



Government of **Western Australia**
Department of **Health**
North Metropolitan Health Service

Disability Liaison Officer Project

Phase 3

Project Closure Report

July 2016

Contents

Acknowledgements	2
Executive Summary	3
1: Project Overview	4
1.1 Background	4
1.2 Project Aim and Objectives – Phase 3	5
1.3 Project Deliverables	6
1.3.1 Consumer Care	6
1.3.2 Stakeholder Engagement: Disability Profile and Partnerships	6
2. Project Performance Review	6
2.1 Risks	6
2.2 Resources	7
2.3 Governance	7
3. Project Deliverables	7
3.1 Consumer Care	7
3.2 Stakeholder Engagement: Disability Profile and Partnerships	8
3.3 Staff Education/Resources	9
4. Lessons Learnt and Follow on Action Recommendations	10
5. Recommendations for Phase 4	12
6. Sign- Off for Closure	12
Appendix 1: Stakeholder engagement	13
Appendix 2: Blaylock Discharge Planning Risk Assessment Screen	15

Acknowledgements

The North Metropolitan Health Service (NMHS) Disability Liaison project team would like to acknowledge the following for their contribution to this project.

Disability Health Network Disability Liaison Officer Project Coordinating Group:

- Mark Slattery A/Director Health Networks, Department of Health
- Jennifer Howson Senior Development Officer, Health Networks, Department of Health
- Tricia Dewar Disability Services Commission - Principal Disability Health Consultant
- Clare Meredith Disability Services Commission -
- Jennifer Campbell NMHS Area Allied Health Director
- Marani Hutton South Metropolitan Health Service - Area Allied Health Advisor
- Kate Sainsbury NMHS ACT (Allied Health Coordination Team) Coordinator
- Marika Spaseska NMHS Disability Liaison Officer (DLO)

Disability Liaison Project Steering Group – Sir Charles Gairdner Hospital

- Dr Tim Williams Executive Sponsor – Execute Director Medical Services NMHS
- Jennifer Campbell NMHS Allied Health Director
- Carolyne Wood NMHS CoNeCT (Complex Needs Coordination Team) Team leader
- Kate Sainsbury NMHS ACT Coordinator
- Claire Kennedy Clinical Nurse Specialist SCGH PAC, Short Stay Unit, DOSA
- Ian Wright Swan Kalamunda Consumer Advisory Council Representative
- Karen Lim Disability Access and Inclusion Coordinator (SCGH), Senior Social Worker
- Tricia Dewar Disability Services Commission - Principal Disability Health Consultant
- Jennifer Houston Senior Development Officer, Health Networks
- Lara Vasta Nurse Manager, Elective Surgery Waitlist Management, SCGH
- Lesli Burns NMHS Acting Manager Governance and Safety
- Marika Spaseska NMHS Disability Liaison Officer (DLO)

Acknowledgement for sharing of resources:

- Ann Walker NMHS CoNeCT, Complex Care Coordinator

Acknowledgement for involvement / sharing of resources:

SCGH Centre for Nursing Research (Clinical Nurse Specialist (CNS))
SCGH Professional Practice Group /SCGH CNS Committee

Report Author(s):

Marika Spaseska NMHS DLO Senior Project Officer
Jennifer Campbell NMHS Area Allied Health Director

Executive Summary

This report outlines the scope, background and project deliverables of the implementation of the NMHS DLO Project in Phase 3. A key focus of Phase 3 was to improve disability screening and clinical practice to better manage inpatient admission of the disability patient cohort complexity. Poor pre-admission planning for elective admissions and poor discharge planning for disability were key issues identified in the DLO Project Phase's 1 and 2.

Improved discharge pathways for the disability patient cohort through the Sir Charles Gairdner Hospital (SCGH) Nursing Admission Assessment form. Many planning meetings and discussions occurred with the SCGH Professional Practice Group to implement disability screening, discharge and the patient journey.

A commitment was obtained from the SCGH Clinical Research Centre to provide research beyond the DLO Project, to improve screening tools for the inpatient admission. The involvement of clinical research will assist in more sustainable change by embedding processes within existing business practice at SCGH to improve pathways and disability risk screening for inpatient care of patients with complex disability.

The Waitlist Elective Surgery Waitlist Management Electronic Booking form has been amended to reflect improvements in disability assessment and referral pathways were clarified to be made to the Ward Allied Health Worker to assist in the early identification of the patient with disability.

Strong engagement and partnering with internal and external stakeholders within the health and disability sectors including the Disability Services Commission (DSC) and the Disability Health Network (DHN) focussed on creating opportunities to implement and embed strategies/outcomes from the DLO Project.

Collaboration with the DAIP (Disability Access and Inclusion Plan) Officers at NMHS Health Services and relevant working parties to ensure that quality improvement activities were implemented that contribute to the DAIP at NMHS.

Education sessions to increase the profile of disability awareness were facilitated and conducted by the DLO Project team and the Disability Services Commission for SCGH clerical and clinical staff. The NMHS DAIP e-learning package was reviewed and updated to ensure the content was contemporary and relevant.

With the conclusion of Phases 1, 2 and 3 of the Disability Liaison Officer Project across North Metropolitan Health Services, the project has found that the provision of a discrete Disability Liaison Officer position in the hospital or health service is unsustainable in the current funding model. The NMHS has concluded that the position and funding is more effectively utilised to promote system change and improvements in service delivery through changes to system and processes, via the use of screening tools, admission and discharge planning, and early identification of patients with complex needs.

1: Project Overview

1.1 Background

The DLO Project originated from the Clinical Senate report recommendations of the Health and Disability senate debate in June 2011, titled “Clinician, do you see me?” The WA Health State Health Executive Forum (SHEF) endorsed recommendation from this report supporting that

- *The Department of Health introduces Disability Liaison Officers in adult tertiary/secondary health services*

It was agreed by the Directors General of WA Health and the DSC that a DLO pilot project would be undertaken over three years to determine whether or not the role was effective and sustainable. The project was jointly funded by the two agencies. By the time the project started circumstances within the public sector had changed and the project encountered delays and difficulties in continuity as a result.

In addition although there was a central DLO Coordinating Group the decision regarding what each pilot focussed on was within the control of the Area Health Services based on their individual needs.

Phase 1 of the DLO project at SCGH was conducted over 6 months from April to August 2014. The aim was to scope the needs at SCGH, with a focus on inpatients with complexity of need, related to disability. An extensive stakeholder consultation was undertaken with consumers, health clinicians, non-government agencies and disability specialist agencies via individual and group interviews, questionnaires, focus groups and open group consultations. The findings and outcomes of phase 1 related to gaining further insight into the needs of inpatients with complex disability, and were used to develop recommendations for phase 2 of the DLO project.

Phase 2 involved the pilot of the DLO role focussing on inpatients with complexity of need related to disability over 7 months at Sir Charles Gairdner Hospital (SCGH) in 2014. Phase 2 key included the collection and analysis of related epidemiology and ABF and Management (ABF/M) data.

Project outcomes included:

- the provision of direct consumer care to a select disability cohort
- development of a “disability checklist” – to record the disability cohort complexity and assist in appropriately managing the admission according to need
- development of an “Early Identification of the Complex Patient” system and “Pre-admission pathway” for “at risk” patients with complex need
- risk screen – identification of the Mayo Risk Screen as an effective tool to assist in admission process
- staff education sessions.

NMHS Project 2 recommendations built on the project deliverables above, with a focus on “embedding” disability screening processes into current systems, enabling sustainable changes in the long term.

Project results were disseminated via Health Networks and the Area Health Services.

NMHS DLO Project in Phase 3 has aligned with the work of the following departmental strategies:

- WA Health Strategic Plan 2014-15
 - Care for individual
 - Caring for those who need it most
 - Making better use of funds and resources
- North Metropolitan Health Service Strategic Plan 2012 – 2015
- WA Health Clinical Services Framework 2010-2020
- Disability Health Network
- Child and Youth Health Network (CYHN)
- Chronic health condition health networks including Cardiovascular, Diabetes and Endocrine, Musculoskeletal, Neurosciences and the Senses, Renal and Respiratory Health Networks.

And the following policies, plans and projects:

- Health Networks Strategic Direction 2015-2020
- Our Children Our Future –A framework for Child and Youth Health Services in WA 2008-2012
- Chronic Health Conditions Framework
- WA Rare Diseases Plan
- WA Health Paediatric Implementation Plan and WA Health hospital infrastructure projects
- New Children’s Hospital Project
- Sir Charles Gairdner Hospital

1.2 Project Aim and Objectives – Phase 3

The NMHS Phase 3 Project Scope highlighted the need to leverage on the lessons learnt from the DLO pilot to promote system and service delivery change. With the primary focus of improving the journey for patients with disability Phase 3 aimed:

- To consolidate project deliverables from the Disability Liaison Officer (DLO) Phase 1 and Phase 2 projects to inform the planning of Phase 3 of the DLO Project.
- To focus on embedding processes within existing business practice at Sir Charles Gairdner Hospital (SCGH) to improve pathways and disability risk screening for inpatient care of patients with complex disability.
- To guide system and process changes required to enhance health services and supports provided to people with complex disability and their carer’s and build capacity to improve their inpatient stay at SCGH.

1.3 Project Deliverables

The NMHS Phase 3 Project deliverables include:

1.3.1 Consumer Care

Early identification of the complex patient and focus on elective admissions pathways for the full disability cohort.

1.3.2 Stakeholder Engagement: Disability Profile and Partnerships

Engage and partner with internal stakeholders and disability-related community agencies/service providers.

1.3.3 Staff Education/Resources

- Facilitate the distribution of an education resource for frontline hospital staff on topics clinically relevant to the disability cohort and providing key contact details within the disability sector.
- Facilitate/coordinate community in-reach to conduct education sessions for frontline hospital staff on topics clinically relevant on how to improve the disability patient journey.
- Report on the following in relation to each education session:
 - Topic(s) covered
 - Number of participants
 - Pre and post evaluation of staff understanding.
- Check the availability of the e-learning package, 'Disability e-learning' which includes information about key barriers that patients with disability face when interfacing with the health system, as well as the DAIP.

2. Project Performance Review

2.1 Risks

At the commencement of the project, consideration of the strengths and risks that may potentially influence the project was undertaken. Potential risks were mitigated as fully as possible.

Risks identified that had both direct and indirect influences on Phase 3 of the DLO project included:

- Approximately a year's delay since the completion of the DLO Phase 2 in January 2015 and the commencement of DLO Phase 3 in January 2016. This impacted on the project due to the changes of staff within the hospital, requiring time to re-engage and educate staff regarding the aim of the project
- Health reforms such as staff freezes, Reconfiguration Projects and competing priorities within SCGH
- Resource risks such as limited project FTE, and project administration time impacting on the time available for project commitments.

2.2 Resources

Approval for recruitment to the position of Senior Project Officer/DLO was achieved in November 2015. The project role was secured and located at SCGH for a period of 6 months at 1.0 Full time (FTE). This included 6-months for project implementation and subsequent time required for completion of the “Final Project Report”. Recruitment of the Senior Project Officer role was filled via expression of interest to current DOH staff within Department of Health.

2.3 Governance

The “Project Coordinating Group” at the Department of Health provided support and governance to the NMHS project. This included representation from both the health and disability sector and reported directly to the DHN. Executive Sponsor Dr Tim Williams (Area Executive Director Medical Services NMHS) provided governance to the NMHS project. The program manager for the DLO project was Jennifer Campbell (NMHS Allied Health Director). Kate Sainsbury (SCGH ACT Coordinator) provided operational line management to the DLO Senior Project Officer.

The NMHS DLO Steering Group consisted of representation from ACT, CoNeCT, Occupational Therapy, Social Work, Preadmission Clinic, the Elective Surgery Waitlist Management, SCGH Disability Access and Inclusion Program Officer (DAIP), NMHS Safety, Quality and Performance a member from the Consumer Advisory Council to provide advice and guidance for the project. The NMHS Allied Health Director fulfilled the chair role and reported on progress and actions. Identified risks were escalated through the ACT Coordinator and the NMHS Allied Health Director and Executive Sponsor as required.

3. Project Deliverables

NMHS DLO Project 3 Deliverables/Outcomes to date:

3.1 Consumer Care

Objective 3.1 was delivered.

NMHS DLO Project sought approval for the use of a discharge screening tool to identify patients with a disability to enhance care provision and discharge planning for this cohort of patients.

- Reviewed the SCGH Nursing Admission Assessment (NAA) to include additional discharge planning information if discharge concerns were anticipated, improved allied health referral pathways at the point of Pre-Admission and on Admission. This is an interim measure until a Discharge Risk Assessment tool is to be introduced within the NAA form
- Provided feedback into a selected discharge screening tool which is to be trialled on three pre-selected wards at SCGH before endorsing the tool for inclusion into the NAA form. It is estimated that this work will take 6 months or more to complete

The recommended tool is the *Blaylock Discharge Planning Risk Assessment Screen* (see Appendix 2) and will assess patient complexity in order to identify patients early in their hospital presentation. Identifying these patients early in their hospitalisation will enable an appropriate referral process and the ability to implement complex discharge care plans.

- Involvement and commitment of the SCGH Centre for Nursing Research (Clinical Nurse Specialist) to provide research support for Phase 3 of the DLO project outcomes and beyond the life of the project
- Increased awareness of the DLO Project was achieved within the Elective Surgery Waitlist Management team. Although, not within the planned DLO Project strategies, it was an unexpected, positive outcome. The Elective Surgery Electronic Booking form was reviewed and recommendations actioned to improve disability assessment to assist in the early identification of complex needs. Referral pathways were clarified to be made to the Ward Allied Health Worker, as required
- The NMHS DLO Project has been included for accreditation purposes within the National Quality Standard 2: Partnering with Consumers.

3.2 Stakeholder Engagement: Disability Profile and Partnerships

Objective 3.2 was delivered.

Strong engagement and partnering with internal and external stakeholders was established within the health and disability sectors focussing on creating opportunities to implement and embed outcomes and learnings from the DLO Project.

Stakeholder partnerships were established including with the:

- Disability Services Commission
- Disability Health Network
- ACT

Collaboration with the DAIP Officers at NMHS sites and relevant working parties to ensure that quality improvement activities are implemented that contribute to the DAIP at NMHS. An area-wide NMHS Disability Access and Inclusion Plan report has been developed including site-based strategies to address the barriers for people with disability wanting to access the NMHS services and facilities.

Relevant working parties were established including:

- NMHS DAIP Committee
- NMHS DLO Project Steering Group
- SCGH Centre for Nursing Research (Clinical Nurse Specialist (CNS))
- SCGH Professional Practice Group /SCGH CNS Committee.

Refer to Appendix 1: Stakeholder engagement for further information about stakeholder engagement and partnerships.

3.3 Staff Education/Resources

Objective 3.3 was delivered.

Staff Education/Resources:

- An education resource was provided for frontline hospital staff on topics clinically relevant to the disability cohort and providing key contact details within the disability sector.
- The NMHS DAIP e-learning package was reviewed and updated to ensure the content was contemporary and relevant.
- Facilitated community in-reach to conduct education sessions for frontline hospital staff on topics clinically relevant on how to improve the disability patient journey.
- A one- off event was conducted to present the outcomes and learnings of the DLO Project with invites to carer/consumer representatives, CoNect, ACT, Social Worker teams, Discharge Coordinators, DAIP committees, other relevant hospital staff and external stakeholders such as the DHN and DSC.

Education/ training was delivered to:

- SCGH ACT in terms of the range of disability services available and the role of the DSC (9 clinicians).
- SCGH Elective Surgery Waitlist Management: two education sessions were conducted, including session 1) - involved 11 clinicians and session 2) - involved 13 clerical staff and clinicians. Topics focussed on:
 - improved communication skills high-risk groups of the disability cohort, person centred care, early identification and flagging /alerts in terms of early health referrals at the beginning/pre-admission phase of the patient journey and staff were provided with learning resources such as the Hospital Stay Guide (DHN)
- Patient Liaison Service (PLS) education sessions are presently being developed together with the DSC to be delivered to over 800 staff, including domestic (catering, cleaning), orderlies, transport and clerical staff. Information will be included into PLS existing induction and training methods e.g. presentations; introduction manuals, annual discussions, quality notice boards, etc.
- Senior Registered Nurses Education Forum – DLO Project and disability awareness was provided to 27 nurses, including a video from the DHN, 'Debra's story'
- SCGH Medical Services – DLO Project and disability awareness education was provided to 30 clinicians
- Disability education/awareness via the creation of a Staff Education Poster to be placed in waiting rooms, SCGH blue lifts, the PAC and in front of the SCGH
- Inclusion of disability information into the orientation booklet and face-to-face orientation for junior doctors.

4. Lessons Learnt and Follow on Action Recommendations

A post implementation review was held on 5 July 2016. The following table shows all of the lessons learnt (what went well and what went badly) throughout this project which may have an impact on future projects.

Lesson Learnt	Recommendation
Importance of partnerships	For project sustainability explore options to link with existing projects, tools and research
Capacity to link relevant project outcomes/deliverables into the Disability Access Inclusion Plan	Disability Access Inclusion Plan provides a valuable opportunity for consideration of Disability Framework
The value in bringing stakeholders together and leverage off existing disability access and inclusion plans for health services and other, embedded processes that support people with disability and complex health needs such as the education of staff, Safety and Quality	Inclusions of cross sector members from the Disability sector as well as hospital sector. Learnings to be included into the implementation of the WA Disability Health Framework 2015-2025: Improving the health care of people with disability (Health Strategy and Networks Branch, DOH, 2015)
Due to the shared responsibility of looking after people with disabilities embed practice change into many roles rather than linking into one central role	Focus on initial entrance points, preadmission, booking as well as during admission
Use a range of strategies to influence change, including: <ul style="list-style-type: none"> • Disability forums • Education sessions 	Need to develop project communications strategy to ensure broad reach of project outcomes Leverage of existing disability network processes
Difficulties regarding data of disability cohort	Need to look at opportunities to capture specific data

The following table shows all of unfinished work, ongoing issues and risks and other activities which need to be actioned after this project is formally closed.

Follow on Action Recommendation	Due Date
Ongoing participation in the DLO Project via Allied Health involvement from SCGH	To be addressed in Phase 4
NMHS to continue to participate in the Disability Health Network via the hospital navigation tool (DHN Hospital Stay Guide)	To be addressed in Phase 4
Executive representation on Disability Health Networks	Ongoing- Area Director Allied Health to represent NMHS
NMHS staff participation on working groups, including: <ul style="list-style-type: none"> • Centre for Clinical Research, SCGH • Professional Practice Group, SCGH • Area Executive Director Medical Services • Health Networks • Safety, Quality and Performance • Elective Surgery Waitlist Management team • SCGH Preadmission Clinic 	Achieved
NMHS to continue to participate in the DSC, for example, inviting the DSC to participate in DAIP committees	17/6/2016 DSC representation confirmed ongoing
Utilisation of disability education resources	To be addressed in Phase 4
To implement a Disability policy under the auspices of the NMHS Policy Committee	Tabled with NMHS Policy Committee
Embed future outcomes into NMHS <ul style="list-style-type: none"> • Clinical governance • Safety Quality and Performance • DAIP • Clinical nursing centre • Other, relevant committees/working groups 	To be addressed in Phase 4

5. Recommendations for Phase 4

That the WA Health DLO project funding be continued (for 12 months) to support a Phase 4 of the project Phase 4 be conducted by the Networks Branch in recognition of the new governance arrangements and the role of system manager.

Phase 4 focusses on:

- exploring outcomes from phase 1, 2 and 3 that are sustainable within the system, identifying opportunities to embed change at a system level in ways that does not require Disability Liaison Officer positions
- sharing the outcomes of Phases 2 and 3 of the DLO project widely across all WA Health hospitals and health services, to influence system change and improve consistency of care for patients with complex need.

6. Sign- Off for Closure

Project Manager is satisfied that the project is complete			
	Name	Date	Signature
Project Manager			
Executive Sponsor			

Appendix 1: Stakeholder engagement

Table: Methods of engagement with internal and stakeholders relevant to DLO Phase 3 project

Engagement	Stakeholders	Stakeholder Involvement
Stakeholders DLO	Stakeholder Phase 3	Please note communications to the Disability Sector completed via Tricia Dewar (Principal Consultant) 1. Health (NMHS) 2. Disability Sector 3. Consumers
Internal Stakeholders	1. Nursing staff	Face to face meetings: <ul style="list-style-type: none"> • A/Co-director Nursing (Medical), Nursing Education Co-Director • Clinical Nurse Specialists, Clinical Nurses' – Short Stay Unit, Preadmission Clinic and DOSA, Nursing Education • Nurse Manager, Elective Surgery Waitlist Management • Clinical Nurse Consultant PBM, Colorectal, Surgical Division and Sarcoma CNC (Orthopaedics), SCGH • Vascular CNS, Vascular Surgery, SCGH, Acting Cardiothoracic Patient Educator, Nursing, SCGH
	2. Allied Health staff	<ul style="list-style-type: none"> • Email contact • Face to face on wards • Allied Health Coordination Team, Allied Health staff on wards • Cancer Outpatients OT's • Section Head Social Worker, Senior Social Workers, SCGH • Occupational Therapist, Occupational Therapy Department, SCGH
	3. Medical staff	<ul style="list-style-type: none"> • Area Executive Director Medical Services, NMHS • Deputy Nurse Co-director, Surgical Division, SCGH • Via Email • Face to face • Professional Practice Group, SCGH • Executive Director Medical Services, SCGH & Osborne Park Health Care Group

Engagement	Stakeholders	Stakeholder Involvement
		<ul style="list-style-type: none"> • A/Medical Co-Director, Surgical Division, SCGH
	3. Research	<ul style="list-style-type: none"> • Clinical Nurse Specialist, Centre for Nursing Research, SCGH • Epidemiology Branch, Department of Health
	4. Education/Learning	<ul style="list-style-type: none"> • Manager, SCGH Learning & Development Department • Staff Development
	5. Other	<ul style="list-style-type: none"> • Patient Liaison Officer, Patient Liaison Service, SCGH • Complex Care Coordinator, NMHS CoNeCT
	All SCGH staff	<ul style="list-style-type: none"> • Advertisement: Staff Bulletin at the commencement of the DLO role
DLO Presentations	1. Stakeholder Engagement	<ul style="list-style-type: none"> • NMHS Project Update presentation held February 2016 • NMHS Project presentation Elective Surgery Waitlist Management, SCGH, March 2016 • NMHS Project Update held with Health Networks, February and June 2016 • QI Coordinator and A/Managers, Safety Quality & Performance, NMHS, March 2016 • Communications to Carers WA regarding commencement of DLO role and selection of consumer/carer representation
	2. DAIP (Disability Access and Inclusion Plan)	<ul style="list-style-type: none"> • Presentation completed May 2016 • Interagency group meeting consisting of consumers, Disability Sector (government and non-government) • Update of DLO role at SCGH
	3. OPH DAIP Reference Group	<ul style="list-style-type: none"> • Update of DLO role at SCGH for the DAIP Reference Group at Osborne Park Hospital

Appendix 2: Blaylock Discharge Planning Risk Assessment Screen



Affix patient label within this box.

Blaylock Discharge Planning Risk Assessment Screen

Circle all that apply and total. Refer to scoring index for recommendations regarding discharge planning.

Age	55 years or less	0	Functional Status	Independent in activities of daily living and instrumental activities of daily living	0
	56 - 64 years	1		Dependent in	
	65 - 79 years	2		Eating / Feeding	1
	80+ years	3		Bathing / Grooming	1
Living Situation/ Social Support	Lives only with spouse	0	Behaviour Pattern	Toileting	1
	Lives with family	1		Transferring	1
	Lives alone with family support	2		Incontinent of bowel function	1
	Lives alone with friend's support	3		Incontinent of bladder function	1
	Lives alone with no support	4		Meal Preparation	1
	Nursing home / residential care	5		Responsible for own medication administration	1
Number of Previous Admissions / Emergency Room Visits	None in the last 3 months	0	Mobility	Handling own finances	1
	One in the last 3 months	1		Grocery Shopping	1
	Two in the last 3 months	2		Transportation	1
	More than two in the last 3 months	3		Appropriate	0
Number of Active Medical Problems	Up to three medical problems	0	Sensory Deficits	Wandering	1
	Three to five medical problems	1		Agitated	1
	More than five medical problems	2		Confused	1
Number of Drugs	Fewer than three drugs	0	Other	Other	1
	Three to five drugs	1		Ambulatory	0
	More than five drugs	2		Ambulatory with mechanical assistance	1
Cognition	Oriented	0	Sensory Deficits	Ambulatory with human assistance	2
	Disoriented to some spheres (person, place, self, time) some of the time	1		Non ambulatory	3
	Disoriented to some spheres (person, place, self, time) all of the time	2		None	0
	Disoriented to all spheres (person, place, self, time) and some of the time	3		Visual or hearing deficits	1
	Disoriented to all spheres (person, place, self, time) all of the time	4		Visual and hearing deficits	2
	Comatose	5			
Total Score		Signature		Date (yyyy-Mon-dd)	
Scoring Index			If score is 10 or greater, refer the patient for discharge coordination	Suggested Next Steps	
0 - 10	At risk for home care services				
11 - 19	At risk for discharge planning				
20+	At risk for placement other than home				

09373(2010-12)

Blaylock Discharge Planning Risk Assessment Screen



This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2017

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.