

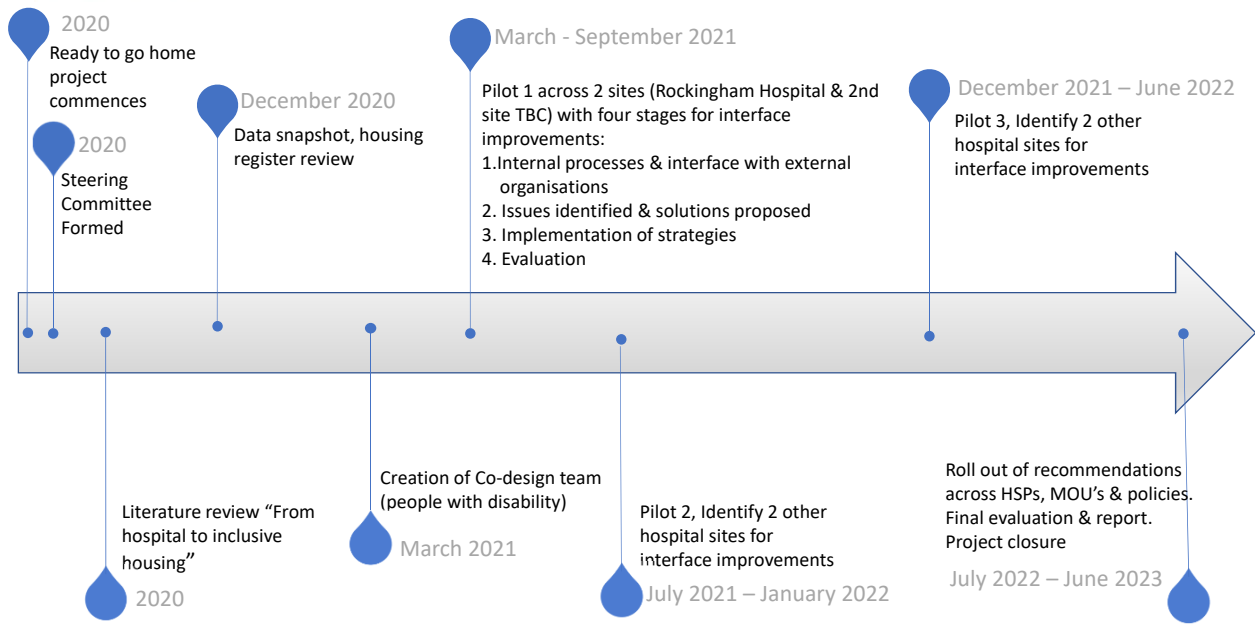


# Ready to Go Home Project

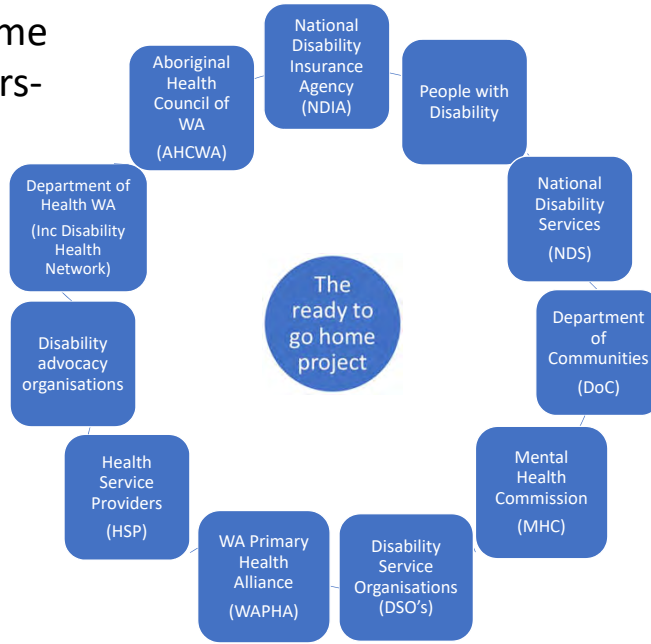
- National Disability Service in WA and the Department of Health WA have partnered on a three year project focussing on:
  - addressing delays to discharge for people with a disability and,
  - improving the hospital experience
- Funded through the Mainstream Capacity Building Grants program within the Information Linkages and Capacity Building Stream of the National Disability Insurance Scheme (NDIS)
- Focused on improving the interface between health and disability (community) services, involving lived experience to inform all project activities and co-designing service improvements



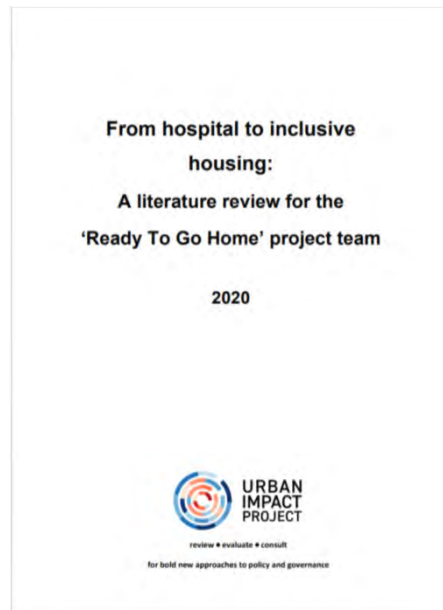
# Project Timeline



# Ready to Go Home -Key Stakeholders-



## Ready to Go Home Project Literature Review



## Q1. Factors Contributing To Longer Hospital Stays Than Necessary (p14)

- **Uncertain prognosis and predicting length of stay in newly diagnosed cases.**
- **Poor communication between health professionals, patients and their family.**
- **Poor collaboration for NDIS readiness between health professional and those involved in the decision making.**
- **Waiting for supportive needs, such as assistive technology, home modifications, appropriate housing or behaviour support.**
- **Lack of, or limited access to, ongoing rehabilitation care, assessment and planning for ongoing care after discharge.**
- **Lack of knowledge about all the alternative accommodation options during hospital discharge.**
- **Unavailability, inability, or lack of appropriate next-level-of-care options.**
- **Lack of available, safe and accessible accommodation options in the community, particularly in rural locations.**

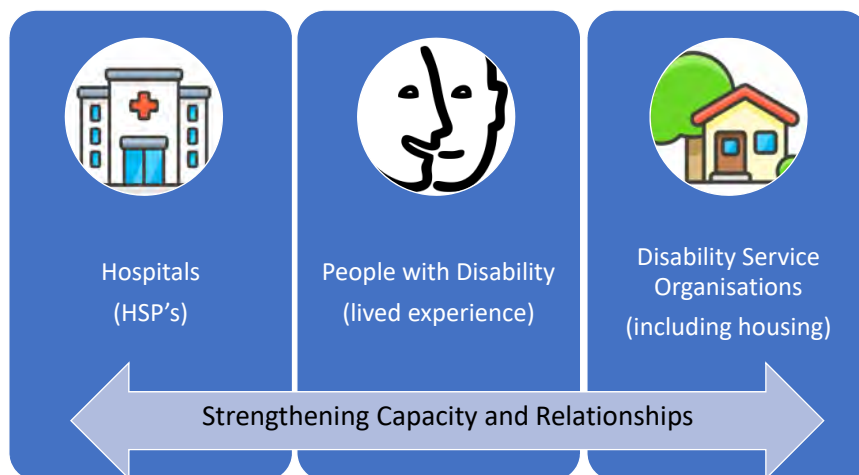


## Strategies to improve hospital discharge processes (p18)

- Initiate discharge planning at the earliest possible time in admission possibly within the first 24-48 hours of admission
- Provide each patient with two highly skilled and knowledgeable coordinators - an in-patient coordinator AND a community care coordinator
- Request NDIS and other funding as soon as possible
- Improve communication, collaboration and coordination between medical staff, allied hospital staff, patient, family members, community services and key stakeholders
- Engage external advocacy services, neuropsychology supports and communication experts that focus on improving communication, relationships and trust between the patient and their carers about issues such as housing and support preferences, while addressing expert medical advice
- Provide family and carers training and support in preparation for their post discharge roles



## Our guiding intention



## Current Project Activities



**Hospital** based trial with Rockingham hospital (including Mimidi Park) to improve the disability/health interface with disability (community) services over the next 6 months.



Commencement of **Co-design Team** (health consumers with disability) in March to explore individual experiences, identify issues and barriers to discharge and co-develop resources.

- Co-designers engaged to 2023.



DSO's- engaging disability service organisations to explore interface issues and solutions for people with disability leaving hospital via a stakeholder dialogue event on the 25<sup>th</sup> March.

- Aiming to better understand barriers to community discharge, and supporting people in community.



**Housing Focus-** working with Department of Communities, NDIA and social housing providers on improving pathways to housing and better understating options when leaving hospital.

- Project employing a housing project officer to focus on this area.

## Why co-design?

### Sustainable Health Review

Consumer and carer voices are embedded into health system governance structures and make consumer/carer/clinician partnerships and co-designed projects a normal part of business

### State Disability Strategy Action Plan

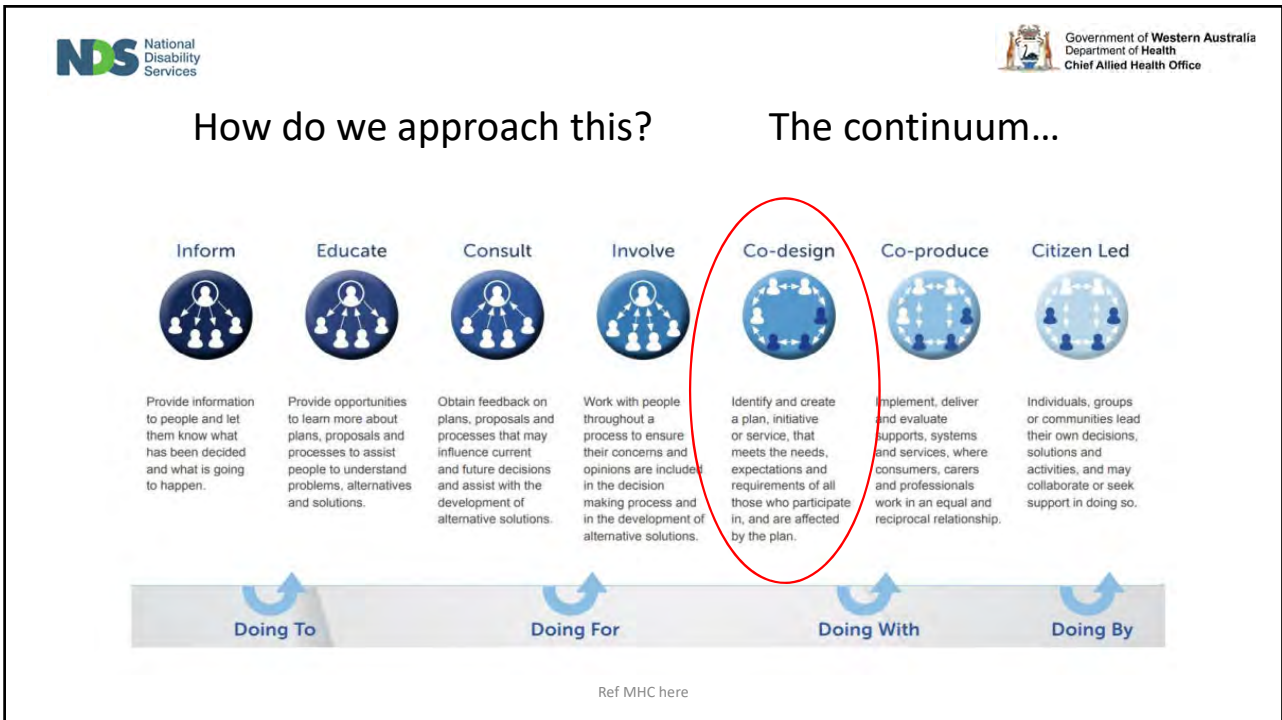
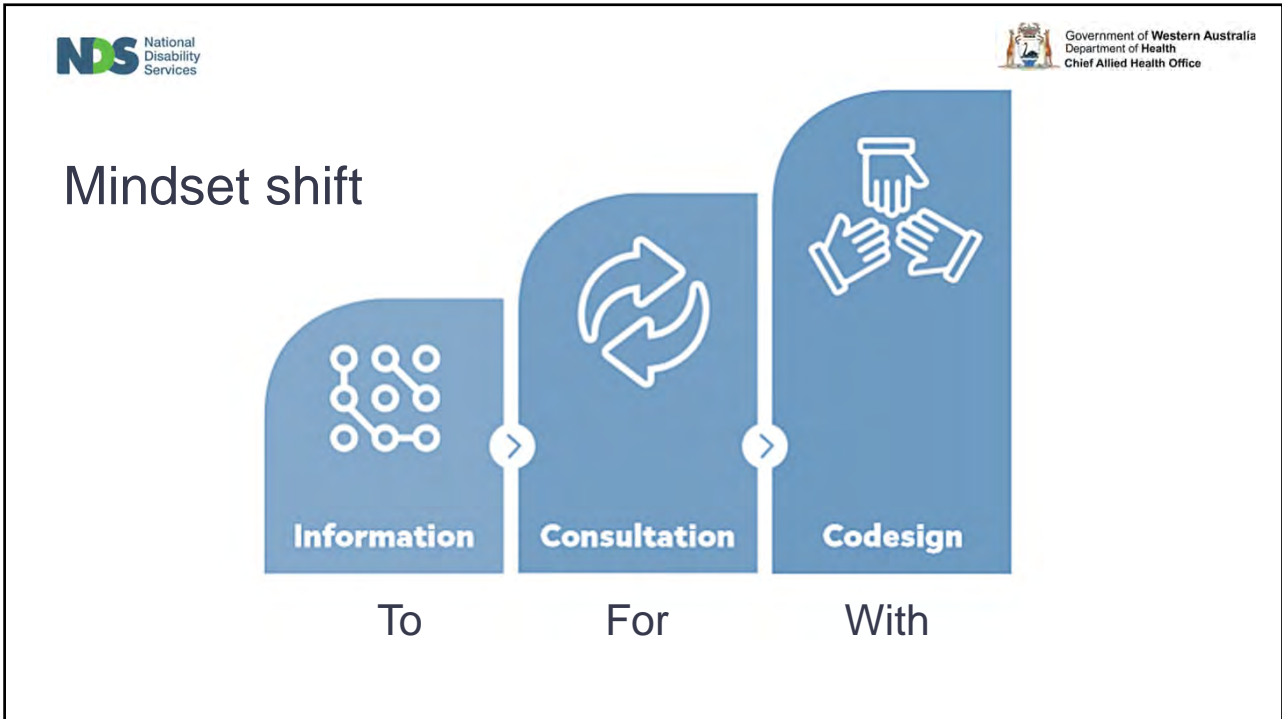
The development of new resources co-designed with people with disability, hospital staff and mainstream health services to support discharge.



## What is co-design?

means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.

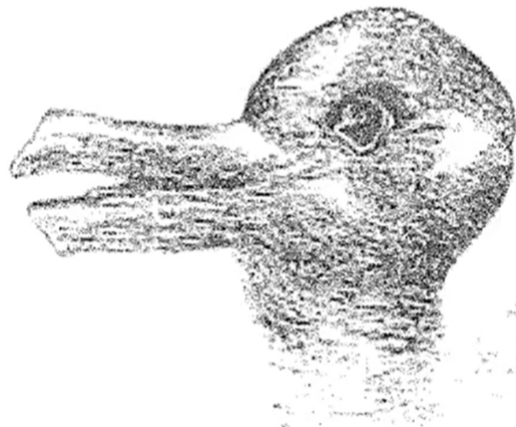
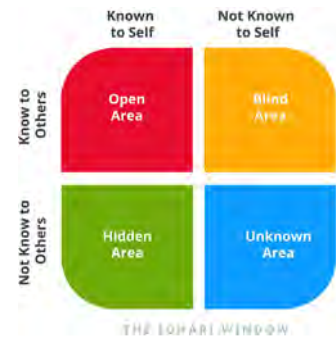
Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.



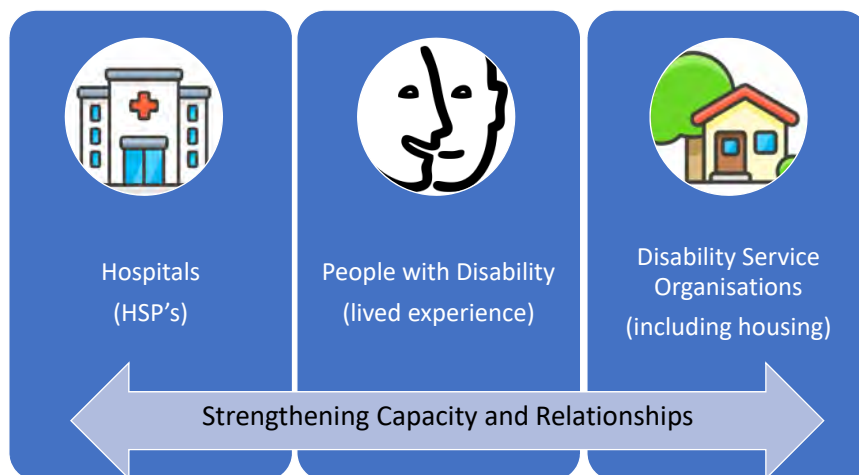
## Johari Window

There are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns—the ones we don't know we don't know.

Donald Rumsfeld



## Our guiding intention



## Rockingham Hospital – Project activities

### Stage One – Internal Processes & interface with external organisations

- Executive Steering Committee or reference group
- Key Person (Project Officer to work with project team)
- Explore internal issues with members of the executive, heads of departments and clinical workforce via a workshop(s)

**Stage Two** - The project summarises identified issues and executive, heads of departments and clinician generated solutions

### Stage Three – Implementation

- RGH and RTGH project to determine what strategies to implement and how these will be delivered, including timeframes, resourcing and the responsibilities of both parties.

**Stage Four** - Evaluation



*Mental Health/Mimidi Park,  
Rockingham General Hospital*



# Discussion

