

Discussion of barriers and opportunities for improved hospital admission and discharge for people with disabilities

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Agenda

Welcome and Acknowledgement of Country

Introductions

Janet McLeod

Role and experience

Heather McMinn

Role and experience

Presentation

Background and context for discussion

Small group discussions

Parts 1 and 2

Next steps

Acknowledgement of Country

Heather and I would like to begin by acknowledging the Gadigal People of the Eora Nation as the Traditional Custodians of the Lands we are meeting upon today.

We pay our respects to their Elders, past and present and any Community members with us today.

We also acknowledge that Aboriginal and Torres Strait Islander People have a deep cultural, spiritual and historical connection to Country, and that sovereignty has never been ceded.



Why this discussion now and with you

- [Practice alert](#) (Nov 2020) explains how to support NDIS participants during transitions of care to and from hospitals, and provider obligations.
- Disability sector and health sector discussions increasingly identify concerns related to NDIS recipients and hospital admissions or discharge
- Indications that health/disability intersect will be a focus for improvement in NDIS Review and Disability Royal Commission reports (due in October)

Nursing perspective

- Critical to solution focus is input from you - Nurses working in disability contexts
- You bring health and disability experience and insight into the capabilities of disability workers supporting complex health needs of people with a disability
- You have wisdom and practice experience that supports identifying improvements in health/disability processes and the health needs of people with a disability.

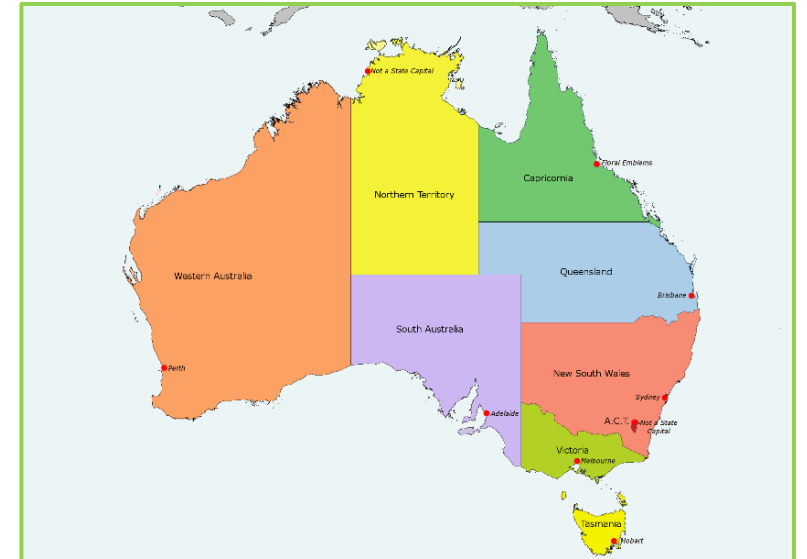
Who we are and what we do

National Disability Services (NDS)

- Australia's peak body for non-government disability service organisations
- represents more than 1100 non-government service providers
- Large, small, multistate, remote, sole traders, registered and unregistered, all service types

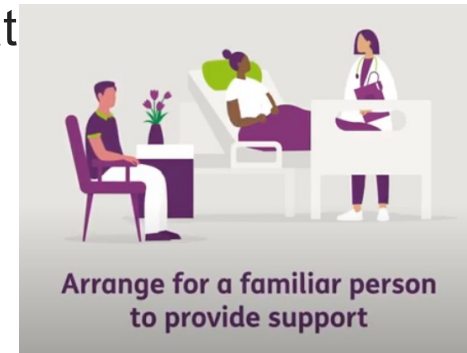
Key stakeholder relationships

- Commonwealth, State and Territory Governments
- NDIA and NDIS Quality and Safeguards Commission
- Disability Advocacy organisations
- Disability sector providers



NDIS rules and hospital admissions

- NDIS does not fund supports to treat a health condition as this is expected from the health sector.
- Personal care needs are expected to be delivered by hospital staff with expectation care plans are provided to hospital staff when a person is admitted.
- Individuals with complex care needs can receive funding for the disability care worker to train hospital staff to deliver care needs including those related to communication or behavior support plans.
- Local Area Coordinators, Support Coordination or Recovery Coach funding can continue during admission to assist with discharge planning needs.
- Disability related health supports can be funded on discharge if NDIS recognises these are not appropriate to be funded by health sector.
- [NDIS What help can you get through the health system or other services?](#)
- NDIS funded Hospital Liaison Officers (HLO's) expected to support discharge process [NDIS HLOs and Hospital discharge](#)



What we know – to get us started

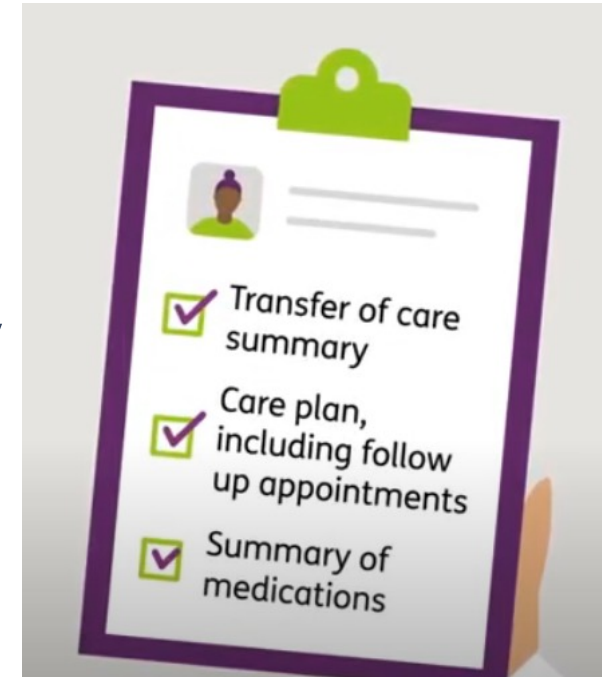
Admissions

- **Changes** to routine, unfamiliar environments and workers, and lack understanding of treatment or hospital processes can result in non-compliant patients and increased distress and behaviours of protest **all contributing to slower recovery or additional health complexities.**
- Many health providers are designing or have tools to facilitate clearer information exchange from home to hospital.
- In most hospitals there is significant infrastructure and resources to navigate incidents.



Discharges

- Unstable discharge increases risk of readmission and health complexity
- Hospitals are **under pressure** with workforce shortages and need to discharge patients as soon as possible **due to demand on beds**.
- Health **sector make assumptions** about the **capabilities of disability workers** and **family** members regarding discharge care
- Discharge planning **discussions do not routinely include** disability service **providers** engaged in care of individual.
- Discharge **documentation** is often **scant or not sufficient** for the support worker context.
- Discharge **transfers the** health and safety **risks to** the disability **provider** – residential care **or in-home supports** (family and/ or workers).



Discussion process

Resources

- ✓ Print out of what we know.
- ✓ Felt tip pens and sheets of A3 paper on each table with discussion focus areas identified

Part 1 Focus: Discharge barriers or concerns not identified in what we know
Any systems or models of care that address these concerns or barriers
Large Group Report Back

Part 2 Focus What changes are needed, where and by whom
Potential solutions and prioritize top 3 urgent actions
Large Group Report Back

Please nominate a note taker and a person to share one or two key points during large group reporting back.

Next steps and how to stay informed

- NDS will collate the discussion notes, identify the themes.
- Themes and potential action steps will be drafted following reflection on the Disability Royal Commission Final Report recommendations and the NDIS Review Report.
- Invitation to participate in the action phase – as a key stakeholder for further reflection and input or to stay connected regarding progress will be available
- To indicate interest in next steps, discussion notes and themes from today please complete the brief survey through the QR link.
- Thank you for your participation in this important discussion.

PANDDA Hospital admission and discharge session follow-up

