A team-based approach to improving out of hospital care on the Central Coast

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Examples of initiatives under way on the Central Coast

- PARC (Paediatric Ambulatory Review Clinic)
- COPD (Chronic Obstructive Pulmonary Disease)
- COAST (Care of Acute, Sub-Acute and Transfer of Care)
- Community Health Review
ED Presentation Flow

Triage ED

ED Kid’s Corner

Assessment - including if PARC appropriate

Treatment

Discharge

Admit

PARC Flow

PARC Referral

Treatment in ED

Send home with IV Cannula in situ after treatment

Return next day to PARC

Further assessment & treatment if needed

Discharge back to GP/Paediatrician

≥ 1 day PARC needed

Discharge back to GP/Paediatrician
Child 1 Journey - 21 Month Old

Day 1
Emergency 1830
- Presents to ED at 1830 with h/o vomiting, runny nose, sore throat for 2 days
- Low grade fever
- Increasingly lethargic, increasing dehydration.

Day 1
Emergency 2350
- Seen by ED staff O/E Dehydrated, Viral Illness
- Plan: Trial of oral fluids (TOF).
- Vomiting persisted despite TOF.
- Plan: IVF commenced 5.5 hours after arrival.
- Bloods collected
- Decision to admit
- IVF only @ maintenance
- No rapid rehydration.

Day 2
Children's Ward 1200
- Arrived in CHW 17.5 hours after presentation
- Half maintenance fluids,
- Vomiting ceased Grizzly % URTI.
- Reluctant to take oral intake

Day 3
Children's Ward
- Day 2 of admission.
- Half maintenance fluid
- Discharged at 1800

Day 4
Discharged home 1800
- Day 3 of Admission
- Discharged at 1800

Child 2 Journey - 2 Years

Day 1
Emergency 1100
- Triage 1100hrs
- Presents with h/o vomiting, fevers, runny nose and cough.
- Decreases oral intake
- Lethargic, dehydration

Day 1
ED Paediatric corner observation 1300
- Seen in ED by PARC team
- O/e dehydration. Treated with Rapid IV rehydration
- CXR, NPA, Bloods
- Single dose IV Ceftriaxone whist

Day 1
Discharge Home 1400
- Sharon improved with IV rapid rehydration.
- Began to drink
- CXR - no consolidation,
- RSV + on NPA
- Since she improved she was discharged home for review in PARC following day.
- Discharged @ 1400hrs – 3 hours after presentation

Day 2
Follow up by PARC team 1130
- PARC follow up.
- Day 2
- No further fever or vomiting.
- Sharon drinking
- Given 2 hours more IVF @ 10mls/kg/hr. IVC then removed and discharged with planned follow up call the next day.

Day 3
Phone call follow up PARC 1200
- Phone call follow up. Mother states that Sharon was back to her normal self
Adult Services
Over time multiple specialty community roles and services have evolved in response to funding allocations and areas of priority - these include but are not limited to:

- Community Nursing
- Acute, post-acute care
- Aged Care Outreach Services
- Dementia Care Services
- Chronic and Complex Care
- Transitional Aged Care
- Multiple single discipline Allied Health Services
- Community Outreach Teams
  – Community Stroke Support
  – Community Rehabilitation
External Review Outcomes identified several opportunities

– To combine existing small scale programs, resulting in a fewer number of high-impact programs that are interconnected

– Introduce information systems to support improved clinical care and ensure improved access to information and service efficiencies

– Engage teams to use innovative approaches to client care and management

– Adopt a more proactive approach to setting and scheduling of workforce to minimise travel time and maximise service efficiency and capacity

– Reduce avoidable inpatient admissions and bed days
Benefits Projected

- Reduced administration costs
- Reduced travel time and costs
- Improved quality of services delivered
- Increased visibility of clinical data in the system
- Standardised internal processes for Community Care
- Improved scheduling and workforce efficiencies
- Improved reporting capabilities
- Increased internal referrals avoiding hospital admission
- Improved governance around staff skill sets in delivering care
- Increased ‘capacity’ within the community health system
Change of this magnitude requires innovative thinking, new approaches, the creation of different models, and the refinement of existing ones

- Defining a platform for change
- Defining a business model
- Redesigning models of care
- Challenging existing ways of working and entrenched practices
- Establishing desired outcomes
- Developing evaluation plan
- Using tight project management controls
Challenges: staff are habituated to current ways of working in specialised, non-integrated teams

- Stakeholder buy-in
- Project timelines
- Change management
- Availability of accurate data
- Availability of stakeholders
- Workforce/Human resource processes
- Competing Priorities
Points of Leverage - there is a shared understanding of the requirements for safe/quality service delivery

- Willing, innovative staff
- Integrated services and models of care
- Improved service delivery and capacity Clinical outcomes, LOS, financial, workforce
- New models of care – e.g. mobile Multidisciplinary Teams, priority based access to care, rapid response, reduce presentations to ED
- Engagement with acute services for the development and communication of community plans (client escalation plans)
- Improved access to information to improve client care
- Improved accuracy of service data to facilitate accurate evaluation and planning of services for the future.
- Consistency of expectation
- Improved referral pathways and access to services
A proven, structured project management approach is being used to plan, design and implement change to improve performance

- **Project management:**
  - Task control
  - Risk management
  - Change management

- **Governance Structure:**
  - Governing Committee
  - Implementation Taskforce
  - Working Party

- **Phased Approach**
  - Design future state
  - ComCare (Information System) Implementation Planning Study
  - Service reconfiguration
  - Information system implementation
The project has defined key goals aligning to the Districts strategic goals.

Objectives have been defined to deliver an integrated, client and carer centred service.
Progress has seen strong staff engagement and ‘hands on’ effort to deliver a detailed understanding of current services:

- Completed project planning phase:
  - Detailed project brief containing objectives, scope, risks, milestones
  - Project Plan
  - Communication plan

- Understanding the ‘As Is’
  - Map current services and functions
  - Completion of Implementation Planning Study
  - Currently finalising Future State Models of Care
  - Evaluation planning
Next Steps

- Finalise adult community service model for CCLHD to support integrated and improved clinical care
- Finalise Business Units, organisational structure and teams
- Establish the Service Delivery Centres
- Establish intake model including triage capabilities (including results of COAST project) and formulate team
- Develop criteria to support decision making and service linkage at Intake – incorporating information on new clinical redesign projects e.g. COPD project
- Information system implementation
Thank you for your attention.
Questions welcome.