

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 the Southern Fleurieu Peninsula towns of Goolwa, Goolwa North, Goolwa South, Goolwa Beach, Middleton, Port Elliot, McCracken, Hayborough, Victor Harbor and Encounter Bay – 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**.

