
Medical Commander for stretched Infectious Diseases teams

Initiative Type

Service Improvement

Status

Sustained

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10 October 2022

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07 December 2022

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<https://clinicalexcellence.qld.gov.au/improvement-exchange/medical-commander-stretched-infectious-diseases-teams>

Summary

The Medical Commander project at the Gold Coast University Hospital (GCUH) creates a role for a senior coordination clinician, who acts as a centre point in a multidisciplinary approach to optimise patient flow from the pre-hospital space to the inpatient wards or discharge to the community. The role requires a balanced approach to managing competing priorities encompassing

Queensland Ambulance Service (QAS) asset allocation and resourcing, emergency department patient flow dynamics and clinical service delivery, as well as inpatient admission access pathways and avoidance strategies. The Medical Commander uses his or her high level of interdisciplinary skills in communication, complex decision and clinical experience to perform this role.

Key dates

Mar 2020

Oct 2022

Implementation sites

Gold Coast University Hospital

Partnerships

Healthcare Improvement Unit (HIU)

Key Contacts

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Aim

To alleviate the pressures in Queensland's emergency departments.

Benefits

- offloading of distracting jobs from consultants involved in direct patient care
- source of up-to-date COVID information for ED and wider hospital (offloading stretched Infectious Diseases teams)
- provides a central point of contact for pre-hospital and intra-hospital communications with ED
- provides a dedicated clinician to manage efficient ambulance offload
- provides a dedicated clinician to attend to early Mental Health assessment and medical clearance
- provides a dedicated clinician to liaise with executive team during periods of severe service pressure
- ensures the availability of an extra senior clinician during simultaneous resus situations

Background

The combined challenges of early phase COVID-19 response, COVID-19 surge periods, increased mental health presentations and escalating acuity and patient demand on emergency department resources, prompted consideration of a dedicated clinician to act as a source of up-to-date COVID information, provide early mental health patient review and to have general oversight over the emergency department as a whole, including patient flow and staffing.

Solutions Implemented

A team of emergency physicians was allocated to work a shift from 11:00 - 21:30 for seven days per week as Medical Commander/COVID Commander in:

- the role of Medical Commander/COVID Commander (business as usual)
- the dual roles of a roving Medical Commander/COVID Commander and ED based Emergency Physician in Charge (EPIC) during Tier 1 COVID response (activated in early phase of COVID response).

Evaluation and Results

Although evaluation of the effectiveness of this role is difficult to quantify objectively, subjective feedback from senior nursing and medical, QAS and executive staff has been positive.

Lessons Learnt

Maintaining up-to-date information regarding all elements of COVID-19 response was quite overwhelming in a very dynamic space as new information emerged, definitions and risk changed, pathways and procedures were modified and updated and vaccinations and treatments were developed – robust and collegiate communication was required across executive leads, infectious diseases, respiratory and emergency teams to ensure accurate and up-to-date information was disseminated efficiently and effectively. A clinician that can offload phone calls, non-essential tasks, organisational queries and requests and jobs that distract dedicated on floor clinicians from providing clinical care to the patients in their clinical area may improve focused care in high acuity spaces. A clinician with medical experience and oversight of the workload and staffing of the whole of department may improve the ability for patients to be offloaded more efficiently through early review and division of workload.

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