LEAVING HOSPITAL WELL PROJECT RESULTS

These projects resulted in practice changes that had clear positive impacts.

| Project resources assist with: | Results achieved: |
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| Guiding use of NDIS language in reports. In particular, when providing evidence for supports using reasonable and necessary criteria. | Reduced NDIS access timeframes (in many cases 2-3 days) Fewer repeat applications for eligibility |
| Improving skills in report writing for the NDIS, access and planning | Increased choice and control for participants |
| | More hospital discharges with participant's NDIS plan in place |
| | NDIS plans approved with adequate supports for discharge |
| | Better patient-centred practice |
| | Improved patient/family satisfaction with health staff |
| | Housing options being considered in first plan |
| Supporting staff to identify NDIS participants earlier with NDIS access and planning commencing in the acute hospital environment | Improved timeframes in meeting access |
| | Reduced number of NDIS-related wait times recorded |
| | Fewer days in hospital beds post estimated discharge date (EDD) |
| Empowering health staff to collaborate with support coordinators and NDIS planners throughout the planning process, and during establishment of supports | Wider number of discharge options including housing options being considered |
| Soldbilli Tit of Supports | Improved discharge outcomes for NDIS participants who engaged early with a support coordinator |



| Helping health staff advocate for early interim plans | NDIS participants discharged with NDIS funded supports |
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| Encouraging consistent use of a pre- planning document using a multidisciplinary approach | Fewer wait times due to waiting for provision of NDIS funded supports |
| Helping ensure a person's housing needs and preferences are considered earlier in the planning process, rather than at the end | Wider number of discharge options including housing options being considered |
| | Reported reduction in admittance to inappropriate housing options such as residential aged care |
| | Increased choice and control for participants about their housing outcomes |
| Increasing understanding of housing options under the NDIS | Participants avoiding RAC and being discharged home or to the community |
| | Improved NDIS plans with appropriately funded supports to return home |
| Guiding health services to improved executive support, governance, systems, policies, documentation and templates and encourage well established NDIS Champion networks | Improved pathway for patients through the hospital system due to reduced siloing of understanding of the NDIS across the health service |
| | Improved health staff wellbeing as they are empowered and skilled to work within the NDIS and see good outcomes for patients |
| | Sustained change in staff competencies and knowledge |

