


Acute and Community Services to support discharge

December 2023



Service	Description	Contact Details
<p>Liaison Community Support Team (LCST)</p>	<p>Inclusion criteria:</p> <p>Patients in CUH, MUH, SIVUH, SFH and UHK who are >65 years old can be referred to LCST for:</p> <ul style="list-style-type: none"> • Home support packages (HSP) • Interim HSP • Transitional care beds (TCB) • Rehab (Kerry Only) <p>Referrals:</p> <p>The “Single Referral Form” for LCST should be completed (located in the staff directory under referral forms “Integrated Discharge Referral Form 2023”).</p>	<p>Key contact details:</p> <p>LCST.Cork@hse.ie LCST.Kerry@hse.ie</p>
<p>Public Health Nursing (PHNs)</p>	<p>Inclusion criteria:</p> <p>Patients following an acute admission, who are >75 years of age, or have ongoing nursing needs.</p> <p>To identify the correct PHN email, insert the patients Eircode into the HSE Area Finder Map. (See page 7)</p> <p>Referrals:</p> <p>The “Single Referral Form” for PHN should be completed (located in the staff directory under referral forms “Integrated Discharge Referral Form 2023”).</p>	<p>Key Contact details:</p> <p>Kerry</p> <p>northkerry.phn@hse.ie westkerry.phn@hse.ie southkerry.phn@hse.ie</p> <p>North Cork</p> <p>Northwestcork.phn@hse.ie Northeastcork.phn@hse.ie eastcentralcork.phn@hse.ie</p> <p>North Cork City</p> <p>eastnorthcity.phn@hse.ie Northcorkcitycentral.phn@hse.ie Northcorkcitywest.phn@hse.ie</p> <p>West Cork City</p> <p>Westcork.phn@hse.ie</p> <p>South Cork City</p> <p>blackrockdouglas.phn@hse.ie westcentralcork.phn@hse.ie Bandonkinsalecarrigaline.phn@hse.ie</p>
<p>Complex Case Management Team (CCMT)</p>	<p>Inclusion criteria:</p> <p>Complex patients between the ages of ≥18-≤65 years of age, who are encountering barriers to discharge.</p> <p>Referral:</p> <p>The “Single Referral Form” for CCMT should be completed, and emailed to the CCMT.</p>	<p>Key contact details:</p> <p>ccmt.south@hse.ie</p>

Service	Description	Contact Details
<p>Community Health Networks (CHN)</p>	<p>Each CHN has a weekly Clinical Team Meeting (CTM), where members of the multi-disciplinary team (including GPs, clinical coordinators, allied healthcare professionals, nursing, and home support workers) discuss patients care needs and implement treatment plans.</p> <p>Referral:</p> <p>There is no referral form.</p> <p>Send the patient details and relevant clinical information to the appropriate CHN email address.</p> <p>To select the correct CHN email address, input patients Eircode or address into the HSE Area Finder Map (See page 7).</p>	<p>Key contact details:</p> <p>Kerry</p> <p>northkerry.chn@hse.ie westkerry.chn@hse.ie southkerry.chn@hse.ie</p> <p>North Cork</p> <p>northwestcork.chn@hse.ie northeastcork.chn@hse.ie eastcentralcork.chn@hse.ie</p> <p>North Cork City</p> <p>eastcorkcity.chn@hse.ie northcorkcitycentral.chn@hse.ie Northcorkcitywest.chn@hse.ie</p> <p>West Cork City</p> <p>westcork.chn@hse.ie</p> <p>South Cork City</p> <p>blackrockdouglas.chn@hse.ie westcentralcork.chn@hse.ie bandonkinsalecarrigaline.chn@hse.ie southcorkcitycentral.chn@hse.ie</p>
<p>Community Intervention Team (CIT)</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • 16km radius of Cork City, Mallow and Middleton • 32km radius of Cork City, Mallow and Middleton for I.V. antibiotics • Patients referred for I.V. antibiotics must be administered with two doses I.V. prior to CIT commencing • Treatment centre available to those living outside the catchment area. <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Chronic illnesses requiring > 72 hours treatment (Excluding I.V. antibiotics) • Patients experiencing acute episode of mental illness • I.V. fluids and blood transfusions • Under the influence of illicit drugs or alcohol • Under 16 years of age • Residents outside the catchment area and unable to travel to treatment centre. 	<p>Key contact details:</p> <p>Cork:</p> <p>Telephone:</p> <p>0818 837427</p> <p>Email:</p> <p>admin@southwestcit.ie</p> <p>Kerry:</p> <p>Telephone:</p> <p>0867872483</p> <p>Email:</p> <p>cit.kerry@hse.ie</p> 

Service	Description	Contact Details
Outreach Team – Older Adult	<p>Home rehabilitation service providing PT and OT rehab and nursing support for patients > 65 years of age with acute care needs.</p> <p>These can be provided for up to 6 weeks within 15km radius of St Finbarr’s Hospital.</p> <p>Referral:</p> <ul style="list-style-type: none"> • Patients needs to be assessed by a geriatrician prior to referral • Complete outreach referral form and phone call to confirm. 	<p>Key contact details:</p> <p>Telephone: 0871800953</p> <p>Email: corksouth.icpop@hse.ie</p>
North Cork Community Rehabilitation Team (CNRT)	<p>CNRT provides home rehabilitation for patients, within a 16km radius. The team consists of PT, OT, and SALT.</p> <p>Inclusion</p> <ul style="list-style-type: none"> • Assessment completed by a PT /OT prior to referral • Inpatients in acute hospitals that would benefit from rehabilitation on discharge. • Patients living in North Cork within 15 mile radius of Mallow. • Patients with neurological conditions or reduced levels of function secondary to trauma/prolonged illness <p>Referral</p> <ul style="list-style-type: none"> • Contact team to accept and send the referral form 	<p>Key contact details:</p> <p>Telephone: 022-30790</p>
COPD Outreach	<p>Patient must have confirmed diagnosis of COPD, and have been reviewed by respiratory consultant / registrar during their hospital admission</p> <ul style="list-style-type: none"> • Will receive support inclusive of home visits, for up to 2 weeks post-discharge. <p>Referral:</p> <ul style="list-style-type: none"> • Patient needs to be referred to COPD Outreach team prior to discharge. 	<p>Key contact details:</p> <p>Maeve O’Grady Clinical Specialist Physiotherapist</p> <p>0864182004</p> <p>Respiratory CNS (post currently unfilled) 0864182227</p>

Service	Description	Contact Details
Reablement	<p>Provides personalised, therapy-led home support. Reablement seeks to empower clients to regain their functional and social independence after a period of deconditioning, or illness.</p> <p>The service lasts for 4-6 weeks, with 80% maintaining or negating their need for home support.</p> <p>Inclusion Criteria: Age ≥ 65, with less than 5 hours Home Support Package, cognitive ability to learn new activities.</p> <p>Exclusion Criteria: Requires assistance of 2, existing home support package of greater than 5 hours, or advanced stages of dementia.</p> <p>To refer complete referral form and make contact with Reablement assessor.</p>	<p>All patients with level 3 & 4 priority for home support should be referred to Reablement (subject to availability in the client's area).</p> <p>Key contact details:</p> <p>CHN 1: Reablement OT Assessor (Listowel / Castleisland / North Kerry) <i>Brid.halpin@hse.ie</i> 087 979 0131</p> <p>CHN 8: Reablement OT Assessor <i>*Currently paused*</i></p> <p>CHN 13: Reablement OT Assessor (Brandon / Kinsale / Carrigaline)</p> <p>Anne.ohea2@hse.ie 087 188 1772</p> <p>Project Lead Fiona.geary2@hse.ie 087283 8699</p>
Transitional Care Beds	<p>For older adults (>65) patients who require a short period of care before returning home (less than 30 days). For example patients awaiting home support packages or housing adaptations.</p>	<p>To refer complete single referral form located on staff directory and email</p> <p>Key contact details: LCST.Cork@hse.ie</p>
Riverstick Transitional Care Beds	<ul style="list-style-type: none"> • TCB beds under the governance of CUH • Supported by CUH consultant and d/c co-ordinator • Access to physiotherapy and occupational therapy 	<p>Key contact details</p> <p>Send online referral via ICM to discharge co-ordinators (drop down Riverstick)</p>
Bed Management CUH	<p>Assist with patient flow, diagnostic dependent discharges, and infection control.</p>	<p>Key contact details:</p> <p>Telephone: 0867872130 0867872129</p>

Service	Description	Contact Details
Cork University Hospital Discharge Co-ordinators	For patients who require input from a discharge co-ordinator to facilitate discharge including home help or long-term care, complex discharges	Key contact details: Pauline O’Keefe – 0867872131 Eilish Madden – 0873519819 Kate Howard – 0871444459 Edel O’ Leary – 0876176830 Cliona Sexton - 0870954618
Cardiology Services CUH	Timely access to critical cardiology services and discharge dependent diagnostics such e.g. ECHO	Key contact details: Telephone: Cardiology Co-ordinator: 0867872299
GP diagnostics	GP services have access to: <ul style="list-style-type: none"> • Community x-ray, CT, MRI and DEXA scans for adults over the age of 16. • Ultrasonography services for patients over 16 with medical cards/ GP cards. • Urgent diagnostics within 1 month, non-urgent within 3 months. 	Use website below for full list of available diagnostics https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/gp-diagnostics/
MRI CUH	To book an MRI to facilitate discharge please contact bed management MRI can be organised within 1 week as outpatient.	Key contact details: Telephone 0867872130 0867872129 Email: cuh.mri@hse.ie
Community Work	Community Workers’ seek to support community and voluntary services to promote health and social gain. They work with ‘Meals-on-Wheels’ groups, active retired, day-care centres, social centres, befriending groups, home visitation, home cleaning services, community laundries, carer support groups, LGBT+ social inclusion, peer support, health focus groups, migrant communities, Traveller and Roma groups, community initiatives, and interagency work.	Key contact details: Telephone: Cork South: 021 49 23120 Cork North: 021 49 28370 Kerry: 066 71 95635

Service	Description	Contact Details
ALONE	<p>National organisation that enables older people to live at home by providing services to support older adults including</p> <ul style="list-style-type: none"> • Support and ‘befriending service’ • Support through the provision of technology 	<p>Online referral: www.alone.ie</p>
Age Action	<p>Voluntary service – assist with moving bed downstairs, clear clutter, install equipment , (will not provide the equipment), small DIY jobs</p>	<p>Key contact details: 0212067399</p>
Social Prescribers	<p>Supports the health and well-being of patients by helping to link them with local supports services and activity-based programmes (e.g. exercise programmes and social clubs)</p>	<p>Online referral: https://thewellbeingnetwork.ie/community-referral/</p>
HSE Area Finder	<p>Upon insertion of a patients eircode or address, the map will signpost the user to the correct:</p> <ul style="list-style-type: none"> • Community Healthcare Network (CHN) • Public Health Nursing Contact (PHN) • Older Person Community Specialist Team (ICPOP) • Chronic Disease Community Specialist Team (ICPCD). 	<div data-bbox="939 1147 1282 1483" data-label="Image"> </div> <p>https://hseareafinder.ie/</p> <p>Note: For use by health professionals only</p>