

Completing a NIISQ Discharge services request

- The discharge treating team may choose to use the NIISQ Discharge services request form to assist with discharge planning arrangements for NIISQ participants.
- If this form is not used, please ensure that the relevant details requested below are included in the information provided to NIISQ. The treating team may choose to use all or part of this form as suits their needs.
- Once complete, this form (or parts thereof), must be sent to the participant's NIISQ Support Planner.

Participant's details					
Participant name				NIISQ case number	
Address	City/suburb				
	State			Postcode	
Contact name				Contact phone	
Eligible injury	TBI	SCI	Level	Other personal injuries (specify)	
			ASIA score		
Pre-existing injuries or medical conditions					
Does this participant have a WorkCover Claim? Yes No					
Form completed by					
Name				Role/position	
Organisation					
Phone			Email		
Discharge details					
Proposed date					
Intended discharge destination	Is discharge destination known?		Yes	No	
	Address (if known)				
GP name, practice and contact details	Has a Home Access Assessment been completed?		Yes	No	
	If yes, please include a copy				
Transitional rehab program (as appropriate)					
Start date			End date		
Declaration (name of staff member completing form)					
The participant has been involved as much as possible in the development of this request, in collaboration with their family member or nominated guardian if necessary. The participant (and family member or nominated guardian) agrees with this request.	Name				
	Date				

Treatment, care and support required for discharge

- Support Planner will ensure earliest possible engagement with the appropriate treating team or key Queensland Health practitioner(s).
- All NIISQ participants retain eligibility for all Queensland Health services including transition and outpatient services.
- For discharge planning the Support Planner is available to answer questions and provide guidance on supports and services that can be funded by NIISQ to facilitate a safe discharge.
- Support Planner may attend case conferences and goal planning meetings as well as meet with the participant to complete the MyPlanning assessment.
- Support Planner will require timely hospital reports and appropriate documentation to support requested treatment, care and support including: Attendant care and support, aids and equipment (other than ordinary personal or household items) and home modifications.
- A daily recommended care plan (attached) is required. Once this is received by the Support Planner, they can support the participant, QH team and providers to select an appropriate NIISQ-registered provider, arrange training and negotiate a start date for care.
- Pharmacy – NIISQ will require details of the participant’s preferred pharmacy and a list of accident-related medications.
- Continence and consumables – NIISQ will require a list of continence and consumables scripted for accident-related needs and a quote.
- Home modifications – an Occupational therapy report with discharge recommendations is required by NIISQ. Contact the Support Planner to discuss if home modifications are required
- Accommodation – NIISQ may fund necessary and reasonable cost of transitional accommodation when the participant’s residence is not accessible due to home modifications being undertaken.

Service type	Required (yes/no)	Clinical report or request form completed
Powerdrive wheelchair		Equipment request form
Manual wheelchair		Equipment request form
Electrically adjustable bed		Equipment request form
Pressure redistribution mattress		Equipment request form
Hoist		Equipment request form
Mobile commode		Equipment request form
Other equipment needs		Equipment request form
Pharmacy account	Chosen pharmacy	Please supply a full list of injury related medications Accident-related medications form
Continence and consumables		Continence and consumables form
Attendant care and support		Please supply report or complete the timetable on pages 4-7

Please only complete the below if the participant will NOT be receiving treatment through a transitional rehabilitation program (TRP), or if there are services required for the participant that are not provided by the TRP. For non-required modalities, please leave fields blank.

Service type	Details of requirement (i.e. what specific intervention is required)	Frequency	Provider name, phone number and email	Clinical justification (can refer to discharge summary if attached/included)
Occupational therapy				
Neurological / rehabilitation physiotherapy				
Musculoskeletal physiotherapy				
Speech pathology				
Psychology				
Neuropsychology				
Nursing assessment				
Other				

Does the participant require High Intensity Supports? Yes No

High Intensity Supports could include complex bowel care, enteral feeding support, dysphasia support, ventilator support, tracheostomy support, IDC/SPC, complex wound care

Domains of support	Days	Details of supports	Hours carer 1	Hours carer 2 <small>*(if clinically required)</small>	Total daily hours	Total weekly hours
<p>Please note:</p> <ul style="list-style-type: none"> the maximum number of hours for x1 person assistance (with inactive sleepover supports) is 112 inclusive of all other areas of support the maximum number of hours for x1 person assistance (with ACTIVE sleepover) is 168hrs per week inclusive of all other areas of support any second person assistance required can be in addition to the above but must be clinically required to meet the injury related care needs. 						
<p>1. Personal care support</p> <p>Including: moving around the home and community, transfers/bed mobility, grooming, dressing bathing, eating and nutrition, medication management, communication, life administration, personal safety support, overnight supports</p>	<p>Mon Tue Wed Thur Fri Sat Sun Daily</p>	<p>AM care <i>Provide rationale for supports and details of tasks</i></p>				
		<p>Midday <i>Provide rationale for supports and details of tasks</i></p>				
		<p>Before 8pm care <i>Provide rationale for supports and details of tasks</i></p>				
		<p>After 8pm care <i>Provide rationale for supports and details of tasks</i></p>				

Domains of support	Days	Details of supports		Hours carer 1	Hours carer 2 <small>*(if clinically required)</small>	Total daily hours	Total weekly hours
2. Overnight supports	Daily	Active sleepover <i>Awake support provided for the duration of the sleepover</i>	In-active sleepover <i>Includes up to two hours of active supports provided to the participant for the duration of the period</i>				
3. Home care and domestic assistance Including: shopping, meal planning/ preparation, laundry, cleaning	Mon Tue Wed Thur Fri Sat Sun Daily	AM care <i>Provide rationale for supports and details of tasks</i>					
		Midday <i>Provide rationale for supports and details of tasks</i>					
		PM care <i>Provide rationale for supports and details of tasks</i>					

Domains of support	Days	Details of supports	Hours carer 1	Hours carer 2 <small>*(if clinically required)</small>	Total daily hours	Total weekly hours
<p>4. Community participation</p> <p>Including: attendance at rehabilitation and medical appointments, rehabilitation activities, vocational and educational support, social, recreational and hobbies</p>	<p>Mon Tue Wed Thur Fri Sat Sun Daily</p>	<p>AM care <i>Provide rationale for supports and details of tasks</i></p> <hr/> <p>Midday <i>Provide rationale for supports and details of tasks</i></p> <hr/> <p>PM care <i>Provide rationale for supports and details of tasks</i></p>				
<p>5. Family and parental supports</p> <p>Including: supports required to aid the participant in their role as caregiver (family support does not replace a participant's normal parental or caregiver role or responsibility.)</p>	<p>Mon Tue Wed Thur Fri Sat Sun Daily</p>	<p><i>Provide rationale for supports and details of tasks</i></p>				

Totals				Total hours for carer 1	Total hours for carer 2	Total daily hours	Total weekly hours

Registered nursing support	Days	Details of supports	RN Hours 1	RN Hours 2 <small>*(if clinically required)</small>	Total daily RN hours	Total weekly RN hours
Registered nursing Is registered nursing care required as a routine service under attendant care and support? Yes No	Mon	AM RN care <i>Provide rationale for supports and details of tasks</i>				
	Tue					
	Wed					
Thur						
Fri						
Sat		Midday RN care <i>Provide rationale for supports and details of tasks</i>				
Sun						
Daily		PM RN care <i>Provide rationale for supports and details of tasks</i>				

Participant-specific training

Do support workers need to attend participant-specific training prior to discharge? Yes No

Provide estimated number of hours per support worker and how many support workers need to attend.

1300 607 566 enquiries@niis.qld.gov.au

National Injury Insurance Agency, Queensland