

Identifying the Carer at Patient Registration

Summary The Information Bulletin advises of changes to the NSW Health patient administration system (PAS) to record when a patient/client/consumer has a carer or is a carer. From July 2019, at the time the first service is provided, it is mandatory to record in the PAS if a patient has a carer or is a carer. It is highly desirable that the information is recorded when booking or scheduling the first service. Identifying a carer leads to safer and better quality care as health staff can involve them in discussions and decisions about the patient's care and treatment.

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Distributed to Ministry of Health, Public Health System, Government Medical Officers

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IDENTIFYING THE CARER AT PATIENT REGISTRATION

PURPOSE

The purpose of this Information Bulletin is to advise of changes to the NSW Health patient administration system (PAS) to record when a patient/client/consumer has a carer or is a carer.

Identifying a carer leads to safer and better quality care as health staff can involve them in discussions and decisions about the patient's care and treatment. Patients and their carers have a better experience when they are acknowledged and able to talk to and work with health staff. Health staff can also provide support, referrals and information to the carer as needed.

This Information Bulletin is to be used in conjunction with the Client Registration Policy Directive (PD2007_094) which specifies NSW Health policy in relation to the registration of clients, patients and other related people, such as carers.

KEY INFORMATION

From July 2019, at the time the first service is provided, it is mandatory to record in the PAS if a patient has a carer or is a carer. It is highly desirable that the information is recorded when booking or scheduling the first service. The information should be recorded in the iPM and Cerner PAS or appropriate location if another PAS is used. When the Client Registration form (SMR005.001/SMR005.002) is used the carer information should also be recorded.

On re-presentation, or at the time a new service is booked or scheduled, special consideration must be given to the currency of the carer information.

The information recorded in the PAS will be displayed in the electronic Medical Record (eMR).

Patients registered to a mental health service may nominate a Designated Carer/s. See Attachment 3 for more details, and the Nomination of Designated Carer/s form (SMR025.170).

Who is a carer?

A person is a carer if they provide unpaid, ongoing care and support to a family member or friend who needs it because of:

- disability,
- chronic (long term) illness e.g. diabetes, arthritis
- terminal (life limiting) illness,
- mental illness e.g. depression, anxiety, or
- frailty and ageing.

Many carers don't recognise themselves as a carer. A carer will have a relationship with the patient. For example, the carer may also be the patient's husband, sister or

friend. However, as a carer, they will have additional ongoing responsibilities because the patient is unwell, frail or has a disability.

The patient may not be sure if they have a carer or, if they are a carer. Whether the person has a carer, or is a carer, is based on the patient's point of view.

The carer may be the Person to Contact for a patient/client/consumer.

The carer may help a family member or friend with daily needs such as feeding, bathing, dressing, toileting, taking medications or moving. The carer may support a person who is fairly independent but needs someone to check in to make sure they are safe and looking after themselves, or to help them with banking, transport, shopping or housework.

The carer of a **person being registered for mental health care** may be nominated as a Designated Carer and/or identified as a Principal Care Provider under the *NSW Mental Health Act 2007*. See Attachment 3 for more details, and the Nomination of Designated Carer/s form (SMR025.170) and Identification of Principal Care Provider form (SMR025.107).

Why ask if the patient has a carer or is a carer?

When health staff know that the patient has a carer they can involve that person in discussions and decisions about the patient's care and treatment. Patients and their carers have a better experience when they are able to talk to and work with health staff. Involving the carer can ensure a better outcome for the patient, reduce the risk of avoidable admissions and a longer stay in hospital.

Carers are more likely to experience physical and mental ill health and disability than the general population. When health staff know the patient has a carer or is a carer they are able to provide support, referrals and information, as needed.

Health staff can ensure that alternative care and support is arranged while the carer is in hospital or unable to provide care for another reason.

The NSW Carers (Recognition) Act 2010 requires staff to take action to reflect the principles of the NSW Carers Charter. The Charter states that carers should be recognised and supported and the relationship between a carer and the person for whom they care should be respected.

SUPPORTING INFORMATION

Health and Social Policy Branch, Ministry of Health and eHealth NSW are developing communication and education materials to assist in recording when a patient/client has a carer or is a carer. Quick User Guides and other materials will be found at:

<https://www.health.nsw.gov.au/carers/Pages/default.aspx>

NSW Health GL2007_024: Client Registration Guideline

http://www0.health.nsw.gov.au/policies/gl/2007/pdf/GL2007_024.pdf

Mental Health Act Guidebook

<https://www.health.nsw.gov.au/mentalhealth/resources/Pages/mhact-guidebook-2007.aspx>

For additional information please contact Health and Social Policy Branch, NSW Ministry of Health on 9391 9843.

ATTACHMENTS

1. Instruction Sheet - Carer Identification
2. Attributes of Data items
3. Role Information

ATTACHMENT 1: Instruction sheet

At the time the first service is provided it is mandatory to record in the patient administration system whether the patient has a carer or whether the patient is a carer. On re-presentation, or at the time a new service is booked or scheduled, special consideration must be given to the currency of the carer information.

1. What information is recorded?

Ask the patient the two questions below and record the answers:

a. Do you have a carer; does a family member or friend provide you with ongoing support because of illness, ageing or a disability?

If the answer is 'Yes' record the details of the carer's - Family Name, Given Name, Address, Home Phone, Mobile Phone, Relationship, Call Instructions.

b. Are you a carer; do you provide ongoing support for a family member or friend who is unwell, frail or has a disability?

If the answer is 'Yes' record the details of the family member or friend being cared for (the Care Recipient) - Family Name, Given Name, Address, Home Phone, Mobile Phone, Relationship, Call Instructions.

2. What if?

The patient may not be sure if they have a carer or if they are a carer. Below is information to discuss with the patient to help clarify if they have a carer or if they are a carer.

a. The patient isn't sure if they have a carer

- Does the patient/client need ongoing help from a family member or friend because they are unwell, frail or have a disability?
- Information on whether the person has a carer or is a carer is based on the patient's point of view.

b. The patient's parent says that she/he isn't a carer

- A person is a carer if they are the parent of a child **with** a chronic, terminal or mental illness or a disability.
- A carer will have a relationship with the patient. For example, the carer may also be the patient's father, mother or sibling.
- However, as a carer, they will have additional responsibilities because the patient has a disability, chronic, terminal or mental illness or is frail and ageing.

c. The patient states that their carer comes from an organisation to help them

A person is **not** a carer if their carer role is as a paid employee providing a service, or as a volunteer for a charitable, welfare or community organisation.

d. The patient lives in a residential aged care facility, nursing home or other supported accommodation

The patient may still have a carer i.e. a family member or friend who provides ongoing care and support, for example: does the patient's banking or washing, makes their financial arrangements and provides social and emotional support.

e. The patient has more than one carer?

The patient may receive care and support from more than one family member or friend, for example the patient's husband may help her with day-to day mobility needs because of a disability and her niece may assist with medical appointments and transport when necessary.

A carer may provide more than one family member or friend with support, for example he may help his wife who has a terminal illness and assist their neighbour, who is frail and aged, with their shopping and home maintenance.

All carers identified by the patient should be recorded in the PAS.

3. A person is not a Carer if

Whether the person has a carer, or is a carer, is based on the patient's point of view. However a person is not a carer if their carer role is:

- as a paid employee, for example a care worker from an aged care facility or aged care community service, or
- as a volunteer for a charitable, welfare or community organisation, or
- part of a course of education or training, or
- as the parent of a child without a chronic, terminal or mental illness, disability, or
- as a short term support for a person who has had an accident or injury e.g. a broken leg. A carer provides *ongoing* personal care, support and assistance.

Do not assume that a person is a carer because they:

- live with the patient, or
- are the husband, wife, de facto spouse, parent, guardian, child or other relative of the patient.

4. What does a Carer do?

A carer may help for a few hours a week or all day every day, depending on what support is needed.

A carer may help with daily needs such as feeding, bathing, dressing, toileting, lifting and moving or taking medications.

A carer may support a person who is fairly independent but needs someone to keep an eye on them, or help them with banking, transport, shopping or housework.

Most carers give encouragement to the person they care for, oversee their health and wellbeing, monitor their safety and help them to stay as independent as possible.

Care may be provided within the person's home, residential aged care facility or other supported accommodation.

A carer may or may not receive the Carer Allowance or the Carer Payment.

See **Attachment 2** – Attributes of Data Items

ATTACHMENT 2: Attributes of Data Items

Patient Contact – Carer

Contacts	Definition
Person to Contact	The person that the patient nominates to liaise with the hospital on their behalf
Carer	The family member or friend who provides ongoing care and support for the patient because of disability, chronic, terminal or mental illness or ageing
Care Recipient/ Patient Providing Care to	The family member or friend who receives ongoing care and support from the patient because of disability, chronic, terminal or mental illness or ageing
Designated carer (Mental Health Act)	Up to two people nominated by a mental health consumer to receive information about their care. If no-one is nominated, it is the person's spouse, carer, close friend or relative. For children (14 and under) or people under guardianship, it is the parent or guardian.
Principal Care Provider (Mental Health Act)	The person nominated by the treating team. They are the person primarily responsible for providing unpaid i.e. non-commercial arrangement, support or care to the mental health consumer. They must be included in care and discharge planning.
Person Responsible (Guardianship Act)	A person responsible is someone who is legally able to consent to medical and dental treatments on behalf of a person who lacks the capacity to give their consent. The Medical Officer will identify the person responsible in accordance with the hierarchy in Guardianship Act 1987.

The attributes for collection are:

Title	Patient Contact - carer
Format	<p>Title: Select valid option from drop down list</p> <p>Given Name: Alphanumeric</p> <p>Family Name: Alphanumeric</p> <p>Note that PAS may have a character limit for names</p> <p>Address: Report Building/Property name, Street Number and Name, Locality/Suburb, Postcode, State and Country</p> <p>Contact numbers: Report home telephone and or mobile number</p> <p>Relationship: Select valid option from drop down list</p> <p>Carer: Select valid option from drop down list</p>
Effective Start Date	July 2019

Effective End Date	Current
Preceded By	Not applicable
Related Standards	See the Client Data Stream Data Dictionary
Collection Point	Patient Registration

ATTACHMENT 3: Role Information

This attachment provides information about:

- The changes that have been made to labels in the patient administration system (PAS).
- The carer roles defined under the NSW Mental Health Act 2007.
- The person responsible role. The Medical Officer will identify the person responsible in accordance with the hierarchy in Guardianship Act 1987. A person responsible may provide documentation when the patient/client is being registered. A copy of the documentation is to be retained/filed.

a. Next of Kin

The term Next of Kin does not have one obvious meaning and will therefore not be used in the PAS.

Although in common usage this term has no legal meaning in NSW when discussing substitute medical and lifestyle decision making. The term may apply to organ donation, autopsy consent, funeral arrangements and property matters following a person's death but not to treatment and lifestyle decisions while the person is alive.

b. Contact / Person to Contact

In the PAS Next of Kin has been superseded by Contact / Person to Contact. The Contact / Person to Contact is the person that the patient nominates to liaise with the health service on their behalf.

The Person to Contact will have a relationship with the patient. For example, they may be the patient's father, mother, sibling and/or carer.

The Person to Contact may also be the patient's carer.

c. Designated Carer

The carer of a person being registered for mental health care may be a Designated Carer and/or a Principal Care Provider under the [NSW Mental Health Act 2007](#).

Under the [NSW Mental Health Act 2007](#) a person who has a mental illness or mental disorder may nominate up to two people to be their designated carer/s by completing

the Nomination of Designated Carer(s) form (SMR025.170). The nomination is to be made in writing.

Treating clinicians are to notify the designated carer/s of events affecting the mental health consumer, including when the consumer is:

- detained in a mental health facility
- reclassified or admitted as a voluntary patient
- having an operation
- to be transferred between facilities
- discharged
- absent from the facility without permission
- the subject of a matter before the Mental Health Review Tribunal
- required to have a surgical procedure or Special Medical Treatment for which consent is being sought from the Mental Health Review Tribunal or Ministry of Health.

d. Principal Care Provider

The carer of a person with a mental illness may be a Principal Care Provider under the [NSW Mental Health Act 2007](#).

The Principal Care Provider is the person who is primarily responsible for providing support and care to a mental health consumer (other than on a commercial basis). In many cases this person will also be one of the consumer's two designated carers.

An authorised medical officer or director of community treatment appointed under the Mental Health Act, may determine who is the Principal Care Provider of a consumer. This ensures that where either of a consumer's designated carers are not the person who is mainly responsible for providing support and care to the consumer, the Principal Care Provider is still able to receive or provide relevant information about the patient's care and treatment. In some cases this may result in three people needing to be informed of events affecting the mental health consumer.

A person cannot be nominated as the Principal Care Provider if they have been excluded by the consumer, except where the consumer is deemed to lack capacity to exclude that carer, or if the exclusion may put the consumer or other person at risk of harm.

Treating clinicians are to notify the Principal Care Provider of events affecting the mental health consumer, including when the consumer is:

- detained in a mental health facility
- reclassified or admitted as a voluntary patient
- having an operation
- to be transferred between facilities

- discharged
- absent from the facility without permission
- the subject of a matter before the Mental Health Review Tribunal
- required to have a surgical procedure or special medical treatment, for which consent is being sought from the Mental Health Review Tribunal or Ministry of Health.

e. Person Responsible

Only a Medical Officer can decide if a person has capacity to consent to treatment. If the patient is not capable of consenting to their own treatment, the Medical Officer should seek consent from the patient's person responsible. This is required by the [NSW Guardianship Act 1987](#). The Medical Officer will identify the person responsible in accordance with the hierarchy in section 33 A of the Act.

A person responsible cannot:

- consent to special medical treatment, such as a sterilisation operation, termination of pregnancy, experimental treatments
- consent to treatment if the patient objects to the treatment. If the patient objects to treatment an application to the Guardianship Division of the New South Wales Civil and Administrative Tribunal (NCAT) is required.

Information on the identification of a person responsible and the requirements for obtaining consent to medical treatment is provided in the following NSW Health policies:

- [Policy Directive PD2005_406: Consent to Medical Treatment - Patient Information](#)
- [Policy Directive PD2014_030: Using Resuscitation Plans in End of Life Decisions](#)