

Admission2Discharge Together

Improving the hospital journey for people with Disability

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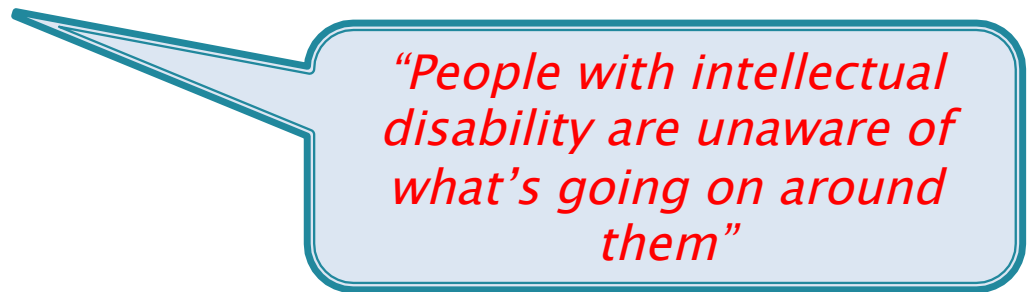
Aim

Improve the hospital journey for people with disability



Factors impacting quality patient care

- ▶ Limited knowledge of the rights of the person
- ▶ Limited understanding of person's specific needs
- ▶ Faulty perceptions and attitudes such as:

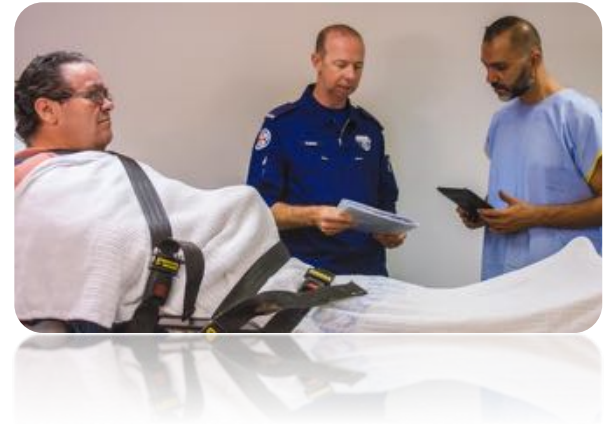


Acting with

dignity
and respect

Challenges in the hospital setting

- ▶ **Communication** barriers
- ▶ **Complex** behaviors/mental illness/**Fear**
- ▶ **Hospitals can be scary!**
 - Past experiences
 - In pain



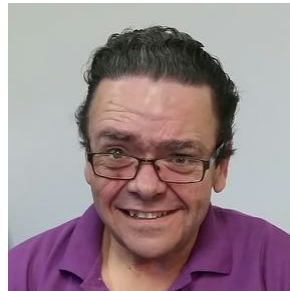
A2D Together Folder

- ▶ **Front cover** – Contacts/photo
- ▶ **Medication chart and Webster Pack**
- ▶ **TOP 5** tips for support
- ▶ **Hospital Support Plan**
- ▶ **Mealtime Management Plan**
- ▶ Other relevant plans to support the person in hospital



Front cover

- Person's name and name they liked to be called



- Person's photo

- Name of the person's **guardian or person responsible**(if person is unable to consent to their own treatment)

Photo should show the person when they are well, provides a baseline to health professionals and guide to the person's current health status.



Red Section

Medication chart and Webster Pack

- These provide current medication information to the health professionals
- This is **especially** important if the person is admitted to hospital in an emergency and is on their own



TOP 5 is

- ▶ designed to **assist** the hospital staff to **better understand** the individual needs of the person
- ▶ developed by people who **know the person well** and include:
 - any **risks** eg choking, pica
 - **interests, likes, dislikes, fears/ phobias, rituals/routines**
 - things that might **trigger** the person to **become upset** whilst in the hospital setting
 - things that makes **me me**



What are the benefits of TOP 5?



- ✓ Better understanding of the person,
- ✓ Important information to keep the person safe
- ✓ Strategies to support the person if they become distressed
- ✓ Make it easier for clinical staff to do their job
- ✓ Improved hospital journey for patient

What are the risks?

- Swallowing and choking
- Pica
- Mobility
- Personal safety
- Triggers



What can help to minimise distress?



- ▶ What things may cause distress?
- ▶ Are there things or tasks that help settle the person?
- ▶ Are there set routines developed that keep the person reassured?

Communication



- Behaviours used to communicate a need
- Communication tools
- How the person expresses pain, discomfort or distress.


Levels of support needed



Activities:

- Eating
- Daily living
- Taking medications
- “Must Haves”
- Behaviour & routines

Getting to know me

- ▶ Favourite name
 - ▶ Favourite things to talk about
 - ▶ Interests & activities
- 

Green Section

▶ Hospital Support Plan Part 1 & 2

▶ Other relevant health plans

▶ On the front cover tick the plans that are in the folder. **Copies Only**

Do not put unnecessary information in the folder

Hospital Support Plan - Part 1
Key information about the person (TOP 5 to be placed in morning notes)

Part 1 of the Hospital Support Plan is completed or updated by the lead support staff at the quarterly review of the person's Health Care Plan, or sooner if there are changes in the person's health and circumstances.

Personal details

Name	Preferred name
Date of Birth	Age
Gender	Sex
Phone number	
Religion / religious considerations	Language / cultural considerations

Person who provides consent for medical or dental procedures

Name	Relationship
Phone number (mobile)	(work)
Interpreter required	Yes No
Language	

This person is AT RISK

Examples of things that may be AT RISK	ALERT
<ul style="list-style-type: none"> Fractures Wounds Choking Medication Wetness 	

Name of General Practitioner: Telephone:

This person lives in a home run by FACS, Ageing/Health & Homecare

Phone (work/home)	Mobile
Name and position of alternate contact person (Contact: Team Specialist FTS)	
Phone	Mobile
Contact for after hours support (Spec/Mon-Thurs, Spec/Fri-Sun/Mon, ALL Public Holidays)	
Name and position: After hours support manager	Mobile

Hospital Support Plan - Part 2
Support needs and how they are met (TOP 5 to be placed in morning notes)

Part 2 of the Hospital Support Plan is partially completed by disability support staff at the quarterly review of the person's Health Care Plan, or sooner if there are changes in the person's health and circumstances.

Parts 1 and 2 of the Hospital Support Plan are kept in the person's Hospital Support folder with the person's TOP 5 ready to take to any planned or unplanned hospital admissions.

It is fully completed jointly by hospital staff and disability support staff, family members and others who know the person well, either at the pre-admission planning meeting for planned admissions, or after a verbal update for unplanned emergency admissions to hospital.

Its purpose is to:

- Identify areas of risk that may compromise the person's ability to achieve the best health outcomes, or that compromise the person's safety and/or dignity during a hospital stay
- Agree on what supports are required to reduce identified risks, and
- Negotiate responsibility and resources for the provision of agreed additional support.

Assessment completed by:	Name	Signature	Date
Working Unit Manager			
Disability support worker/ nurse			
Family Member(s)			

Work Health and Safety

The disability support worker/nurse who is providing support to the person in the hospital has been educated to the hospital site and made aware of Work Health and Safety procedures.

	Name	Signature	Date
Working Unit Manager providing induction			
Disability support worker/nurse who received induction			

Admission2Discharge Together Toolkit

<http://a2d.healthcare/>