

WA Health Interface with NDIS: Role and responsibilities
Training Centre in Subacute Care
 25 March 2021

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Clinical Lead WA Health Interface with NDIS Role:

- Liaise with staff in HSPs
- Consult and liaise with NDIS and NDIA regarding system and policy
- Engage on behalf of DG to collect information about discharge delay
- Engage with WA Health Mental Health Unit and Mental Health Commission
- Liaise with Department of Communities

Role of Clinical Lead at interjurisdictional level

Focus on issues for clients who have disability - related health support needs, jointly with other states and territories regarding key issues of:

- Mechanical Ventilation Support
- Chronic Wound Care
- Insulin-requiring Diabetes
- Complex Epilepsy
- Medication Management
- Dysphagia and Nutrition
- Continence and Thalidomide Related Disability

Identify issues and solutions other states and territories have found during transition to NDIS and subsequently
 Participate in consultations at an IJ level to represent issues for WA

Discourse Disparity Between WA Health and NDIS

- Health and NDIS speak different languages
- NDIS is an insurance scheme with clear parameters for 'eligibility' and 'permanent disability'
- WA Health delivers health care and is largely focussed on hospital-based services
- Hospital Services and NDIS have different timeframes (hours vs. weeks). These timeframes understandably lead to tension

Audit of NDIS Participants Experiencing Discharge Delay

CAHO undertakes a monthly audit of NDIS participants that commenced in December 2020

Patient numbers from this audit to date are: in December – 133 inpatients; January – 107; February – 113 or 135 (20 clients from WACHS and 2 from PCH – as initially the collection was focussed on adult metro) and March – 134

In February 2021:

- Access to accommodation and accommodation issues were a reason for discharge delay for 66% of people in metro hospitals and 88% in WACHS
- 69% of identified people were diagnosed with a mental health concern
- 26% of identified people were aged 60+

Impact for Patients and the Health System

- Delayed or limited access to services for NDIS participants results in patients experiencing discharge delay
- This has an impact on patient outcomes and wellbeing
- WA Health experience discharge delay, or being required to be the proxy service provider

Accommodation Issues for NDIS Participants

- Discharge from hospital is delayed due to the slow progress identifying accommodation
- People requiring accommodation who have specific needs can experience a 'thin market'
- People with specialised health needs may experience additional difficulties
- This is compounded for people living in rural areas or remote communities – access to residential care and/or community-based aged care supports may be better in metro areas
- Younger People in Residential Aged Care (YPIRAC) face increasing limitations on access

Finding a solution to this complex issue requires interagency collaboration

Opportunities for Clinical Leadership in WA Health

- Ongoing interface at inter-jurisdictional level to address clinical governance issues
- Continue to integrate the work of RTGH
- Collaboration with clinicians to identify gaps in policy and services
- Explore options to engage with clinical staff to use a 'goals of care' approach
- Consider how people can have their care needs best communicated to health and hospital staff
