative format

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

Please remember to complete the **attached** *Friends and Family Test*.
Alternatively, you can complete the *Friends and Family Test* on-line by going to: southportandormskirk.nhs.uk/FFT
Thank you

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