



**Improving service coordination
between subacute wards and Rehab in
the Home**

**Implementation of a Subacute Ambulatory Care Services
(SACS) Assessor role to improve client transition across
rehab services**



St Vincent's

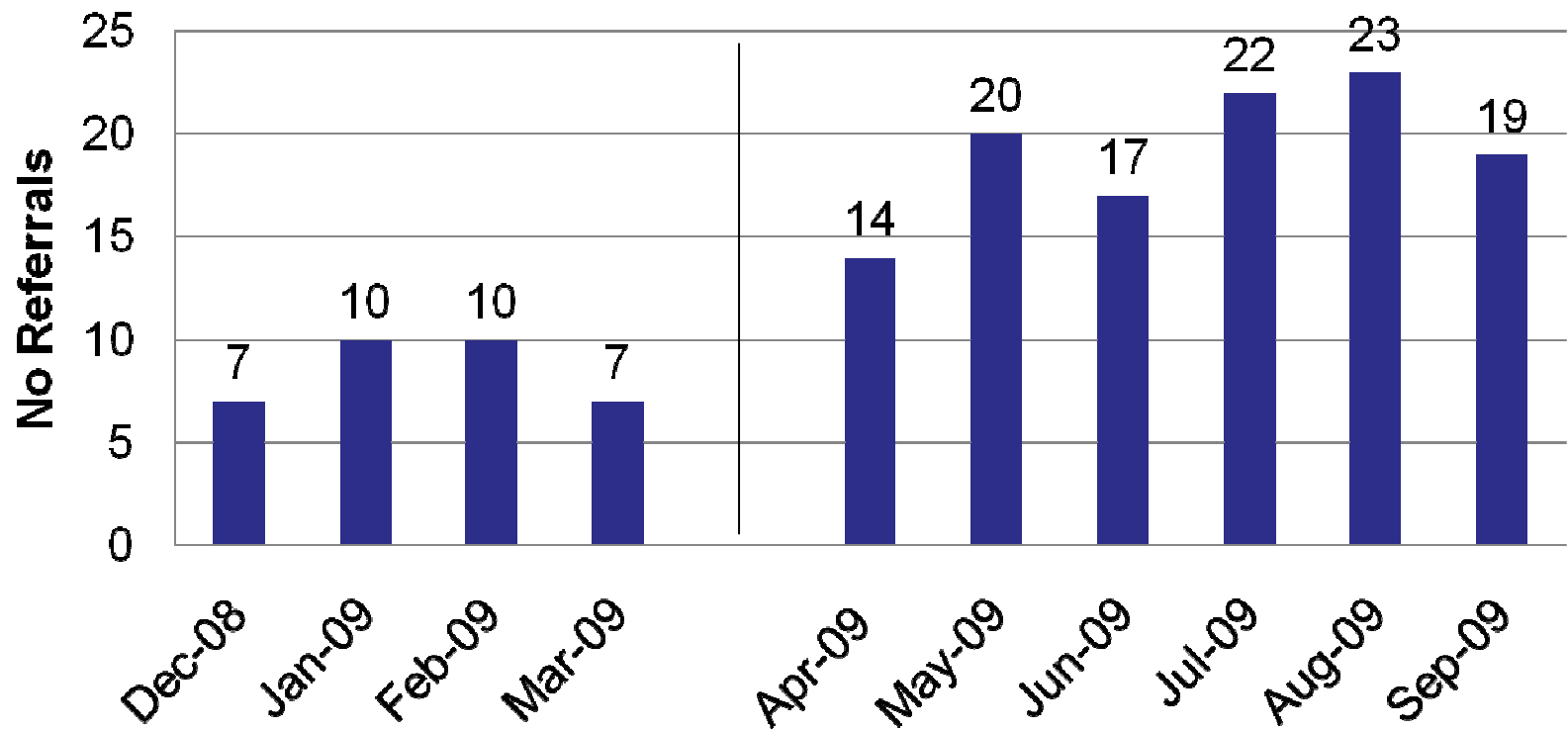
*Continuing the Mission of
the Sisters of Charity*

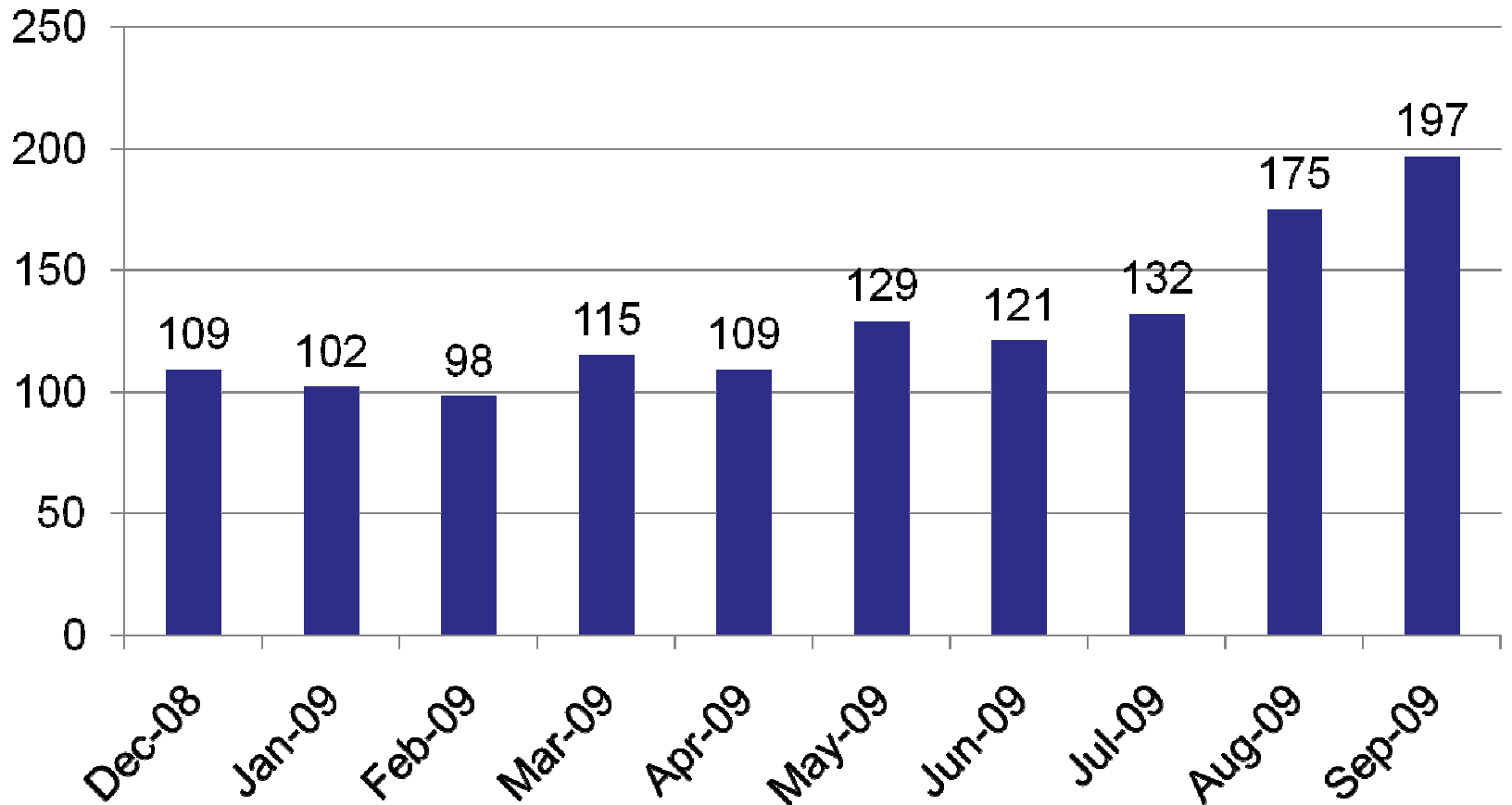
- **SACS not meeting CSE targets**
- **Small RITH service, no recent service growth**
- **Small numbers of internal referrals to RITH**
- **RITH service model not acting to facilitate inpatient discharge**
- **Poor information transfer between wards and RITH**
- **Excessive administrative processes**
- **Poor knowledge of SACS on wards**

SACS Assessor role

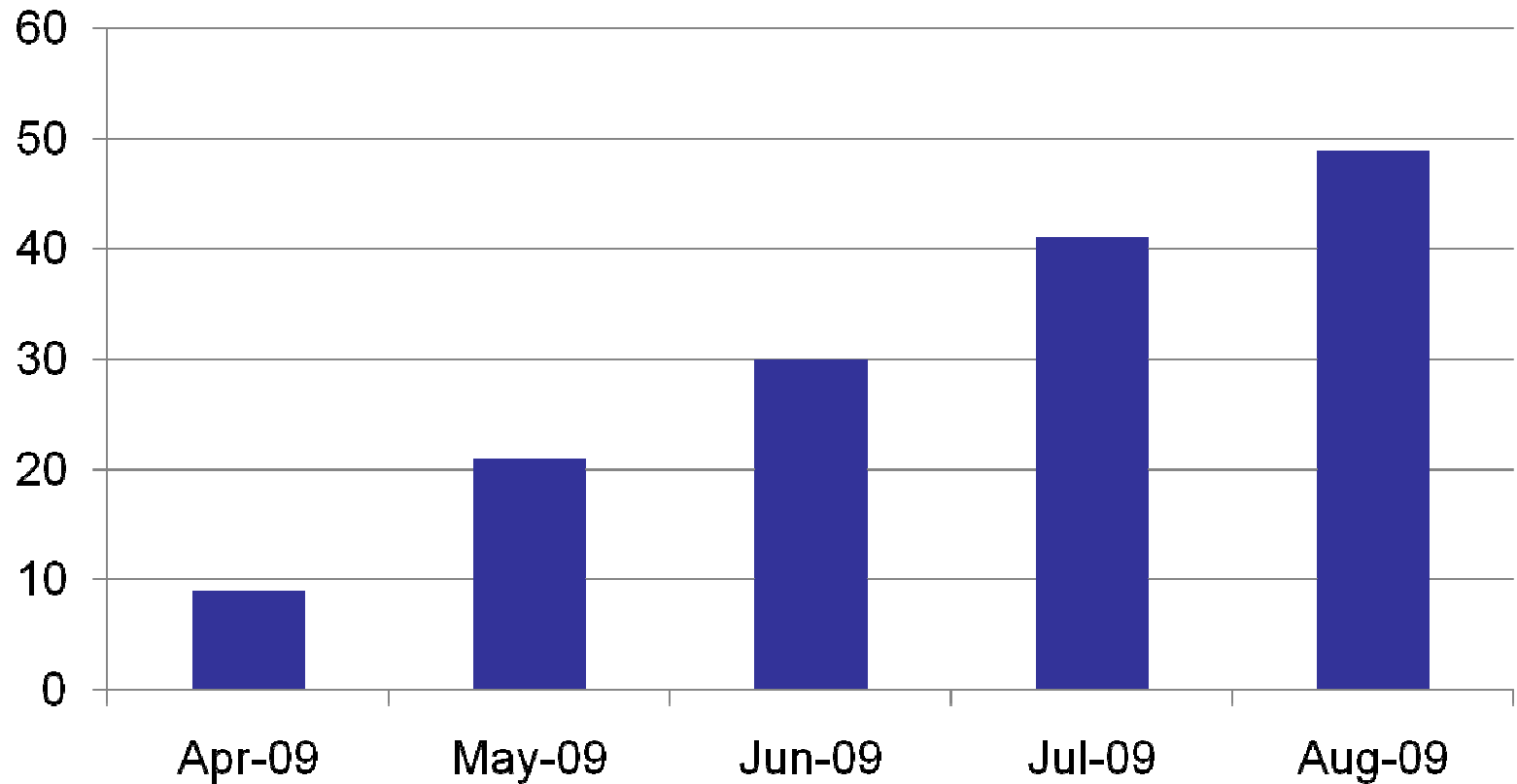
- **Physical presence across services – on wards, in RITH, in case reviews, contactable 5 days a week**
- **Assist in early identification of appropriate referrals**
- **Initiate referral**
- **Negotiate transfer date between services**
- **Facilitate information transfer**
- **Assess suitability for SACS**
- **Act as resource to ward staff**

RITH referrals per month





SACS Assessor consults



Why ?

- **Challenging ward discharge plan**
- **Easy access to information**
- **Easy option to refer**
- **Improved communication between services**
- **Greater sense of shared responsibility for client rehab**
- **Ensuring follow through with discharge planning**
- **Advocating for referral acceptance and negotiating terms of care**