

Hospital Admission Risk Program

Contributing to Integrated Community Based Health Care

“Access Into and Between Services”

A defined entry point facilitates access into and between services and minimizes delay in assessment and access to care

A defined entry point recognizes issues of access including:

- **Inclusion criteria**
- **Financial cost to consumer**
- **Location & timing of service delivery**
- **Sensitivity to consumer diversity**

A defined entry point should be transparent, flexible and reflect community needs

Community and Mental Health Single Model of Practice

Coherent system which works for all patients/clients consumers and all services all of the time

What follows is not to imply that it is already happening –different areas or programs are at different stages of adopting this model of practice

Changing structure to support Model of Practice

- **Defined point of entry**
- **Seamless access into and between services**
- **Common care pathway**

The Model is supported by

- **Integrated information management systems**
- **One care plan**
- **Contributory treatment plans**

Care planned in partnership with consumers

Comprehensive assessment of consumer needs co-ordinated with and between interdisciplinary teams

Evaluation of service system response

Clinical Governance

Entry to services via the Intake/Resource Worker

- **All referrals are directed to the Intake Worker/Resource worker**
- **Accessed via email, telephone, fax, mail or in person**
- **Initiated by service providers as well as consumers/carers**
- **Provision of service information and support service navigation to consumers/carers and service providers**

Supporting Intake/Resource Worker Role

- **Defined point of entry is clearly indicated on all service information material**
- **Service Access Flowchart**
- **Chronic & Complex Conditions: Integrated**
- **Care Model**
- **Group-based Service Model**
- **Supported with elements of their practice**
- **Accessing supervision**

Common Care Pathway

