
CONFERENCE ABSTRACT

Supporting Patient Outcomes through Organised Networks (SPOT ON)

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Dianne Cross¹, Sandra Peters¹, Jane Campbell²

1: Sunshine Coast Hospital and Health Service, Australia;

2: Central Queensland, Wide Bay, Sunshine Coast Primary Health Network, Australia

Introduction: In 2014-15 the Sunshine Coast Hospital & Health Service (SCHHS) has 113,029 Emergency Department (ED) presentations, of which 55,729 were triaged as a category 4 or 5 (Australasian Triage Scale). SPOT ON aimed to find a solution to this issue which presented a significant risk to patients and clinicians within the ED. Many of these low acuity patients were self-presenters however a significant number were brought in by ambulance.

SPOT ON is a new and innovative integrated care strategy targeting lower acuity patients in the Sunshine Coast community who call the Queensland Ambulance Service (QAS) for assistance. A six month pilot commenced March 2016 to demonstrate the benefits of the strategy which aimed to ensure that each patient is transported or referred to the right place based on clinical decision making by the paramedic at the point of care.

SPOT ON provides clinical pathways to assist the paramedic and General Practice (GP) to provide evidence based care that will continue along each point of the patient journey, avoiding duplication of tests and procedures should the patient require escalation to an Emergency Department.

Consideration has also been given to supporting the Royal Australian College of General Practitioners (RACGP) 'medical home' concept[1] and avoiding fragmentation of care by the provision of a two tier GP model. Tier 1 GPs are the patient's usual GP (where one exists) and is the first option of care for patients who meet the SPOT ON criteria. Where no relationship exists or the usual GP is not in a position to accept the patient, a number of Tier 2 GPs have been contracted by the HHS to provide care to these patients, avoiding an unnecessary trip to the Emergency Department.

The collaboration by these key groups: SCHHS, QAS, the PHN, General Practice, Healthcare Improvement Unit, University of the Sunshine Coast and Silverchain (Hospital in the Home) as well as a consumer representative ensures that each group involved in the SPOT ON project is supported to provide quality health care to the Sunshine Coast community resulting in enhanced patient journey and benefits to each of the health care groups involved. The involvement of a consumer representative ensured the model considered person centred care and the needs and wishes of the patient. Involvement of the University assisted in initial and ongoing research requirements for the project. An initial literature search was unable to

identify any similar models of care. Ethics approval and Public Health Act approvals were obtained as part of the project to ensure our research results could be published to inform others about the structure and benefits of this project.

Methods and Target Group: QAS patients are the primary target of the project, and clinical pathways have been developed to identify appropriate patients to have their care met by GPs rather than the ED. GPs are identified as either Tier 1 or Tier 2, and clinically suitable patients are referred to or transported to one of these clinics rather than an ED. QAS will first attempt transport to a Tier 1 GP where one exists and if unsuccessful then transport will occur to a Tier 2 clinic in the area. Tier 2 clinics have been contracted by the HHS (through a rigorous selection process) to accept these additional patients and have KPI that must be met. Data is being collected from QAS, Tier 2 GPs, SCHHS and patients (through a post care survey).

Results: Full results are pending however interim results are showing a positive trend. Measurements include: patient experience; clinician experience; clinical outcomes (measured through re-presentations); and value for money (to SCHHS, GPs, and QAS).

Initial results:

>90% positive patient experience

25% reduction in Category 5 patients to SCHHS EDs

30 minute reduction in median case time for QAS

500% increase in patients transported to GPs by QAS on the previous year's figures

Conclusions: The project will aim to conclude that through a collaborative approach and specific guidelines the health sector can provide quality health care options for the low acuity patient that will better suit their specific health needs, and avoid an unnecessary visit to the ED. This patient centred model of care encourages the development of a 'patient-GP' relationship for continuity of ongoing health needs that is close to where the patient lives and avoids long waiting times that are often experienced in an ED. This same concept is transferable to other Health services as it is based on the collaborative and supportive approach between the key health providers within an area.

References:

1- RACGP Vision for General Practice and a sustainable health care system. Available from: <http://www.racgp.org.au/download/Documents/advocacy/Summary-Vision-for-general-practice-and-a-sustainable-healthcare-syst.pdf>

Keywords: collaborative; low-acuity; gp; qas
