

FAQ: ADHB Rapid Community Access Team (R-CAT)

What is the R-CAT Service?

The R-CAT service aims to provide patients with options to facilitate an earlier or more supported discharge from hospital or to help avoid an admission to hospital by the provision of care, assessment and treatment in the community. If your urgency is not an emergency rapid response may be able to help.

Who can you refer to R-CAT?

- ✓ **People in the community who are at risk of admission to hospital** due to a deterioration in health status or social circumstances but **do not yet** require an emergency admission for medical purposes.
- ✓ **Interventions cannot be provided by usual services such as Primary Care** alone and if intervention is not provided may require admission to hospital.

What are the criteria for referral to the R-CAT?

- Safe to be left at home overnight either by self or with family or usual carers
- Able to transfer bed-chair/toilet independently or with assistance of family or usual carers
- The patient's care can be assessed, treated and monitored by a Registered Nurse under the direction/ care of the clients responsible clinician/GP (*referrals from the Community*)
- Medically able to be discharged from hospital with care, assessment and treatment provided by the R-CAT Team (*referrals from ACH*)
- Must be referred under the direction of a clinician i.e GP, Paramedic, RN (RN, CNS or NP)

Who should I consider referring for R-CAT?

- ADHB Clients who need some intensive **support to transition home** from hospital or who are **at risk of admission** from the community due to deterioration in health status or social circumstance but do not yet require an emergency admission for medical reasons.
- Support for carers following discharge from hospital if there is imminent risk of admission due to carer stress.
- Patients who require intervention e.g medication administration, IV antibiotics, urgent catheter management, wound care, social or environmental assessment which cannot be delivered by Primary Care alone or usual community supports.

What is the R-CAT Model of Care?

The R-CAT service is coordinated by a Specialist Nursing team who liaise with a wide range of other providers and professionals such as Home based Support Services, District Nursing, Aged Residential Care, Allied Health, Gerontology Services and Primary Care. It is anticipated that the R-CAT service will be developed to have a strong interdisciplinary focus and will operate within a locality model.

Who is excluded from this service?

- R-CAT does not operate in Waiheke or Great Barrier Island however other community supports are available to support individual patient need. For advice on other Care Closer to Home services please phone **0800 631 1234**.
- We are not funded to deliver R-CAT services to Clients who live outside the ADHB area or are not residents of New Zealand.

Who provides the medical care for patients under the R-CAT Service in the community?

- Medical care is provided by the patient's own GP.
- POAC can assist by providing funding for GP home visits and after hours visits
- Patients are reviewed in their home by R-CAT Registered Nurses including Nurse Specialists and other members of our Community Teams as required.

What happens if the patient's medical status changes?

Patients are reviewed by the Specialist Nursing team who can arrange urgent hospital admission if required.

When are the R-CAT Teams available?

Mon-Sun, 8:00am-8:30pm, 365 days per year.

When / how would the R-CAT Team see the patient?

1. Referrals to the service are made via telephone call to the R-CAT Clinical Nurse specialist. Initial triage screening questions will be asked on referral to determine if the R-CAT Service best fits the patients care needs.
2. **For inpatient referrals:** If the R-CAT Service is felt to be able to add value to the patients care, inpatients will be seen by the Nurse Specialist within 2hrs of referral or when a suitable time for assessment can be arranged.
3. **For ARRC / St Johns / Primary Care referrals:** Patients will be seen within 2hrs of referral or when a suitable time for assessment can be arranged.
4. On discharge from hospital the patient can expect to see the R-CAT Community RN within 2hrs of arriving home or at a time agreed by the patients and/or care providers.
5. Assessment, treatment and plan for on going R-CAT input will then be decided with the patient and the R-CAT Team. At a minimum, this will include telephone contact and follow up for 48hrs. Input from the R-CAT team would not normally exceed 5 days.
6. Transfer to usual community supports will be facilitated by the R-CAT Team.

Who can refer to the R-CAT Team?

- **ADHB Services:** Medical, Allied Health and Nursing teams from Inpatient services / AED and APU can refer to the R-CAT service.
- **Community based care providers:** ARRC / Primary Care providers/ St Johns

What is the capacity of the service?

Capacity of the service to admit a new client will be determined by the triage nurse.

How long can a patient stay under the R-CAT Service?

The service will be offered for up to 5 days. In some cases a longer support package will be offered if re-admission is likely to be avoided by further R-CAT input. Length of care within the R-CAT service will be determined by the Community RN in conjunction with the Patient, R-CAT Nurse Specialists and the patients Community Care providers.

Will you see patients who are funded by ACC?

Yes, if they meet the criteria for the R-CAT Service.

How are we supporting cultural needs for Maori / PI when delivering/planning for services such as R-CAT?

We have liaised with services to ensure that this implementation will align with Maori Health Strategies. Our R-CAT teams will ensure that culturally appropriate services are engaged with to ensure that Maori and Pacific Clients are culturally supported.

How do we refer to the R-CAT Team?

Referral should be made by phone by calling our **Care Closer to Home central number 0800 631 1234**