



## **METRO HOME LINK (MHL) SERVICES IN RESIDENTIAL AGED CARE FACILITIES (RACFs) SOUTHERN REGION GUIDELINES**

**Metro Home Link** is a SA Government service that provides short term support and assistance for people in their homes, including residential care facilities, to avoid unnecessary visits to the emergency department, admission to hospital, or to assist patients to leave hospital earlier than otherwise would have been possible in a safe and supportive environment.

**Metro Home Link** also incorporates a service for all residents of residential care facilities (formally ACRL) which provides specialist support and services so that clients can remain in their facility during an acute illness or episode.

**Home Support Services Pty Ltd (HSS)** is responsible for providing Metro Home Link Services

### **TYPES OF PACKAGES AVAILABLE**

1. Acute hospital facilities only can refer for discharge packages.
2. GPs, Emergency Department, mental health key workers or RACFs can refer for hospital avoidance packages.

### **PRINCIPLES OF PACKAGE APPLICATION**

- These packages are intended to provide *immediate* substitution for Emergency department presentation, hospitalisation, facilitate an early discharge, or reduce the immediate risk of readmission. They are not intended to be a substitute for normal discharge planning or normal residential care.
- MHL provides short term, rapid, flexibly responsive services
- The standard package is provided, in the majority, for up to 7 days
- MHL is one part of longer term plans that should be in place for any client
- Where HSS provide a direct service this may provide an opportunity to provide education to increase the skill/ knowledge capacity in the RACF for a particular clinical service.

### **HOW TO REFER**

To refer to Metro Home Link or to make any enquiries call the Coordination Centre on 1300 550 654 or fax the referral on 83724888 **AS PER BELOW CHART**. All packages are coordinated through this centre.



# METRO HOMELINK

**METRO HOME LINK**

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F: 08 8372 4888

E: metrohomelink

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W: www.homenurses.com.au

Hospital Provider 0067090F

ABN 59 008 193 100

## REFERRAL FLOW CHART

**Call 1300 550 654**  
**24hrs 7 days**  
for referrals & information  
OR  
**Fax all documentation to: 8372 4888**



**MHL Referral**  
form required for  
**ALL CLIENTS**  
(unless referral is phoned)

**Mental Health**  
**Referral form**  
for Mental  
Health clients

+

**Medication**  
**Authority** if client  
requires medication  
to be administered  
by a nurse

+

**Anaphylaxis**  
**Treatment Protocol**  
if client requires  
IV Therapy or IV/IM  
antibiotics



**Central Case Coordination**  
Multi-disciplinary team of experienced Case Coordinators,  
including Occupational Therapists, Social Workers, &  
Specialist RN's (*midwifery, paediatrics, acute care, mental  
health and residential care*) will plan & manage the delivery  
of individual patient care.



**Care provision**



- On completion of care patient is discharged & summary sent to referrer and GP
- Linkages to ongoing services are organised as required

## WHAT AND HOW ARE SERVICES PROVIDED?

The current provider for MHL aims to maximise direct service provision and therefore, in the majority of cases, will provide its own staff who will visit the facility and provide services.

The outline below lists a common menu of services that may be provided in RACFs. *However, please note that due to the diversity between facilities of the same level, there is still flexibility and room for negotiation around what services it may be appropriate for MHL to provide in any given facility.*

Services that may be provided in RACFs (either high or low level care) include:

- Blood transfusions
- IVs
- New and complex stoma care (facilities should manage basic stoma care, but MHL may be able to assist with telephone coaching for nursing staff)
- Complex wound care
- Equipment (timely and short term only)
- Behaviour management (timely advice or staffing) eg post anaesthesia
- Short term continuous observation (eg post medication change; critical or significant health episode)
- Sub-cutaneous fluids
- Intensive end of life care
- PEG changes
- Post anaesthetic care (eg post cystoscopy, post cataract extraction)
- Supra-pubic catheter changes (should include education component)
- Male catheter changes (should include education component)
- Physio (eg post #NOF or chest infection) if the service is not provided within the RCF funding guidelines

The HSS Anaphylaxis Treatment Protocol is included in the Resource Folder (medication ordering section) which this guide is also located in.

## ACUTE / RESIDENTIAL AGED CARE FACILITY COMMUNICATION

Easy communication between **hospitals** and **Residential Aged Care facilities (RACFs) in the south** is important to focus on clients who could be returned to their normal place of residence as soon as possible and assist with advocating for clients during their stay in the acute sector. Most importantly we need ensure two way accurate information exchange prior to any decisions about return to residence.

RACFs should adopt the following method of communication:

1. Contact the Emergency Department or ward staff *directly* regarding specific patient transfers and management.
2. The following **key staff** in the 3 southern hospitals are available to assist your enquiries, using these steps.

FMC – Matt Kowald – Aged Care Liaison – 8204 5544 pager

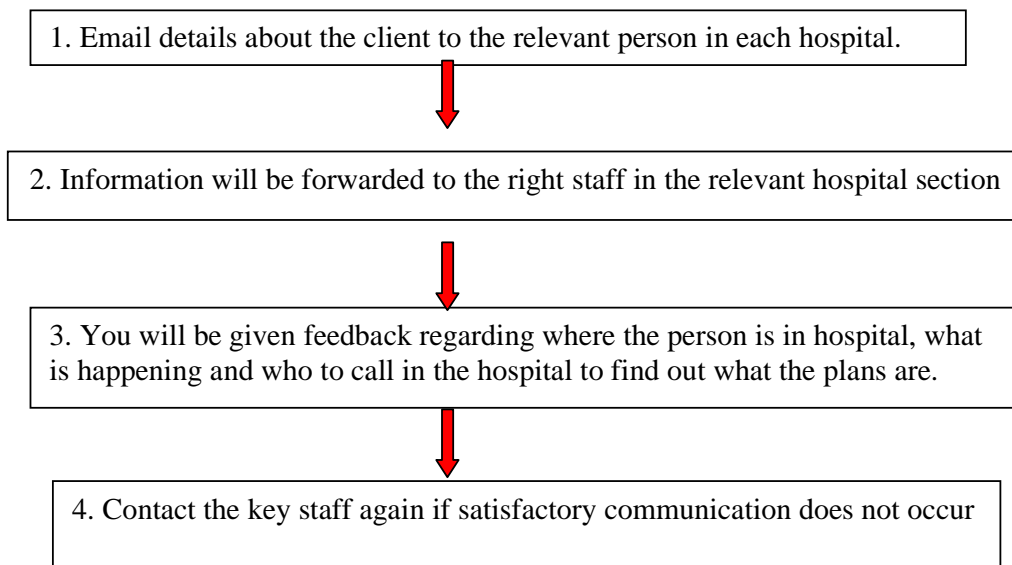
[matt.kowald@fmc.sa.gov.au](mailto:matt.kowald@fmc.sa.gov.au)

RGH – Maggie Roediger – Discharge Nurse Consultant

[Maggie.Roediger@rgh.sa.gov.au](mailto:Maggie.Roediger@rgh.sa.gov.au)

NHS – Stella Goodall – Discharge planner -

[Goodall.Stella@saugov.sa.gov.au](mailto:Goodall.Stella@saugov.sa.gov.au)



3. It is recognised that it is equally important to have RACFs consulted by acute hospitals regarding discharge package referrals, and acute care are working to improve this process.
4. **A universal transfer form** already exists which can also be used for this purpose. The information fields requested on this form had been agreed upon by members of the acute, residential and community care sectors.
5. If you feel that you have continued problems with communicating with the acute sector you are encouraged attend the **regular regional acute/residential aged care forums** so that information can be shared and problems solved.