

## NASC Pilot in Emergency Care

Needs Assessment and Service Coordination  
 Counties Manukau District Health Board  
 Presented by Ria Byron

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## Vision

NASC in Emergency Care:  
 To provide appropriate NASC services at the earliest opportunity in an inclusive and culturally appropriate manner.

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## Middlemore Hospital

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## Objectives

- Early intervention
- Reducing preventable presentations
- Safe discharge

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## AIM

- Needs Assessor in Emergency Care
- 5 month trial period
- Advise Staff about NASC to ensure...
- Direct referrals from all staff to NASC
- Early input to potential solutions
- Triage from EC through...
- Multidisciplinary team input.

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## Acute Care Team

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## Acute Care Team in EC

- The team: 2 Care Coordinator Nurses, CC Pharmacist
- Their Role...
- Team works closely with Medical teams, Social worker, Occupational Therapist, Physiotherapist and support other clinical staff in reducing inappropriate admissions
- Team provides clinical expertise using an integrated care framework
- Enhances safe early discharge from EC
- Team communicates with all services involved or potentially involved with each individual person to create integrated care

## Before Pilot

- Social workers conducted needs assessments in EC
- Began placement process for residential care if needed
- Community NASC sanctioned residential care placement (as applicable)
- After hours Care Coordinator Nurses referred directly to NASC for urgent follow up post discharge or the patient was admitted
- Social workers and Care Coordinator Nurses referred to community NASC for other support services
- Community NASC visited clients in the home to do needs assessment and service coordination.

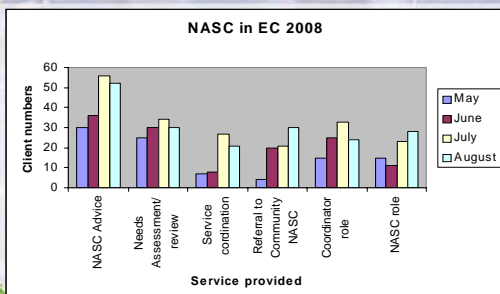
## Planning

- Drafted NASC role in EC (and refine)
- Arranged for facilities
- Planned data collection needed for evaluation
- Communication: NASC presentations
- Decided documentation process

## NASC Role in EC

- Accept referrals from EC staff for patients needing assessment for support services on discharge
- If no referrals assess patients on age basis and made first contact.
- Where patients are known to NASC, review needed
- Assess and manage patients who need residential care placement (previously SW)
- Advise staff on NASC role
- Advise clients on NASC role and how to contact

## NASC Services provided in EC



## Evaluation Methodology

- Interviews with staff in EC re preventable admissions
- Interviews with NASC Section Heads re impact on NASC
- Analysis software (SCID) regarding reviews after discharge
- Interviews with clients:
  - Clients found it helpful having NASC in EC
  - All knew how to contact NASC

## Efficiency Gains

- Reduction in preventable admissions (49 over 3 months)
- Improvement in safety of discharge
- Processes for establishing supports for clients more direct eg. Respite Care, Residential Care
- Assistance in socially complex situations
- Less urgent referrals to Community NASC
- Social work free to deal with more complex social work