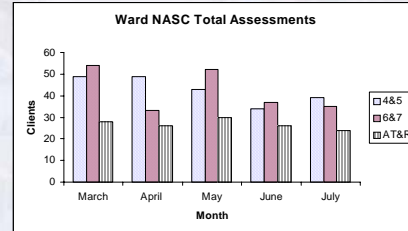


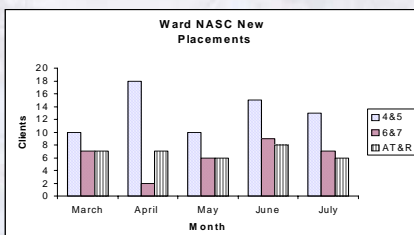
Adjustments made

- Too many known to NASC to do needs assessment on all
- Looked for other ways to put services on hold for those admitted
- Now prioritize referrals eg by level of supports needed and expected discharge date
- Still considering additional administration support
- Referral to Community NASC:
 - When picture of client's circumstances not clear
 - Client requests that they be assessed in the community
 - Clients with low need

Total Assessments



Placements



Evaluation Methodology

- Conducted at 3 and 10 months
- Interviews with staff in wards re smoother discharge
- Interviews with NASC Section Heads re impact on NASC
- Analysis software (SCID) regarding reviews after discharge
- Interviews with clients:
 - Re whether clients found it helpful having NASC in wards

Evaluation Results

- Smoother more timely discharge
- Smoother more timely placement into residential care
- Improvement in discharge planning by providing a better understanding of the patient's home situation
- Prevention of readmission due lack of support services or delay in service implementation on discharge
- Provision of resource which enables social workers to better carry out their role
- Direct referral process to NASC service from ward staff

Conclusion

- Permanent positions in acute medicine, AT&R, EC
- Currently recruiting to expand service in wards
- Still to review of NASC workload and how many wards NASC can best cover
- Section Head in place to support and manage positioning of NASC in wards