Checklist for Respite Admission to all WACHS Aged Care Facilities

Planned Respite

Clients should be registered with My Aged Care before they can receive non-urgent services. They can call My Aged Care on 1800 200 422 for registration and phone screening.

A referral will then be sent through My Aged Care to the appropriate Aged Care Assessment Team (ACAT) who will contact the client to arrange an appointment to complete the ACAT assessment.

For various reasons, some older people can't talk with My Aged Care over the phone. To ensure these people are still able to access aged care, My Aged Care allows specific groups to go direct to an ACAT without talking directly to the contact centre. This includes when an older person:

- Has a health condition that means they are unable to fully participate in a telephone conversation (this may include but is not limited to a person who may have a speech or hearing defect, cognitive impairment, confusion, etc.).
- Is Aboriginal or Torres Strait islander and due to past experience doesn't feel comfortable talking on the phone.
- Has poor hearing or is deaf and doesn't have the technology to use the <u>National</u> <u>Relay Service</u>.
- Lives in a remote community and does not have phone access or reception.
- Doesn't speak English and their language isn't available on the Translating and Interpreting Service.
- Is homeless or at risk of becoming homeless.

An ACAT assessment for eligibility is required prior to receiving respite care. Based on the assessment, approval will be for high level or low level care to ensure the person receives care appropriate to their needs.

Once the older person has received their approval letter, they are able to apply for a place at their preferred facility for the time of the respite that is required.

Clients are granted up to 63 days of subsidised respite care per financial year (in some circumstances this can be extended by up to another 21 days with ACAT approval). This includes both planned and emergency respite.

Note: a GP approval is not required for a respite admission into a RACF or MPS site.

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Emergency Respite

Emergency respite care can be organised through the Carer Gateway on <u>1800 422</u> <u>737</u> or referrals can be sent via email through the My Aged Care Provider Portal.

Situations where emergency respite care might be needed, include:

- death of a primary carer
- major illness of a primary carer
- an urgent situation that makes it difficult for the carer to look after the older person.

Further information on emergency respite is available on the <u>Carer Gateway website</u>.

Unwell whilst in respite

There are no leave arrangements if a person is receiving residential respite services; this includes hospital leave.

If the person becomes acutely unwell whilst in respite and requires a visit from a GP/MO (or requires treatment via ETS if available), they must be processed as an ED presentation using an **MR1**. For all MPS Residential Facilities in this instance the person ceases to be a Respite Resident and the care type **must** be changed on WebPAS.

Note: This applies whether the resident is treated in situ in the facility or transferred to an acute bed.

Discharged home

Aged care clients are discharged home at the end of their stay, <u>but</u> if it is deemed unsafe for the client to be discharged (e.g. due to carer illness; carer absence, carer death; environmental issues; inadequate service provision), the health service may assist the family to seek alternative placement if required (e.g. place in an acute bed or transfer to another facility).

Recommended minimum documentation for respite admission

(Note: Individual aged care facilities may wish to develop their own list for respite admissions)

Form number	Description	information
RC4	Orientation Checklist	RC4 –once only
RC5	Admission Assessment (carry forward)	Check / sign / date each admission
RC7	Resident Care Plan (carry forward)	Check on subsequent admissions, if any changes are needed, complete an RC6 – Specific Care Plan
RC9	Pain Assessment	New each admission
RC12	Bowel Chart	New every admission
RC15	Dietary Preference (carry forward)	Check / sign / date each admission
RC22	Personal and Social Profile (carry forward)	review annually
RC23	Activities Assessment (carry forward)	Check / sign / date each admission
RC26	Ability to Self-Medicate	As applicable
RC35C	Personal Contacts (carry forward)	Check / sign / date each admission
MR35B	Resident Identity Form	Check / sign / date - renew annually, including new photo
MR55A	Progress Notes	
MR60.1.8	MNA-SF	New each admission
MR124	Braden's Assessment	New each admission
MR124B	Comprehensive Skin Assessment	New each admission
MR140A	Adult Observation Chart (including weight and urinalysis)	New each admission
MR521	Falls Risk Management Plan	New each admission
AMT4	Delirium Risk and Cognitive Screen	New each admission

Useful Contacts

Referral for ACAT:

- My Aged Care 1800 200 422
- Carer Gateway 1800 422 737