

CARER CONTROLLED HEALTH RECORD

for a person you support

This Carer Controlled Health Record aims to help communicate information about the person you support to all relevant health professionals in hospital. It will also enable you to obtain information, participate in decision-making and prepare for care after hospital.

NAME OF CARER:
NAME OF PERSON SUPPORTED:



PART A contains Information About Care Needs.
> Carer Details
Provide this information to the health professional who is admitting the person you support.

Carer information

Title	Telephone	Mobile	First name	Surname	Email
Is their relationship to the person you support?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, details of other carer (specify below)		
I am the substitute carer?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, details of substitute decision maker (specify below)		
Relationship to the person supported		Details of other contact person (specify below)			
Title	Telephone	Mobile	First name	Surname	Email

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INTRODUCTION

How is this *Carer Controlled Health Record* helpful to 'YOU' the carer and the person you support?

Going to hospital can be a worrying time, and the person you support may not always be able to communicate their needs to health professionals. When you arrive at hospital, you and the person you support will be asked about previous hospital admissions and whether they have a *My Health Record*. It can be hard to work out what health professionals need to know about the person you support, and you want to feel sure that you have given enough information. Planning for what happens when the person you support is discharged or transferred from the hospital should begin on admission and continue throughout their hospital stay. The more you are involved in health care decisions and planning, the more you will be informed and prepared to provide care after hospital.

This *Carer Controlled Health Record* will help you record information about the person you support. This information can be shared with health professionals to assist them to tailor medical, health and nursing care to the individual needs of the person you support. This record can be used on its own or in part to complement a *My Health Record*.

How does this *Carer Controlled Health Record* complement the Australian Government's *My Health Record*?

The Australian Government of Australia has made available a free electronic *My Health Record*. To create a *My Health Record* for the person you support you need access to the internet and register online (see Part C Resources section for details). A *My Health Record* allows you to share health information with health professionals. It contains information about medical conditions and treatments, allergies, medicine details and prescriptions, test and scan reports, medical consultations, medical history, referrals and discharge summaries. It also enables you to attach an Advance Care Plan and add personal notes only you can see.

The *Carer Controlled Health Record* is different to the *My Health Record* in that it aims to make clear the expectations you and the person you support have about involvement in discussions and decisions about care delivery in hospital, and after discharge or transfer. It also provides specific details about the care needs of the person you support to help health professionals provide individualised care in hospital.

Advance Care Planning

An Advance Care Plan contains directions about medical treatment, who has been appointed the substitute decision-maker, preferences about health and personal care and preferred health outcomes. It can be attached to this *Carer Controlled Health Record* or if you have one, a *My Health Record*. If the person you support does not have an *Advance Care Plan* you should consider working with them to get one so that their wishes can be respected (see Part C Resources section).

How to use this *Carer Controlled Health Record*

This *Carer Controlled Health Record* is divided into three (3) parts and can be used for any admission to hospital.

PART A enables you to record information about yourself and any other carers, information about the role/s you and others provide, your level of involvement with care and the care requirements. It also provides space to record information about the person you support and their communication and physical care needs. The information in Part A will be helpful to hospital health professionals.

PART B helps you and the person you support understand hospital care and become involved in decisions and planning for hospital discharge or transfer. In this section, you can write information about current medicines, hospital treatments and care needs. It also offers you questions to ask health professionals with space to record answers. Part B will complement a *My Health Record*, if you have one.

PART C lists resources and contact details of organisations you may find helpful. This section also provides space for you to attach an Advance Care Plan if you have one. If you have a *My Health Record* you would attach the Advance Care Plan to it.

How is this *Carer Controlled Health Record* helpful to a health professional?

Caring for someone who is disabled, frail or a person with dementia can be both challenging and complex for health professionals. The evidence shows health professionals do not always adequately recognise or acknowledge the support role of the carer and the wealth of information they have that can improve health care planning and delivery, particularly if the person they support cannot provide information themselves. The information in this *Carer Controlled Health Record* will assist the health professional provide individualised care and acknowledge your role as a support person.

PART A

PART A contains information about Carer Details, My Role as the Carer, General Information About the Person I Support, Communication Care Needs and Physical Care Needs.

> Carer Details

Provide this information to the health professional in the emergency department or hospital ward who is admitting the person you support.

Carer information

Title	First name	Surname
Telephone	Mobile	Email
Relationship to the person I support is:		
I am the substitute decision maker YES <input type="checkbox"/> NO <input type="checkbox"/> If NO , details of substitute decision maker (<i>specify below</i>)		
Title	First name	Surname
Telephone	Mobile	Email
I am the contact person YES <input type="checkbox"/> NO <input type="checkbox"/> If NO , details of other contact person (<i>specify below</i>)		
Title	First name	Surname
Telephone	Mobile	Email
Is there another carer? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES , details of other carer (<i>specify below</i>)		
What is their relationship to the person you support?		
Title	First name	Surname
Telephone	Mobile	Email

> My Role as the Carer

Toileting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Others:
Assisting with eating	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Dressing & grooming	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Showering	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Meal preparation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Laundry	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Medication	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Transport/driving	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Cleaning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Shopping	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Outings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Moving around	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Finances	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Others (specify in next column)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Rate how well supported you feel in your caring role.

Place an **X** along the line below

SUPPORTED ●—————● NOT SUPPORTED

If you need more support at home, what support would help?

Expectation of involvement in health care for the person I support *(Tick the box that applies)*

I want to be involved in health care decisions (e.g. doctor's visits and nursing care) Yes No

I want to participate in the planning decisions to prepare for transfer to another hospital, rehabilitation facility, residential care facility, or discharge home.

YES NO

If **YES**, discuss your involvement with the doctor and nurse in charge of the area.

> General Information About the Person I Support

Provide this information to the health professional in the emergency department or hospital ward.

Name

Title

First name

Surname

What does the person like to be called?

Tell us about the person you support

*e.g. normally very articulate and intelligent person who values their independence and privacy.
Spent most of their working life as a chef. Enjoys talking about food and its preparation.*

Language

Main language spoken at home

Is an interpreter needed? YES NO If YES, explain:

Regular doctor (general practitioner)

Name

Telephone

Name of medical practice

Address

Other health professionals and specialists

Name

Telephone

Type of health professional

Name of medical practice

Address

Other health professionals and specialists (continued)

Name		Telephone	
Type of health professional			
Name of medical practice			
Address			
Living situation			
Lives by self	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other:
Lives with main carer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Lives with other carer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Lives in an aged care facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other (<i>specify in next column</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Community services used (in the last 6 months)			
I/we currently receive assistance from: (<i>eg. Home Care Package (level), DVA services, Home Help, Meals on Wheels, Respite Care, overnight relief</i>)			
Type of service & how often received		Name of service & contact details	
Visits to the emergency department and hospital admissions			
Number of visits to the emergency department in the last 6 months			
Number of admissions to the hospital in the last 6 months			
Date of last hospital admission	___/___/___	TO	___/___/___
Name of hospital where last admitted			

History of confusion/dementia/delirium

Can get confused YES NO

If YES, is this new or long standing?

What worsens their confusion?

What reduces their confusion?

The person I support was confused during their last hospital stay YES NO

What do you think caused their confusion?

The person I support has been diagnosed with dementia YES NO

Can you tell us what type?

Who made the diagnosis?

Approximate date of diagnosis

Advance Care Planning

Has an Enduring Power of Attorney been appointed? YES NO

If YES, who has been appointed? (*specify below*)

Name

Contact details

Has someone been appointed to make medical decisions for the person you support? YES NO

If YES, who has been appointed? (*specify below*):

Name

Contact details

Does the person you support have an Advance Care Plan or similar directive document? YES NO

Attach the Advance Care Plan to the back of this record or *My Health Record* if you have one.

If they do not have an Advance Care Plan, speak about it with the person you support and see your local doctor or other health professional at the hospital to initiate a plan.

> Communication Care Needs

Before this Hospital Admission

This information will assist health professionals to better communicate with the person you support.

Hearing

Has some deafness

Right ear Left ear Both ears

Wears a hearing aid YES NO

Is the hearing aid with them? YES NO

Comments:

Vision

Has poor eyesight YES NO

Wears glasses for reading YES NO

Wears glasses for long distance vision YES NO

Are their glasses with them? YES NO

Comments:

Teeth

Wears denture/s or partial dentures YES NO

Top Bottom

Are their dentures with them? YES NO

Comments:

Speaking

Has difficulty speaking YES NO

Comments:

Memory

Has memory problems YES NO

Comments:

The person I support needs assistance with

Remembering names, conversations and events

YES NO

Remembering the time of the day, where they are and why they are here

YES NO

Understanding what is being asked of them

YES NO

Making decisions about their day to day care

YES NO

Describe what type of assistance is needed for the items ticked.

What activities or behaviours may cause them to become upset or agitated?

(eg. showering, using the toilet, taking medications, asking them to do something)

If they become upset and/or agitated, what helps to settle them?

> Physical Care Needs

Before this Hospital Admission

This information will assist health professionals understand the care needs of the person you support while they are in hospital.

Mobility

Walking, standing, moving around

Independent

Manages with assistance

Needs full support

Rising from a chair

Independent

Manages with assistance

Needs full support

Stairs

Independent

Manages with assistance

Needs full support

Needs specific supervision or assistance with:

Uses a mobility aid YES NO

Describe (e.g. walking stick, walking frame, wheel chair):

Skin

Skin can easily be damaged, torn and/or bruised YES NO

Does the person have any current skin tears or wounds?

Toileting

Independent Manages with assistance Needs full support

Needs specific help with:

Describe their toileting routine:

Toileting (continued)Wears a continence aid YES NO Pad Catheter

Describe:

Toileting aid needed YES NO Describe (*e.g. raised toilet seat*):Do they experience constipation? YES NO

What helps?

Eating a meal Independent Manages with assistance Needs full support

They need specific help with:

Uses an aid to help with eating YES NO Describe (*e.g. plate guard, cutlery with a moulded handle*):**Dietary needs**

Has recently been

 Gaining weight Losing weight. How much weight lost? Last known weight Has a special diet YES NO

Dietary needs (continued)

Describe (e.g. diet for diabetic control, semi-solid diet):

Has a food allergy/allergies/intolerances YES NO

Describe:

Likes the following foods:

Likes the following food but they should be minimised or avoided:

Describe why:

Dislikes the following foods:

Drinking

Independent Manages with assistance Needs full support

Needs help with:

Uses an aid to help with drinking YES NO

Describe (e.g. two handle cup):

Requires thickened fluids YES NO

Describe the level of thickness:

Do they ever cough while drinking? YES NO

Likes an alcoholic drink during the day YES NO

Dressing/undressing

Independent Manages with assistance Needs full support

Needs help with:

Bathing/showering/grooming

Independent Manages with assistance Needs full support

Needs help with:

Sleep

Independent Manages with assistance Needs full support

Needs help with:

Usual sleep and wake times:

Has daytime naps YES NO

What time and how long?

Prefers to sleep through the night In a bed In a chair On a couch/daybed

How many pillows does the person sleep with?

Has a routine that prepares them for sleep YES NO

Describe (e.g. 30 minutes before bedtime they have a warm drink of XXXX):

The person I support gets up at night and walks around the house YES NO

What helps them sleep through the night?

What helps them to go back to sleep if they wake?

At night, the person experiences

Pain Itching Cramp Restless legs Difficulty in breathing

Describe what assistance is needed for the items ticked:

PART B

PART B will help keep you up-to-date about hospital care and what needs to happen after the person you support leaves hospital. Some of the information in this section may be in the *My Health Record* if the person you support has one.

> Summary Medical History - What you know

On admission to hospital, a health professional may ask you for some of this information. They may also obtain it from a previous hospital record, a *My Health Record* or referral letter.

Known medical history includes
(e.g. high blood pressure, depression, arthritis, pressure sore, infections, diabetes, cataracts):

What operations have they had? (e.g. hip replacement)

What are they allergic to? (e.g. foods, medications, adhesive tapes, scented products)

What happens if they have an allergic reaction?

> Current Medicines

Medicines includes all tablets, liquids, creams and inhalers. Much of this information will be in a *My Health Record*, if the person you support has one. If over the counter medicines or doctor prescribed medicines have been commenced and there is no *My Health Record*, obtain information about them from the label and show this record to the health professional on admission. Alternatively, you can take the medicines to hospital.

Medicine name	1. How often is it taken? 2. How much is taken & when?	What do you understand as the reason for taking the medicine?
Example: <i>Prescribed medicines</i> (e.g. Warfarin)	<i>One tablet each morning before food</i>	<i>To thin the blood</i>
Example: <i>Over the counter medicines</i> (e.g. Paracetamol)	<i>Two tablets four times a day</i>	<i>For joint pain</i>
Example: <i>Herbal medicines</i> (e.g. St Johns Wort)	<i>5mLs twice a day with food</i>	<i>To improve mood</i>

> A guide to help you be informed and involved about what happens in hospital and prepare you and the person you support for discharge

Even with your best efforts there may be things discussed during the hospital stay that you will not have thought about before. Start asking questions and getting information from the time of admission to hospital. Space has been provided for you to record the information you gather should you wish to do so. At the time of discharge or transfer the hospital should provide a copy of the hospital discharge or transfer plan for the person you support. A hospital health professional may also attach the discharge or transfer plan to their *My Health Record*.

Date admitted to hospital:

Reason for admission to hospital:

Is there an expected date of discharge or transfer from hospital?

Questions to ask to become involved

- Who do I ask about becoming involved in discussions with health professionals about the health care of the person I support?
- How can I participate in meetings with health professionals while the person I support is in hospital?

Notes:

Treatments, procedures, tests, and assessments while in hospital

Each time you visit the person you support, look for an opportunity to ask a health professional about what treatments, procedures, tests and assessments have been done so you have a general understanding.

Notes:

Questions to ask about preparing for care at home after hospital

Will I be able to continue to care for “x” at home?

Is there someone at the hospital who will help me to organise extra help I will need at home? Who will arrange it? When will it commence? What will it cost?

For example:

- District nursing service/community nursing service
- Help with cleaning and housework
- Alterations to the home and installation of equipment
- Meals on wheels
- Respite care (e.g. a break for a few hours, days, or weeks)

Who can I contact at the hospital if I have any questions or problems?

Who else can help me after I leave the hospital?

Questions to ask about preparing for care at home after hospital (continued)

Notes:

Living arrangements after hospital

At some time during the hospital stay you and the person you support should expect to have a conversation/s with health professionals about future living arrangements.

After hospital the person I support will be discharged to?

- My home
- Their home
- Rehabilitation unit/facility
- Residential aged care
- Other (specify in next column)

Other:

They will be transported from hospital by?

- Me
- Ambulance or a patient transport service
- Other (specify in next column)

Other:

Date and time this will occur?

Date: ____/____/____ Time: _____

After hospital help

Before leaving hospital you should find out who you can contact after discharge/transfer if the person you support needs any medical or nursing assistance.

Name of person	Title or designation	Name of hospital/service	Contact phone number/s	Best time to contact

Equipment, medical/nursing supplies, or home modifications

Has someone spoken to you about equipment, medical/nursing supplies, or modifications to the home that may be needed?

Do you know:

- Whether your needs as the carer will be assessed and who will assess them?
- Whether an assessment will be completed before discharge from hospital?
- What will be provided free of charge or if not, at what cost?
- Who will provide the equipment and or medical/nursing supplies and how will you get these?
- When supplies will be delivered and when home modifications will be completed?
- How to use any new equipment?

Notes:

Appointments after hospital discharge

Before discharge/transfer you should know about any appointments that have been made for the person you support.

1.	Name of health professional/clinic/department/service provider:		
	What the appointment is for:		
	Where it will take place:		
	Has the booking been confirmed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of appointment ____/____/____	Time of appointment
	Contact details:		
	What I need to bring:		

2. Name of health professional/clinic/department/service provider:

What the appointment is for:

Where it will take place:

Has the booking been confirmed?

YES NO

Date of appointment

___ / ___ / ___

Time of appointment

Contact details:

What I need to bring:

3. Name of health professional/clinic/department/service provider:

What the appointment is for:

Where it will take place:

Has the booking been confirmed?

YES NO

Date of appointment

___ / ___ / ___

Time of appointment

Contact details:

What I need to bring:

4. Name of health professional/clinic/department/service provider:

What the appointment is for:

Where it will take place:

Has the booking been confirmed?

YES NO

Date of appointment

___ / ___ / ___

Time of appointment

Contact details:

What I need to bring:

Changes to medicines

The person you support may have had their medicines changed while in hospital. They may have stopped taking a medicine, the dose may have changed, or they may have started taking a new medicine. Information about medicines the person you support will be taking when they are discharged can be provided below.

1. Name of medicine

What does it do?

When is it given?

For how long?

What should I look out for and do?

What if they won't take it?

2. Name of medicine

What does it do?

When is it given?

For how long?

What should I look out for and do?

What if they won't take it?

3. Name of medicine

What does it do?

When is it given?

For how long?

What should I look out for and do?

What if they won't take it?

4. Name of medicine

What does it do?

When is it given?

For how long?

What should I look out for and do?

What if they won't take it?

Involvement in care after hospital discharge

At some time during the hospital stay you should have a talk with one or more health professionals about your involvement in care after hospital. Be honest about what you are able to do and what is too difficult for you.

I have had a discussion with a health professional about what I have to do with:

- Wound dressings YES NO
- Catheter care YES NO
- Moving the person I support (*e.g in and out of bed*) YES NO
- Helping take medicines YES NO
- Medical equipment purchase/hire and use YES NO
- Physiotherapy YES NO
- Other (*specify below*) YES NO

Other:

Notes:

Education needs

Being in hospital can change the support you will need to provide at home. There may be new things you need to know so that you can provide support. Ask to have any care changes explained to you. You may be asked to do a 'trial of care' to see how you are able to cope and to identify if you need more help. The following points are provided to help you start a conversation with health professionals about your education needs.

Before discharge from hospital I have been taught or have received information about:

Pain

- How I know they have pain
- What the best ways to relieve their pain are
- Who can help us manage pain

Toileting

- How to manage toileting
- How to establish and/or continue a toileting routine
- How to apply and dispose of continence aids
- Know when continence aids need to be changed

Bathing, showering, dressing and grooming

- How to bathe/shower
- The types of clothing and/or equipment that can make bathing and dressing easier
- How to put on and take off compression stockings
- How to protect a wound dressing so it does not become soiled or wet
- How to replace a wound dressing that has become soiled or wet
- When to replace a wound dressing

Sleep

- How to help the person I support sleep at night
- What I can do if they can't sleep and they move around the house at night

Meals

- Whether I can get 'meals on wheels', or other help to prepare meals
- How I access help with meals and what it costs
- Helping with eating
- Any special dietary requirements

Behaviours and confusion

- How a particular behaviour/s can be a result of an unmet physical and/or emotional need
- How to work out what the unmet need is
- Different ways that can be used to prevent behaviour/s resulting from an unmet physical and/or emotional need
- Different ways that can be used to respond to behaviour/s resulting from an unmet need
- What I should do if I think the level of their confusion has changed making care more difficult
- Who should I contact if I need help

Transport

- What options are available for assistance with transport to attend appointments

Treatments and procedures

- Any new treatments or things I will have to do

Community Services needed (continued)

Notes:

Hospital discharge/transfer plan or summary

All patients discharged from hospital have a discharge or transfer plan or summary completed and you or the person you support should receive a copy, which will complement the information you have gathered in this guide.

A written copy of the hospital discharge/transfer plan or summary of care should include:

- A summary of the treatments, procedures, tests and assessments including information about any test results still to be received
- Date and time of discharge/transfer and transport arrangements
- Services after hospital or care that has been organised or is needed
- Referrals, follow up appointments or planned therapies
- Information about any equipment, medical supplies or home modifications needed
- Medication changes and current medications
- Changes to previous treatments
- Instructions about any assistance you might need in order to provide care at home
- Discharge support - hospital contact details for assistance after discharge
- Details of care arranged after discharge

If this is not available at the time of discharge from hospital, ask whether a copy will be sent to you.

Notes:

> Resources

Advance Care Planning

Palliative Care Australia contains specific information about Advance Care Planning for the state in which you live. Palliative Care Australia:

➤ <http://palliativecare.org.au>

and for information on Advance Care Planning:

➤ <http://palliativecare.org.au/support-and-services/advance-care-planning>

Alzheimer's Australia

Alzheimer's Australia advocates for the needs of people living with all types of dementia, and for their families and carers. Alzheimer's Australia provides support services, education and information.

☎ National office telephone: (02) 6278 8900

@ National office email:
nat.admin@alzheimers.org.au

➤ <https://fightdementia.org.au>
(with links to contact Alzheimer's Australia offices in each state)

Carers Australia

Carers Australia is the national peak body representing Australia's carers. It has offices in each state and advocates on behalf of carers to influence policies and services and to deliver a range of carer services.

☎ Telephone: 1800 242 636

➤ www.carersaustralia.com.au
(contains contact details of Carers offices in each state)

Council On The Ageing (COTA)

COTA is a national peak organisation which representing the rights, needs and interests of older Australians. It makes representation to Australian Government representatives on issues of relevance to older people.

☎ Phone: (02) 6154 9740

@ Email:
cota@cota.org.au

➤ www.cota.org.au/australia
(with links to COTA in each State & Territory)

Decision Assist

Decision assist provides palliative care and advance care planning advice and advisory services to older people, aged care staff and General Practitioners nationally.

☎ Telephone: 1300 668 908

➤ www.decisionassist.org.au

Department of Health in your State or Territory

ACT

➤ www.health.act.gov.au

☎ Telephone: 13 2281

NSW

➤ www.health.nsw.gov.au

☎ Telephone: (02) 9391 9000

Northern Territory

➤ www.health.nt.gov.au

☎ Telephone: (08) 8999 2400

Queensland

➤ www.health.qld.gov.au

☎ Telephone: (07) 3234 0111

South Australia

➤ www.sahealth.sa.gov.au

☎ Telephone: (08) 8226 6000

Tasmania

➤ www.dhhs.tas.gov.au

☎ Telephone: 1300 135 513

Victoria

➤ www.health.vic.gov.au

☎ Telephone: 1300 650 172 or (03) 9096 0000

Western Australia

➤ www.health.wa.gov.au

☎ Telephone: (08) 9222 4222

Elder Abuse

Australian Government

Myagedcare

➔ www.myagedcare.gov.au/legal-information/elder-abuse-concerns

☎ Telephone: 1800200422

Australian Capital Territory

ACT Government Community Services:
Older Persons Abuse Prevention Referral and Information Line

➔ www.communityservices.act.gov.au/wac/ageing/elder_abuse_prevention__and__assistance

☎ Telephone: (02) 6205 3535

NSW

Senior Rights Services Elder Abuse

➔ <http://elderabusehelpline.com.au>

☎ Helpline Telephone: 1800 628 221

Northern Territory

Northern Territory Police

➔ www.pfes.nt.gov.au/Contact-us.aspx

☎ Assistance Telephone: 13 14 44

Family violence Units:

Alice Springs: 8951 1891

Darwin: 8999 0865

Katherine: 8973 9663

Queensland

Queensland Government:

➔ www.qld.gov.au/seniors/safety-protection/elder-abuse

Elder Abuse Prevention Unit

➔ www.eapu.com.au

☎ Helpline Telephone: 1300651192

South Australia

Aged Rights Advocacy Service:

➔ www.sa.agedrights.asn.au

☎ Helpline Telephone: 1800 372 310

Rural 1800 700 600

Tasmania

Advocacy Tasmania

@ Email:

eahelpline@advocacytasmania.org.au

☎ Helpline Telephone: 1800 441 169

Victoria

Domestic Violence Resource Centre Victoria

➔ www.dvrcv.org.au/elder-abuse-hotline

☎ Helpline Telephone: 1800 441 169

Mobile and Interstate: (03) 6237 0047

Senior Rights Victoria

➔ <https://seniorsrights.org.au>

☎ Helpline Telephone: 1300 368 821

Western Australia

Advocare Incorporated

➔ www.advocare.org.au

☎ Helpline Telephone: 1300 724 679

Country Callers: 1800 655 566

Elder Rights Advocacy

Level 2, 85 Queen Street
Melbourne VIC 3000

➔ www.era.asn.au

Health Service Complaints

First point of call for any complaint is to the patient liaison service or patient complaints or patient advocate office at the hospital. If the complaint is not resolved or you are dissatisfied with the response received, you can contact the Health Service Commissioner for your State or Territory.

Victoria

Health Services Commissioner

☎ Telephone: 1300 582 113

☎ Fax: (61 3) 9032 3111

@ Email:

hsc@dhhs.vic.gov.au

➔ www.health.vic.gov.au/hsc

NSW

Health Care Complaints Commission

☎ Telephone: 1800 043 159

☎ Fax: (02) 9281 4585

@ Email:

hccc@hccc.nsw.gov.au

➔ www.hccc.nsw.gov.au/Home

ACT

Health Services Commissioner

☎ Telephone: (02) 6205 2222

📠 Fax: (02) 6207 1034

@ Email:

human.rights@act.gov.au

➤ <http://hrc.act.gov.au/health/health-service-complaints>**Tasmania**

Health Complaints Commissioner

☎ Telephone: 1800 001 170

@ Email:

health.complaints@ombudsman.tas.gov.au

➤ www.healthcomplaints.tas.gov.au**Queensland**

Office of the Health Ombudsman

☎ Telephone: 133 OHO (133 646)

📠 Fax: (07) 3319 6350

@ Email:

complaints@oho.qld.gov.au

➤ www.hqcc.qld.gov.au**South Australia**

Health and Community Services Complaints Commissioner

☎ Telephone: 1800 232 007

@ Email:

info@hcscc.sa.gov.au

➤ www.hcscc.sa.gov.au**Western Australia**

Health and Disability Services Complaints Office

☎ Telephone: 1800 813 583

📠 Fax: (08) 6551 7630

@ Email:

mail@hadsco.wa.gov.au

➤ www.hadsco.wa.gov.au**Northern Territory**

Health and Community Services Complaints Commission

☎ Telephone: 1800 004 474

📠 Fax: (08) 8999 6067

@ Email:

hcscc@nt.gov.au

➤ www.hcscc.nt.gov.au**My Aged Care**

☎ Phone: 1800 200 422

➤ www.myagedcare.gov.au**My Health Record**➤ <https://myhealthrecord.gov.au>**Office for Public Advocate/Public Guardian**

The Office of the Public Advocate supports the rights and interests of people who are unable to advocate on behalf of themselves

Victoria

☎ Telephone: 1300 309 337

@ Email:

opa_advice@justice.vic.gov.au

NSW

Telephone: (02) 8688 2650 (STD 1800 451 510)

➤ www.publicguardian.justice.nsw.gov.au**ACT**

☎ Telephone: (02) 6207 0707

@ Email:

pa@act.gov.au

Tasmania

☎ Telephone: (03) 6165 3444

@ Email:

public.guardian@info.tas.gov.au

➤ www.publicguardian.tas.gov.au**Queensland**

☎ Telephone: (07) 7 3224 7424

@ Email:

public.advocate@justice.qld.gov.au

➤ www.justice.qld.gov.au/public-advocate**South Australia**

☎ Telephone: 1800 066 969

➤ www.opa.sa.gov.au**Western Australia**

☎ Telephone: 1300 858 455

➤ www.publicadvocate.wa.gov.au**Northern Territory**

☎ Telephone: (08) 8922 7343

➤ www.health.nt.gov.au/Aged_and_Disability/Adult_Guardianship/index.aspx

Additional resources

Add resources available to you and the person you support in your local area. For example, continence assistance, aides and equipment (hire and/or purchase), where to purchase thickened fluids, wheelchair friendly taxi service.

Notes:



> Advance Care Plan

What is an advance care plan? It is a document that records:

- directions about medical treatment
- the person appointed as the substitute decision-maker
- preferences about health and personal care
- preferred health outcomes.

An Advance Care Plan is made by a competent person for a future time when they may not be competent to make decisions for themselves or be unable to communicate these directions.

If the person you support does not have an Advance Care Plan and you would like to organise one, speak to their general practitioner or a health professional at the hospital. If the person you support has an advance care plan it can be attached to their *My Health Record* or to this Carer Controlled Health Record.