Rapid Access Clinics initiative

Initiative Type

Service Improvement

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Deliver

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Summary

The Rapid Access Clinic (RAC) program enables specialist clinical units to maintain ongoing care, responsibility, and oversight for the non-elective care of their patients when they experience an exacerbation of chronic illness at home. It provides opportunity to test different access mechanisms for patients known to the health service and their General Practitioners, for urgent clinical needs which do not require a presentation to Emergency Department (ED) or readmission.

The first of 10 RAC pilot programs has been completed at Sunshine Coast University Hospital (SCUH), following the announcement of funding to 10 Hospital and Health Services (HHSs) to reduce ED pressure.

At SCUH, rapid access to clinical care is enabled for known or existing patients with emergent conditions likely to necessitate an emergency department (ED) presentation.

Historically at SCUH, patients known to the hospital system were managed for exacerbations of their illness after discharge in exactly the same way as patients who were unknown to the health service. This resulted in patients well known to specialists and units presenting to the ED to be seen, assessed, and treated by a team of doctors who have never seen that patient before.

This RAC revealed it potential as a preventative healthcare initiative as well as an alternative pathway to urgent care, to redefine the role of EDs, and to reduce hospital readmissions.

Key dates

Jul 2022

Implementation sites

Sunshine Coast University Hospital (Respiratory Medicine) and The Prince Charles Hospital

Partnerships

Healthcare Purchasing and System Performance, Healthcare Improvement Unit, Hospital and Health Services

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Aim

To reduce emergency department pressures through agreed strategies or admission avoidance strategies.

Benefits

The main benefits include patient centred care, improved patient experience, and continuity of care. The SCUH pilot in particular showed the following benefits:

- patients receiving timely medical advice/care by their specialist treating team prior to discharge
- a model of care that is transferable and scalable to other specialties that manage patients with chronic conditions
- a reduction in the number of avoidable ED presentations for the identified patient cohorts
- reduction in the length of stay of readmissions.

Background

Demand for inpatient and ED health services continues to increase, along with ED congestion and ambulance ramping. The Rapid Access Service (RAS) was identified as having potential to offer known patients a safe alternative to presenting to ED, while at the same time offering them the specialist level care they require. Funding was provided for 10 HHSs to support the implementation of rapid access clinics to reduce ED pressure. An EOI process followed in November 21 to identify two key sites to trial the pilot – Sunshine Coast and Metro North Hospital and Health Services were successful. The other eight HHSs that received funding for future projects included Gold Coast, Metro South, West Moreton, Metro North, Sunshine Coast, Central Queensland, Wide Bay, Mackay, Cairns and Hinterland and Townsville Hospital and Health Service.

- Over the next five years, this trend is estimated to continue with five per cent per year in activity growth.
- This growth is largely due to a population that is increasing in size and age contributing 1.68%

and 0.45%, respectively to this growth rate.

- An increasing burden of disease and rates of admission and hospitalisation has contributed 2.9% of growth related to increased utilisation of services and an increased number of people accessing public services has contributed 1.4% of growth.

Solutions Implemented

The SCUH RAC service piloted a one-stop access point for respiratory patients known to the health service, connecting them via approved pathways to respiratory specialist advice and/or urgent medical care during periods of clinical exacerbations that would otherwise initiate an ED presentation and readmission.
Pathways included phone advice, telehealth review, or referral into RAC as a planned admission (within 24-48hrs).
The RAC service was accessible to patients, GPs and other medical specialties via a direct phone number monitored by the hospital Respiratory Nurse Practitioner or Respiratory Clinical Nurse Consultant, who were responsible for assessing and triaging calls, and initiating the most appropriate pathway.

Evaluation and Results

The pilot project was evaluated using qualitative and the quantitative indicators
Evaluation findings 01/06/22 – 12/07/22 at SCUH included:

- 98 occasions of service:

1. 19 phone telehealth consult only
2. 64 physical review via RAC appointment
3. 13 directly admitted to the ward
4. two directed to ED

- The reduction in the total number of ED presentations for respiratory patients over the course of the year is estimated to be 838 patients. At $1,204 per presentation, this is equivalent to a potential cost saving of $1,008,952.
- A qualitative phenomenological study was also applied as an academic framework to focus on the patient experience with overwhelmingly positive results.

Lessons Learnt

Local sites are best placed to determine the model's structure, accountabilities, and implementation logistics.
Patients and staff were equally enthusiastic to avoid unnecessary ED visits and readmissions, and to trial alternative pathways for care delivery.

References

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3)   Hamar G. Brent, Coberley Carter, Pope James E., Cottrill Andrew, Verrall Scott, Larkin Shaun, Rula Elizabeth Y. (2017) Effect of post-hospital discharge telephonic intervention on hospital readmissions in a privately insured population in Australia. Australian Health Review 42, 241-247. https://doi.org/10.1071/AH16059
4)   1QH ED information (April-June 2021) - http://www.performance.health.qld.gov.au/HospitalHealthService/EmergencyDepartment/99998
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