Pol_324	**Participant transition to and from hospital**

Life Choice is committed to minimising harm for patients when they are transferred to and from hospital. Life Choice will ensure that there is clear communication and coordination between the participant, their carers, health care professionals and providers.

Life Choice will ensure:

- all participants are provided with the necessary information and explanation in appropriate communication formats in relation to their transition of care;
- Participants are provided with information and support throughout the process of transition to and from hospital;
- a care plan is developed for participants following discharge to assist staff to appropriately support the participant; and
- the organisation is aware of the participant's needs following exit from hospital and is confident in providing these supports.

Record of policy development		
Version	**Date approved**	**Date for review**
2021/1	January 2022	January 2024

Responsibilities and delegations	
This policy applies to	All staff
Policy approval	Quality & Risk Committee

Policy context – this policy relates to:	
Standards	*Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).* *National Safety and Quality Health Service (NSQHS) Standards (2nd edition)* NDIS Practice Standards and Quality Indicators NDIS Legislation Amendment (quality Indicators) Guidelines 2021

Legislation	• NDIS Scheme Act 2013
	• Privacy and Confidentiality Act (1988)
	  • Disability Inclusion Act and Regulations 2014
	• Equal Opportunity Act 2010
	  • Privacy Act

	Work Health and Safety Act 2011
Organisation policies	Risk Management Policy Code of Ethics and Conduct Policy Complaints Management Service Agreement with Participants Policy Service Information policy Work Health Safety Environmental Policy and Procedure Code of Conduct Collaboration policy Continuity of Support policy Access to and transition or exit of services policy
Forms, record keeping, other documents	• Complaints and Feedback Form • Participant Service Plan Audit • Participant Support Plan • Service Agreement Life Choice risk assessments Easy Read documents Participant Intake Form Risk assessment form

Definitions

Transition of care: the movement of people between places or services providing care.

Procedures

Life Choice will ensure that any avoidable harms are reduced during transition of care to and from hospitals by ensuring clear communication and coordination between the Participant, their carer and healthcare services.

Preparing for hospital admission

Life Choice will undertake preparation in the lead up to the participant's transition to hospital including:

- ensuring the participant's health record and medication information is accurate and up-to-date;
- arranging for meetings where necessary with relevant hospital staff, and the participant's support people such as family and friends;
- communicating to hospital staff about the participant's mobility and physical support needs, nutritional and mealtime management and communication requirements; and
- assisting participants to understand and communicate about their own health.

Information to provide hospital staff

Where Life Choice is responsible for a participant's medical records and care, or has consent from

participants, guardians or carers to share information, Life Choice will provide the following information to hospital staff on admission:

- About Me– based on the participant's specific needs and requirements;
- list of current medications;
- Webster packs and other required medications;
- Health Care Card;
- Medicare Card;
- Behaviour Support Plan (if relevant); and
- communication plan/profiles and any related communication aids/tools.

Developing a transition plan

Life Choice will work in consultation with the health professionals to develop a care plan for the Participant's discharge, which will include considering:

- the estimated date of transfer;
- the destination of transfer;
- transportation;
- referral services;
- home assessments for equipment, modifications; and
- re-assessing support risks, (e.g. wound management, tube feeding).

The relevant Leader will undertake regular (at least weekly)] monitoring of the participant's progress and record progress in the participant's care plan.

Support

Life Choice is committed to ensuring early and ongoing communication with hospital staff, the participant and support people to prevent delays in leaving hospital and reduce risk to participants.

Life Choice staff involved in participant transition processes will be provided with on-going support and professional development to assist them to undertake their duties effectively.

Life Choice will consult with health professionals regarding the ongoing support needs of participants after they leave hospital. Upon exit, the organisation will obtain the following:

- a summary of the medical care the participant received in hospital;
- a care plan detailing the participant's care needs including follow up appointments, care recommendations and any other health requirements; and
- a summary of the participant's medication including information about new or changed medications.

Life Choice will consult with healthcare professionals to ensure that they adequately understand the ongoing care needs of the participant. This will assist the organisation to understand if the participant now requires specifically trained staff or equipment. Life Choice will communicate with hospital staff to ensure that they are able to provide any additional health-related supports the participant may require upon leaving hospital.

Life Choice will ensure that we communicate effectively with hospital staff and health professionals to ensure that adequate follow up of care is maintained following discharge from the hospital.

End of document