

Sample document. "J.M." is a fictional participant created to show support coordinators the structure and level of evidence in our plan-reassessment reports. No real participant's information appears here.

1. Participant and report details

Participant	J.M. (fictional), NDIS number 43x xxx xxx, date of birth xx/xx/19xx
Current plan period	1 December 2025 – 30 November 2026
Reassessment date	Scheduled 14 October 2026 (NDIA planner: [name])
Support coordinator	[Name], [organisation], [phone], [email]
Reporting period	1 February 2026 – 31 August 2026 (7 months of service)
Report prepared by	[Name], Registered Nurse (AHPRA NMW000xxxx), Clinical Lead, Complex Care Continuum
Supports delivered by us	High Intensity Daily Personal Activities (0104), Community Nursing Care (0114), Assistance with Daily Life (0107)
Consent	J.M. and her nominee consented on [date] to this report being provided to the support coordinator and the NDIA for the purpose of plan reassessment.

2. Summary

J.M. is a 34-year-old woman with C4 complete spinal cord injury (2021), a tracheostomy with overnight non-invasive ventilation, PEG feeding for dysphagia, neurogenic bladder managed by suprapubic catheter, and a neurogenic bowel routine. She lives in her own home in Joondalup with her partner, who works full time. During the reporting period J.M. has received 24-hour support from Complex Care Continuum: active overnight care every night, high-intensity daytime support, and weekly community nursing.

The current plan's core funding has been sufficient to 31 August because two months of active overnight support were provided under a hospital-discharge interim arrangement that has now ended. At the funded level, the plan will be exhausted by mid-October, six weeks before the reassessment. This report sets out the supports J.M. requires, the evidence from the reporting period that they are reasonable and necessary, and the hours requested for the next plan.

3. Functional impact and current supports

Area	Functional impact (observed this period)	Support currently provided
Breathing and airway	Requires tracheostomy suctioning 6–10 times per 24 hours, more during chest infections (two this period). Cannot clear secretions independently. Overnight NIV	Trained worker present 24 hours; active overnight support every night; RN competency sign-off for all workers on tracheostomy and NIV.

Area	Functional impact (observed this period)	Support currently provided
	must be applied, monitored and troubleshooted by a trained worker.	
Nutrition and swallowing	Nil by mouth. Four bolus PEG feeds and medication via PEG daily. Aspiration risk if positioned incorrectly.	All feeds and medications administered by trained workers under the RN mealtime and medication plans.
Bladder and bowel	Suprapubic catheter changed 6-weekly; two blockages this period requiring urgent change. Bowel routine every second day, 60–90 minutes, requires manual intervention.	Weekly RN visit; catheter care by trained workers; bowel care by two workers due to hoist transfer and positioning.
Mobility and transfers	No voluntary movement below the shoulders. All transfers by ceiling hoist. Pressure injury risk high (Braden 9); one stage 1 injury resolved this period with 2-hourly repositioning.	2:1 support for transfers and bowel care (approx. 3 hours/day); 2-hourly repositioning day and night.
Skin	Stage 1 sacral injury identified 14 March, resolved by 2 April with RN-directed care. No injuries since.	RN wound review weekly during the injury; skin checks each shift documented.
Communication and decision-making	Full capacity. Directs her own care. Uses voice with a speaking valve during the day; eye-gaze device overnight and when the valve is out.	Workers trained on the eye-gaze device; J.M. leads her care plan and roster preferences.
Community and relationships	Attends a weekly art group and monthly SCI peer meeting when a trained worker and the vehicle are available. Missed 5 of 30 sessions this period due to illness, none due to staffing.	Community access with a trained worker, 6 hours/week, within the 24-hour roster.

4. Evidence from the reporting period

Clinical events

- Two lower respiratory tract infections (March, July). Both managed at home with GP-prescribed antibiotics, increased suctioning and RN review; no hospital admission. In the 12 months before our service J.M. had four admissions for the same reason (average stay 6 days).
- Two suprapubic catheter blockages (April, August), both resolved at home by the RN within 2 hours of the worker's call. Previously each blockage resulted in an emergency department presentation.
- One stage 1 pressure injury (March), resolved in 19 days with no progression.

Incidents

- One reportable incident: NIV circuit disconnection at 02:40 on 11 June, alarm responded to within 30 seconds by the active overnight worker, no harm. Reported to the NDIS Commission; circuit replaced; workers re-briefed.
- No missed shifts. No restrictive practices are used.

Hours delivered (average per week, February–August)

Support item	Hours/week	Notes
Assistance with self-care, high intensity — weekday daytime	60	Includes 2:1 component of 15 hrs/week for transfers and bowel care
Assistance with self-care, high intensity — evening	28	
Assistance with self-care, high intensity — Saturday / Sunday / public holiday	48 / 48 / as occurring	
Active overnight assistance, high intensity	56 (8 hrs × 7)	Worker awake and working; suctioning and NIV monitoring logged each night
Community nursing — RN visit	1.5	Weekly review; additional visits for catheter blockages and wound care
Community access (within roster)	6	Trained worker; art group and peer support

5. What happens without these supports

Without a trained worker present at all times, J.M. cannot clear her airway. Secretion build-up without suctioning is life-threatening within hours; this is the reason for active overnight support rather than a sleepover. Without 2:1 support for transfers and bowel care, workers cannot safely position her, and the risk of skin breakdown and worker injury rises; the stage 1 injury this period occurred during a week when 2:1 cover was disrupted by illness. Without weekly RN oversight, catheter blockages and chest infections return to being emergency department presentations and admissions, as they were before this service began. The alternative of residential placement is not appropriate for a 34-year-old with full decision-making capacity who lives with her partner, and would cost the scheme considerably more.

6. Supports requested for the next plan

Requested at the same level as currently delivered, with two changes: the 2:1 component increased from 15 to 21 hours per week to cover the bowel routine on all days rather than alternate days (clinically indicated after the March injury), and Community Nursing increased from 1.5 to 2 hours per week to absorb the catheter and chest reviews that were unfunded this period.

Support category	Item	Hours/week	Justification (see section)
Core — Assistance with Daily Life	High intensity self-care, weekday daytime, evening, weekend, public holiday	136 + public holidays	3, 4, 5
Core — Assistance with Daily Life	High intensity self-care, 2:1 component	21	3 (Mobility, Bladder and bowel), 5
Core — Assistance with Daily Life	Active overnight, high intensity	56	3 (Breathing), 4, 5
Capacity Building — Improved Daily Living / Community Nursing	RN community nursing	2	4 (Clinical events)

Support category	Item	Hours/week	Justification (see section)
Core — Consumables	Continence and respiratory consumables	As per RN list attached	3

All items to be claimed at the applicable rates in the NDIS Pricing Arrangements and Price Limits in force during the plan. Attached: RN consumables list; competency register for J.M.'s worker team; incident report 11 June 2026; GP letter dated [date] confirming diagnoses and clinical needs.

7. Participant's view

J.M. reviewed this report on [date] and asked that the following be included in her words: "I want to stay in my own home with my partner, keep going to art group, and not end up back in hospital every couple of months. The overnight staff are the reason I sleep. The main thing I need is the same people, trained properly, every day."

[Name], Registered Nurse, Clinical Lead
Complex Care Continuum
Date: _____

[Name], Support Coordinator
[Organisation]
Received: _____