

ORANGE HEALTH SERVICE – OPERATIONAL PROCEDURE V2

PROCEDURE NAME: Sub-acute Care Team- Inclusion Criteria: SPOKE SITE

PROCEDURE NUMBER:

DEPARTMENT: Sub-acute Care Team

PROCEDURAL PROCESS:

The role of the Sub-acute Care Team differs at the Hub (Orange Base Hospital) and Spoke (Neighbouring Facility) sites. For information regarding Hub site involvement please see the Operational Procedure **Sub-acute care team - Inclusion Criteria: Hub Site (Procedure number: _____)**

The inclusion criterion was selected and will be guided by the team's funding brief (Sub-acute Care Implementation Plan) which indicates the specific patient groups that are suitable for Sub-acute Care Service Category (NSW Health Sub-acute Care Reform Implementation Plan).

The Sub-acute Care Service Categories include: Geriatric Evaluation and Management (GEM), Palliative Care, Psychogeriatric and Rehabilitation.

Inclusion Criteria

At the Spoke Sites (Neighboring Facilities) the following inclusion criteria will apply:

1. The patient is an orthopaedic geriatric patient (65 years+ with a fracture) who has been transferred to the Neighbouring Facility from Orange Base Hospital.
2. The patient is an inpatient at a Neighbouring Facility and is suitable for the Sub-acute Care Service Categories (GEM, Palliative, Psycho-geriatric and Rehabilitation) and has complex needs requiring planning, consultation and/or advice from the specialist Sub-acute Care team.

Referral Process

The process of referral will be via written, email or phone referral from the GP, Hospital Medical staff, Allied Health staff, NUM or Senior Nursing Staff at a Neighboring Facility. The referral will be sent to the teams Outreach Coordinator or Sub-acute Care Team Physician. All referrals will be discussed with the team Physician prior to being actioned.

The Sub-acute Care Team Physician will only provide a patient consult if a referral is received from GP or Hospital Medical Staff.

If required a referral can be sought from the patient's doctor to involve the team Physician.

Involvement

Once a referral is received the following process will be implemented:

- The referral will be reviewed by the Outreach Coordinator and Physician who will review the information and consult all necessary team members. The Outreach Coordinator will inform the referrer as to which team members will be involved and provide a date for involvement to begin.

- Once involved, the team members will have a consultancy role, liaising with medical, nursing and allied health staff in the neighbouring facility to help define management plans and goals for the patient. Consultation may take place on site, via phone or video/teleconference.
- The Outreach Coordinator and other involved team members will maintain contact as required with the staff at neighbouring facilities to ensure the patient progresses towards goals set. The team will provide further input as required throughout the patient's admission.
- Involvement will cease when patient is discharged from the neighbouring facility or the staff at the neighbouring facility no longer require assistance.
- Staff involved will provide liaison as required with referrer and GP/LMO regarding their involvement and will inform referrer and GP/LMO once involvement has ceased.

Education

The team will also have an education role in neighbouring facilities, providing in-services and training (or arranging education to be provided by relevant experts). Education will be provided in consultation with neighbouring facility staff regarding needs and will be relevant to patient caseload.

OUTCOME: (what is the anticipated result the procedure):

Neighbouring facility staff will be supported in the care and management of complex sub-acute patients.
 Neighbouring facility staff will have access to assistance and education regarding sub-acute client groups.
 The Sub-Acute Care team will focus on promoting best practice in the care, assessment and management of sub-acute patients in Neighboring Facilities.
 The team will have a consistent, client-centered approach to the care and management of sub-acute patients.

RISK STATEMENT: (e.g. financial, reputation, legal, OH&S risk)

- Cross over and/or duplication of current services provided in Neighbouring Facilities.
- Difficulty engaging neighbouring facility staff due to poor staffing levels and large workloads in Neighbouring Facilities.
- Neighbouring Facility staff may not refer patients due to need for further education regarding the role of the Sub-acute Care Team.
- Sub-acute patient groups have complex needs which could potentially effect length of hospital admission.
- Due to frequent car travel around the area, staff have an increased risk of injury through motor vehicle accident. Manual handling risks also exist due to moving equipment and computers from site to site for patient and education purposes.

CONSULTATION UNDERTAKEN: (Name & position of person/s consulted and as considered necessary)

Health Service Executive (General Manager): Narelle Davis

Neighbouring Facility Health Service Managers: Kathleen Hillier (Blayney), Susan Hegarty (Canowindra and Molong), Kevin Ryan (Condobolin), Pauline Rowston (Cowra), Kerry Leach (Parkes and Forbes), Eric Ford (Oberon), Jane Dunn (Rylestone).
Neighbouring Facility Nurse Managers: Sue Mendim (Blayney), Tara Earsman (Canowindra), Rosie Blowes (Molong), Rosemary Bagley and Wendy Hyde (Cowra), Cheryl Brown (Forbes, Chistine Hele (Parkes), Debra Hunter (Area Nurse Manager)
Neighbouring Facility VMO's:
OBH Allied Health Manager: Michelle Coore
Allied Health Manager: Richard Cheney
Sub-acute Care Team Leader: Tracey Drabsch

Date approved:

Date for review: 02/05/11

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