

## Transitioning from Residential Aged Care

Young Australians living in nursing homes (YPINH) and others with high or complex support and health needs are significantly different to other individuals with disability. Largely those with acquired disabilities, these are individuals who have led an able bodied life before acquiring a disability through accident or illness. This fact alone means they have different expectations, needs and understandings of the disability service system and how their current and future needs should be addressed...and met.

The following checklist is designed to help service providers

- develop and deliver services that address the high and complex health and support needs this group presents with
- manage the transition process successfully, and
- ensure residents move into their new homes as smoothly as possible.

### 1. Contact details, change of address

This information may seem obvious, but can be forgotten in addressing the more complex aspects of transition.

#### Have residents updated their contact details to reflect new address and telephone numbers?

Have these new contact details been updated with all relevant bodies including;

- Electoral roll: Date completed: \_\_/\_\_/\_\_ By (name): \_\_\_\_\_
- Medicare: Date completed: \_\_/\_\_/\_\_ By (name) \_\_\_\_\_
- Pension: Date completed: \_\_/\_\_/\_\_ By (name) \_\_\_\_\_
- Companion card: Date completed: \_\_/\_\_/\_\_ By (name) \_\_\_\_\_
- Bank: Date completed: \_\_/\_\_/\_\_ By (name) \_\_\_\_\_
- Other (check with family) \_\_\_\_\_

#### Is the resident registered with Centrelink?

YES  NO

Have they updated their contact details to reflect new address and telephone numbers?

Date completed \_\_/\_\_/\_\_ By (name) \_\_\_\_\_

#### When does their Centrelink card expire? Date: \_\_/\_\_/\_\_

Do they have a current

- Medicare card?      Expiry date: \_\_/\_\_/\_\_
- Pension card?      Expiry date: \_\_/\_\_/\_\_
- Companion card?      Expiry date: \_\_/\_\_/\_\_

## 2. Health Professionals

Because of the complexity and intensity of their health needs, these young people will often have a group of medical and other health professionals who need to be consulted on various aspects of health and well being.

**Have the names and contact details of doctors and other specialists the resident sees been provided?**

### Local doctor/GP: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

### If the young person is moving to a new area:

Has the local doctor been notified?

By (name): \_\_\_\_\_

Have previous records been requested from last doctor?

By (name): \_\_\_\_\_

### Urologist: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

### Neurologist: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

### Respiratory Physician: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

### Cardiologist: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

### Dentist: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

### Physiotherapist: Contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Occupational Therapist: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Dietician: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Speech Pathologist: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Podiatrist: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Psychologist/Psychiatrist: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Other: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

**Other: Contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Date of last visit? \_\_\_/\_\_\_/\_\_\_

Where applicable, have copies of administration orders been supplied, including reference numbers and key contacts?

Have copies of instructions regarding CAS orders been supplied?

By whom: \_\_\_\_\_

### 3. Care Plan

An active care plan that includes the following must accompany the resident.

#### a) Personal Care

- Instructions regarding health and personal care regimes including
  - catheter changes
  - bowel regimes
  - PEG feeds (enteral care)
  - special diets
  - special positioning needs
  - allied health involvement
  - rehabilitative involvement
  - training for staff etc
- Copies of instructions regarding CAS orders
- Royal District Nursing Service (RDNS) involvement. Details?
- A complete list of medications used and instructions for administering
- An up to date list of all appointments made
- If the resident is under any medical orders, are details and contact information of relevant authorities provided
- Name and contact details of chemist used previously
- List of prescriptions held, if any
- Name and contact details of new chemist
- Has a complete list of medications and prescriptions used by the resident been transferred, if any?
- Are they up to date?
- Are repeat prescriptions needed? Who from?
- Ensure that the new resident arrives with repeatable scripts and a filled Webster pack for one week
- Instructions for management of cigarettes, personal spending, any behavioural issues. Details?
- A complete list of all known allergies and treatments prescribed for these allergies including
- Name and contact details of treating physicians
- Are PRN orders in place? Have they been written up?

#### b) Individual Support Plan

- Have the resident and family members been giving written details of the house routine, staffing, equipment etc.?

By (name): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

- Have the resident and family members been made aware of any financial commitments they may be responsible for, including:

- equipment repair/replacement costs
- travel costs
- medical/pharmaceutical costs
- food costs
- laundry costs

- Have arrangements been made with the resident and family to develop an Individual Support Plan?

By (name): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

## 4. Resident & Family Involvement/Support

For many families, the journey to a supported accommodation service will have been a complicated and trying one. Accessing the supports their family member needs may have been difficult and allowed little time to understand or come to terms with the changes they and their loved one have had to deal with.

Similarly, young people with acquired disabilities may have had little opportunity to come to terms with their changed circumstances; or had support to deal with the implications they and their families face, now and in the future.

Offering residents and their families the opportunity to participate in decision making that affects them; ensuring that the services and supports they need to adjust to this move are in place, can make transition a positive experience for all concerned.