



Admission2Discharge Together

How to assemble an Admission2Discharge (A2D) Together Folder

A2D Admission 2 Discharge Together.

For a person with an intellectual disability going to hospital

STOP Do not proceed without your patient's **Medication Chart & Blister Pack**

CAUTION Be familiar with your patient's **Top 5 Tips for Support** **TOP 5**

GO You have in place your patient's **Hospital Support Plan**

- Mealtime Management Plan
- Behaviour Support Strategies
- Bowel Management Plan
- Pressure Care Plan
- Manual Handling Plan
- Recent Medical Reports

Name: _____

Person likes to be called: _____

If you are supporting this person in hospital please read this. It contains important information about their health and personal support needs.

If person is unable to consent to treatment please call:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Contact: _____ Contact: _____

This information belongs to the person named. Please return it when person goes home.

Place a copy of the **TOP 5** in nursing notes

The rest of the information stays with this person at all times.

Developed by: FACS South Eastern Sydney District & South Eastern Sydney Local Health District.

The purpose of the Admission2Discharge Together (A2D) Folder is to improve the hospital journey for a person with a cognitive disability.

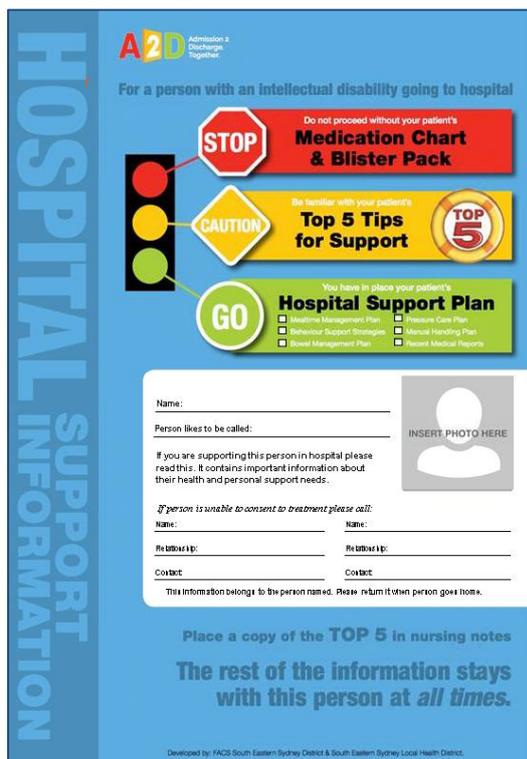
The A2D Together Folder will assist health and disability professionals work together with a shared understanding of the person's specific individual health needs.



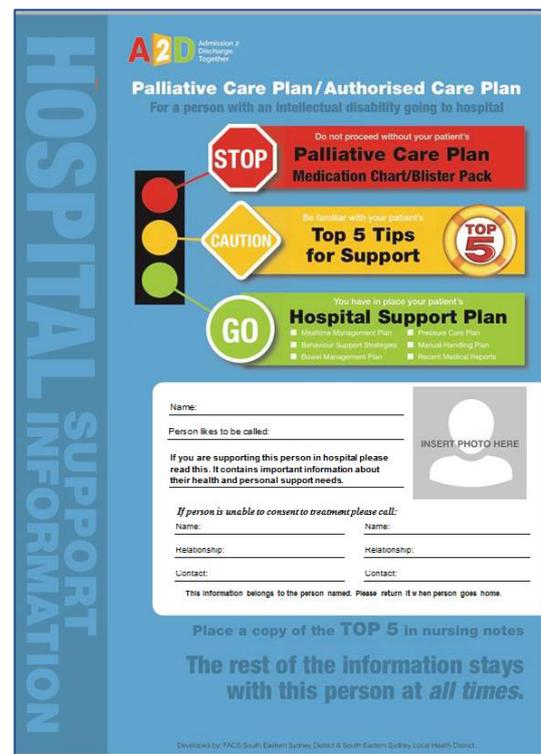
Thank you for becoming a part of this very important project

The **A2D Together Folder** consists of 4 parts.

1. **Front cover**
 - Contact details for obtaining consent
 - Review dates page 2
2. **Red section**
 - **Blister pack and medication chart/ inhalers/liquid medications**
 - **Palliative Care Plan / Authorised Care Plan**
3. **Orange Section**
 - **Top 5 Tips for Support**
4. **Green Section**
 - **Hospital Support Plan – Part 1 & 2**
 - **Other relevant support plans and recent specialist medical reports**

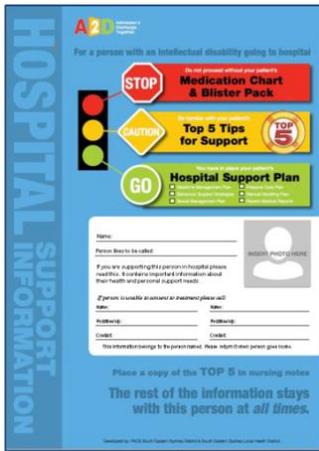


Admission2Discharge (A2D) Together Folder



Palliative Care Plan / Authorised Care Plan Admission2Discharge (A2D) Together Folder

1. Front Cover



The front cover includes:

- Person's name and name they liked to be called. The person may only respond to their nickname or abbreviated name (e.g. Will and not William)
- Person's photo. The photo included should show the person when they are well as this may assist the health professional to get a true 'picture' of the person's health. This may help a lot if the person is admitted in an emergency.
- Name of the person's guardian or person responsible and a contact number for that person. If the person is unable to consent to medical treatment, the treating Doctor has easy access person responsible/ guardian if consent to medical treatment is necessary.



- **Please note: The Palliative Care Plan/Authorised Care Plan** A2D Together Folder has a different cover page (see page 7)

Review Page



The **Review Page** is page 2 of the front cover placed in the same pocket.

It is important that information in the folder is reviewed by the support staff monthly (or sooner if the person's needs change). The manager should sign and date that the review has taken place each month.

If there are **changes** to the person's health or their management plans, please record these on the front cover of the A2D Together Folder and Part 1 of the Hospital Support Plan. This keeps all information current and ready to go to hospital with the person at any time.

2. Red Section - Medication



This section contains the person's **Medication Chart**, their **Blister pack** and any **inhalers/liquid medications**.

When a person is admitted to hospital, the health professionals need accurate medication information. **The current medication charts and blister pack contain this information.** Once the information is recorded on the hospital medication chart it can be placed back in the A2D Together Folder or can be given to the Disability Support Staff to take to the person's home for safe keeping.



- Remember to give inhalers/liquid medications to the Paramedics



Palliative Care Plan / Authorised Care Plan in the A2D Together Folder

Page 1 of the red section in this folder may contain the person's Palliative Care Plan, End of Life Plan, CPR order and / or Ambulance plan. It should be noted that the ambulance plan should always be accompanied by the NSW Health Authorised Palliative Care Plan. These plans should be followed by the **Medication Chart** and **Blister pack** and any **inhalers/liquid medications**.

This is to make sure that hospital staff are aware the person has this/these plan/s and can take appropriate measures to meet the person's needs.

3. Orange Section – TOP 5

This section contains the person **TOP 5** tips for support.

The purpose of **TOP 5** is to help clinical staff to be aware of the person’s specific communication abilities, their needs, like, dislikes, rituals and preferences for support while in hospital. When a person is admitted to hospital in an emergency the Disability Support Worker (DSW) will show the Paramedic team the **TOP 5** in the A2D Together Folder, this will help them understand the specific needs of the person.

Ask the Paramedics to give the folder to the hospital staff when they arrive at the hospital and reinforce that it must stay with the person at all times. The A2D Together Folder should contain two or three extra copies of the **TOP 5**. When the person is admitted to hospital a copy will be given the hospital staff to place in the person’s nursing notes and another copy will stay in A2D Together Folder at all times.

It is the responsibility of the disability support staff/manager to ensure this happens. It may also help to place a copy of the TOP 5 above the person’s bed so it is visible to all health staff involved in the persons care. Be mindful though that this may not be appropriate for some people given the sensitive nature of their personal information and may only be possible if the person is in a private room.



Note: it is recommended that at least 4 additional copies of the **TOP 5** are kept in the person’s file at home so these can be accessed on request or if the **TOP 5** gets lost.

TOP 5 is ALWAYS presented on the **GOLD/ YELLOW** paper so hospital staff will easily recognise it. This enables **TOP 5** to **stand out** and over time become a trade mark for good support for people with disability when they go to hospital

Tips for writing a person’s TOP 5 are on page 9

Other management / support plans

The green section also contains support plans that are relevant for the person's care. These other support plans could include:

- Mealtime Management plan
- **Summary** of behaviour support strategies (not a 68 page Behaviour Support plan)
- Manual Handling plan
- Epilepsy Management plan
- Diabetes Management plan
- Bowel management plan
- Pressure care management plan
- Recent specialist medical reports: To provide current medical information to the health professionals.

Please indicate on the front cover of the A2D Together folder ALL the support plans in the GREEN section.

Do not put unnecessary information in the folder

- **The A2D Together Folder may be the only information the hospital staff have about the person.**
- **The folder must stay with the person at all times and be accessible to all staff providing care and medical support to the person.**

How to develop a TOP 5

What is TOP 5?



The **TOP 5** is a tool designed to assist the hospital staff to better understand the person and their individual needs. It is developed by the person, their family / guardian / person responsible and support staff and include:

- any **risks** e.g. choking, PICA;
- **interests, likes, dislikes, fears** / phobias, **rituals** / routines;
- **communication** methods and needs; and
- things that might **trigger** the person to become upset while in the hospital setting.

TOP 5 is ALWAYS presented on the GOLD/YELLOW paper so Hospital staff will easily recognise it. This enables TOP5 to stand out and over time become a trademark for good support for people with disability who go to hospital.

Disability Support staff who provide everyday support to people with disability generally know the person really well. The family / guardian / person responsible also know the person very well. The **TOP 5** needs to be developed by these people, and include the person themselves.

What are the benefits of TOP 5?

- **Better understanding** of the person and their individual needs
- Important information to **keep the person safe**
- **Strategies** to support the person if they become distressed
- Makes it **easier** for clinical staff to do their job
- **Improves the hospital journey for person with disability**

What to include in TOP 5:

1. Consider the **five** most important tips or strategies you think care workers need to know to:

- Any risks to the person's safety i.e. choking
- How to keep the person you care for reassured and settled
- How to gain co-operation in personal care activities
- How to encourage and improve communication
- Acknowledgement and support of the person's interests, and sense of self

2. Questions to ask yourself about what needs to be included in the **TOP 5**:

- Are there things you know of, that may cause him / her distress? (e.g. female / male staff, noise, colours, words, clothing, visitors)
- If unsettled, are there things or tasks that help settle him / her? (e.g. photos, trinket box, cup of tea / coffee, turn the light of, sit in a chair, read the paper).

- Are there set routines you have developed that keep him / her reassured? (e.g. at bedtime, with meals, personal care)
- Are there any repetitive questions or re-occurring issues that may need specific answers or responses? (e.g. “where is George?”, “I don’t have any money to pay”) Who are they likely to call out for? What is the preferred answer?
- Are you aware of any signs or triggers, that indicate they may have a need or want something? (e.g. fidgeting means time for a walk, pointing means need to toilet, singing means turn on / off the radio / TV)
- Is the person at risk of choking when eating and drinking – please follow the mealtime management plan (this is all that should be placed on the TOP 5 with the reference to the mealtime management plan).

Keep in mind when you are writing **TOP 5** that the person who is reading it has no prior information about the person. It may be that the person has gone to hospital by ambulance and doesn’t have a support staff with them. The information must be brief as hospital staff have limited time to read it.

It is also important that the date the TOP 5 has been completed, who compiled it, the emergency contact person and their number is documented on the bottom of the TOP 5. This contact person could be a family member, person responsible, appointed guardian, Manager or someone who knows the person well and is available to talk to hospital staff in an emergency situation. Inclusion of the contacts details is a direct request from the Local Health Districts.

TOP 5 is reviewed as part of the A2D Together folder review schedule as determined by your Agency (or sooner if the person’s needs change).

TOP 5 Strategies

The chart below will help you understand what needs to be included in a **TOP 5**. These are only examples and may not be applicable to the person you support.

- The **TOP 5** needs to give the **WHY** e.g. “*Mary is afraid of Doctors*”
- The **TOP 5** needs to say **WHAT** the person will do e.g. “*She will scream and hide under the blankets if she sees a stethoscope*”.
- The **TOP 5** strategy needs to say **WHAT** the staff need to do and **HOW** to support the person to feel safe and comfortable, e.g. “*Please tell the doctor not to have her stethoscope around her neck. Role play any procedure first and tell Mary exactly what you want to do. Mary will be ok then*”.

What is not required in a TOP 5?

- Information on medical conditions or Allergies – this should be in the Hospital Support Plan (part 1) and taken on the admission notes.
- Any medical information that would be placed on the person’s admission forms and included in their bed chart.
- Do not resuscitate orders – this will be in the person’s advanced care plan in the front of the A2D folder.

Tips for what to write in a TOP 5

Background or the 'WHY'	Action or Behaviour 'WHAT' the person does or needs'	Outcome or Behaviour 'WHAT to do' and 'HOW' to do it
John is at risk of choking	He needs full staff support with eating and drinking and full supervision during all mealtimes	Please follow his Mealtime Management Plan (Green section in A2D Together Folder).
Mary is afraid of doctors.	She will scream and hide under the blankets if she sees a stethoscope.	Please tell the doctor not to have the stethoscope around her neck. Role play any procedure first and tell her exactly what you want to do. Mary will be ok then.
Joseph has PICA and will eat inedible objects.	He will reach for objects that may be left on his tray and this puts him at risk of choking, ie plastic wrapping etc.	Don't leave any objects on his tray that he may be able to put in his mouth
Rodney has Parkinson's Disease and when he walks he sometimes get 'stuck'.	He will shout out and become distressed when this happens.	If you count 1,2,3,4 and then ask Rodney to count 1,2,3,4 it helps him to come 'unstuck'.
Jo will cry out if she is uncomfortable or incontinent.	She is unable to tell you if her positioning is causing her pain or if she is in incontinence	Check that Jo is positioned correctly and that her pillow is under her right leg. If she has been incontinent change her pad. She will usually smile if she is ok and give you the thumbs up.

When admitted to hospital

The **TOP 5** is Placed in the person's medical record and a copy of the **TOP 5 is** kept with the person at all times in their A2D together folder. One copy can be displayed on the wall near the patient's bed, for all health staff to see (if appropriate).

TOP 5 was developed by the Carer Support Unit, Central Coast Local Health District to improve the hospital experience for people with cognitive deficits.

For more information on the TOP 5 please refer to the following websites:

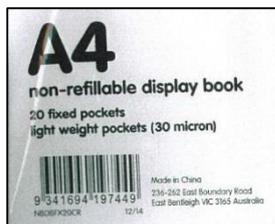
- <http://www.cclhd.health.nsw.gov.au/patientsandvisitors/CarerSupport/top5>
- <http://www.cec.health.nsw.gov.au/programs/partnering-with-patients/top5>

A2D Together Folder

The A2D Together Folder being currently used is an A4 non-refillable display book with 20 fixed sheets. It can be purchased at Officeworks or other stationary suppliers. It is recommended that spare folders be kept at the home in the event that a folder gets lost during the transfer of care.



Coloured TABS (red, yellow and green) are used to divide the each section of the folder



Current label in Non-refillable Display Folder