

National Injury Insurance Agency, Queensland

Discharge services request form



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 (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	
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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, regardless of immigration status, retain entitlement to access 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 will 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 will liaise with 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 injury-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 legislation does not include funding for accommodation (short or long term) unless it is interim accommodation for the participant required whilst approved home modifications are underway.

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 proforma in appendix 1

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				

Domains of support	Days	Details of supports	Hours carer 1	Hours carer 2 <small>*(if clinically required)</small>	Total daily hours	Total weekly hours
1. Personal care support 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	Mon	AM care <i>Provide rationale for supports and details of tasks</i>				
	Tue					
	Wed					
	Thur	Midday <i>Provide rationale for supports and details of tasks</i>				
	Fri					
	Sat					
	Sun	PM care <i>Provide rationale for supports and details of tasks</i>				
	Daily					
2. Overnight supports	Daily	Sleepover Active In-active <i>Provide rationale for supports and details of tasks</i>				
3. Home care and domestic assistance Including: shopping, meal planning/preparation, laundry, cleaning	Mon	AM care <i>Provide rationale for supports and details of tasks</i>				
	Tue					
	Wed					
	Thur	Midday <i>Provide rationale for supports and details of tasks</i>				
	Fri					
	Sat					
	Sun	PM care <i>Provide rationale for supports and details of tasks</i>				
	Daily					
4. Community participation Including: attendance at rehabilitation and medical appointments, rehabilitation activities, vocational and educational support, social, recreational and hobbies	Mon	AM care <i>Provide rationale for supports and details of tasks</i>				
	Tue					
	Wed					
	Thur	Midday <i>Provide rationale for supports and details of tasks</i>				
	Fri					
	Sat					
	Sun	PM care <i>Provide rationale for supports and details of tasks</i>				
	Daily					

Domains of support	Days	Details of supports	Hours carer 1	Hours carer 2 <small>*(if clinically required)</small>	Total daily hours	Total weekly hours
5. Family and parental supports Including: supports required to aid the participant in their role as caregiver (family support does not replace a participant's normal parenting role and does not provide child care services)		<i>Provide rationale for supports and details of tasks</i>				
6. Totals		<i>*Please note:</i> <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. 	Total hours for carer 1	Total hours for carer 2	Total daily hours	Total weekly hours