Right place right person care

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The problem:

- **Fracture clinics at SCHHS hospitals were operating over capacity on a daily basis with approximately 400 referrals for fracture management received each month.**

- **Overflow fracture management appointments were allocated in Orthopaedic (non-fracture) clinics and patients waiting for orthopaedic specialist opinion were routinely waiting beyond the clinically recommended time frames.**

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Evaluate the data to identify the problem:

- **Review of surgical conversion data identified an increasing number of patients not requiring specialist Orthopaedic intervention**

- **Primary care providers lacked resources such as direct access to imaging providers and ability/resource to apply plaster casts.**


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What is the strategy for change?

- **Quantify the problem**
- **Are the patients being seen in the right place in a timely fashion?**
- **Is there an opportunity to change?**
- **How might this look?**

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The strategy for change:

- **Key stakeholders engaged**
- **Processes developed and agreed (patient selection, consumables, medical imaging transfers)**
- **Patient information developed**
- **Set date for commencement of primary care clinic**
- **Review meetings with stakeholders to identify/resolve issues**.

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Evaluation:

- **Patient experience data evaluated pre and post implementation of the PCFC**

- **Conversion to surgery rates compared pre and post implementation of the PCFC**

- **Treatment failure and re-referral was monitored. No cases of non-union or re-referral post discharge from the PCFC to the SCHHS reported to date.**

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Evaluation:

- **Over a 12 month period 962 NEW patients seen at PCFC with almost 3000 occasions of service**

- **Conversion to surgery rates increased by 50% post implementation of the PCFC**

- **Treatment failure and re-referral was monitored. No cases of non-union or re-referral post discharge from the PCFC to the SCHHS reported to date.**

- **No clinical incidents reported through external governance quality assurance + one adverse outcome identified by PCFC clinician**

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Lessons learnt:

- **Ensure processes and infrastructure are in place early and test**

- **Process cannot be “person” specific - single point of failure if key personnel are absent**

- **Health systems can undergo change even in the face of funding model rigidities.**

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Key messages:

- **Improved patient access to clinically appropriate quality care in hospital alternative location without cost to patient is possible.**

- **Local funding models can be modified within the legislative funding framework in which we operate to improve outcomes for patients**

- **Patients have a choice and right care, right time, right place = patient-centric integrated model of care..**

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