

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

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

Person Responsible – the 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	

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

Name of General Practitioner:	Telephone:
Name of Psychiatrist	Telephone:
Name of Psychologist or Behaviour Support Practitioner	Telephone

If this person lives in a home run by a Provider funded by NDIS

Name of Provider Organisation:	
Name of Contact Person for the Home:	
Phone (group home):	Mobile:
Contact for After-Hours Senior Manager (5pm-9am Mon- Thurs , 5pm Fri- 9am Mon, ALL Public Holidays)	
Name and position:	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

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

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

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Does the person have sight or hearing problems? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.
Brief description of common health/medical interventions e.g. how blood is usually taken, injections given, temperature taken, blood pressure measured etc?

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

How does the person communicate?
Can the person make choices?
What is the best way to help the person understand what others are saying to her / him?
Can the person read and comprehend what is written?
How do people know if the person is happy, sad, sick, anxious, confused?
How will the person indicate the following? <ul style="list-style-type: none">• Needs assistance to go to the toilet:

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- Hunger :
- Thirst :
- Pain :
- Menu choice:

Mobility

<p>Does the person use an aid or require assistance to move around in bed? <input type="checkbox"/> Yes <input type="checkbox"/> 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.</p>
<p>Does the person use an aid or require assistance to move around the ward? <input type="checkbox"/> Yes <input type="checkbox"/> 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.</p>

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>Meals must be texture modified</p> <p><input type="checkbox"/> Unmodified – Regular Foods</p> <p><input type="checkbox"/> Textured A - Soft</p> <p><input type="checkbox"/> Textured B - Minced & Moist</p> <p><input type="checkbox"/> Textured C - Smooth & 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>Drinks must be texture modified</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>
<p>Does the person require enteral feeds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of feeding regimen</p>	

Toileting

Does the person require assistance with toileting or use of continence aids? **Yes** **No**
 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? **Yes** **No**
 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? **Yes** **No**

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.

Behaviour	Response

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

Part 1 completed by:

Position / relationship	Sign and date	Date plan is reviewed/updated
Person		
Family / guardian / carer		
Key worker		
Line manager		
For people with a disability who cannot self-represent and have a Public Guardian, please ask the Guardian to sign the line below		
Name	Sign and date	

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.

Where possible, 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			
Carer / Family Member / Guardian			

Some NSW Health services have a Patient Care Plan form (or equivalent) that covers this information. Where a NSW Health form exists, and covers the equivalent detail, the preference is to use the NSW Health form using information stated in the Hospital Support Plan - Part 2.

Work Health and Safety

The disability support worker 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 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

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

Examples

Communication needs	Needs known	Level of risk	Support level	Agreed action
Can the person communicate needs, including pain?	<p>Yes</p> <p>Unknown</p> <p>No</p>	<p>Low</p> <p>Medium</p> <p>High</p>	<p>1</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 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>Yes</p> <p>Unknown</p> <p>No</p>	<p>Low</p> <p>Medium</p> <p>High</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</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

Mental Health needs	Needs known	Level of risk	Support level	Agreed action
	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

Health and wellbeing needs	Needs known	Level of risk	Support level	Agreed action
	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	

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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 Disability Home Manager or NGO equivalent staff, the following escalation process should apply:

NGO	NSW Health
<ul style="list-style-type: none"> • NGO Manager 	<ul style="list-style-type: none"> • Nursing/Midwifery Unit Manager (N/MUM) • LHD NDIS lead
<ul style="list-style-type: none"> • NGO Senior Manager 	<ul style="list-style-type: none"> • Director of Nursing and Midwifery (DON/M)
<ul style="list-style-type: none"> • NGO Director 	<ul style="list-style-type: none"> • LHD Director, Clinical Operations
<ul style="list-style-type: none"> • NGO CE 	<ul style="list-style-type: none"> • CE, LHD

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 the NDIS Escalation pathway and NSW Health representative (with relevant delegation).