



HOSPITAL BOARDER POLICY

Carer issues around the WA Department of
Health hospital boarder policy

JULY 2017

AN **AUSTRALIA** THAT **VALUES** AND **SUPPORTS** ALL **CARERS**

P: 1300 227 377 W: www.carerswa.asn.au E: engage@carerswa.asn.au

ABOUT CARERS WA

Carers WA is the peak body representing the needs and interests of carers in Western Australia and is part of a national network of Carers Associations. Carers provide unpaid care and support to family members and friends who have disability, mental illness, a chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. The person they care for may be a parent, partner, sibling, child, relative, friend or neighbour. Illness and disability are non-discriminatory and the caring role can be borne by any individual at any given time, regardless of socioeconomic status, age or location. Caring is a significant form of unpaid work in the community and is integral to the maintenance of our aged, disability, health, mental health, and palliative care systems. A report undertaken by Deloitte, Access Economics, 'The economic value of unpaid care in Australia in 2015', determined the replacement value of the care undertaken by carers in Australia to cost \$60.3 billion per annum.

Some important facts about carers include:

- There are 2.86 million unpaid carers in Australia. More than 825,000 carers are primary carers.
- There are more than 320,000 family and friends in a caring role in Western Australia or approximately 1 in 8 in the community.

ENQUIRIES

Felicity Mitchell

Policy and Engagement Officer

Carers WA

182 Lord Street

PERTH WA 60000

Phone: 1300 227 377

Fax: (08) 9228 7488

Email: felicity.mitchell@carerswa.asn.au

Introduction

Over a number of years both carers and service providers have raised issues with Carers WA regarding hospital boarders and their rights and responsibilities. This paper outlines the current Department of Health policies and the gaps identified by carers and service providers.

Current Policies

The current Department of Health policy relating to hospital boarders is the [Admission, Readmission, Discharge and Transfer Policy](#) which also refers to the [Admission, Readmission, Discharge and Transfer Reference Manual, July 2017](#). This manual contains the following definition of a hospital boarder:

*A **hospital boarder** is a person who is receiving food and/or overnight accommodation at the hospital but for whom the hospital does not accept responsibility for treatment and/or care. Boarders do not receive admitted care but may be registered on the hospital's patient administration system. However, boarders are excluded from activity counts.*

Refer also to the WA Health Fees and Charges Manual.

The [WA Health Fees and Charges Manual](#) contains the following further information about hospital boarders:

5.14. Boarders

Types of Boarders

There are many circumstances under which a health service is required to provide accommodation and meals to individuals who do not require formal admission to a hospital.

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Guidelines for Registration of Boarders

Documenting the presence of boarders should follow these guidelines:

Due to current Information System constraints boarders will be admitted onto the hospital's patient administration system. This will register the boarder and these episodes will be removed from the HMDS extract for Commonwealth reporting of acute inpatient separations.

People accompanying a sick person can only be classified as boarders if they stay overnight. Hotel services such as meals and a bed must be provided.

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In most circumstances there should be only one carer accompanying a patient as a boarder. The exceptional circumstances may include a mother breast-feeding two infants.

Family members may be accommodated as boarders in the case of terminal illness or extremely sick patients if the treating medical officer considers that it will assist the care of the patient.

Babies aged 10 days and over, accompanying their mothers will be admitted as boarders unless they are receiving clinical care in their own right.

Boarders accompanying a sick person admitted in the middle of the night with a subsequent discharge that day. The expectation is that the boarder will also be admitted. For example, a sick baby being breast-fed and mother accompanies the child for the wellbeing of the child.

Patients admitted during the day and who are same-day patients. Family members accompanying the patient are not to be admitted as boarders.

In some cases the presence of a family member staying at the hospital as a boarder may assist both the care of the patient during the hospital stay and ensure that the patient is able to be discharged at the appropriate time. The hospital stay may be better managed by the presence of a boarder during the hospital stay to ensure there is no delay before discharge from the hospital.

Charges for Boarders

The following rules regarding fees for boarders in hospitals or health services shall apply:

The gazetted boarder's fee per night is charged for properly accommodated boarders determined by hospital staff to be fee paying boarders on the basis of receiving dedicated accommodation facilities (either in a hospital bed and / or in dedicated areas / rooms) and other services (food) - \$38.15.

Those non-accommodated boarders occupying comfortable chairs without facilities or food are exempt. Non-accommodated boarders are also termed Distressed Relatives who need to remain with the patient for support. A distressed relative must not incur accommodation and food costs.

No charges shall be raised for:

- *A mother accompanying a sick child for breast-feeding; or*
- *A breast-fed baby accompanying its sick mother; or*
- *Person accompanying a sick child for the child's medical wellbeing, as determined by the doctor.*

Metropolitan hospitals do not have any further information for hospital boarders on their websites with the exception of [Midland Hospital](#).

Individual or Local Policies

Individual health services are likely to have policies at a hospital or a ward level. However, these policies are not publically available or widely advertised. Decisions as to the number of boarders and how they are accommodated are likely to take place at a ward level.

Issues

Various issues are raised by the current policy documents as well as feedback received from clinicians and carers by Carers WA.

- A person under the age of 18 may be the nominated carer for a patient and may be requested to be admitted as a boarder. For example they may be a young carer of an adult or a parent/guardian may wish a sibling to be admitted as a boarder as they have other children to care for at home. What duty of care does the hospital take for a hospital boarder who is under 18? Also what assessment is done of the young person's suitability and or willingness to provide care as part of their role as a boarder (if required).

- An unpaid carer may perform medical procedures for the care recipient on a daily basis at home e.g. suctioning a tracheostomy tube, wound dressings, PEG feeding etc.
 - What responsibility does the hospital boarder have regarding care of the patient in hospital? Is there an expectation that the boarder who is also the patient's carer will automatically perform the same care provided in the community/at home?
 - Does Department of Health insurance accept liability for such procedures undertaken by a hospital boarder? Alternatively, can a hospital boarder be relieved of their usual care responsibility should they feel unable or unwilling to provide it?

Some carers may want to use the time during a hospital stay to provide emotional support but would like to be relieved of their usual physical caring duties such as providing personal care. Given that a hospital stay is already a stressful time for families and carers what is their ability to make these decisions as to their level of involvement?.

- Many hospitals do not have dedicated facilities to accommodate families/carers overnight but they may stay by the bedside in a recliner or fold out bed. However they may still perform the same functions as a boarder.
 - Does a non-accommodated boarder, sleeping in a chair by the hospital bed, have any rights and responsibilities?
 - Could such a carer be given access to meals if they cannot leave the patient and if they can access meals will there be any charge?

A carer contacted Carers WA and told us that they were sitting by the bedside of their loved one in ICU. The patient's condition was so unstable that they did not feel like they could leave the bedside. There was no other family member to relieve them so they could go to the café or a vending machine. When the tea trolley came around for the patients the carer asked if they could have a cup of tea. They were told, 'no, this is only for patients not for families'. The carer who was already under stress felt very unsupported.

- Carers WA have been contacted by carers who due to the person they care for having intellectual disability state that they could not leave their bedside to ensure their safety.
 - What is the provision of providing a 'nurse special' or other appropriate care when the accompanying carer needs relief from their supervisory role

A carer called Carers WA stating she had just had a nervous breakdown on the hospital ward. She had been sitting by the bedside of her intellectually disabled daughter for days and her husband was either at work or caring for other children so she was not getting a break. She had asked the staff if someone could stay with her daughter so that she could get some rest but this was not provided. Carers WA contacted a respite agency who could provide a support worker to sit with the daughter.

- Carers who are accompanying a patient to Perth for treatment have limited options and finances for staying in accommodation outside of the hospital.
 - What is the Department of Health's Policy in supporting carers from regional and remote WA in supporting people needing inpatient or outpatient treatment that is only available in the Metropolitan area?

A carer received a call from Crawford Lodge in the morning to say her daughter who was booked to stay there for 10 days cancer treatment however can no longer stay due to daughter needing a

carer to be with her during this time. Her daughter is 47 years old and is on Centrelink benefits. She has previously stayed at Milroy Lodge and the Leukaemia Foundation unit in Bassendean. Her daughter is too unwell to stay at these places without a Carer.

The carer lives in regional WA with her husband and has stated she is unable to leave the farm. They had no crop this year and are in financial distress. The carer has animals (dogs) that need to be cared for and cannot bring the dogs to Perth. Neither daughter nor family can pay for private support during daughter's treatments. Carer could not identify any help on the farm to free her up to help her daughter.

In the New Year her daughter is having a bone marrow transplant and will be immunocompromised and will need a carer to assist in her care for 100 days. Carer cannot be there for her daughter for that length of time either.

The carer stated Cancer Council not at all helpful. Carers WA Advisory team recommended contacting Avivo for some crisis support and the caerer contacted this agency this agency and was told they could not provide this service. The carer was also given the CRCC number but likely they will not be able to fund what is needed. Advisory contacted Cancer Support WA and Solaris to see if there were services they were aware of that could help in this situation. No other support options identified.

Compliance with the Carer Recognition Act

The Carer Recognition Act 2004 and the accompanying Western Australian Carers Charter provide a clear direction on how carers are to be treated and involved in the delivery of services:

- Carers must be treated with respect and dignity.
- The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.
- The views and needs of carers must be taken into account along with the views, needs and best interested of people receiving care when decisions are made that impact on carers and the role of carers.
- Complaint made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

A clear policy on hospital boarders is required to ensure compliance with the Carer Recognition Act.

Recommendations

It is recommended that the Department of Health either review the [WA Health Fees and Charges Manual](#) to clarify the issues raised in this Briefing Paper or that a separate policy addressing the issues is developed.