August 2022

NDIS DRMM
Hospital Discharge Strategy

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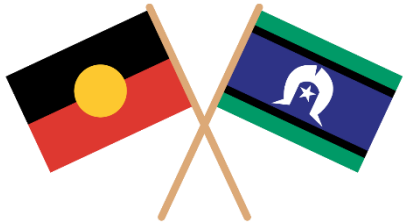
Acknowledgement of Country



"Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today."

We grow together

- Work to understand and address our stakeholder's needs
- Deliver on our promises
- Empower and invest in our people
- Are proud of our workplace and the work we do.

Background

- NDIS participants often experience barriers to discharge from health facilities.
- These barriers result in them having extended hospital stays when they no longer have any medical needs.
- This is a poor experience and outcome for our participants and limits access to hospital services for other members of the community who have active medical needs.
- This issue has been amplified due to COVID.
- In June the Disability Reform Ministers made a commitment to streamline hospital discharge for NDIS participants.

The Commitments

- ✓ Participants will be contacted within 4 days of the NDIA being notified that they are in hospital (intent = get the ball rolling early).

- ✓ Participants will have a plan that supports their discharge approved within 30 days of the Agency being notified that they are in hospital. (intent = supports are in place when participants are ready to discharge).

Making it Happen

To deliver these commitments the Agency is:

- Increasing number of Health Liaison Officers and Hospital Discharge planners to completely centralise the work and clear the work on hand.
- Increase delegation for BM.
- Creating new systems to track, manage and report on Hospital Discharge work.
- Providing templates to health to support evidence gathering requirements.
- Adjusting the MTA policy.
- Streamlining pathways through Home and Living and other intersecting business areas. (Home and Living, TAT, NRT, NAT, Compensation).
- Implementing a governance structure to ensure the deliverables stay on track.

The problem is bigger than us

Our role in solving the bed block problem is primarily to ensure plans are approved that provide the participant with a clear pathway on their model of care and ensure funding is available for relevant housing, personal care and assistive technology supports that enable them to go ‘home’.

Further to that we play a key role in identifying the barriers that exist after the plan is approved e.g., lack of housing, availability of personal care workers or AT etc.

Responsibility Areas

Applied Principles and Tables of Services (APTOS)

NDIS Supports	Other Parties
Reasonable and Necessary disability related supports (due to the impact of the person's impairment/s on their functional capacity) • Prosthetics, orthoses and specialist hearing and vision supports • Aids and equipment to enhance independent functioning in the home and community • Routine personal care for activities of daily living • Home modifications to support community re-integration • Nursing or delegated care by clinically trained staff for disability related health support needs	Acute and emergency services delivered through Local Hospital Networks. Including but not limited to • Medical and pharmaceutical products • Medical transport • Allied health and nursing services (related to a health event) • Dental and medical services covered under the Medicare Benefits Schedule, or otherwise government funded
Allied health and other therapy directly related to maintaining or managing a person's functional capacity, including long-term therapy/support and therapies through early intervention for children.	Rehabilitative health services where the purpose is to restore or increase functioning through time limited, recovery oriented episodes of care, evidence based supports and interim prosthetics (excluding early interventions).
Training of NDIS workers by health professionals to address the impact of a person's impairment/s and retraining as their needs change.	Sub-acute services including in-patient and out-patient services delivered in the person's home or clinical settings
Active involvement in planning and transition support prior to hospital discharge (where stability of functional capacity has been reached).	Inclusion in preventative and primary health care delivered through General Practice and community health services
Further assessments by health professionals required for support planning and review.	Preliminary assessment and diagnosis as required for the determination of a person's eligibility for the NDIS
Coordination of NDIS supports with those offered by the health system and other services.	General hearing and vision services unrelated to the impact of the person's impairment on their functional capacity
The continuation of NDIS supports alongside palliative are services, with adjustments / alignments as required	Intensive case coordination operated by the health system (where primarily related to health supports)
Continuation of funding for complex communication and challenging behaviour support needs while accessing health services (hospitals).	[Jointly with the NDIS] Specialist allied health, rehabilitation and other therapy, to facilitate advanced functioning and community re-integration of people with recently acquired severe conditions

The discharge plan

- The discharge plan is required within 30 day and will have a predominant focus on the supports required to return home. – where are they going and what core supports and AT do they need to undertake activities of daily living.
- Medium to long term goals will be more fully considered at the next plan review.
- Plans will usually be for 12 months to reduce high levels of review volumes and to ensure participants can attract providers.
- Plans will be developed within existing policy settings (excl MTA).
- Where is it difficult to determine a persons functional support needs in community from a hospital setting the participant may be discharged with a step down plan with additional supports for a short period of time and funding for a further functional assessment to inform if the step down model is viable.

Reasonable and Necessary Supports

The NDIS is an insurance-based Scheme focused on individual choice and control. The insurance model means that the NDIS takes a lifetime approach to considering the participant's needs, and provides supports based on 'Reasonable and Necessary' criteria.

NDIS legislation (NDIS Act, section 34) states that each support in a participant's NDIS plan, as well as the plan as a whole, must fit the Reasonable and Necessary criteria. These criteria state that the support must be related to the participant's disability, that it will support their goals, that it will help increase social and economic participation, that it is value for money (compared with the benefits, and other possible supports), that it is based in good practice/evidence, that it takes into account the informal supports available, and that it is most appropriately funded by the NDIS and not another service system.

The NDIS Support for Participants Rules outline the objectives to providing Reasonable and Necessary supports.

Role of the Health Liaison Officer (HLO)

HLOs work directly with hospital staff to make sure prospective and existing NDIS participants who are medically ready for discharge have the right NDIS supports in place. Prior to discharge, HLOs support hospital staff to ensure a prospective or existing NDIS participant, who is medically ready for discharge, has either:

- Access to the NDIS
- An NDIS plan to meet disability support needs, or
- Their plan modified of changed before they discharge.

By supporting hospital staff to ensure any prospective or existing NDIS participant has the right supports in plan prior to discharge, HLO's can help to:

- Reduce discharge delays for patients with a disability
- Minimise the risk of young people with a disability moving into residential aged care
- Improve a prospective or existing NDIS participants experience when discharging from hospital.

HLOs will:

- Speak ‘Hospital,’ teach NDIA
- Determine Discharge requirements:
  - Representation/ Guardianship.
  - New plan required.
  - Housing solution required.
  - New providers required.
  - New accommodation required.
  - Mainstream supports required. Mental health, Non disability Health,
- Identify estimated discharge date.
- Obtain required assessments from Health professionals, Support Coordinators.
- Submit a home and living application*
- Request planning meeting booking.
- Initiate and monitor internal NDIA actions to ensure access and planning activities progress at pace.

Planners will:

- Work with HLO to ensure all required info is obtained.
- Meet with Participants.
- Build the plan.
- Request TABS advice as required (if specific to a detail in the plan build).
- Implement plan.
- Return participant to ND/LAC.

Health will:

- Provide acute care.
- Coordinate holistic discharge planning.
- Provide assessments and evidence of support needs (within 15 days).
- Have overarching responsibility for safe discharge.
- Provide ongoing mainstream supports.

Responsibility Areas

NDIS Supports for Participants Rules 2013

- Rule 7.4 The NDIS will be **responsible** for supports related to a person's ongoing functional impairment and that **enable the person to undertake activities of daily living**, including **maintenance supports** delivered or supervised by clinically trained or qualified health practitioners where these are directly related to a functional impairment and integrally linked to the care and support a person requires to live in the community and participate in education and employment.
- Rule 7.5 The **NDIS will not be responsible** for:
  (a) the **diagnosis** and clinical treatment of health conditions, including ongoing or **chronic health conditions**; or
  (b) other activities that aim to **improve the health status** of Australians, including general practitioner services, medical specialist services, dental care, nursing, allied health services (including acute and post-acute services), preventive health**, care in public and private hospitals** and pharmaceuticals or other universal entitlements; or
  (c) funding time-limited, goal-oriented services and therapies:
  (i) where the predominant purpose is treatment directly related to the person's health status;
  (ii) provided after a recent medical or surgical event, with the aim of improving the person's functional status, including **rehabilitation or post-acute care**; or
  (d) **palliative care**.

Discovery Project

Project Aim: To identify the barriers and enablers to timely discharge for participants with a **primary psychosocial disability**, who are categorised as long stay mental health patients.

Themes to date:

- Roles – Inpatient unit, Community mental health team, Sub-acute services, Health Liaison Officer, Support Coordinator, Guardians, Behaviour Support Practitioners, Psychosocial Recovery Coaches. Work-flow practices. Who is leading? Timeliness and Responsiveness.
- Responsibilities – Is it a housing issue or a support issue? NDIS or mainstream – or both? Application of APTOS (Applied Principles and Tables of Supports to determine responsibilities of NDIS and other services)
- Case Conferences – gap in system. Lack of system wide coordination around the participant inclusive of providers.
- Processes – not consistent. Need to map the pathways.

Thank you.