## EARLY SUPPORTED DISCHARGE PATHWAY FOR BOURNEMOUTH, POOLE AND DORSET PATIENTS

Acute Stroke Episode Hospital	Stroke Earlier Supported Discharge Community (patient's home or other intermediate care setting etc)	Long Term Care Community (in appropriate community setting)
Stroke specialist inpatient care delivered by inpatient stroke specialist team.  ESD team to work alongside the inpatient stroke teams to identify patients for stroke ESD and plan for discharge.  Community Services In-reach  To have identified key Community Services link personnel to in-reach into the hospital and/or to be in daily communication with the Specialist Stroke Team regarding planning for patient discharge from hospital.  MDT Discharge Summary provision to relevant Community Services and GP/Primary care on discharge from hospital.	Social Care liaison  Community Services  Community Provision for stroke patients in conjunction with the Stroke Specialist Team  Stroke Specialist Team  Specialist Stroke care delivered by stroke specialist team members in conjunction with the appropriate Community Services teams	. Community Matrons . District Nursing . General Practionners . IAPT service . Community Services . Social Services . Dept. of W & P . Housing Dept Voluntary Sector . Private Sector . Primary Care . Stroke Co-ordinators . Stroke Association
im: to facilitate earlier ischarge from hospital	Aim: to progress patient through goals and onto appropriate long-term services	Aim: for ongoing long-tern support as appropriate