

My Home Hospital (MyHH) Referral Checklist



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My Home Hospital accepts phone referrals between 0800 – 2000

Email and faxed referrals are accepted 24/7. The referral form is available at myhomehospital.sa.gov.au

My Home Hospital eligibility criteria (patient must meet all of these):

<input type="checkbox"/> Patient is eligible for Medicare
<input type="checkbox"/> Care delivery/home address is in the MyHH catchment (Adelaide Metro, Mount Barker region, Gawler region and surrounds – please call MyHH on 1800 111 644 if unsure)
<input type="checkbox"/> Patient has a working telephone at the care delivery/home address (mobile or landline)
<input type="checkbox"/> Patient (or the relevant decision-maker) understands the MyHH service and verbally consents
<input type="checkbox"/> Patient requires hospital inpatient care and has been diagnosed with a condition that is safe and appropriate for care in their home

Clinical handover information to have to hand:

<input type="checkbox"/> Patient condition, including: <ul style="list-style-type: none"><input type="checkbox"/> Is the patient alert and normal GCS<input type="checkbox"/> Is the patient eating and drinking?<input type="checkbox"/> Latest observations<input type="checkbox"/> Does the patient have normal bowel and urinary function?<input type="checkbox"/> Is the patient experiencing any pain, fevers or SOB?
<input type="checkbox"/> Patient's presenting condition, diagnosis and history of current issue
<input type="checkbox"/> Recent, planned or requested investigations
<input type="checkbox"/> Relevant medical history
<input type="checkbox"/> Any potential hazards to visiting health care professionals e.g. accessibility for crisis care, pets, violence
<input type="checkbox"/> Care and/or medication instructions (if desired), including medication dosage/frequency & pain management
<input type="checkbox"/> Does the patient have IV access/PICC/Midline? Please advise position, date of insertion, and radiology report. If not, will they be potentially challenging to cannulate?
<input type="checkbox"/> Does the patient have any wounds? Please include instructions for care and/or wound chart if available.
<input type="checkbox"/> Does the patient require transport home? If so, by what means e.g. taxi / access cab / ambulance?
<input type="checkbox"/> Decision-maker/Next of kin contact information
<input type="checkbox"/> Relevant information about in-home supports: e.g. lives alone / RACF resident / Home Care Package recipients / NDIS recipients - care details
<input type="checkbox"/> If a written referral, referrer's details are provided, and they are available to take a call from the MyHH admitting doctor

Documentation required:

- Discharge Summary and/or Medical Health summary (GP)
- Relevant investigations and results - if results are pending, please advise the provider where sent
- Copy of Advance Care Directive, if relevant

Please ensure that MyHH confirms admission before discharging the patient

For any questions about referrals, please contact MyHH on **1800 111 644**.
MyHH Health Liaison Officers (HLOs) can also provide support and education as required.