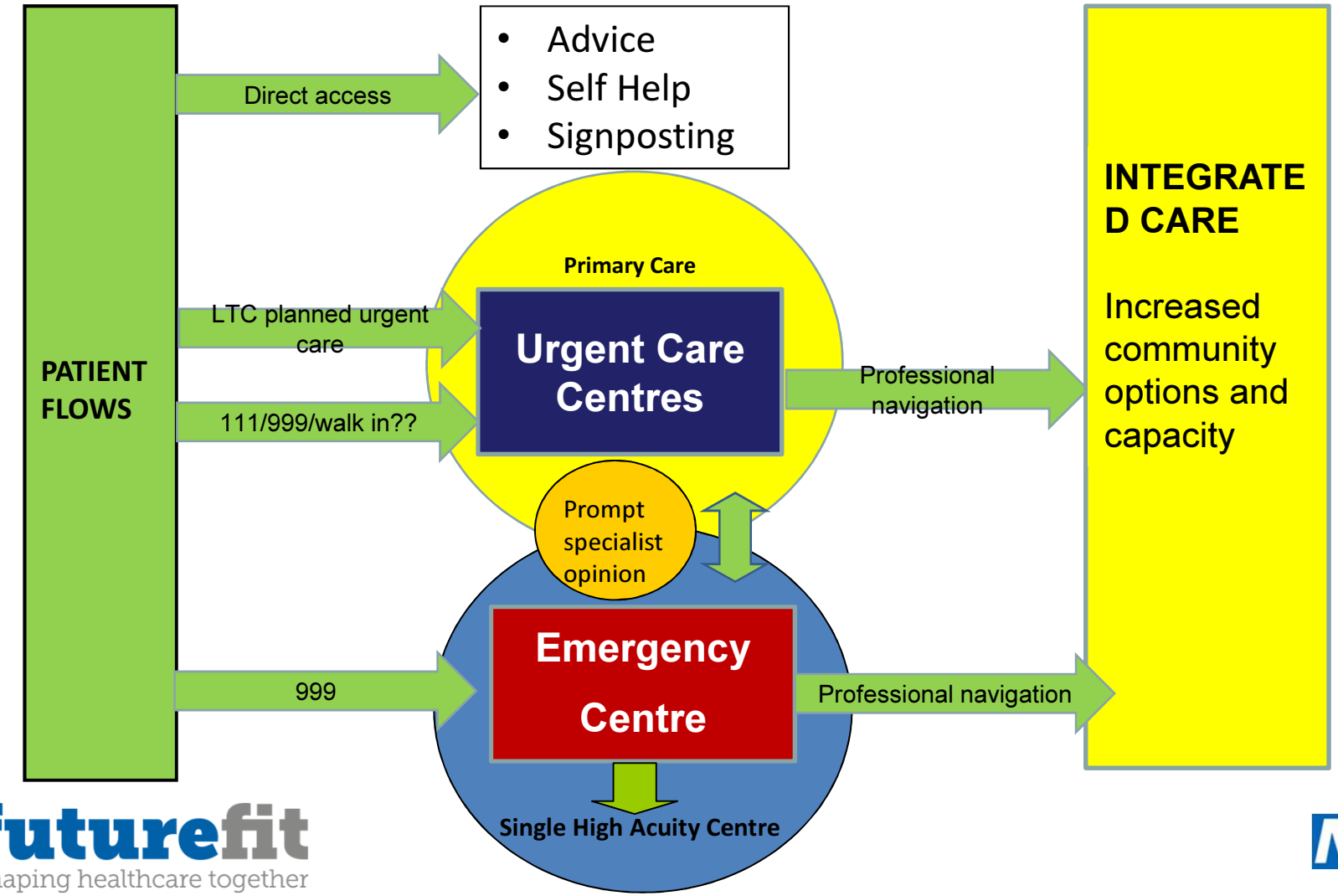
Acute/Episodic – Identifying Flows



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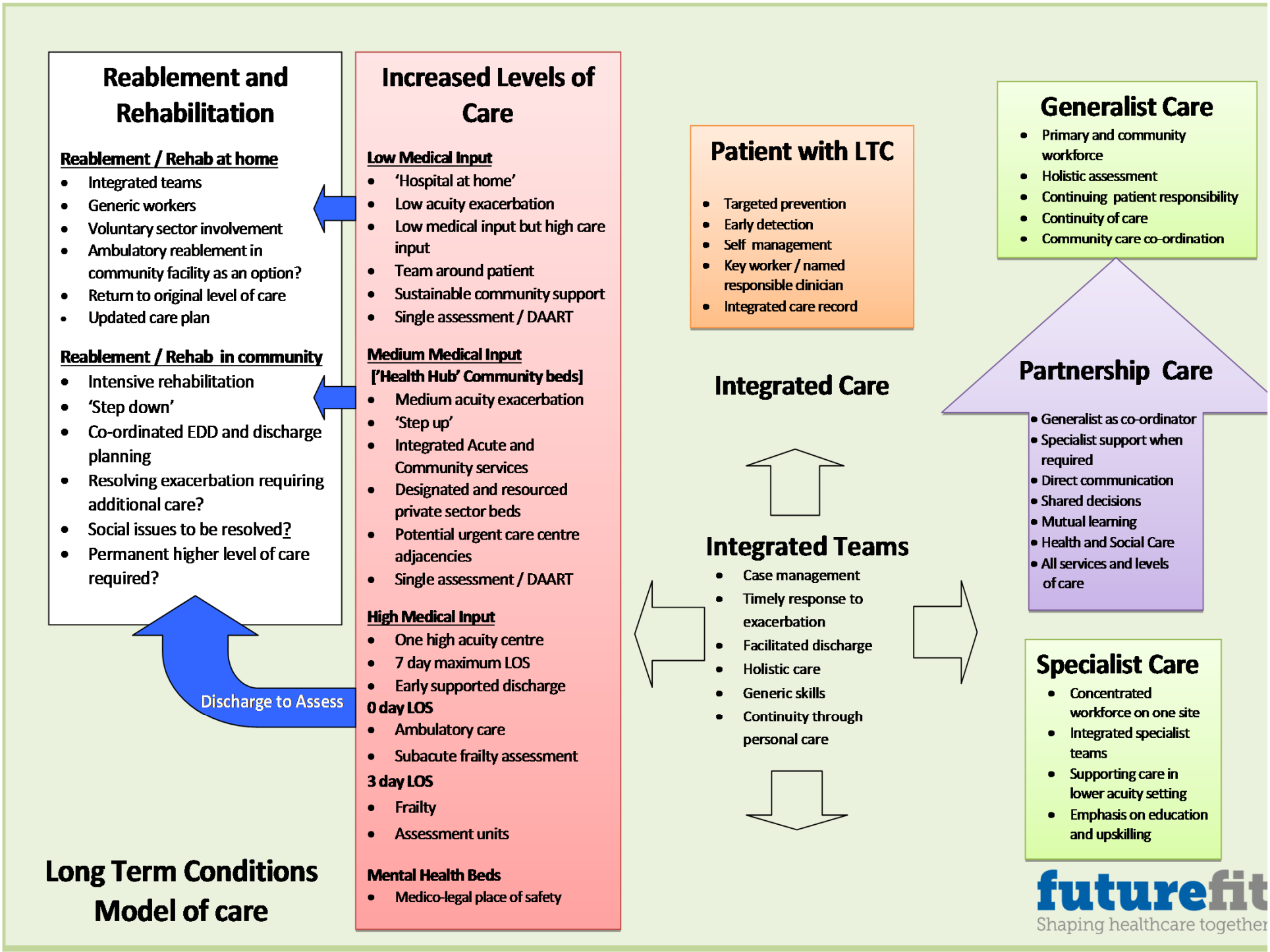
NHS


Reablement and Rehabilitation
Reablement / Rehab at home
Integrated teams
Generic workers
Voluntary sector involvement
Ambulatory reablement in community facility as an option?
Return to original level of care
Updated care plan
Reablement / Rehab in community
Intensive rehabilitation
'Step down'
Co-ordinated EDD and discharge planning
Resolving exacerbation requiring additional care?
Social issues to be resolved?
Permanent higher level of care required?
Discharge to Assess
Increased Levels of Care
Low Medical Input
'Hospital at home'
Low acuity exacerbation
Low medical input but high care input
Team around patient
Sustainable community support
Single assessment / DAART
Medium Medical Input
['Health Hub' Community beds]
Medium acuity exacerbation
'Step up'
Integrated Acute and Community services
Designated and resourced private sector beds
Potential urgent care centre adjacencies
Single assessment / DAART
High Medical Input
One high acuity centre
7 day maximum LOS
Early supported discharge
0 day LOS
Ambulatory care
Subacute frailty assessment
3 day LOS
Frailty
Assessment units
Mental Health Beds
Medico-legal place of safety
Patient with LTC
Targeted prevention
Early detection
Self management
Key worker / named responsible clinician
Integrated care record
Integrated Care
Integrated Teams
Case management
Timely response to exacerbation
Facilitated discharge
Holistic care
Generic skills
Continuity through personal care
Generalist Care
Primary and community workforce
Holistic assessment
Continuing patient responsibility
Continuity of care
Community care co-ordination
Partnership Care
Generalist as co-ordinator
Specialist support when required
Direct communication
Shared decisions
Mutual learning
Health and Social Care
All services and levels of care
Specialist Care
Concentrated workforce on one site
Integrated specialist teams
Supporting care in lower acuity setting
Emphasis on education and upskilling
Long Term Conditions Model of care
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NHS

- Patient
- Peer worker
- Specialist Nurse
- Therapist
- GP
- IT

System Navigators

PATIENTS

- Education
- Information
- Prevention

Facilitated self management:

- IT/Map of Medicine
- Expert Patients
- Voluntary groups

INFORMED DIRECT ACCESS

Diagnosis known (simple)

Diagnosis unknown (complex)

PRIMARY CARE

Skill mix
Unit size

Self Help
- Guided self care

Low Professional Input
- Multiple centres for day case/minors
- Basic diagnostics (Xray/USS)
- Access to therapies

Medium Professional Input
- One or two local centres for intermediates/ day case (may or may not be co-located with high input centre)
- Diagnostics (USS/CT/MRI/Nuclear etc.)

High Professional Input
- One centre for majors (co-located with but separate from emergency centre)
  - HDU
  - Diagnostics (USS/CT/MRI/Nuclear etc.)
- Referrals out of area for cardiac,

Communication

Information/Education