
Supporting Patient Outcomes Through Organised Networks (SPOT ON)

Initiative Type

Model of Care

Status

Close

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URL

<https://www.clinicalexcellence.qld.gov.au/improvement-exchange/spot-on>

Summary

The Supporting Patient Outcomes Through Organised Networks (Spot On) project aims to lower acuity presentations to DEMs including self-presentation and ambulance presentations as well as ambulance diversion to identified general practice. This case mix would include single system acute

(substitution) and acute exacerbation of chronic health disease presentations (hospital avoidance). Referrals to GPs for at-risk frail and vulnerable persons identified by QAS as being at risk of falls. Referral of suitable patients to GP who are able to self-present.

Key dates

Jul 2016

Jun 2017

Implementation sites

Sunshine Coast University Hospital, Gympie Hospital

Partnerships

Sunshine Coast Hospital and Health Service, Queensland Ambulance Service, Central Queensland, Wide Bay, Sunshine Coast Primary Health Network

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Aim

In partnership, develop an integrated model of care to ensure where communities receive:

- The right care
- At the right time
- In the right place

Benefits

- Improve public awareness of local GP services as an alternative to DEM presentations
- Continue and enhance the Spot On system where QAS transport or refer patients with certain medical conditions to participating GPs instead of the DEMs, with two tiers of GP participation:
 - Tier 1: Receive known patients and bill according to practice policy
 - Tier 2: Receive any patients and bulk bill.
- Further enhance the hospital avoidance strategies and opportunities by teaming with HITH as well as by developing a secure platform where QAS will be able to send e-referrals to GPs for at risk patients or those who are self-presenting on advice from QAS.

Background

Historically, low acuity (Category 4 and 5) patients attend Sunshine Coast Hospital and Health Service (SCHHS) Emergency Departments (EDs) with the highest volume of these patient types presenting between the hours of 6am and 8pm (typical of many GP opening hours). This practice can result in overloading the ED and workload on medical staff, potentially increasing the risk for adverse events to all patients including the high acuity patients. This also results in ambulance ramping, impacting on ambulance resources, and has a negative impact on the patient journey due to long patient waiting times and a financial burden to both the patient and the health services.