



Hospital Stay Guidelines

A guide for disability service providers





Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Readers are warned that this document may contain images of people who have deceased since the time of publication.

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Contact information

For further information contact Western Australian Department of Health on (08) 9222 0200 or healthpolicy@health.wa.gov.au.

Contents

Introduction	1
Our commitment	1
The Disability Health Network	1
Your commitment (as a disability service provider)	2
About the guide	2
Being prepared for hospital	3
A general practitioner or local doctor	4
Health and disability information	4
Access cards	7
Going to hospital	8
An emergency visit	8
A planned visit	9
Going to hospital checklist	11
At the hospital	14
Rights and responsibilities	14
Communication access	18
At the emergency department	20
Aishwarya's CARE Call	20
Admission to hospital	21
Informed consent	23
Preparing to go home	26
Discharge plan	26
Going home checklist	28
Example Disability Health Profile	32
Health passports	33

Resources	35
Apps	35
Resources for adults	35
Resources for children	35
Easy Read	35
Social stories	36
Concessions and support	37
Word list	39

Introduction

Our commitment

The Western Australian (WA) Department of Health is committed to improving outcomes for people with disability and recognises the many contributions that people with disability make to the WA community.

In WA, around one in 5 people have a disability, which is approximately 411,500 people (State Disability Strategy 2020–2030). While some people with disability live independently, others require some assistance. The department acknowledges the important role that family, friends, carers and disability service providers have in the lives of people with disability and is committed to improving its services and systems so that they are accessible and welcoming for everyone.

The Hospital Stay Guidelines support the State Disability Strategy 2020–2030 and its guiding principles, as outlined in the United Nations Convention on the Rights of Persons with Disabilities.

Visit www.wa.gov.au/government/document-collections/state-disability-strategy-2020-2030 for more information on the State Disability Strategy 2020–2030.

Visit www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html for more information on the United Nations Convention on the Rights of Persons with Disabilities, including an Easy Read version.

The Disability Health Network

The Disability Health Network helped to write this guide. The aim of the network is to improve health outcomes for people with disability. The network works together with people with disability, families and carers, health professionals, hospitals, health services, staff from the WA Department of Health and disability service providers.



Disability Health Network Co-Leads Stephanie Coates and Jocelyn Franciscus

The network acknowledges the authors of the original Hospital Stay Guidelines for Hospitals and Disability Service Organisations (2016) and the following individuals, groups and organisations for their contributions to this document:

- Danielle Loizou-Lake (Author)
- Dr Amber Arazi (access consultant)
- Dr Jacquie Garton-Smith
- Tricia Dewar (Brightwater)
- Sharleen Chilvers (Nulsen Disability Services)
- Carissa Gautam (Carers WA)
- Ready to Go Home Project (National Disability Services and Department of Health WA, Chief Allied Health Office)

Your commitment (as a disability service provider)

NDIS Quality and Safeguards Commission

Practice standards are released by the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission detailing the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants. Service providers should be familiar with the Practice Alert for 'Transitions of care between disability services and hospitals'.

Refer to the full Practice Alert www.ndiscommission.gov.au/workerresources for more information.

About the guide

This guide is for disability service providers, including disability service organisations, support workers, support coordinators and trained communication partners.

The aim of this guide is to assist you, as a disability service provider, in understanding your role in supporting a person with disability when going to hospital and returning home to the community.

The guide has been divided into 4 main parts:

1. Being prepared for hospital
2. Going to hospital
3. At the hospital
4. Preparing to go home.

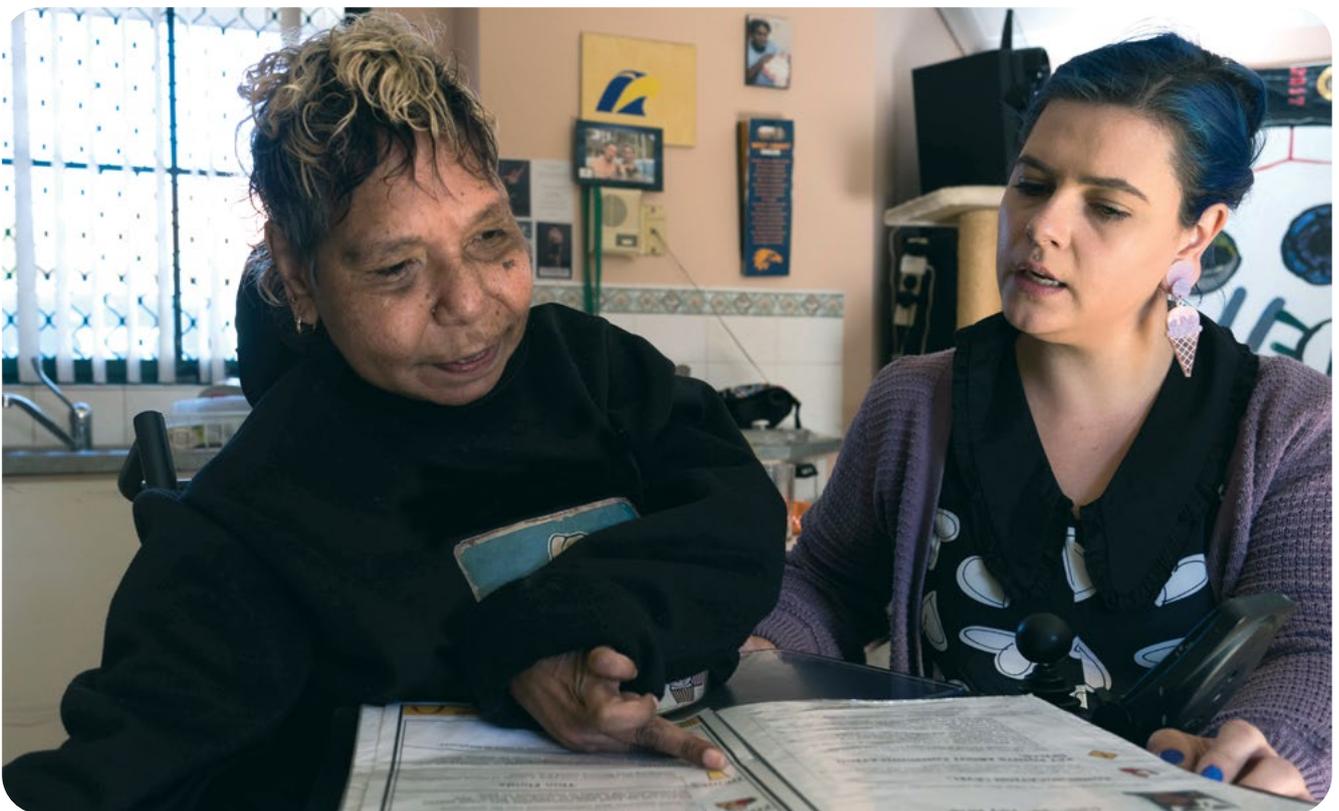


Being prepared for hospital

As a disability service provider, you may be supporting a person with some general preparation for their hospital stay or have a more central role in supporting a person with complex needs.

This may include a person requiring a high level of:

- medical or disability-related supports
- physical support
- behavioural support
- communication support
- psychological support.



The person you are supporting may require assistance to attend the hospital, coordinate their health care and return to the community. They may live independently, with a family, friend or carer, or live in supported accommodation. It is important that you maintain good communication with the person with disability and hospital staff throughout their hospital admission.

It is the choice of the person you are supporting as to how much involvement they would like you to have. Conversations around choices should use a person-centred approach and supported decision-making, where required.

Supported decision-making is a way of working with a person with disability to help them understand and communicate their choices and make decisions. A supported conversation can help to make sure that disability-related needs are met, where the person may wish to have a family member, friend or carer be part of this conversation.

Further information on informed consent and supported decision-making can be found in the '[At the hospital](#)' section.



A general practitioner or local doctor

A general practitioner (GP) or local doctor is an important part of a person's health care team. The GP may provide information to the hospital before the person is admitted and may receive information from the hospital on discharge. If the person being supported does not have a GP, their local GP can be found using the find a service tool on the Healthy WA website.

Visit www.healthywa.wa.gov.au/Service-search to find a GP.

Health and disability information



Preparing disability and health information before going into hospital can assist the hospital staff in delivering the best health care, make sure the person's choices are understood and reduce the number of times this information needs to be communicated.

The following tools can help in preparing to go to hospital. This includes creating a Disability Health Profile, health passport and Advance Health Directive.

Disability Health Profile



An example Disability Health Profile form has been included at the end of this guide. This form can be printed and filled out before a person goes to hospital and given to the hospital staff on arrival.

This one-page document includes the essential information the hospital requires for understanding the person's disability-related needs.

Health passport



A health passport includes information about the person's health and disability needs. It can include information on how the person prefers to communicate and express consent.

The passport can provide information on how feelings are expressed such as pain and psychological discomfort. It is good to have the health passport filled out before the person goes to hospital.

Examples are at the end of this guide.

My Health Record



My Health Record is a safe and secure way for a person to store their health information online. The person can decide who they would like to share their record with, and which healthcare providers can add information. My Health Record can include a list of medicines, allergies, tests and scans. A GP can provide more information.

Visit www.digitalhealth.gov.au for more information.

Visit www.ideas.org.au/images/resources/blog/My_Health_Record_Plain_English_booklet.pdf for a Plain English booklet.

Medical ID



Medical ID can be set up on compatible mobile phones. In an emergency other people can access the information from the person's mobile phone without a password. This is helpful if the person has a condition like epilepsy or severe allergies.

If the person has an iPhone, they can search for Medical ID in the phone settings.

If the person has an Android phone, they can search for and download Medical ID in the Play Store.

Advance Care Planning



Advance Care Planning is a way a person can prepare for a time when they may not be able to make decisions due to illness or disability.

The person's choices about their future health and personal care can go into an Advance Care Planning document, such as an Advance Health Directive or a Values and Preferences Form.

If the person is interested in Advance Care Planning, they need to be at least 18 years of age and have full legal capacity.

Full legal capacity

A person has full legal capacity if they are able to understand the nature, purpose and consequences of the proposed treatment. Capacity must always be assessed in the context of the decision that is to be made.

If the person is considered to not have sufficient decision-making capacity, a guardian can complete the Advance Care Planning on their behalf. Information about who can be a guardian is provided later in this guide.

If the person you are supporting is interested in Advance Care Planning, their GP can be contacted for more information.

Visit www.healthywa.wa.gov.au/advancecareplanning for more information on Advance Care Planning, including a guide to making an Advance Health Directive in Western Australia.

Visit www.wa.gov.au/organisation/department-of-justice/office-of-the-public-advocate/making-treatment-decisions-opa-information for more information on making treatment decisions and the role of the public advocate.

Access cards

Some disabilities may be less visible than others. If a person has an invisible or hidden disability, an access card can help to communicate their needs. A hidden disability can include Autism, chronic pain, and learning difficulties as well as mental health conditions.

National Access Card



The National Access Card and Lanyard includes a photo and important medical and contact information that a person can show to hospital staff.

Visit www.invisibledisabilities.com.au for more information.

National Assistance Card



The National Assistance Card is a personalised card to assist people with disability and health conditions in the community. The National Assistance Card can be used in everyday or emergency situations where a cardholder needs assistance or support.

Visit www.nationalassistancecard.com.au for more information.

The Sunflower Lanyard



The Sunflower Lanyard is a lanyard worn around the neck. The sunflowers show people the person has a hidden disability.

Visit www.hdsunflower.com/au/ for more information..

Autism Alert Card



The Autism Alert Card lets hospital staff know that the person has autism. It has their photo and name and the contact details of two people the hospital staff can call if they need help.

Visit www.autism.org.au/our-services/fact-sheets-autism-2/autism-alert-card for more information.

Going to hospital

The person you are supporting may go to hospital for the following reasons:

They may go to hospital:



In an emergency, to the Emergency Department



For a planned visit or appointment
(as an outpatient)



For a planned visit where they stay for the day
or overnight (as an inpatient)

An emergency visit

While you may not be available to support the person in an emergency, you can assist them in preparing to go to hospital and preparing to travel in an ambulance (if this is part of their support plan). If they are expecting to go into hospital, you can assist them in preparing a hospital bag and collecting together their health and disability information.





In an emergency, the person may go to hospital in an ambulance. This can cost money unless they have health insurance that includes ambulance cover. You can support the person to get ambulance cover from most health insurance companies. Ambulance cover will cost less than the cost of an ambulance trip.

If you are with the person when the ambulance arrives, they may ask you to support them.

Below are a number of ways you can assist:

- Bring to the hospital their hospital bag if they have one (pre-packed bag with essential items and a change of clothes).
- Share important information about their health and disability needs with the paramedics.
- Make sure they have their small disability aids with them in the ambulance, if required (noise cancelling headphones, walking stick or communication aids).
- Go in the ambulance with the person to communicate important information if this is permitted. If you do not travel with the person, you can provide the paramedics with your contact details and ask them which hospital the person is going to.
- Contact the person's family, friends or guardian on their behalf.
- Bring to the hospital the person's health and disability information such as their Disability Health Profile, health passport or Advance Health Directive. This should include information on the person's medications.
- Bring to the hospital other equipment such as mobility aids or communication aids, if required.



A planned visit

A GP or specialist may organise for the person to be admitted to hospital for a health procedure.

To get ready for this visit, use the going to hospital checklist (provided in this guide on [page 11](#)).

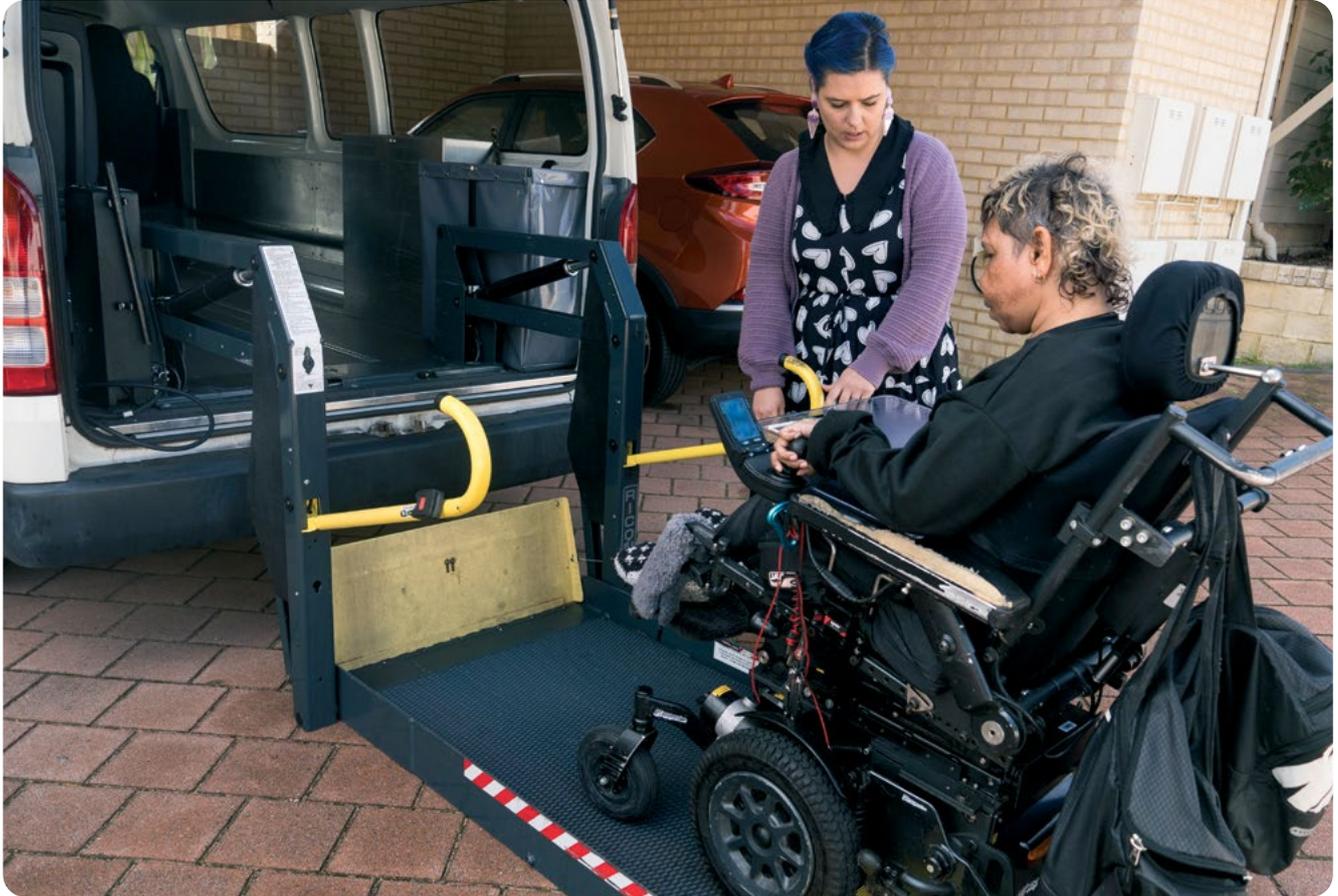
The period of admission can range from a few hours (for a day procedure) to several weeks. Planning with the person and their family, friends, carers or guardian should start as soon as the admission is scheduled.

The social stories included in this guide can assist when preparing for a procedure (provided in this guide on [page 36](#)).

Admission preparation (including pre-admission clinic)

The person you support may choose to have their next of kin, friend or guardian accompany them to this type of appointment. If requested, you may attend with them.

Your role may be to support the individual to participate in the consultation and ensure that timely communication with their informal supports or guardian occurs.



Plan with the person how they will get to and from the hospital. There are many options including:

- driving themselves
- calling a taxi
- with their family, friend or carer
- with their disability service provider.

If they live in the country and have to travel a long distance for their health care, they may be able to use the Patient Assisted Travel Scheme. This scheme can help to cover the cost of travel.

Visit www.wacountry.health.wa.gov.au/our-patients/patient-assisted-travel-scheme-pats for more information.

Going to hospital checklist

The going to hospital checklist includes a list of things to get ready and pack before going to hospital.

Not everything in the list will be relevant. This will depend on the individual needs of the person you are supporting and whether they are going to hospital for an appointment or staying overnight.

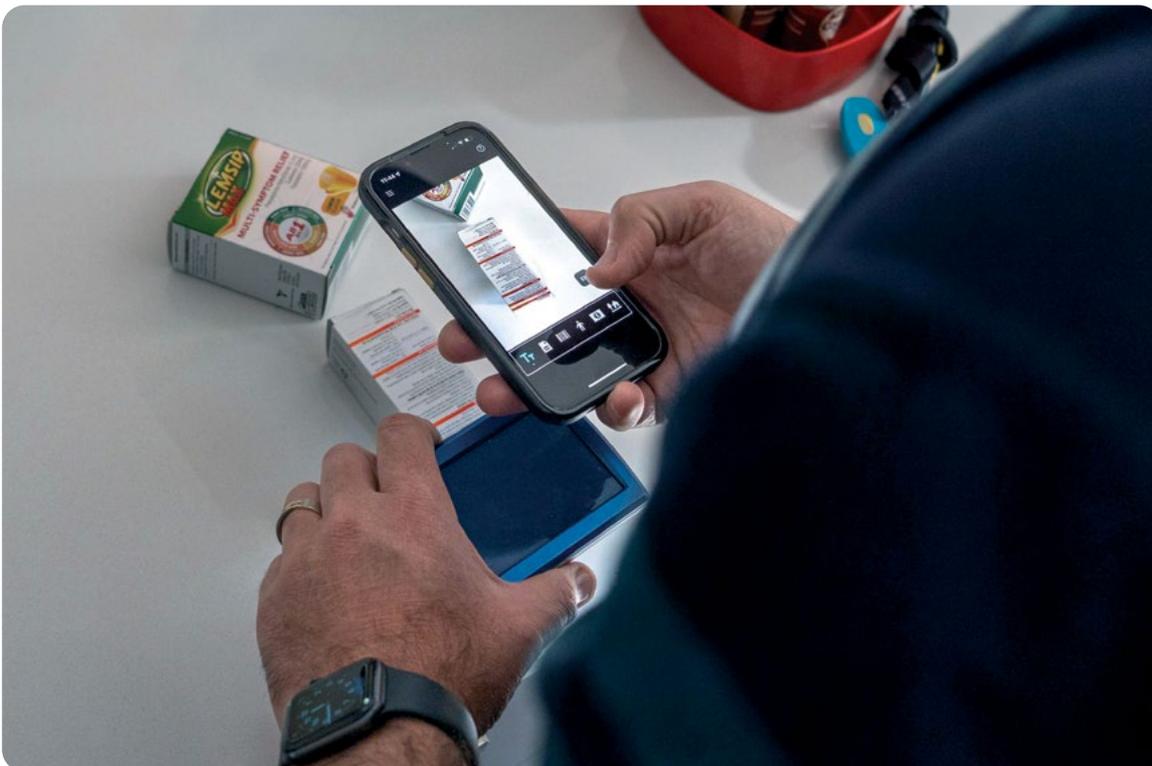
This list can also be used to decide what to pack in a hospital bag if they may need to go into hospital at short notice.

Information

- Cards – Medicare, concession, private healthcare
- Disability Health Profile
- Health passport
- Advance Health Directive or Values and Preferences Form
- Update their My Health Record
- GP contact details (also paediatrician/specialist doctors)
- Informal support contact details (carers, family or friend)
- Behavioural support plan
- Mental health plan

Medications

- Medications (these may not be available at the hospital)
- Information on the dose, strength and timing of each medication



Equipment

All equipment must be clearly labelled with name tags.

- Wheelchair, mobility aids
- Orthotics, splints, continence aids
- Feeding, drinking aids
- Other assistance aids, such as assistance dogs (have a plan for the care of these dogs) and respiratory care (such as ventilators)



Communication

- Mobile phone
- Pen and notebook
- Communication tools or boards
- Assistive technology
- Charging equipment



Sensory and comfort

- Items of comfort such as a familiar blanket, pillow, night light
- Fidget toys, comfort toys, sensory aids (music, headphones)
- Books, magazines or activities and craft

For overnight stays

- Comfortable clothes, underwear
- Comfortable shoes, slippers
- Nightwear, pyjamas
- Toiletries

Other

- Money for parking, snacks and phone calls

No smoking



Smoking, including use of e-cigarettes (also known as vaporisers), is not allowed anywhere on hospital grounds. This includes car parks and in cars.

If the person you support smokes cigarettes or uses an e-cigarette, let their doctor or nurse know. They can help them to not smoke or vape and be comfortable while they are in hospital.

At the hospital



Support during a hospital stay is generally the responsibility of the health system and hospital, though there may be times when your assistance is required. For example, you may be asked to provide hospital staff with information on behalf of the person you are supporting.

The hospital will ask for consent from the person you are supporting so that you can share information on their behalf.

Identifying other people involved in the person's care is an important part of this process, where family, friends and carers may have a role in providing support while the person is in hospital and after hospital discharge.

Some people can have NDIS approved supports attend the hospital with them and stay with them. They may use their NDIS funding to pay a support worker to support them while in hospital if this is 'reasonable and necessary' according to the NDIS.

Examples of 'reasonable and necessary' supports can include if the person has communication support needs, or behaviours described as challenging.

Rights and responsibilities

Healthcare rights

Healthcare rights are protected under the Australian Charter of Healthcare Rights. When supporting a person with disability in hospital they can be assisted to understand their rights.

While it is important for hospital staff to support their patient's rights, it is also important that you and the person you are supporting treat the hospital staff with respect. Respectful communication can help ensure that they receive the best health care.

Visit www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights for more information.



Visit www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-easy-english-version for an Easy Read version of the Charter.

Visit www.healthywa.wa.gov.au/News/2021/My-Health-in-My-Hands for information for young people.



Carer rights

The *WA Carer Recognition Act 2004* recognises the role of carers (which may be a family member or a friend) in the community and how to involve carers in services that impact on them and their caring role. Carer rights are outlined in the Act in the Western Australian Carers Charter, which are:

- carers must be treated with respect and dignity
- the role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers
- the views and needs of carers must be taken into account along with the views, needs and best interests of the people receiving care when decisions are made that impact on carers and the role of carers
- complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

Health system responsibilities

During a person's hospital stay they may require different types of support from their disability service provider. This support cannot duplicate or replace the hospital's responsibilities.

The Applied Principles and Tables of Services (APTOS) agreement outlines the responsibilities of the health system and disability support services. Visit www.dss.gov.au/the-applied-principles-and-tables-of-support-to-determine-responsibilities-ndis-and-other-service for more information.



The health system is responsible for:

- Diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions. This may involve general practitioner services, medical specialist services, dental care, nursing, allied health services, preventive health care, care in public and private hospitals, and pharmaceuticals (available through the Pharmaceutical Benefits Scheme (PBS)).
- Funding time limited, recovery-oriented services and therapies (rehabilitation) aimed primarily at restoring the person's health and improving the person's functioning after a recent medical or surgical treatment intervention. This includes where treatment and rehabilitation is required episodically.



For mental health services, the health system is responsible for:

- Treatment of mental illness, including acute inpatient, ambulatory, rehabilitation/ recovery and early intervention, including clinical support for child and adolescent developmental needs.
- Residential care where the primary purpose is for time limited follow-up linked to treatment or diversion from acute hospital treatment.
- The operation of mental health facilities.

Disability service provider responsibilities

Disability service providers that are NDIS funded are responsible for:

- Supports required due to the impact of a person's impairment/s on their functional capacity and their ability to undertake activities of daily living and participate in the community and in social and economic life.
- Supports to maintain the person's functional capacity, delivered or supervised by clinically trained therapists or qualified health professionals.
- Ongoing psychosocial recovery supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life. This may also include provision of family, friend or care supports to support them in their carer role, and family therapy, as they may facilitate the person's ability to participate in the community and in social and economic life.

Visit ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/mainstream-and-community-supports/who-responsible-supports-you-need for a more detailed comparison of supports provided by the NDIS and health and mental health services.

Communication access

It is important that hospital staff can communicate with the person and include them in decisions about their health care. This includes understanding non-typical signs of pain or distress.



When supporting a person with communication access needs:

- ensure their Disability Health Profile or health passport is up to date and includes information about their communication access needs
- for people with complex communication access needs, ensure they have access to their trained communication partner who may be yourself or a family member, friend or carer
- let the hospital staff know if the person needs access to a communication system or device (communication board, Pragmatic Organisation Dynamic Display (PODD) device or book, eye gaze technology)
- advise hospital staff of any equipment brought to the hospital so that it can be noted in their Patient Medical Record (PMR). Tag this equipment with the name and contact number for the person you are supporting
- request an interpreter if the person you are supporting uses Auslan, Tactile Signing or speaks a language other than English. This is a free service and available at any time of day
- you can also request a Patient Liaison Officer or Aboriginal Liaison Officer. It is their responsibility to make sure the person's rights and interests are met.

In addition to supporting the person to provide the information listed above, other ways you can assist them and make sure their health care needs are met include:

- helping them to understand the consent and decision-making processes
- providing up to date health and disability information
- making sure that information about the hospital admission, hospital routines and procedures are communicated
- identifying support needs while the person is in hospital and communicating this to hospital staff
- identifying equipment needs. These may include mobility aids, communication aids and medical or therapeutic devices
- providing communication, behaviour support or assisting with individual care (meals, personal care and use of equipment)
- clarifying the roles of the hospital and disability service provider in providing equipment, supporting communication and managing challenging behaviour
- making sure the person's informal supports or guardian are involved in any health care plans.



At the emergency department

At the emergency department, the person you support may require your assistance with communicating:

- their name
- Medicare number
- GP's name, practice name and address, and phone number
- carer and/or family names and phone numbers (if applicable)
- health and disability information
- why they have come to the emergency department.

It is also important to tell the hospital staff about any religious or cultural health care requirements.

Some people will be seen quickly, but other times the person may have to wait longer to see the nurse or doctor. This will depend on how serious their condition is.

If the person needs to stay in the hospital for treatment, they may be admitted.

Support the person to tell the hospital staff if they have specific needs. For example, communication access needs or behaviour management.

You may need to contact other people that support the person on their behalf.

Aishwarya's CARE Call

If the person you are supporting becomes very sick while you are waiting in the hospital, you can use Aishwarya's CARE Call to call for urgent assistance.

The person knows their health best and if they are deteriorating and getting sicker in hospital, tell hospital staff. The person's family, friends, carers or support workers who spend a lot of time with them may also know if their health is deteriorating.

**Step
1**



Worried about a change in your condition or the person you care for?

Tell a hospital staff member that you are worried.

**Step
2**



If you are still worried, ask for a senior nurse. Tell them why you are worried.

**Step
3**



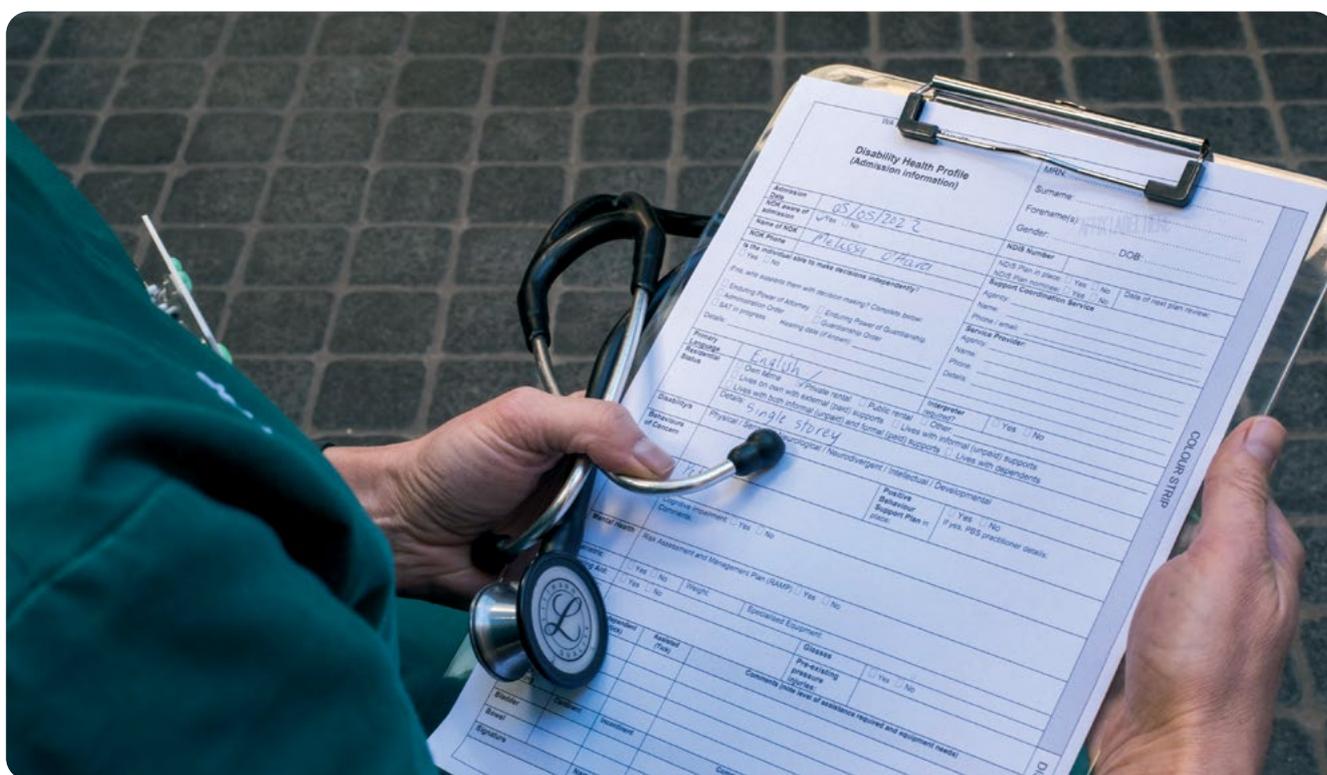
If you urgently need assistance, make the CARE Call. Some hospitals have a phone for Aishwarya's CARE Call in the Emergency Department.

You can also make the CARE Call on your mobile phone.

Admission to hospital

If the person you are supporting is admitted, the hospital staff may request more detailed health and disability information. This may be included in the Disability Health Profile. This information may include:

- Personal details.
- Family, friend, carer and guardianship details (including next of kin).
- Health details (GP, specialists, psychiatrist).
- Disability support networks (service provider, support coordinator, support worker).
- Disability-related support (personal care, meals).
- Specialist equipment (ventilator, cough assist).
- Communication requirements (PODD device or book).
- Behaviour support needs (behaviour management plan, triggers, comforts, supervision requirements).



Environmental factors

On admission, inform the hospital staff of any environmental factors that may impact the person you are supporting.

Adjustments may include:

- moving to a quieter area or room, or a room with low lighting
- space for equipment (hoist, wheelchair, ventilator)
- communication-related adjustments (accessible nurse call button, access to communication devices)
- equipment for care needs (air mattress for pressure care).

Behavioural support

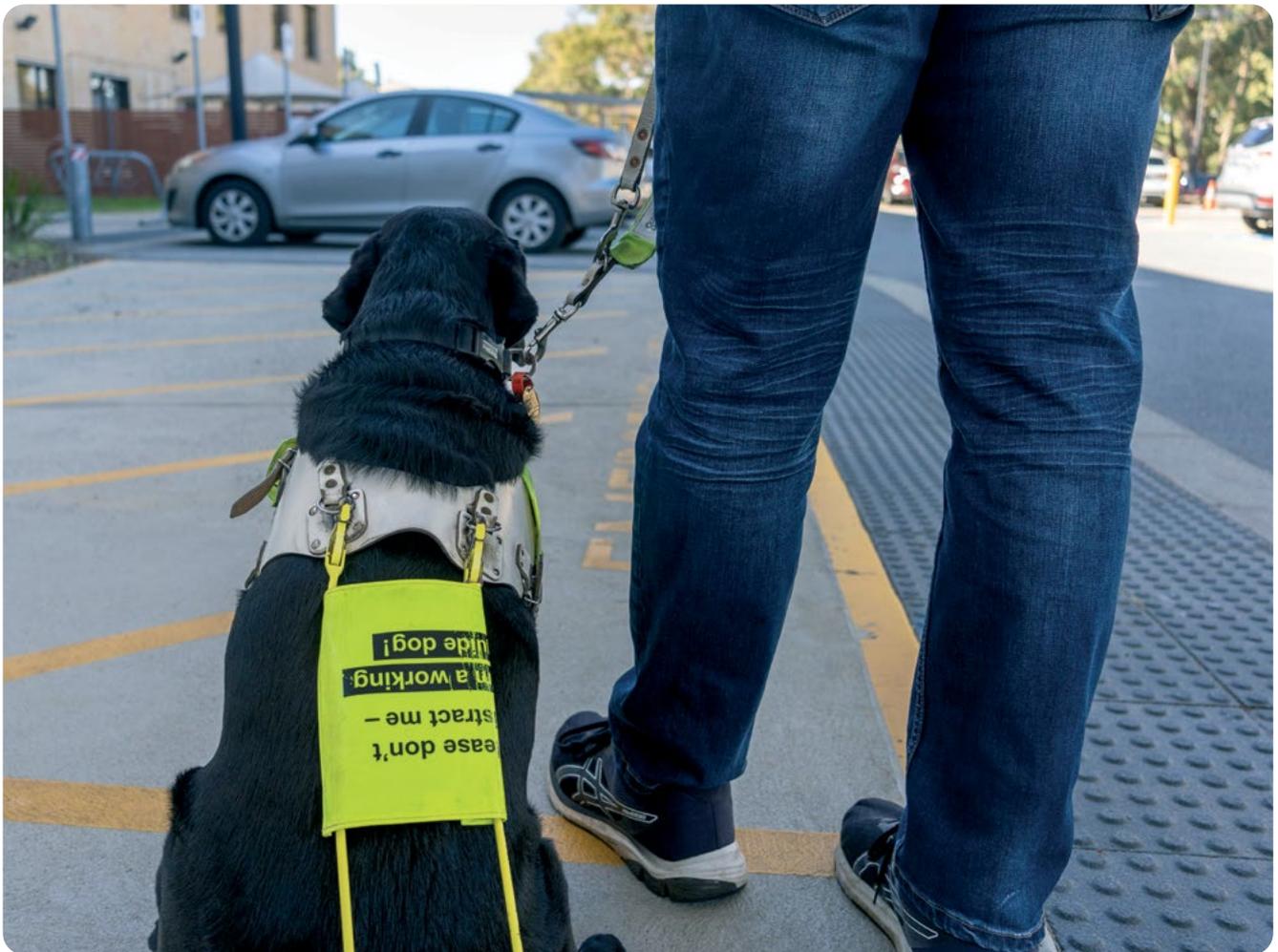
People with complex behaviours due to their disability may require additional support at the hospital. Hospital staff should be made aware of the person's needs. If they have a behaviour management plan, this should be given to the hospital staff.

Assistance animals

There are a range of animals, mainly dogs, who support people with disability.

For example:

- Seeing eye dogs: sed.visionaustralia.org
- Assistance dogs and therapy animals: therapyanimals.com.au
- Guide and assistance dogs: www.guidedogswa.com.au



These animals have been formally trained to help a person with disability and are allowed in hospitals where the public can go. For example, they are allowed in outpatient clinics and general hospital wards, but they are not allowed into operating theatres.

If the person using an assistance dog must be in a hospital bed, then the dog may need to go and stay with an expert dog handler.



Communication boards

People with complex communication access needs may use their own communication boards or may be supported by using a medical signing board. Below are some examples.

Visit www.qld.gov.au/_data/assets/pdf_file/0028/58375/medical-signing-board.pdf for an example medical signing board.

Visit www.patientprovidercommunication.org/userfiles/file/1_1MedicalEncounterCommunicationBoard.pdf for an example pictorial medical encounter communication board.

To assist with communicating the person's needs, sample communication scripts are at the end of this guide.

Informed consent

At the hospital, the person you are supporting may be asked to make a decision about their health care. They may be asked to sign a form to say that they agree to a medical procedure or operation. This is called informed consent.

Service providers cannot make decisions on behalf of the person they are supporting.

If the person you are supporting, or their guardian, does not agree with the procedure, they can choose not to give their consent. They can also change their mind.

Regardless of the person's decision-making capacity, they should always be included in the decision-making. Some people may need to participate in a supported decision-making process with a trained person. This person may be a family member, friend or carer, legal guardian or support worker.

Visit www.facs.nsw.gov.au/download?file=591371 for a handbook for facilitators on supported decision-making.

Visit www.nds.org.au/images/resources/National-SDM-Guide.pdf for a guide for people with disability and supported decision-making and the NDIS.

You or the person you are supporting can request hospital staff use communication tools or pictures to help explain information about the medical procedure. Information about the supports the person uses to make decisions can be included in their Disability Health Profile or health passport.

Decision makers list

People with disability have a right to make medical treatment decisions. Sometimes the person you are supporting may not be able to make decisions about their health care, for example, if they are unconscious. Ideally the person will have engaged in Advance Care Planning conversations and have an Advance Health Directive or a Values and Preferences Form. This will include choices about their health care and the name of the person they want to make decisions for them. If they do not have sufficient decision-making capacity, a substitute decision maker with capacity can complete an advance care plan for them. This plan can be used to guide substitute decision makers and clinicians when making medical treatment decisions on behalf of the person.



Visit www.advancecareplanning.org.au/understand-advance-care-planning/advance-care-planning-in-specific-health-areas/advance-care-planning-and-disability for more information.

Disability service providers and hospital staff should always assume the person has capacity to provide consent unless information on guardianship is provided. Not all guardians can make health treatment decisions. An Enduring Guardian with authority or a Plenary Guardian may have this legal capacity.

If the person you are supporting does not have an Advance Health Directive or a guardian with authority, the hospital staff will follow the decision makers list below. The person at the top of the list is the first choice, then it goes down to the next person. This decision maker becomes the person responsible for the person's health care decisions.

The decision maker must be:

- 18 years of age or older
- of full legal capacity
- available
- willing to make the decision.



Decision maker's list:

Advance Health Directive (AHD)

Decisions must be made in accordance with the AHD unless circumstances have changed or could not have been foreseen by the decision maker.



Enduring guardian with authority



Guardian with authority



Spouse or de facto partner (e.g. husband or wife)



Adult son or daughter (over 18 years old)



Mother or father



Brother or sister



Primary unpaid caregiver



Other person with a close personal relationship

If urgent health care is required, a doctor can make a decision without an Advance Health Directive. If the person has advance care planning documents, the hospital will follow the choices in the plan.

Visit www.wa.gov.au/organisation/department-of-justice/office-of-the-public-advocate/making-treatment-decisions-opa-information for more information on treatment decisions, including an Easy Read.

Preparing to go home



Discharge plan

A discharge plan will include information about the person's health care after they leave the hospital. When the person you support leaves the hospital, their GP should receive a discharge summary. This will generally tell the GP about any follow up medical appointments.



Manage My Care

Manage My Care is a free app that can be used to help the person you support manage their public hospital outpatient appointments.

Visit www.healthywa.wa.gov.au/managemycare for more information.

Discharge planning involves communication between you, the person you are supporting, their family, friends and carers and the hospital. As a service provider, your role is important to make sure the right support is available when the person you support leaves the hospital. Planning should begin as early as possible.

The discharge plan may include:

- date and time of discharge
- transport arrangements
- changes to health and disability support needs (including medications)

- any any family, friend or support worker training requirements prior to discharge (e.g. wound care, meal assistance, medicine management)
- additional supports or services, such as:
 - assistive technology
 - therapies or physiotherapy
 - home modifications
- if the person's current housing is suitable or alternative accommodation is required.

The Summer Foundation has developed some useful resources on the collaborative discharge process. Visit <https://summerfoundation.org.au/resources/collaborative-discharge-approach-an-overview/> for more information.

National Disability Insurance Scheme (NDIS)

An access application or review of access decision can be made to the NDIA during the person's hospital stay. If a new or existing NDIS participant's support needs change during the hospital admission, the NDIS may make contact to discuss what supports are required in a plan when ready to discharge home. A support coordinator may be appointed to work with the participant whilst in hospital to facilitate the linking of supports and services upon discharge.

For more information, refer to the NDIS Operational Guidelines ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/mainstream-and-community-supports/who-responsible-supports-you-need/health which includes an explanation of the roles and responsibilities of disability and health services in supporting a person with disability.



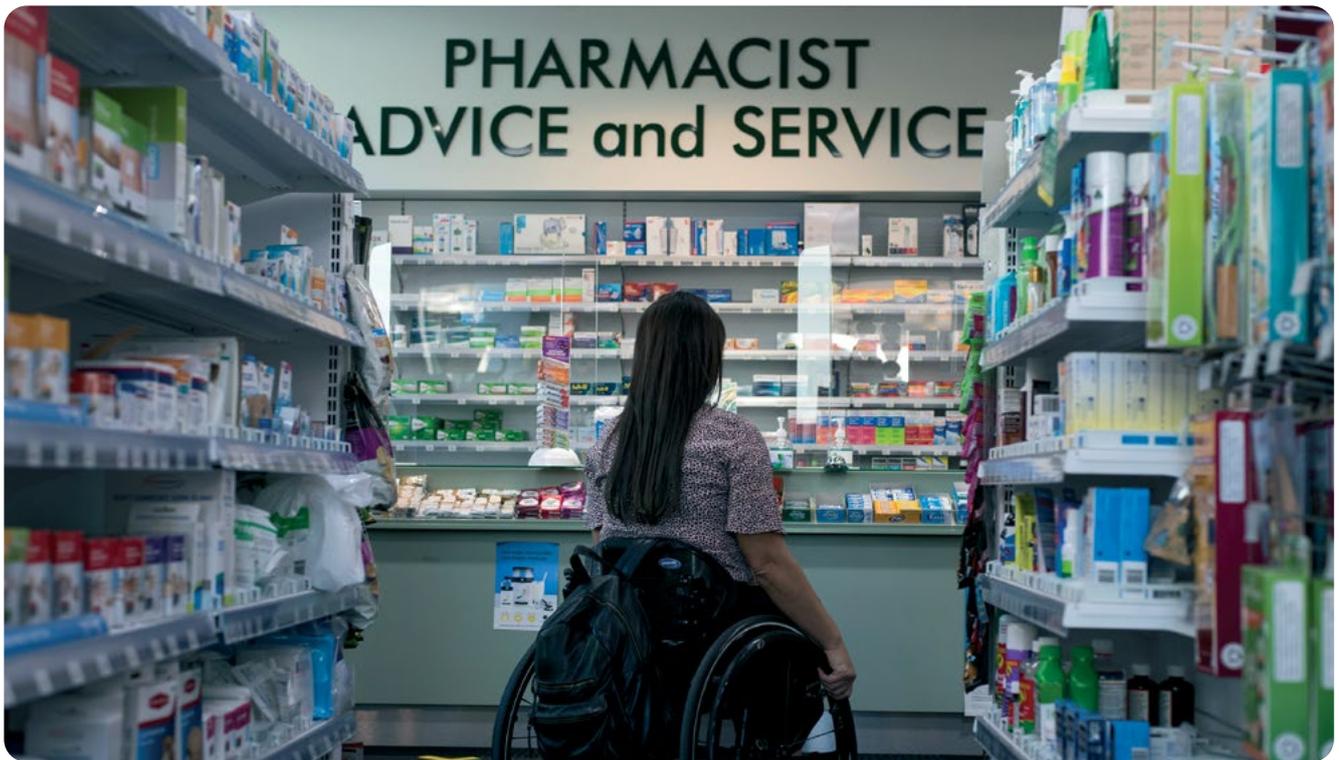
Going home checklist

This checklist can be used to make sure the person you are supporting is prepared for discharge from hospital.

Information

- Discharge summary
- X-rays and scans
- Other care plans

For example, wound care plan, nursing transfer letter or rehabilitation referral plan.



Medications

- Are current medications included in the discharge summary?
- Are there any changes to medications?
- Any specific requirements to tell the doctor or nurse before leaving the hospital?

For example, the person may not be able to swallow large tablets or may need support to get to the pharmacy.

Medical appointments

- Does the person need to see their GP or a specialist after leaving the hospital?
- Do they have support in getting to and from medical appointments, if required?
- Does your council or shire offer assistance to patients to get to and from medical appointments?

Support and training

- Does the person require any training in looking after their health after leaving hospital?
- Do family, friends, carers or support workers require any training?
- Do family, friends or carers require any support, and do they have information on available supports and services?
- If they require a community nurse at home, the hospital can arrange this.
- If the person is an NDIS participant and their needs have changed, the National Disability Insurance Agency (NDIA) may require clinical letters and reports to support changes to their NDIS plan.

Equipment

If the equipment is a new requirement, the hospital may be able to provide some basic and essential equipment on a short-term basis so that the person can leave the hospital safely. This equipment may include mobility or communication aids.

- Do they require any equipment?
- Do they know how to use the equipment? Hospital staff can provide training.
- Check how long the person can loan the equipment for and how long they need it.
- Can the equipment be hired or bought through the person's NDIS plan? Can their NDIS support coordinator arrange this?
- If the person is not an NDIS participant, can they access equipment through another source? For example, My Aged Care or the Insurance Commission of WA.



Home modifications

- Are home modifications required before leaving hospital?
- Can the hospital assist with basic modifications?
- Are complex NDIS home modifications required?
- Can anyone else assist, such as a support coordinator or occupational therapist?
- Does the person have accommodation options while waiting for home modifications?

If the person rents their home, check with the landlord or agent before making any modifications to the home.



Getting home

- Is the person able to get home safely?
- Are arrangements for assistance needed from a family member, friend, carer or disability service provider?
- Has the hospital arranged transport home by a patient transport service?
- Are they well enough to travel home by taxi or other public transport?



After returning home

If the person starts to feel sick again when they have returned home:



If it is not an emergency, call their GP or the after hours doctor



Call Healthdirect on 1800 022 222. Healthdirect also have an after hours GP helpline



If they start to feel very sick, take them to the hospital Emergency Department or call 000

Please use I.D. label or block print



EMR317250

DISABILITY HEALTH PROFILE (ADMISSION INFORMATION)	SURNAME		UMRN	
	GIVEN NAMES		DOB	GENDER
	ADDRESS			POSTCODE
	CLINIC _____		TELEPHONE	
CLINICIAN _____				

Admission Date		NDIS Number	
Reason for person attending hospital		NDIS Plan in place: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of next plan review:
		NDIS Plan nominee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOK aware of admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	Support coordinator	Contact details:
Name of NOK		Service Provider/s:	<i>Request copy of care plan for the file</i>
NOK Phone			
Is the individual able to make decisions independently?		Funding source	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> NDIS <input type="checkbox"/> MyAgedCare <input type="checkbox"/> ICWA	
<i>If no, who supports them with decision making? Complete below:</i>		<input type="checkbox"/> Worker's Compensation <input type="checkbox"/> CAEP	
<input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Enduring Power of Guardianship		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Administration Order <input type="checkbox"/> Guardianship Order			
<input type="checkbox"/> SAT in progress <input type="checkbox"/> Hearing date (if known): _____			
Other: _____			
Primary Language		Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Status	<input type="checkbox"/> Own home <input type="checkbox"/> Private rental <input type="checkbox"/> Public rental <input type="checkbox"/> Other: _____ <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with others <input type="checkbox"/> Formal supports (paid) <input type="checkbox"/> Informal supports (unpaid)		
	Details: _____		
Disability/s	<input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Neurological <input type="checkbox"/> Neurodivergent <input type="checkbox"/> Intellectual <input type="checkbox"/> Developmental <input type="checkbox"/> Psychosocial Specify: _____		
Behaviour/s of Concern		Positive Behaviour Support Plan in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, request copy for file) If yes, PBS practitioner details: _____
Cognition	Cognitive Impairment: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____		
Mental Health	Risk Assessment and Management Plan (RAMP) <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment Support and Discharge Plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Communication	<input type="checkbox"/> Independent <input type="checkbox"/> Assisted If assisted, details: _____		
Specialised Equipment	Environmental Requirements (Eg lighting, noise control and/or other)		
	Independent (tick)	Assisted (tick)	Comments (note level of assistance required and equipment needs)
Mobility			
Personal Care			
Toileting			
Eating / Drinking			
	Continent	Incontinent	Comments (note any equipment / consumables required)
Bladder			
Bowel			
Signature	Name	Designation	Phone / Pager Date

DO NOT WRITE IN MARGIN

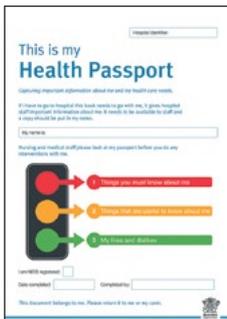
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MR267 DISABILITY HEALTH PROFILE (ADMISSION INFORMATION)

Health passports

Below you can find links to a sample of health and hospital passports.



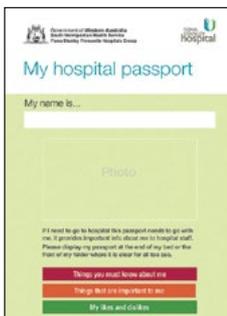
Julian's Key

Visit www.health.qld.gov.au/public-health/groups/disability for more information.



My Health Matters (The Council for Intellectual Disability)

Visit cid.org.au/resource/my-health-matters-folder for more information.



Fiona Stanley Hospital

Visit ddwa.org.au/wp-content/uploads/2021/08/FSH-Paediatric-Passport.pdf for more information.



Developmental Disability WA

Visit ddwa.org.au/support-info/health for more information.



Valued Lives

Visit valuedlives.org.au/resources for more information.



Admission2Discharge

Visit a2d.healthcare/resources for more information.



Kiind Emergency Care Plan

Visit www.kiind.com.au/learn/support-for-carers/ for more information.

Resources

Apps

Visit www.myvoicemyhealth.org.au for more information on My Voice My Health for people with Down Syndrome.

Resources for adults

Visit www.healthywa.wa.gov.au/Articles/F_I/Going-to-hospital for Going to Hospital, Staying Safe in Hospital and Now You Are Home booklets.

Visit www.carerswa.asn.au/our-services/prepare-to-care-hospital-program/carers for a Carers WA Prepare to Care booklet.

Resources for children

Visit ddwa.org.au/resources/theres-no-such-thing-as-a-silly-question for a helpful booklet for parents of children with disabilities on going to hospital.

Visit www.youtube.com/channel/UCKckdFtJzheBpUT7EY-E9Sg/videos for videos for children and health care by the Perth Children's Hospital.

Visit pch.health.wa.gov.au/Our-services/Keeping-Kids-in-No-Distress for more information on the Perth Children's Hospital Keeping Kids in No Distress service.

Easy Read

Visit www.healthywa.wa.gov.au/Articles/A_E/Disability to access the Easy Read versions of the Hospital Stay Guidelines – A guide for people with disability, families, friends and carers.

Visit cid.org.au/resource/going-to-hospital-for-surgery-guide to access the Going to hospital for surgery guide.

Visit www.safetyandquality.gov.au/publications-and-resources/resource-library/find-good-health-information-online-easy-english-booklet for an Easy English booklet on finding good healthcare information online.

Visit cid.org.au/resource/types-of-health-checks-fact-sheet for a Types of Health Checks fact sheet.

Visit www.hconc.org.au/issues/empowering-consumers-with-a-disability for Easy Read resources and information on providing better hospital care for people with disability.

Social stories

Social stories can help you to prepare for going into hospital and when visiting their doctor or GP.

Autism Association WA

Autism Association WA have created social stories for people with Autism about health care and dental procedures.

Visit www.autism.org.au/resource-library/accessing-dental-and-healthcare-services/ for social stories on health care and dental procedures.

Dental Health Services WA

Visit www.dental.wa.gov.au/Publications for more information and resources on going to the dentist for people with Autism, including the Maggie goes to the dentist social story

Perth Children's Hospital

Visit pch.health.wa.gov.au/For-patients-and-visitors/Coming-to-Emergency/Welcome-to-ED for the Welcome to Perth Children's Hospital in multiple different languages.

NSW Government

Visit aci.health.nsw.gov.au/resources/intellectual-disability/hospitalisation/say-less-show-more for more information on health care and dental procedures for people with intellectual disability.

Council for Intellectual Disability

Visit cid.org.au/resource/me-and-my-doctor-guide for more information on things to think about when going to the doctor.

Concessions and support

Below are links to information on concessions and supports that may be available to the person you are supporting.

ACROD parking permit

For people with mobility and sensory restrictions. This permit allows the holder of the permit (or their driver) to park in an ACROD Parking Bay. Visit www.acrod.org.au/eligibility for more information.

Companion card

For people who require support to get around the community. Where the companion card is accepted, the holder of the card will receive a second ticket for a companion or support person at no extra charge. Companion cards are accepted at many venues including the cinema, leisure centres, sporting and music events, theatres and museums. Visit www.wacompanioncard.org.au/apply-now for more information.

Thermoregulatory Dysfunction Energy Subsidy

Concession card holders with thermoregulation disability may be eligible for support towards the costs of heating and cooling their home. Visit www.wa.gov.au/government/publications/subsidies-thermoregulatory-dysfunction-fs for more information.

Life Support Equipment Electricity Subsidy Scheme

Concession card holders who use life support equipment at home may be eligible for support towards their electricity costs. Visit www.wa.gov.au/government/publications/subsidies-life-support-fs for more information.

National Disability Insurance Scheme (NDIS)

NDIS participants may need to update their plan if their support needs have changed. If the person you support does not have an NDIS plan, but you think they may be eligible, you can phone (with their consent) 1800 800 110 or visit www.ndis.gov.au to find out more information. The hospital may be able to provide supporting information for an NDIS Access Request.

Better Access initiative

The Better Access initiative gives Medicare rebates to people living with a diagnosed mental health condition. This includes many conditions, such as depression and anxiety.

Support is available from eligible GPs and other medical practitioners, psychologists, social workers and occupational therapists.

Eligible people can receive up to 10 individual and up to 10 group allied mental health services each year. Visit www.health.gov.au/initiatives-and-programs/better-access-initiative#learn-more for more information.

Support for Seniors

The Disability Support for Older Australians program supports people over the age of 65.

Visit www.health.gov.au/initiatives-and-programs/disability-support-for-older-australians-dsoa-program for more information.

Visit www.myagedcare.gov.au for information on other services available for seniors visit.

Support for carers

Carers WA is the peak body that represents the needs and interests of carers in Western Australia. Carers WA supports carers through the Carer Gateway and other programs.

The Carer Gateway provides a mix of free online, telephone and in-person supports, services and advice, for informal carers in Australia. These services help to reduce stress and build resilience in the caring role.

Call Carers WA on 1800 422 737 or visit www.carerswa.asn.au/our-services/carer-gateway-services for more information.

Closing the Gap

Closing the Gap is a plan to reduce disadvantage among Aboriginal and Torres Strait Islander people. If the person you support is Aboriginal or Torres Strait Islander, then they may be able to get cheaper healthcare services and medications. They can speak with their GP about it.

Visit www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure for more information.

Visit www.servicesaustralia.gov.au/aboriginal-and-torres-strait-islander-health-assessments-and-follow-up-services?context=20 for more information.

Word list

Access card: A card that contains important information about the person, their medical needs and contact details.

Assistive technology: Any products, equipment, aids and systems that enhance learning, working, and daily living for persons with disabilities.

Autism Alert Card: A card that lets emergency services know the person has autism and contains important information about the person and contact details.

Carer: Friends or family who support the person with disability. Carers are people who provide support that is unpaid and not part of a paid work or community work arrangement.

Communication partner: A person who provides communication support. Communication partners may include family, carers and trained disability service workers.

Community participation: The process of assisting the person with disability to participate in the community.

Disability-related health supports: Supports relating to the functional impact of a person's disability, such as respiratory and nutritional supports and podiatry.

Disability service organisation: An organisation that provides support for daily living, support coordination for community participation, therapy services and disability-related health supports.

Disability service provider: A person, business or organisation who delivers disability services. These include support workers, support coordinators and therapists.

Disability supports: Personal assistance and equipment to help a person with disability with their daily living, participate in their community and reach their goals.

Easy Read: Clear, everyday language matched with images. People who use Easy Read may include people with learning or developmental disability, people with low literacy levels and people with English as a second language.

Family: A person or persons who provide support to a family member with disability.

Guardian: A person appointed by the State Administrative Tribunal, under the *Guardianship and Administration Act 1990*, to make decisions for a person with limited decision-making ability. There are different types of Guardianship.

Health passport: A document used to outline how an individual wants people to communicate with them and support them when using health and disability services.

Informal support: Another name for an unpaid family member, friend or carer.

National Disability Insurance Agency: This is the agency that administers the NDIS.

National Disability Insurance Scheme: The NDIS provide funding for people with disability to access support they need in the community.

NDIS Quality and Safeguards Commission: Provides registered NDIS services providers with information and education. The commission has regulatory powers for ensuring high quality supports in a safe environment.

Pragmatic Organisation Dynamic Display: A communication system for people who cannot meet all their communication needs with speech alone.

Support coordinator: A person funded through an NDIS participant's plan. Their role is to coordinate services and assist the person to build their informal support networks.

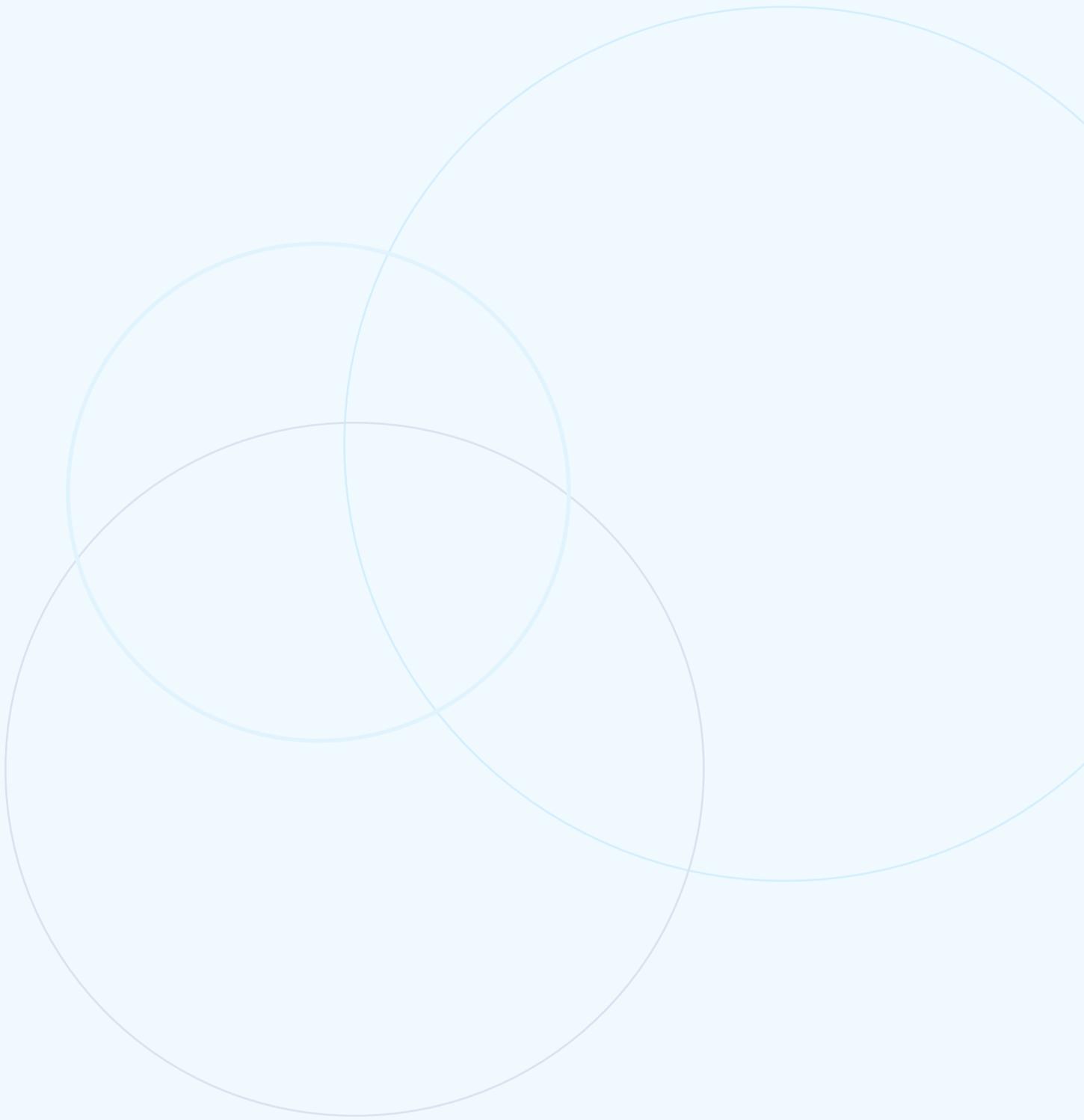
Supported accommodation: In-home support for people with high support needs. Examples include supported independent living and specialist disability accommodation.

Support worker: A person employed or otherwise engaged to provide disability supports and services for people with disability.

Therapy: A range of therapeutic services such as physiotherapy, occupational therapy and speech pathology.

Notes

Notes



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in alternative formats.

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