

# Rapid Intensive Brokerage Support (RIBS)

The RIBS Program allows identified key health units to utilise an intensive resource approach enabling the implementation of short term services, or strategies, to increase the core community service capacity, within the client's community of origin. This aims to support a reduced length of stay or prevention of a presentation to a CHSA hospital or emergency department.

## RIBS Service Model

Services provided through the RIBS program are provided on a short-term basis, generally up to 7 days, where there is evidence that additional support will avoid an emergency department presentation, hospital admission or extended stay in hospital. RIBS covers all age groups, with priority given to the most vulnerable in relation to extended lengths of stay and recurring episodes of otherwise avoidable hospital presentations.

## Hospital Avoidance

This aspect of the program provides short-term flexible services that enable a person presenting to a general practice, mental health service or hospital emergency department, who otherwise would have been admitted to a CHSA hospital, to return safely home or to a residential care facility thus averting an emergency department presentation and/or immediate hospital admission.

## Home Supported Discharge

This aspect of the program provides short-term flexible services so as to enable a person to immediately leave hospital earlier than would ordinarily be possible and return safely to their place of residence. This program targets all people from South Australia in CHSA hospitals who could be safely discharged home earlier if supports were made available, or where the person is at risk of re-admission to hospital.

## Types of Support the RIBS program may provide include:

- Nursing/clinical management and support – general and advanced specialist care
- Medication assessments and/or administration of medications
- Allied Health assessment and therapy – Occupational Therapy, Physiotherapy, Speech and other allied health services depending on client need
- Personal care – activities of daily living
- Carer respite
- Emergency accommodation / overnight accommodation (mental health type referrals only)
- Childcare – assistance and respite for the unwell client
- Domestic services (grocery shopping, meal preparation, house cleaning)
- Equipment where there is a direct health gain and a direct link to hospital avoidance is apparent.

It is not to be used as an alternative to services that units should already be providing for clients in their catchment area. There must be an identifiable increase in service capacity and not just re-badging of existing resources.

## Flexibility

The RIBS program provides flexible funding opportunities for sites to rapidly implement services or interventions to avoid admission or reduce length of stay in hospitals. Services provided will range from just a few dollars to potentially much more. While there is no set financial value allocated to a RIBS episode, and as such no formal 'package of care', the funds allocated provide sites with the flexibility to rapidly respond to individual client needs.



## Reporting and Monitoring Performance

The RIBS Program Key Performance Indicators are:

- Number of client episodes provided through the program
- Description of services provided
- Number of bed days saved
- Total cost of services provided under the program
- Individual Client Reports inclusive of:
  - Dates of Service Delivery
  - Services provided
  - Cost of services

A monthly report against the RIBS Performance Indicators will be required from health units holding RIBS Program allocations. Details of individual RIBS episodes are to be recorded on the OOHS Reporting Template, due by the 14th day of the month to CHSA through the Service Development Portfolio.

### RIBS CCC

All RIBS activities need to be recorded under the RIBS CCC cost centre code. For most sites the cost centre consists of the Health Unit Identifier +24 (e.g. for Murray Mallee CHS the number is 10124). Confirm with your local CCC Administrator the RIBS cost centre for your site.

### RIBS Financial Reporting

Records of individual RIBS episodes must include the **actual cost of the service provided**. Assigning a standard value to all RIBS episodes is not acceptable. As this is a new initiative there is great interest in monitoring the types of services implemented, the costs associated with RIBS, and demonstration of reduced occupied bed days as a direct result of RIBS activities.

RIBS funding for CHSA has been designated Department Code 467. Both General RIBS and Mental Health RIBS services need to be costed to this code. To assist sites with reporting, and monitoring acquittal processes, a spreadsheet has been developed.

**All sites are required to utilise the RIBS spreadsheet to record any RIBS episodes implemented from 1 March 2009.** Information from the spreadsheet can easily be transferred to the OOHS reporting template.

Future allocations for RIBS funding within the next budget round will be based on activity and demonstrated outcomes reported against the key performance indicators.

For additional information about the Rapid Intensive Brokerage Support (RIBS) Program, please refer to the RIBS Guidelines and the Mental Health RIBS Guidelines, or contact the OOHS coordinator at your local site.

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For more information

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