# **Inclusive Hospital Care Resource**

## To support a holistic, person-centred hospital experience

Refer to page 2 for the purpose of this document

# 1 Check & Update Patient Contacts (include where applicable)

#### **A** Primary Contacts

- Contact 1
- Parent/Guardian
- Emergency Contact
- Public Guardian

#### **C** Disability-related

- NDIA Contact (Delegate/LAC)
- SIL Provider
- Recovery Coach

### **B** Health-related

- Current GP
- Community Nursing
- Allied Health
- Case Manager

#### Psychologist Pharmacy

- Specialist
- Paediatrician
- **D** Aged Care-related Case Manager
  - RACF

 Coordinator of Supports (COS/SCOS)

# 2 Check Supports & Adjustments (include where applicable)

#### **A** Pre-Admission

- Current medications
- Informal supports
- Mainstream supports
  Assistive technology/
- Funded supports
- Current health goals

#### **C** Barriers to Discharge

- Change to funded supports:
  - Review providers
- Staff training to be provided
- Accommodation options to be explored
- New NDIS/MAC application to be made
- NDIS/MAC review to be requested

#### Commence discussions: • Is a family conference required?

• Is a multidisciplinary team meeting required?

Establish estimated date of discharge

#### Share Information & Tasks (include where applicable) 3

### A Decision Making

- Does the patient make their own decisions?
- If not, who is the authorised decision maker?

### **C** Share Updated Information

- Change to medication or rehabilitation/therapies
- New health goals
- New support needs
- Discharge plan who requires a copy of discharge plan?

#### **B** Patient Consent

- Who has patient consent to share information?
- How does consent need to be given for that person/organisation?
- Consent to share what information?
- Period of time consent has been given for?

### D Additional Tasks

(who will complete these tasks?)

- Scripts/medications
- Transport •
- Follow-up
- Appointments:
- GP • Allied Health
- Community Nursing

language supports equipment

Communication/

#### • What worked well?

**B** Previous Admissions

• What didn't work well?

Reasonable adjustments made

# **D** Discharge Planning

#### Purpose of this resource

#### For Health staff:

- Please read the information about your patient attached to this resource. The information will assist you to provide person-first care to your patient, to help meet their unique needs.
- Please take the time to work through the prompts on the front page of this resource. This will not only provide holistic care to the patient, but it will also assist the Health team to prepare for discharge.

#### For patients:

- Health staff will seek information about you, some of which is mentioned on the front page of this resource. The information can assist Health staff to better support you and meet your needs throughout your hospital admission and discharge.
- If you already have your information recorded that's fine, any format will do. If you do not, you might consider using the **My Hospital Journey** template, which can be found on Blue Sky Community Services' website here: https://bluesky.org.au/.
- Record your information, print it and attach it to the back of this resource, so page one of the resource is facing the front. It would be useful to keep your information in a plastic sleeve so it is protected.
- Keep your information somewhere handy where it is easy to grab in a hurry, so you don't forget to take it with you to the hospital. Check your information regularly as it may need updating from time to time.

# Patients: Consider using the template below to show Health staff your current informal, mainstream and funded supports

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
АМ							
PM							



