Western Health Subacute and Nonacute Assessment and Pathways (SNAP) Team

September 2013

Subacute Services @ WH

Western Health

Best Care for Older People

Sunshine	Williamstown	Western	Total
82 Beds	90 Beds	20 Beds	192 Beds
Rehabilitation 30 beds	GEM/Rehab 24 beds	3B Rehab 4 level 1 beds 6 level 2 beds	Rehabilitation 52 beds
GEM & Secure GEM 36 beds	Upper GEM 30 beds	3B GEM 10 beds	GEM 94 beds
Palliative Care 12 beds	Hazeldean 36 beds		Palliative Care 12 beds
Transition Care 4 beds			Transition Care 34 beds

SNAP = Standardised single referral and access process

Some background…The need for change

RCRT audit on 26th September 2012

- A bed census audit of 404 acute care beds and 195 subacute and non acute care beds based on audit tool developed by the Institute of Health Care Improvement (USA)
- Four key themes (areas for further review) emerged
  1. Management of the 'Potentially Stranded Patient'
  2. Acute care certificates and management of the patient with a length of stay exceeding 35 days
  3. Subacute and Nonacute Pathways
  4. Residential aged care and transition care pathways

Drilling down deeper…

Subacute and Nonacute Pathways Recommendations

- Early identification and referral for subacute/nonacute services
- Transparent communication regarding patient status
- Pathway development for cohorts with demonstrated latent demand
- General promotion of the role of subacute and nonacute services
- Ease of referral to subacute and nonacute services
- Capacity and capability building within subacute services to better manage patients with varying medical stability
- Enhanced patient involvement in the acute setting with goal setting and expectation management

A new way of doing business

Internal review of the previous ACCRS service

New SNAP team to be the foundation of a number of initiatives to ensure access to the right care at the right time.

- Review of functions and roles
- Transition to a caseload based approach
- Full communications review
- Focus on the patient

Fundamentals of the SNAP model

Expectations of SNAP model:

- A “Consultation and Liaison Team” tasked with facilitating patient pathways which support provision of right care at the right time *(+ right place, right cost)*
- “One stop shop” for patients who need a subacute or nonacute pathway
- Facilitate transfers to subacute as soon as patient is medically stable
- Engagement of patient, family and treating team in the SNAP process
- Flexible model which facilitates flow outside traditional working hours
- “Full time” delivery of service –i.e. effective handover of caseload between part time if needed

SNAP Team Members

Collective team effort consisting of the following roles to meet the agreed functions:

- Access Coordinator
- Senior Clinical Consultants (Aged Care, Nonacute and Rehabilitation)
- Clinical Assessors
- SNAP Bookings and Residential Care Support Officer
- Residential Care Workers
- Geriatric Medicine and Rehabilitation Medicine

How does this look on the ground?

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Mr Jones

The treating team

The receiving team

SNAP Access Coordinator

SNAP team member

Patient Identification

Mr Jones is not able to go home directly from hospital but is no longer medically unwell. What pathways are available to him?

Mr Jones

The treating team

The Referral Phase

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Refer to the SNAP Team for Assessment and Pathway Management

The treating team

Contact SNAP Helpline

or

Approach your SNAP Team Member during Team Meetings

and

Complete a referral for the service – treating medical team to be aware of referral

The Assessment Phase

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Consultation with treating team as experts in current care of patient

- What are the patient's current care needs?
- What are the patient's ongoing needs to be met?
- What progress and participation has been seen?

The treating team

SNAP team member

Patient/Family Carer interview

- Ascertain main priorities
- Identify issues to be addressed
- Commence goal setting
- Outline the role of the continuum of care to maximise recovery

Mr Jones

Pathway Determination

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Feedback to treating team

- Appropriateness for subacute/nonacute bed (provide suggestions for alternate pathway)
- Recommendations prior to transfer to minimise complications/delays
- iPM waitlist and Progress notes outline status
- SNAP Access Coordinator to contact once bed is confirmed

The treating team

SNAP team member

Patient/Family Carer Interview

- Outline outcome of assessment
- Review identified goals
- Outline expectations of subacute and continuum of care approach

Mr Jones

SNAP Match Making – Access Coord.

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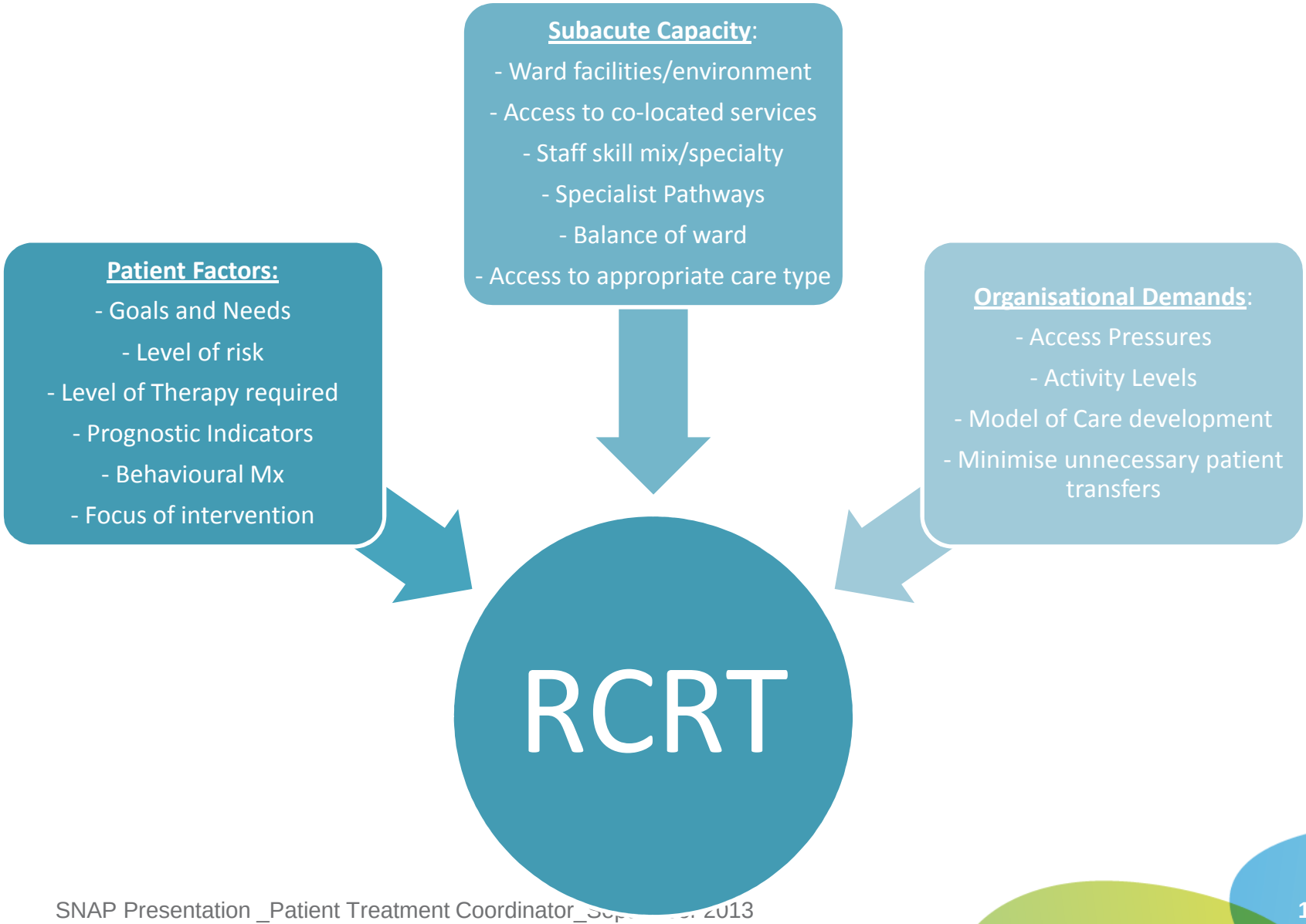

Completing the process

The treating team

Date and time of transfer
Advise of location for transfer
Prompts for handover

Access Coordinator

Identifies patient for admission
Outlines needs and goals for admission
Notifies and Coordinates preparation for patient prior to transfer

The receiving team

Next Steps on the Pathway…

Questions/Further Information

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