

phn
CENTRAL QUEENSLAND,
WIDE BAY, SUNSHINE COAST

An Australian Government Initiative

Spot n

hospital avoidance



Aim and Background

- Low acuity patients receiving quality care in the Right place for their condition, at the Right time, Every time
- The literature suggests 10-30% of presentations can be seen and effectively managed in general practice.
- SCHHS had 113,029 ED (excluding Noosa Hospital) presentations in 2014-15,
- 55,729 of these presentations were triaged at cat 4 or 5

QAS Engagement

- MEDAI and load sharing
- Impact on QAS
- Impact on patients and the community
- QAS Culture
- QAS protocols and procedures



Answer -> Governance + Alternative pathways

SPOT ON Strategies

- GP Engagement
 - Tier 1 GP – Patients known to the practice with usual billing structures
 - Tier 2 GP – New and existing patients, will bulk bill SPOT ON patients
- Clinical Pathways
- Research and Evaluation
 - Patient Experience
 - Clinical Outcomes
 - Economic value

Sample clinical pathway

Sunshine Coast Hospital and Health Service

Wrist injuries

Queensland Ambulance Service

Exclusion from transport to General Practice

- Compound fracture (skin broken over deformity)
- Deformity suggesting significant derangement
- Neurovascular compromise (no sensation or warmth in hand)
- Complete inability to mobilize independently.

Management

- Analgesia as required
- Immobilisation of wrist.

General Practice

Assessment

1. Continually assess the neurovascular status of affected hand
2. Determine area of tenderness
3. Assess elbow region
4. Imaging as required (include elbow and scaphoid views if clinically indicated).

Management of fractures

- Displaced distal radius fracture is for direct admission to Emergency Department
- Distal radial ulnar joint dislocation is for direct admission to Emergency Department
- Lunate and peri-lunate dislocation is for direct admission to Emergency Department.

GP13 March 2016

Distal radius and/or ulna – undisplaced:

- Consider appropriate analgesia +/- NSAID
- Apply radial spica back slab
- Refer to Community Fracture Clinic.

Scapulo-humeral dislocation:

- Consider appropriate analgesia +/- NSAID
- Apply radial spica back slab
- Refer to SCBHS Fracture Clinic.

Scaphoid:

- Undisplaced (<1 mm gap)
 - Consider appropriate analgesia +/- NSAID
 - Apply radial or thumb spica cast
 - Refer to Community Fracture Clinic
- Displaced (>1mm gap)
 - Consider appropriate analgesia +/- NSAID
 - Apply radial or thumb spica cast
 - Refer to SCBHS Fracture Clinic
- Suspected/unconfirmed:
 - Consider appropriate analgesia +/- NSAID
 - Apply radial or thumb spica cast
 - Refer to Community Fracture Clinic.

Escalation triggers

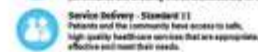
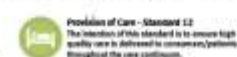
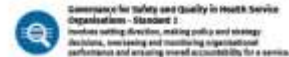
Refer to the Emergency Department

If the patient has any of the following, please call the Orthopaedic Registrar (5470 6600) prior to referral to the Emergency Department:

- Inability to maintain proper alignment of fracture
- Non-reducible fractures
- All displaced distal radius fractures
- All distal radial ulnar joint dislocations
- All lunate and peri-lunate dislocations
- Neurovascular deterioration
- Worsening pain requiring intramuscular analgesics
- Possible compartment syndrome
- Presence of medial nerve sensory loss
- Any other serious clinical concerns not already listed.

Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



QAS Concerns

- Patient Safety
 - Some low acuity patients still need an ED
 - Non transport of patients
- Queensland residents are entitled to free health care
- Change management
 - Patient perception
 - QAS policy

Funding Model

- Tier 2 practices
- GPs continue to bill Medicare as per usual
- Funding support provided to Tier 2 practices to assist with admin, nursing care, and provision of SPOT ON data
- GPs were asked to tender for Tier 2 positions

6 Month Pilot

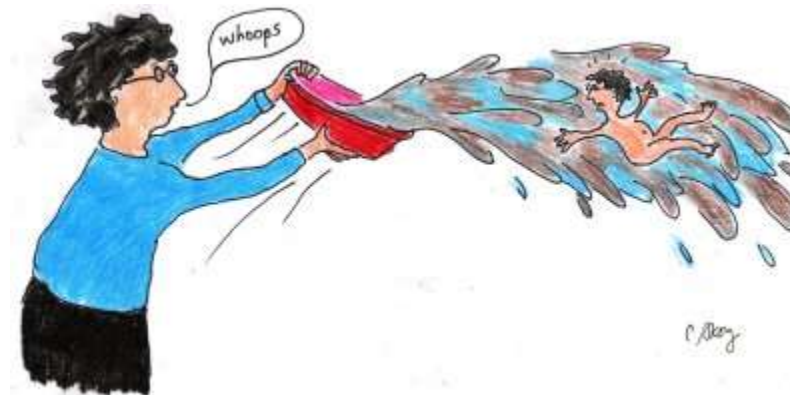
- Commencing 21 March 2016 in the Sunshine Coast area



Involving the GPs

- Early scoping of GP practices
- What was the capacity?
- Was there willingness to take part?
- Organised discontent
 - HHS cost-shifting?

- Remember its only a pilot – evaluate to identify the impact on care. If this approach increases fragmentation then it will need modification.



Where to from here?

- Program go live date 21 March 2016
- Collect the data
- Evaluate, feedback and improve



Questions?

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