

## Hospital Support Plan - Part 1

### Key information about the person (TOP 5 to be placed in nursing notes)

**Part 1** of the Hospital Support Plan is completed or updated 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.

#### Personal details

<b>Name:</b>		<b>Preferred name:</b>	
Date of birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Address			
Phone number			
Religion / religious considerations		Language /cultural considerations	

#### Person who provides consent for medical or dental procedures

Name		Relationship	
Phone number (home)	(work)	(mobile)	
Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No		Language	

<b>This person is AT RISK</b>	<b>ALERT</b>
<b>Examples: Allergic reaction to MEDICATION (e.g. Penicillin)</b> <b>Choking on food and fluids NIL BY MOUTH</b>	

Name of General Practitioner:	Telephone:
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#### This person lives in a home run by FACS, Ageing Disability & Homecare

House Team Leader Name:	
Phone (group home):	Mobile:
Name and position of alternative contact person (Coordinator), <b>9am-5pm Mon- Fri</b>	
Phone	Mobile
Contact for after hours support <b>5pm-9am Mon- Thurs , 5pm Fri- 9am Mon, ALL Public Holidays</b>	
Name and position: After hours support manager	Mobile:

### Specialist Doctors'

Name	Professional Title	Contact details

Please bring the person's Medicare card to all hospital visits

Health Care Card number
Medicare number
Private health insurance number

### Medication

Does the person require medication to be administered during the admission? (If yes, attach copy of current Medication Chart) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Does the person need help with taking medication? (If yes, describe, e.g.: Tom will swallow tablets whole if they are given with a spoon of strawberry yoghurt.) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

### Medical information

Summary of medical conditions: e.g. epilepsy, heart problems, breathing problems, swallowing problems. Please any relevant management plans for more information

<p>Does the person have sight or hearing problems?   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>          If yes, describe for example: Mary is short sighted and must have her glasses on or where she can reach them at all times. Mary gets very irritable and frustrated if she can't see properly.</p>
<p>Brief description of common health/medical interventions e.g. how blood is usually taken, injections given, temperature taken, blood pressure measured etc?</p>

**Communications (attach the person's communication profile or chart)**

<p>How does the person communicate?</p>
<p>Can the person make choices?</p>
<p>What is the best way to help the person understand what others are saying to her / him?</p>
<p>Can the person read and comprehend what is written?</p>
<p>How do people know if the person is happy, sad, sick, anxious, confused?</p>

How will the person indicate the following?

- Needs assistance to go to the toilet:
  
  
  
  
  
  
  
  
  
  
- Hunger :
  
  
  
  
  
  
  
  
  
  
- Thirst :
  
  
  
  
  
  
  
  
  
  
- Pain :
  
  
  
  
  
  
  
  
  
  
- Menu choice:

## Mobility

Does the person use an aid or require assistance to move around in bed?  **Yes**  **No**  
If yes, describe e.g. Mary is unable to turn over without help. She has fragile skin and needs to be turned every two hours to avoid developing pressure areas.

Does the person use an aid or require assistance to move around the ward?  **Yes**  **No**  
If yes, describe, example e.g. Tom uses a wheelchair and once he is assisted into the chair he can move around the ward without assistance. For his safety he should be shown where he can and can't go.  
**NOTE:** Electronic equipment requires a recharge overnight.

**Meal time assistance/swallowing, nutritional requirements and menu choice (attach Mealtime Management Plan)**

Describe any specific meal time assistance required by the person. For example set up of meal tray, needs full assistance, eats without assistance, uses modified cutlery.	
<p><b>Meals must be texture modified</b></p> <p><input type="checkbox"/> Unmodified – Regular Foods</p> <p><input type="checkbox"/> Textured A - Soft</p> <p><input type="checkbox"/> Textured B - Minced &amp; Moist</p> <p><input type="checkbox"/> Textured C - Smooth &amp; Pureed</p> <p><input type="checkbox"/> Fully Liquid Diet</p> <p><i>Australian Standardised Terminology and Definitions for textured modified food and fluids 2007</i></p>	<p><b>Drinks must be texture modified</b></p> <p><input type="checkbox"/> Unmodified - Regular Fluids</p> <p><input type="checkbox"/> Level 150 - Mildly Thick</p> <p><input type="checkbox"/> Level 400 - Moderately Thick</p> <p><input type="checkbox"/> Level 900 – Extremely Thick</p>
Does the person require enteral feeds? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If yes, attach a copy of feeding regimen</b>	

**Toileting**

Does the person require assistance with toileting or use of continence aids? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, describe, e.g. Mary has a toilet time routine and needs to be offered to go to the toilet every two hours.

**Personal care (attach relevant care plans)**

Does the person require assistance with dressing, showering/bathing? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, describe, e.g. Mary requires a shower chair and full assistance with showering, drying off and dressing. Mary must brush her teeth daily. Her tooth brushing routine is described in the attached Oral Care Plan.

**Behaviour**

Does the person have a behaviour support plan? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
If yes, attach a summary of the behaviours of concern that may put the person or others at risk in the hospital setting.				
Describe any behaviour that hospital staff needs to be aware of, what might trigger the behaviour, and how hospital staff should respond.				
<table border="1"> <thead> <tr> <th>Behaviour</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Behaviour	Response		
Behaviour	Response			


**Personal preferences**

What makes a good day for .....	What makes a bad day for .....
Describe below things that make the person happy, for example: <ul style="list-style-type: none"> <li>• Watching TV, reading, listening to music.</li> <li>• Being spoken to clearly and quietly.</li> <li>• Having favourite foods.</li> <li>• Having personal space honoured.</li> <li>• Being able to follow preferred routines for bathing and mealtimes.</li> </ul>	Describe below things that make the person unhappy, for example: <ul style="list-style-type: none"> <li>• Feeling confused by having too many people in the room at once.</li> <li>• Not understanding what is happening.</li> <li>• Being given fish for dinner.</li> <li>• Being rushed through shower time.</li> </ul>

**Part 1 completed by:**

Position / relationship	Sign and date	Date plan is reviewed/updated
Person		
Family / guardian / carer		
Key worker		
Line manager		

**Note to person completing Hospital Support Plan: TOP 5 and consent details on Hospital support information folder must be signed, dated and reviewed at the same time as the Hospital Support Plan.**

## Hospital Support Plan – Part 2

**Support needs and how they are met (TOP 5 to be placed in nursing 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 at the earliest opportunity 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
Nursing 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 inducted to the hospital site and made aware of Work Health and Safety procedures.

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

## How to complete Part 2

When additional support needs are identified the plan uses the following key to identify the level of support the person requires and who provides it.

### Key to support levels

<b>Level 1</b>	No additional on-ward support required. Support can be provided from existing disability or hospital resources.
<b>Level 2</b>	Additional on-ward support required. Support to be provided by the family.
<b>Level 3</b>	Additional on-ward support required. Support to be provided by the hospital ( <i>for example: use of equipment loan pool</i> ).
<b>Level 4</b>	Additional on-ward support required. Support to be provided by the disability support staff/nurse.

### Examples

Communication needs	Needs known	Level of risk	Support level	Agreed action
Can the person communicate needs, including pain?	<p><b>Yes</b></p> <p>Unknown</p> <p>No</p>	<p><b>Low</b></p> <p>Medium</p> <p>High</p>	<p><b>1</b></p> <p>2</p> <p>3</p> <p>4</p>	<p>1. Mary's Communication Plan and Communication Board must always be with her where she can reach it to use</p> <p>2. Disability support staff/nurse to familiarise hospital nursing staff with the Communication Plan and demonstrate how to use the Communication Board.</p> <p>3. Nursing Unit Manager to check at every shift change that all nursing staff know how to use Mary's Communication Board.</p>

Mental Health needs	Needs known	Level of Risk	Support Level	Agreed Action
Is the person likely to self harm?	<p><b>Yes</b></p> <p>Unknown</p> <p>No</p>	<p>Low</p> <p>Medium</p> <p><b>High</b></p>	<p>1</p> <p>2</p> <p>3</p> <p><b>4</b></p>	<p>1. Ensure hospital staff understand/ have access to Mary's Behaviour Support Plan.</p> <p>2. Key worker to attend 1-2 hours per afternoon to check management of support.</p>



## Communication

Communication needs	Needs known	Level of risk	Support level	Agreed action
	Circle as appropriate	Circle as appropriate	See Key Circle as appropriate	See examples
Can the person communicate needs, including pain?	Yes Unknown No	Low Medium High	1 2 3 4	
Can the person understand a verbal explanation of procedures?	Yes Unknown No	Low Medium High	1 2 3 4	
Summary of additional support needs to be met with identified hours and notes				

## Safety

Safety needs	Needs known	Level of risk	Support level	Agreed action
	Circle as appropriate	Circle as appropriate	See key Circle as appropriate	See examples
Can the person maintain her/his privacy and dignity?	Yes Unknown No	Low Medium High	1 2 3 4	
Is the person able to find her/his way around the hospital?	Yes Unknown No	Low Medium High	1 2 3 4	
Can the person maintain her/his own safety in the ward?	Yes Unknown No	Low Medium High	1 2 3 4	
Can the person maintain her/his own safety outside the ward?	Yes Unknown No	Low Medium High	1 2 3 4	
Summary of additional support needs to be met with identified hours and notes				

## Mental health

<b>Mental Health needs</b>	<b>Needs known</b>	<b>Level of risk</b>	<b>Support level</b>	<b>Agreed action</b>
	Circle as appropriate	Circle as appropriate	See Key Circle as appropriate	See examples
Is the person at risk of self harm?	Yes Unknown No	Low Medium High	1 2 3 4	
Is the person violent towards others?	Yes Unknown No	Low Medium High	1 2 3 4	
Is the person destructive of property?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person need to be constantly moving around?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person exhibit behaviours that may offend others?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person get anxious?	Yes Unknown No	Low Medium High	1 2 3 4	
Summary of additional support needs to be met with identified hours and notes				

## Health and wellbeing

<b>Health and wellbeing needs</b>	<b>Needs known</b>	<b>Level of risk</b>	<b>Support level</b>	<b>Agreed action</b>
	Circle as appropriate	Circle as appropriate	See Key Circle as appropriate	See examples
Does the person maintain her/his personal hygiene?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person maintain her/his fluid intake?	Yes Unknown No	Low Medium High	1 2 3 4	
Can the person eat meals and snacks without assistance?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person have dysphagia or is at risk of choking?	Yes Unknown No	Low Medium High	1 2 3	

			4	
Does the person currently experience seizures?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person go to the toilet independently?	Yes Unknown No	Low Medium High	1 2 3 4	
Can the person move around without assistance?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person have a regular sleep pattern?	Yes Unknown No	Low Medium High	1 2 3 4	
Is the person at risk from pressure areas?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the person require any special equipment?	Yes Unknown No	Low Medium High	1 2 3 4	
Summary of additional support needs to be met with identified hours and notes				

## Appendix 2

### Decision making escalation process

In a case where the Hospital Support Plan cannot be successfully negotiated between the Nurse Unit Managers and Group Home Team Leader/Residential Nurse Unit Manager and/or Coordinator Accommodation and Respite/Nurse Manager Accommodation and Nursing Services or NGO equivalent staff, the following escalation process should apply:

<b>ADHC / NGO</b>	<b>NSW Health</b>
<ul style="list-style-type: none"> <li>• Manager, Accommodation and Respite</li> <li>• NGO Manager</li> <li>• Nurse Manager Accommodation and Nursing Services</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing/Midwifery Unit Manager (N/MUM)</li> </ul> (or equivalent – person in charge of shift)
<ul style="list-style-type: none"> <li>• Regional Manager, Accommodation and Respite</li> <li>• NGO Senior Manager</li> <li>• CEO Large Residences</li> <li>• Manager Riverside</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Nursing and Midwifery (DON/M)</li> </ul>
<ul style="list-style-type: none"> <li>• ADHC Regional Director</li> <li>• NGO Director</li> <li>• Executive Director LRC SSL</li> </ul>	<ul style="list-style-type: none"> <li>• LHD Director, Clinical Operations</li> </ul>
<ul style="list-style-type: none"> <li>• Deputy Director-General</li> <li>• NGO CE</li> </ul>	<ul style="list-style-type: none"> <li>• CE, LHD</li> </ul>

In resolving an agreed Hospital Support Plan, the following should be considered:

- Time line should be considered. For example some issues should be resolved within 24 hours.
- Escalation from line manager to next line manager should occur within 24 hours.
- Where matters can't be resolved at each level, details of the relevant managers and contact details should be exchanged prior to escalating the issue.
- A decision about who provides this support and how this support is funded may need to be escalated to Manager, Accommodation and Respite and NSW Health representative (with relevant delegation).