# NEEDS ANALYSIS – HEALTH

## Objectives

### To determine the knowledge, practice strengths and gaps within a health service in its interface with the NDIS to achieve a positive discharge or support outcome

### To determine the health service’s current practice, policies, collaborations and networks that help facilitate positive discharge outcomes for younger people with disability and complex support needs

## Goals

### To provide practice training that addresses gaps identified by the needs analysis

### To provide opportunities for secondary consultation through a community of practice

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| **GOVERNANCE STRUCTURES** |
| **Needs Analysis Component** | **✓** | **X** | **Comments or note examples** |
| Steering committee/reference group   |  |  |  |
| Executive lead  |  |  |  |
| Executive understanding and support to implement changes  |  |  |  |
| NDIS project/specialist lead  |  |  |  |

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| **POLICIES, SYSTEMS AND PROCESSES RELATED TO NDIS** |
| **Needs Analysis Component** | **✓** | **X** | **Comments or note examples** |
| Disability Action Plan  |  |  | e.g. incorporates NDIS related targets |
| NDIS Clinical Practice/procedure Guideline   |  |  |  |
| Triage and screening for admission of NDIS eligible or existing participants  |  |  | e.g. complex care indicators, weekly NDIS admission list  |
| Discharge pathway for U65   |  |  | e.g. workflow chart  |
| Integration of NDIS pathway into existing operational  processes |  |  | e.g. handover, goal setting, team meeting, length of stay meeting  |
| Internal escalation pathway  |  |  |  |
| External escalation pathway  |  |  |  |
| Understanding of NDIS timeframes and developed internal processes to reduce impact on length of stay   |  |  | e.g. internal KPIs, starting process in acute setting   |
| Information technology application to NDIS  |  |  | e.g. NDIS participant alert, electronic collection of NDIS clinical activity |
| Exposure to NDIS complex care pathway  |  |  |  |
| Practice guideline for external NDIS providers coming on site to deliver support  |  |  |  |

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| **RESOURCES** |
| **Needs Analysis Component** | **✓** | **X** | **Comments or note examples** |
| Central resource location |  |  |  e.g. intranet, computer drive  |
| Documented division of roles and responsibility for facilitating NDIS access   |  |  | e.g. acute clinicians to explore NDIS access  |
| Documented division of roles and responsibility related to NDIS pre-planning |  |  | e.g. Social work to assist participant to make a verbal access request |
| Templates for supporting evidence reports  |  |  |  |
| Tools and templates for pre-planning for documenting assessment and recommendations related to person’s support needs (using reasonable and necessary language) |  |  |  |
| Tools and templates reflecting NDIS requirements for documenting person’s AT and home modifications  |  |  | e.g. evidence addressing reasonable and necessary in reporting |
| Tools and templates for applying for SDA eligibility  |  |  | e.g. use of Housing Needs and Preferences tool |

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| **STAFF COMPETENCIES, CONFIDENCE AND SUSTAINABLE KNOWLEDGE SHARING** |
| **Needs Analysis Component** | **✓** | **X** | **Comments or note examples** |
| Education program  |  |  |  |
| Literacy in NDIS core principles (1-10 rating)  |  |  | e.g. individual focus, choice and control, insurance model  |
| Literacy in NDIS access (1-10 rating) |  |  |  |
| Literacy in NDIS pre-planning (1-10 rating) |  |  |   |
| Experience of planning meetings (1-10 rating) |  |  |  |
| Knowledge of SDA (1-10 rating)  |  |  | e.g. contributed to a housing plan |
| Use of NDIS champions model  |  |  | e.g. training by NDIS champions to specific staff cohorts |
| Competency and credentialing process  |  |  |  |
| NDIS orientation program for new or rotating staff  |  |  |  |
| Mechanism for updating staff on changes to NDIS  |  |  | e.g. staff intranet used for dissemination of updates re NDIS, NDIS champion email list  |
| Hospital representative available to drive training  |  |  | e.g. allied health staff (e.g. OT, social worker) will co-facilitate training |
| Use of train the trainer approach |  |  |  |

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| **COLLABORATION AND NETWORKS** |
| **Needs Analysis Component** | **✓** | **X** | **Comments or note examples** |
| Sharing of resources/information/experiences with other health networks   |  |  |  |
| Relationship with local NDIA office |  |  | e.g. regular meetings with local NDIA office, including discussion re cases for escalation  |
| Relationship with Local Area Coordinator (LAC)  |  |  |  |
| Relationship with ACAS   |  |  |  |
| Collaboration with support coordinators in discharge planning  |  |  |  |
| Use of disability advocacy agencies  |  |  |  |
| Relationships with external NDIS provider services  |  |  |  |
| Relationship with local housing organisations  |  |  |  |
| Involvement and relationship with OPA/VCAT  |  |  |  |

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| **DATA COLLECTION AND RESEARCH** |
| **Needs Analysis Component** | **✓** | **X** | **Comments or examples** |
| Data collection process for identifying patients engaging with NDIS and discharge delays |  |  |  |
| Current number of patients in hospital awaiting NDIS for discharge    |  |  |  |
| Current research projects that involve patients eligible for NDIS? |  |  |  |

## Additional questions

### What are your key barriers relating to NDIS interface in your region?

### What strategies are in place to address these barriers?

### Other comments