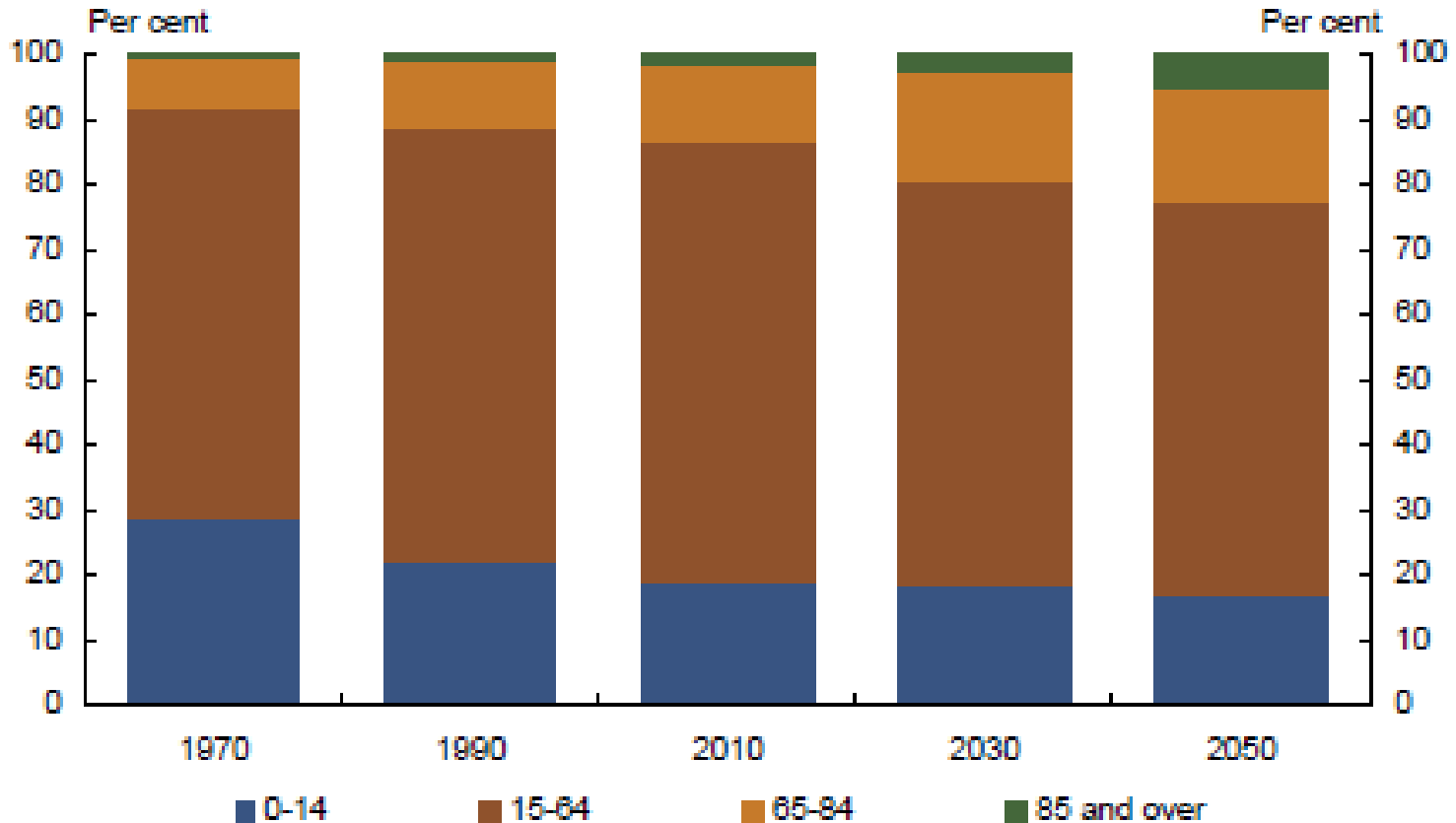


Access and Accountability: New Agendas for Outpatient Services

Terry Symonds
A/Director,
Performance Acute Programs and Rural Health

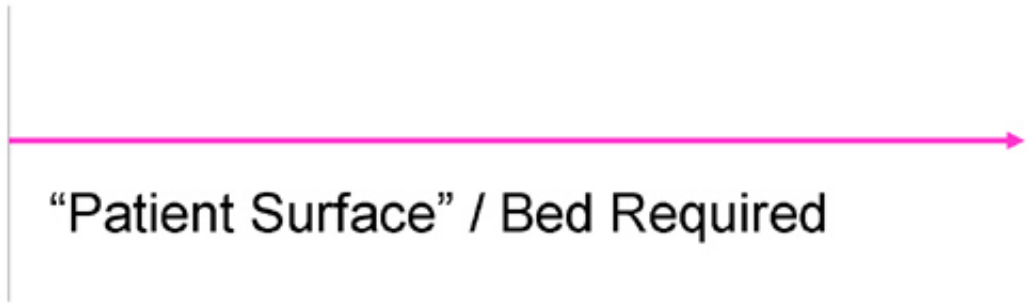
Health costs for 65yo will increase seven fold.



Source: ABS cat. no. 3105.0.65.001 (2008) and Treasury projections.

Source: The 2010 Intergenerational Report, Treasury, Australian Government.

Introducing the mid-patient.



Emergency access drives outpatient complexity

A new model for neurology care in the emergency department

Rebekah M Ahmed, Timothy Green, Gabor M Halmagyi and Simon J G Lewis

ABSTRACT

Objective: To assess the feasibility of using a rapid access neurology clinic to assess and manage patients considered safe to discharge home from the emergency department (ED), yet requiring specialist neurology review.

Design, setting and participants: The ED Rapid Access Neurology (ED RAN) clinic was trialled at Royal Prince Alfred Hospital, a major tertiary teaching hospital in Sydney, over a 12-month period (23 March 2008 – 22 March 2009). The service uses a new clinic and referral system to offer suitable patients specialist neurology outpatient review within 5 working days of their discharge from the ED.

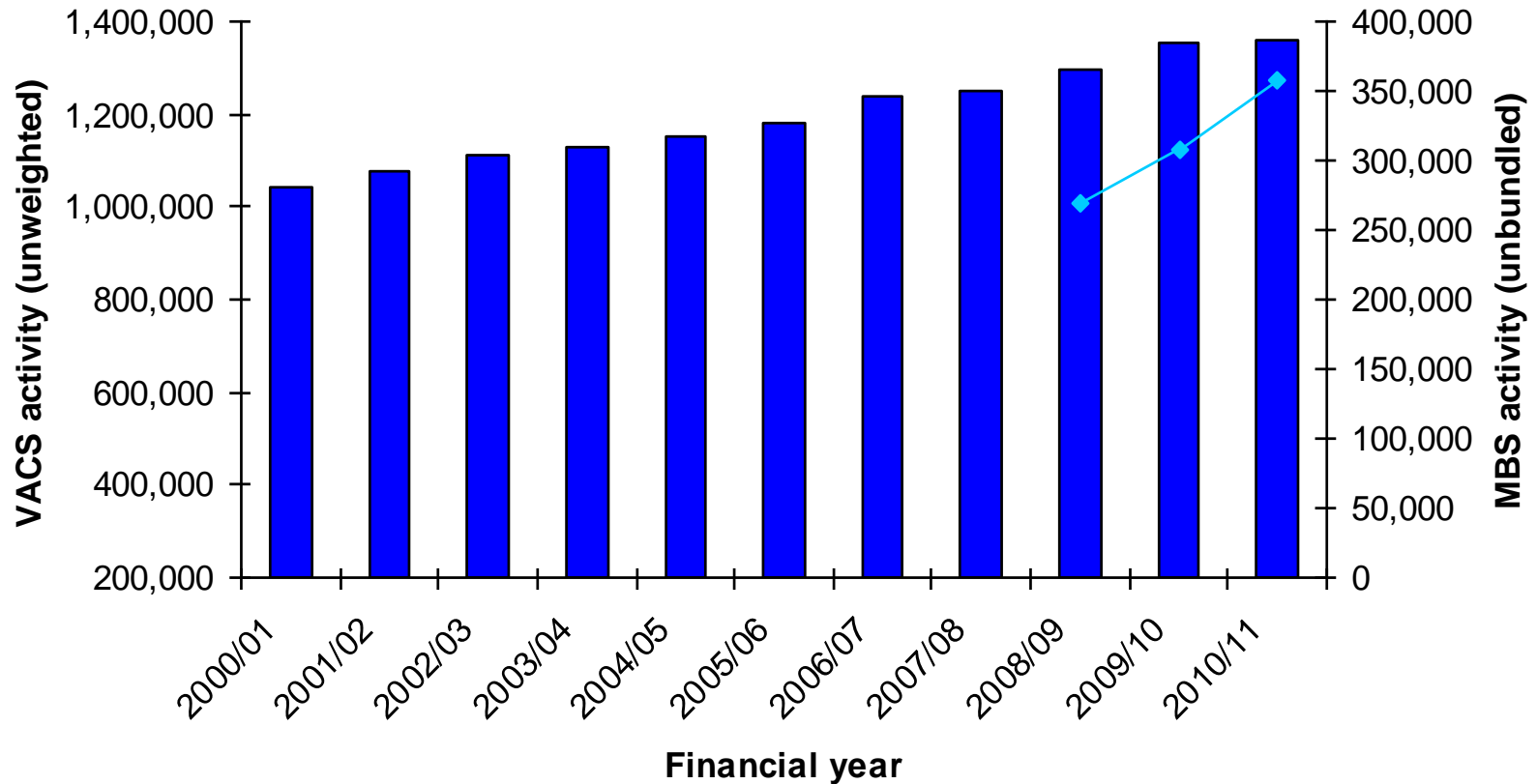
Main outcome measures: Quality of patient care, patient satisfaction, estimated service impact on the hospital system.

Results: During the 12-month trial period, 311 patients were referred to the ED RAN clinic. Of these referrals, 222 patients (71%) attended the clinic, where a number of serious neurological diagnoses were made, and eight patients required admission after specialist review. All patients attending the clinic found the visit helpful. Consultant ED physicians believed that the clinic prevented 83 unnecessary admissions and 188 out-of-hours neurology registrar consultations, and saved an estimated 809 hours of ED bed time.

Conclusions: The ED RAN clinic provides a viable model for improving the quality of patient care, with high levels of patient satisfaction. This model of care may allow significant cost savings and help to relieve the major access block in Australian EDs.

Growth in activity, optimise available revenue.

Patients treated in VACS and MBS funded outpatient clinics

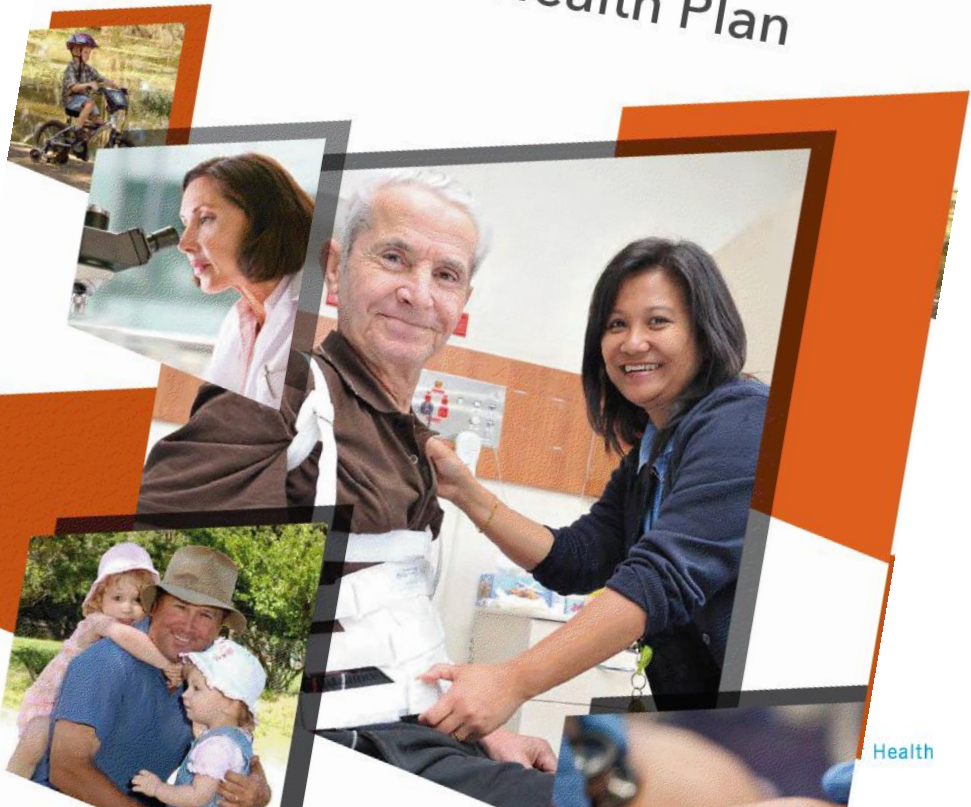


Develop a system responsive to people's needs...

health

- Build primary care capability – relieve demand for acute care.
- Coordinate access to hospitals, especially for those with chronic disease.

Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan



Other priorities

- Activity based funding to improve efficiency.
- Policies and initiatives to improve access.
- Public reporting – eliminate hidden waiting lists

ABF will support cost-efficiency, but...

ABF will incentivise treatment at lower than average costs.

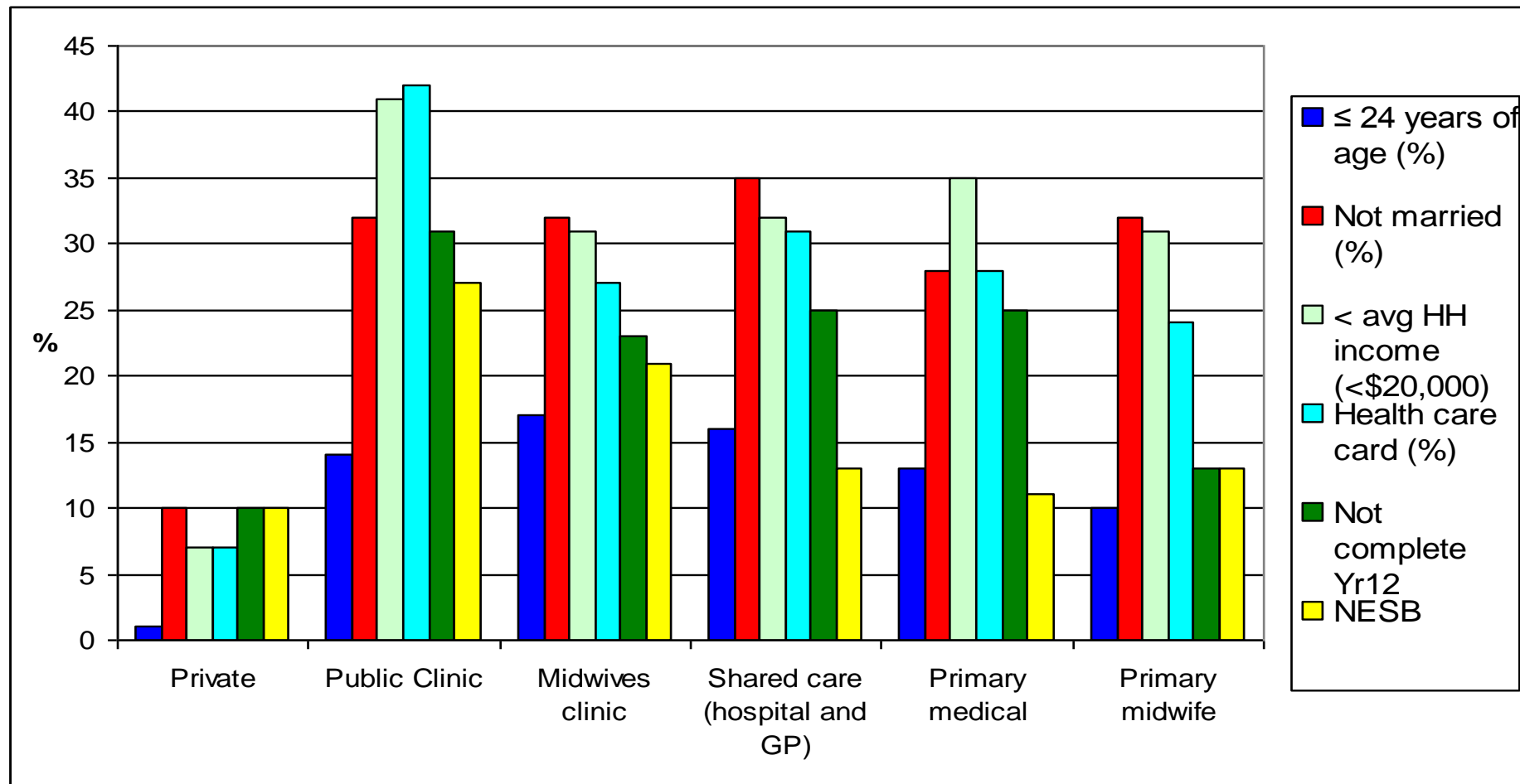
This can be achieved with internal efficiency, but can also be achieved through patient selection – a risk in elective services such as outpatients.

ABF can also drive volumes – it is at best neutral on allocative efficiency. This is a risk in terms of primary care demand, but better managed with patient level data.

What is a primary-care type outpatient?

Social risk factors for maternity by model of care

health



Improving referral quality

Specialist clinics (outpatients) guidelines for referrers

health

Knee

1. Pre-referral workup

Clinical history

- ▶ Walking distance
- ▶ Resting pain
- ▶ Sleep disturbance
- ▶ Walking aids
- ▶ Functional impairment

Physical examination

- ▶ Range of movement
- ▶ Fixed deformity
- ▶ Effusion

Investigations

Required for referral with:

- ▶ **An arthritic joint**
 - ▶ x-ray AP view
 - ▶ x-ray lateral view
 - ▶ x-ray WBIC view
 - ▶ x-ray skyline view
- ▶ **A fracture**
 - ▶ x-ray AP view (out of plaster)
 - ▶ x-ray lateral view (out of plaster)

Consider if suspected:

▶ AVN

- ▶ Bone scan or MRI

▶ Inflammatory arthritis

- ▶ FBE
- ▶ ESR
- ▶ U&Es
- ▶ LFTs
- ▶ Uric acid

▶ Infection

- ▶ FBE
- ▶ ESR
- ▶ CRP

▶ Tumour

- ▶ x-ray AP view
- ▶ x-ray lateral view

▶ Acute/ inflammatory pre-patellar bursitis

- ▶ Aspiration for diagnosis i.e. infected, gouty, traumatic
- ▶ FBE
- ▶ ESR
- ▶ CRP

2. Indications for specialist referral

Emergency department referral

▶ Fractures

- ▶ Unstable
- ▶ Displaced and/or angulated
- ▶ Open
- ▶ Associated with abnormal neurology
- ▶ Requiring reduction
- ▶ Grossly swollen
- ▶ Comminuted
- ▶ Involving joint surfaces

▶ Suspected infection

- ▶ Do not commence antibiotics

▶ Soft tissue injuries

- ▶ Knee dislocation
- ▶ Injury to more than one knee ligament
- ▶ Acute traumatic quadriceps tendon rupture
- ▶ Unstable medial collateral knee ligament tear
- ▶ Locked knee (inability to fully extend) – jammed bucket handle tear of meniscus
- ▶ Other soft tissue injuries that may require early specialised intervention (biceps/teno)

Specialist clinics referral

▶ General

- ▶ Diagnosis unclear
- ▶ Requires medication treatment not available in primary care
- ▶ Inadequate response to first-line management
- ▶ Pain requiring narcotics or unacceptably high analgesic doses to control

▶ Urgent

- ▶ Discuss with registrar or clinic coordinator
- ▶ Suspected malignancies
- ▶ Suspected sympathetic dystrophia
- ▶ Pain in a previous arthroplasty
- ▶ Suspected avascular necrosis
- ▶ Cruciate ligament ruptures
- ▶ Patella dislocation

From consultation to treatment?

Physiotherapist initial assessment for OA Hip and Knee.

health

- Most patients referred for consideration of hip or knee surgery are triaged to the OAHKS service. This accounts for between 9% and 27% of total orthopaedic referrals (~6,000 patients per annum).
- For 70% of services, the median waiting time to initial assessment is less than 12 weeks.
- More than half of services (80% in rural) provide conservative management (e.g. physiotherapy, dietary advice, pain management) within the OAHKS.
- Prior to service implementation, up to two-thirds of OA patients had not received any conservative management prior to referral.

From consultation to treatment? (2)

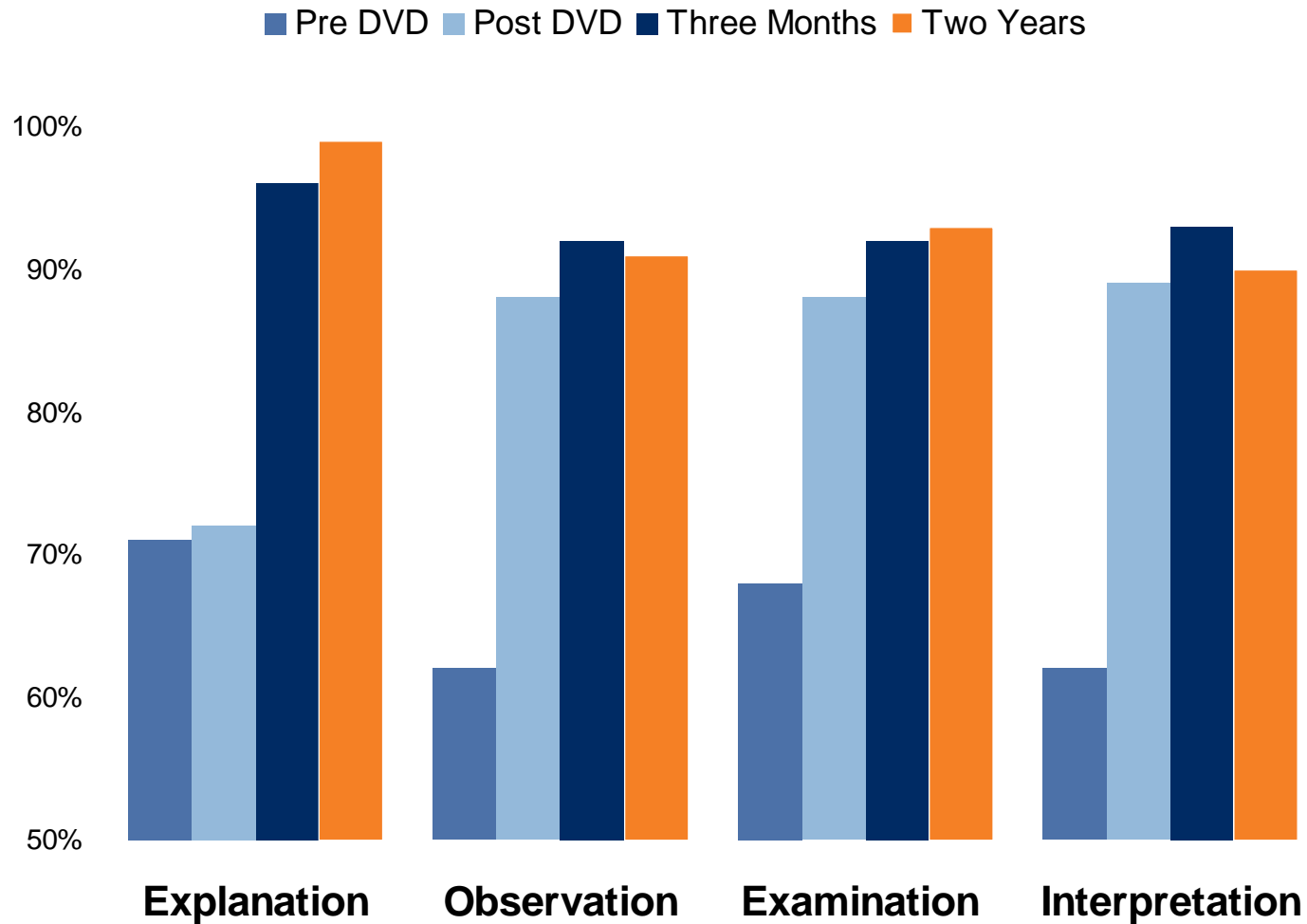
- Victorian Paediatric Orthopaedic Network
 - Online education
 - Seminars and workshops
 - Developmental dysplasia of the hip DVD



From consultation to treatment? (3)

Building GP capability for diagnosing infant hip dysplasia.

health



Acute care: an episode... not the whole story.

- Benchmarking new patient waiting times across units helped double discharge rates.
- Registrar education, consultant accountability - mandatory consultant review points

REMEMBER YOU CAN DISCHARGE PATIENTS BACK TO THEIR PRIMARY CARE PROVIDER

Austin Health OUTPATIENTS DEPARTMENT

CLINIC _____
 UR # _____
 NAME _____

FOLLOW UP ACTION:

DISCHARGE. (Doctor, please place this card in Discharge box for clerks to Discharge Pt on MedTrak)

Next Appointment
 _____ weeks/months or (date) _____
 Doctor, what is the acceptable time frame if this date is already booked out?:
 _____ weeks/ months before this date to
 _____ weeks/ months after this date

TRANSPORT **INTERPRETER**
You must take this slip to the clinic desk in order to book your next appointment.

Please fill out the appropriate box on the Appointment Slip

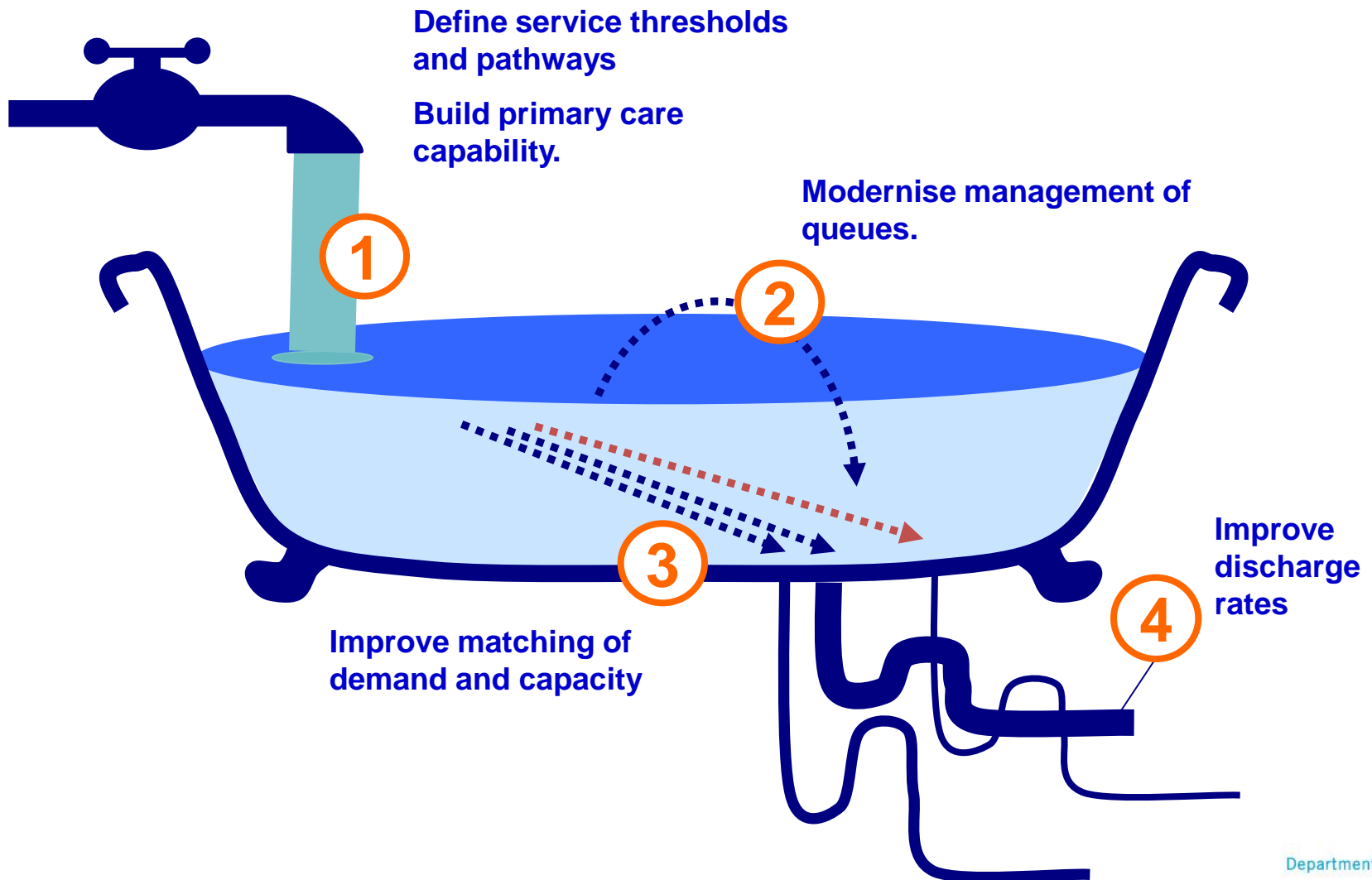
And place in the tray located on your desk.

This will help clerical staff to discharge them from the system

Other initiatives to improve access.

- Funding for new activity to match capacity and demand.
- Funding for new workforce & service models (care coordination)
- Clinical prioritisation categories & guidelines – standardise practice.

A dynamic system.





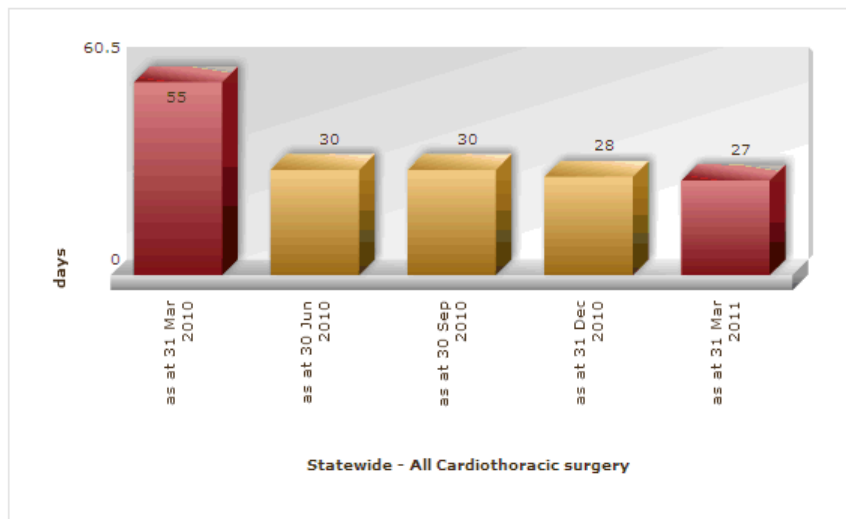
Victorian Health Services Performance

- ▶ Home
- ▶ Emergency Care
- ▶ Elective Surgery
 - ▶ Frequently asked questions
 - ▶ Time to treatment
 - ▶ Patients listed for treatment
 - ▶ Patients treated
 - ▶ Patients treated by specialty
 - ▶ Patients who waited longer than 365 days
- ▶ Dental Care
- ▶ Patients Treated
- ▶ Quality and Safety
- ▶ Mental Health
- ▶ Publications
- ▶ Contacts

Health home > Victorian Health Services Performance > Elective surgery > Median time to treatment > All Cardiothoracic surgery

Elective surgery Median time to treatment

Statewide - All Cardiothoracic surgery (days)



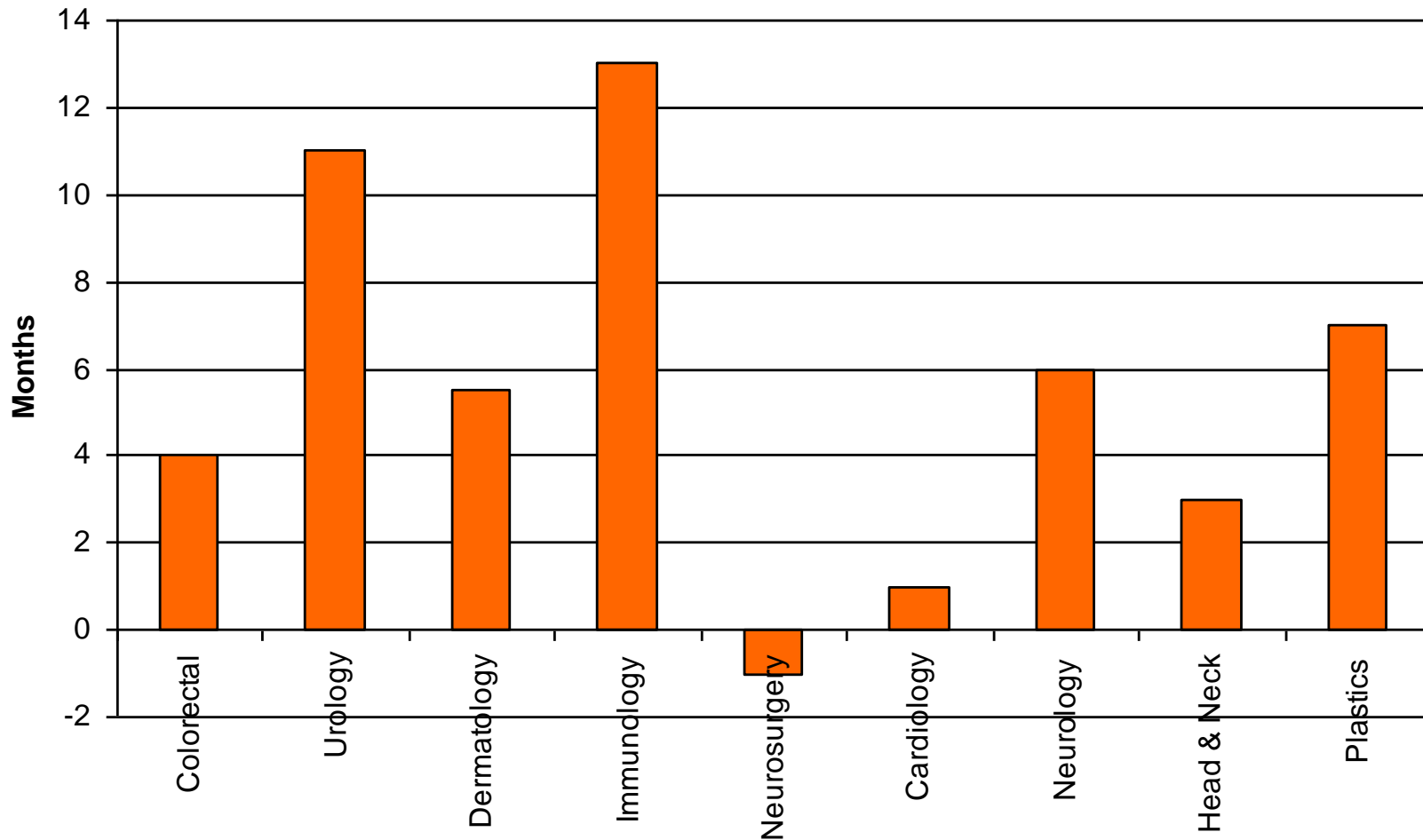
All Cardiothoracic surgery (days)

	AS AT 31 MAR 2010	AS AT 30 JUN 2010	AS AT 30 SEP 2010	AS AT 31 DEC 2010	AS AT 31 MAR 2011
Alfred Hospital	39	28	28	25	29
Austin Hospital (incl Heidelberg Repat Hospital)	27	32	32	33	28
Barwon Health (Geelong Hospital)	57	9	9	13	32

Are outpatient queues fit for public reporting?

Reduction post-audit in wait to “next available” appointment.

health



Measures that matter.

Recommendation 14:

- *That a measure of surgical access time ('National Elective Surgery Access Time'), that is from GP referral to patients receiving surgical care, be developed to determine the true waiting time and demand for elective surgery, and that consideration be given to utilising such a measure of elective surgery performance in future agreements.*

Expert Panel - Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services, 2011.