

Emergency Department NDIS Rapid Response Initiative

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Background

Social workers and care coordinators working in the Emergency Department (ED) have observed a pattern of National Disability Insurance Scheme (NDIS) participants presenting to the emergency department with no acute medical reason. Instead, it is due to NDIS funds being exhausted and service providers refusing to continue care upon discharge as a result. This has left participants stranded in hospital unnecessarily. Due to the perceived lack of rapid response in the community disability sector, NDIS providers state that hospital presentation and/or admission and the subsequent escalation that occurs via the hospital escalation pathway results in higher prioritization of the participants' NDIS plan reviews and implementation.

Aim of the Innovation

- To develop a standard approach to identifying and responding to complex NDIS patients who present to the emergency department with no acute medical reasons
- To develop a clear ED NDIS pathway for diversion of unnecessary admissions
- To clarify roles of the key stakeholders, clinical and non-clinical within the ED teams across Monash Health (MH)
- To develop a system wide rapid response model that facilitates early identification and management through a coordinated, collaborative and problem-solving approach involving key stakeholders and senior decision makers.

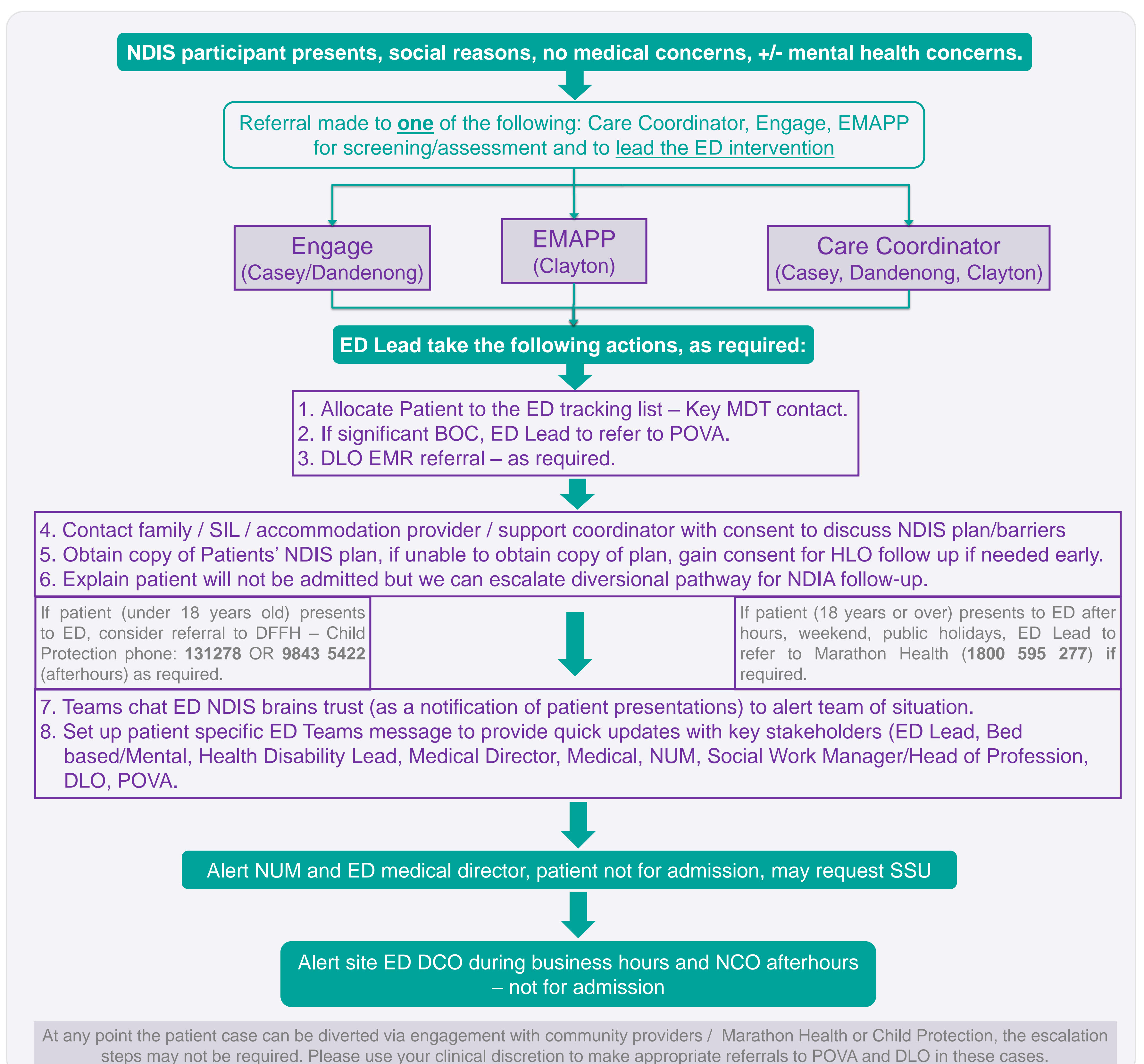
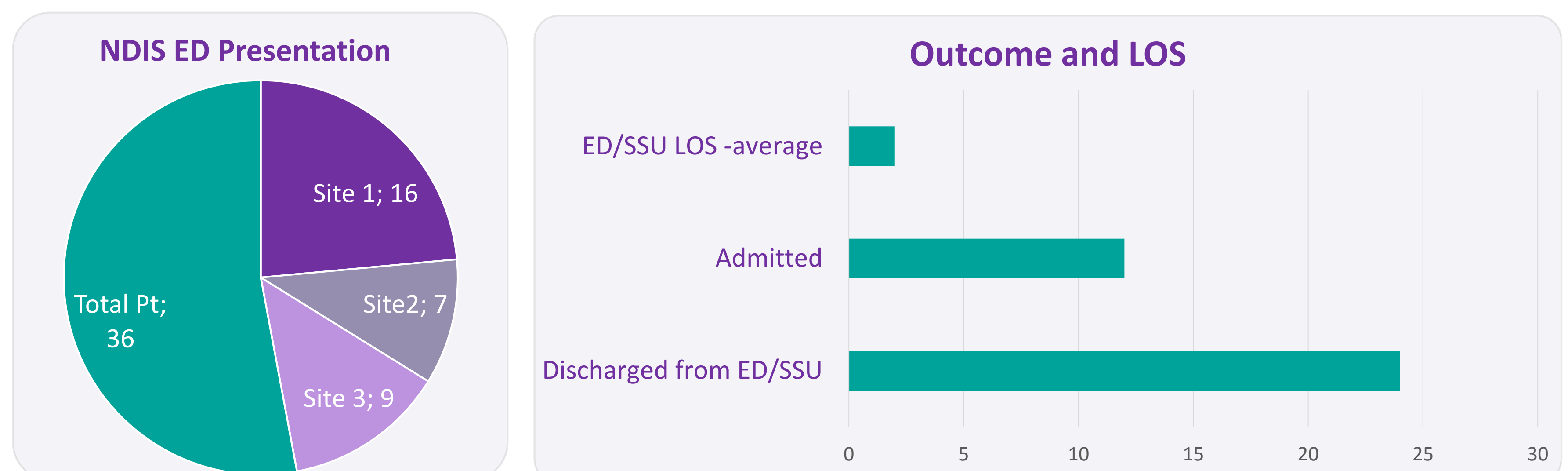
Key Changes Implemented between August 2024- March 2025

- Social work (SW) led rapid improvement events with key stakeholders, including Occupational Therapy (OT), Care Coordinators (CC), Engage (ED mental health service), Emergency Mental Health/AOD (EMAAP), Allied Health -Social work., Disability Leads, Disability Liaison Officer (DLO), Centre for Developmental Disability Health (CDDH), and NDIS mental health lead.
- These events focused on discussing emerging patterns and themes, using cases to determine current state issues, including roles and responsibilities of community and inpatient teams across multiple divisions, and programs.
- Case reviews were used to understand areas of duplication, patient flow issues/delays, practice gaps.
- An ED NDIS pathway was developed with all key stakeholders. This includes decision-making algorithms and tools to navigate discharge planning.**
- A Microsoft teams' channel was set up by social work with the key stakeholders, SW and OT Allied Health Heads of Profession, AH Managers, SW Seniors, CC, DLO, NDIS leads and MH NDIS lead for early escalation/flag and support the ED staff with clinical expertise and senior decision making. With the agreement that all parties respond in a timely manner. It was determined that Care Coordinators identify, assess and inform SW and NDIS leads of the patients' presentations.
- The model included clear procedures for the after-hours response where care coordinators are now equipped to contact the contracted after-hours response service (funded by NDIA) called Marathon Health.
- This initiative led to the facilitation of rapid team planning meetings (TPMs) as needed and arranged contemporaneously.
- Utilising the simple method of a teams' chat has proven to be a great mechanism to communicate in a timely, simple and effective manner.
- This has also resulted in excellent engagement by Senior Leaders within the organisation.

Outcomes

- This has led to earlier identification by care coordinators in the ED and confidence, timely notification to ED SW and NDIS leads who then jointly manage the case to develop an appropriate d/c plan from ED. Feedback from all areas indicates improved capacity to respond, increased knowledge and confidence, with significant improvement in morale and team building and patient outcomes
- This has also resulted in excellent engagement by Senior Decision makers across the organisation
- 67% of patients who had input from the NDIS rapid response model and associated teams were discharged from ED without admission and their average length of stay was approximately 24 hours**
- This has a System wide impact on patient outcomes by ensuring right care is provided at the right place and right time on an (individual level and more broadly).

Data is from August 2024 to March 2025



Next Steps

- To apply a health economics approach to evaluation i.e., bed days saved, and time spent for clinicians in the health sector
- Refinement of the NDIS rapid response pathway and associated decision-making algorithms
- Evaluate staff and patient experiences
- Engagement with relevant government agencies, including NDIA to improve interface between health and disability to improve patient outcomes and reduce unnecessary hospital presentations.