Melbourne Health - Community Services across the Care Continuum

For referrers and treaters in the hospital and the community settings to illustrate the range of community and sub-acute services offered by Melbourne Health at the Royal Park Campus and referral mechanisms. Services range from inpatient stay, clinics and home based services and support people to improve quality of life and avoid health and functional decline that may lead to hospital admission. Catchments include Melbourne, Moonee Valley, Moreland City Council and those in surrounding areas who receive all their care from RMH. For further information visit: http://intranet.mh.org.au/www/174/1001172/articles/article/1030176.html

Emergency Department (ED): Urgent medical support for life threatening issues
- Admission directly to ward via Medical Direct – available to all referrers. Medical Direct contact Ph. 0427666159
- Hospital in the Home (HITH): Inpatient service delivered to the home
- Residential In-Reach (RIR): Specialist nursing support for Residential Aged Care facility clients
- Transition Care Program-Bed Based (TCP – BB): Time-limited support until long term residential / supported accommodation / home available

Sub Acute Community Services (SACS) - Care coordination / multidisciplinary services in the community / home
- Sub Acute Wards: (Geriatric Evaluation & Management (GEM) Wards - AC1, AC2, AC3, AC4)
- Medically stable yet too unwell to discharge
- Inpatient Rehabilitation (IR): Slow & fast stream rehabilitation
- Out-patients
- Usual care
- Community Services
- General Practice (GP)
- Medicare Clinics
- Referrals to SACS CTS, Specialist Clinics, PAC or HARPs: email: TCPReferrals@mh.org.au
- MH-HARPReferrals@mh.org.au
- HARP Services include:
  - HARP: Inpatient referral support / queries: Ph. 93424530. Email: MH-HARPReferrals@mh.org.au
  - Chronic Heart Failure
  - Cardiac Coag / Chest Pain (state wide phone service)
  - Diabetic Foot Service
  - Diabetic Co Management
  - Respiratory
  - Service Facilitation / Care Coordination
  - HIV Service

Post Acute Care (PAC)
- Short-term (28 days) packages of care for patients who need additional support post hospital discharge i.e. home nursing, allied health, home help, shopping & personal care.
- Home Admissions Risk Program (HARP)
- Short-term (3-6 months) assessment and management for people with chronic & complex health issues, had one unplanned ED presentation in the past year or at imminent risk of hospitalisation. Aim to avoid avoidable ED presentations/admissions. (Services based at MH, cohealth and Merri Health). HARP Services include:
  - HARP: Inpatient referral support / queries: Ph. 93424530. Email: MH-HARPReferrals@mh.org.au
  - Chronic Heart Failure
  - Cardiac Coag / Chest Pain (state wide phone service)
  - Diabetic Foot Service
  - Diabetic Co Management
  - Respiratory
  - Service Facilitation / Care Coordination
  - HIV Service

Hospital Admissions Risk Program (HARP)
- Short term (3-6 months) assessment and management for people with chronic & complex health issues, had one unplanned ED presentation in the past year or at imminent risk of hospitalisation. Aim to avoid avoidable ED presentations/admissions. (Services based at MH, cohealth and Merri Health). HARP Services include:
  - HARP: Inpatient referral support / queries: Ph. 93424530. Email: MH-HARPReferrals@mh.org.au
  - Chronic Heart Failure
  - Cardiac Coag / Chest Pain (state wide phone service)
  - Diabetic Foot Service
  - Diabetic Co Management
  - Respiratory
  - Service Facilitation / Care Coordination
  - HIV Service

Transition Care Programs
- Short-term (3-6 months) case management for older people in their own home post hospital discharge.
- Transition support to build functional capacity & access longer term care.
- Referrals: TCP referral form & checklist - approval required via ACAS / social work / Consultation Liaison Rehab & Aged Care (CLRAAC).

Aged Care Assessment Services (ACAS)
- Assessment of the needs of frail older people, information & advice to facilitate access to the following Commonwealth funded programs:
  - Transition Care Programs (TCP) - Bed-Based & Home-Based
  - Residential Aged Care
  - Respite Care
  - Short Term Restorative Care

Referrals: Inpatient referrals: from city campus refer to CLRAAC and ward Social Worker for assessment.
From subacute wards refer to Ward Social Worker to initiate process.

Assessment for eligibility and entry to Commonwealth funded services via:
- My Aged Care (MAC)
- Commonwealth Home Support Program (CHSP)
- Home and Community Care Program for Younger People (HACC PYP)
- National Disability Insurance Scheme (NDIS)

Referrals to ACAS:
- GP
- My Aged Care (MAC)
- Commonwealth Home Support Program (CHSP)
- Home and Community Care Program for Younger People (HACC PYP)
- National Disability Insurance Scheme (NDIS)
- MH-HARPReferrals@mh.org.au
- MH-HARPReferrals@mh.org.au
- MH-HARPReferrals@mh.org.au