

WITHDRAWAL

without a residential facility

The lack of an inpatient detoxification bed in the Gippsland region had been a significant issue for a number of years. Many of this client group in East Gippsland would not leave the community to access services so were not receiving the ideal care.

- ▶ Community treatment services, **Gippsland Lakes Community Health (GLCH)** and **Gippsland and East Gippsland Aboriginal Cooperative (GEGAC)**, had nowhere to refer clients for a supported withdrawal
- ▶ **Bairnsdale Regional Health Service (BRHS)** was dealing with partially planned, ad hoc or disparate plans as they were receiving referrals from multiple pathways or crisis admission via the Emergency Department.



DETOX PARTNERSHIP

BRHS, GLCH and GEGAC developed the **Alcohol and Other Drug Withdrawal Pathway** which is used for planned and unplanned withdrawal admissions. Development of this pathway included education of the local General Practitioners.



Outcomes:

- ▶ Improved access for clients
- ▶ Better planned and coordinated care with a team approach
- ▶ Planning identified best practice pathways, optimum inpatient care and length of stay protocols
- ▶ Recognised by DHHS as good practice and the bed is now funded as hospital based withdrawal
- ▶ A reduction in the negative impact of an AOD admission to the wards as there is now an increased confidence in staff and a better connection to community based support.

BEFORE: this initiative clients were not necessarily supported to understand how the admission would assist them and in addition did not have support following the admission. This lack of support often led to clients self-discharging before the optimum time and therefore gaining little from the admission.



VHA Award 2016

AFTER: the creation of the bed ensured that clients admitted by their GP for withdrawal are first referred to the appropriate AOD agency [GLCH or GEGAC] for assessment and support services throughout and post withdrawal.

Community based services ensure clients are prepared for admission. This is coordinated by weekly meetings including the inpatient ward unit manager.

Unplanned withdrawals are referred to GLCH or GEGAC for in-hospital and ongoing support. Due to the support provided by AOD services during the withdrawal process, clients have experienced fewer relapses than when admissions were adhoc.

There is continuity of service as the same AOD service provide support throughout the entire treatment. Hospital nurses have a clear understanding of their role and how to care for the culturally diverse client group.

My team is

BRHS

gippsland lakes
community health

