The Case for Urgent Care in Australian Integrated Primary Care Centres

Dr John Adie

MD Immediate Care Healius

RNZCUC – Australian Convenor

Dr Jamie Phillips

Emergency Department SMO

Urgent Care Clinician

Rural Generalist

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1.0 Introduction

John Adie

https://www.linkedin.com/in/john-adie-16080618/

Jamie Phillips

https://www.linkedin.com/in/dr-jamie-phillips-294a667a/

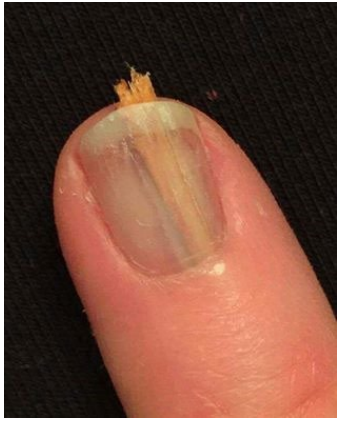
Polling Questions:

Do you feel your current model of General Practice would be threatened by Urgent Care?

Would you be interested in a career in Urgent Care that complimented your core General Practice?

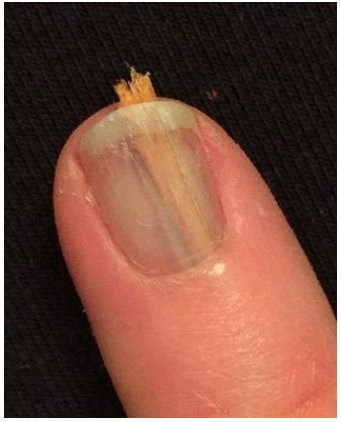
1.0 Introduction

Non life-threating
urgent condition



1.0 Introduction

Non life-threating urgent condition



Also referred to as:

Health care consumer abuse (Durand et al. 2012)

Inappropriate referrals (Becker et al. 2012)

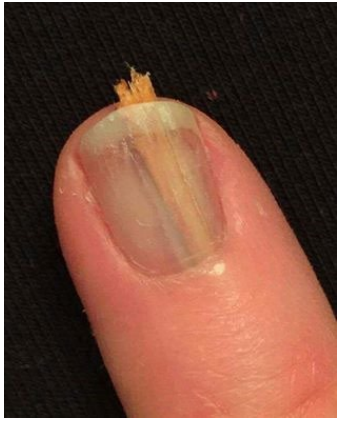
Inappropriate attendance (Carret et al. 2007)

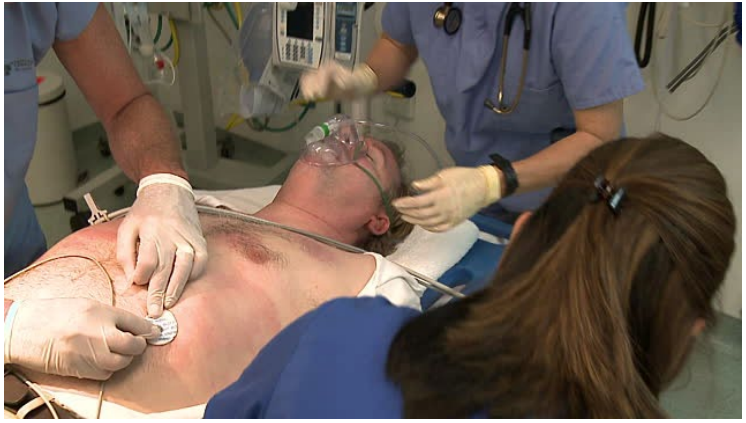
Low-urgency, self referred patients better managed by other services (McHale et al. 2013)

1.0 Introduction

Non life-threating urgent condition

Life-threatening urgent condition





2.0 Problem: Patient presenting to ED with NLTUC

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- **EDs are societies' core safety net provider**

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2.1.1 Contributing factors:

- Limited access to primary care
- EDs are societies' core safety net provider
- **Increased presentations partly due to those that could be managed in primary care**

Table 1 Percentage of patients presenting to EDs with Primary Care Problems, Non urgent ED visits, Ambulatory Care Sensitive conditions or Inappropriate Presentations

Location	Author (s)	% presenting to the ED with NLUC
The Netherlands	(P. Giesen & Braspenning, 2004)	50%
Michigan, USA	(Michelen, Martinez, Lee, & Wheeler, 2006)	31%
Berlin	(David, Schwartau, Anand Pant, & Borde, 2006)	49.9% (Internal medicine & gynaecology).
USA	(McCaig & Nawar, 2006)	12.5%
Brazil	(M. L. Carret, A. G. Fassa, & I. Kawachi, 2007)	24.2%
Paediatric ED US	(Berry, 2008)	58-82%
Northern Ireland	(Price Waterhouse Coopers, 2007)	24%
US	(Carret et al., 2007)	24.2%
Cuba	(De Vos et al., 2008)	57.9%
USA	(Weinick, Burns, & Mehrotra, 2010)	13.7-27.1%
Taiwan	(Tsai, Liang, & Pearson, 2010)	>50%
Northern Ireland	(McCreedy et al., 2011)	50%
Turkey	(Eroglu et al., 2012)	22.1%
Minnesota, US	(Johnson et al., 2012)	8.4%
Paed ED Belgium	(Benahmed et al., 2012)	39.9%
Switzerland	(Bardelli & Kaplan, 2013)	29.9%
Australia	(Nagree et al., 2013)	12-25%
England	(McHale et al., 2013)	11.7%
England	(O'Cathain et al., 2013)	22%
Paed ED Italy	(Vedovetto, Soriani, Merlo, & Gregori, 2014)	57.1%
Paed ED US	(Swavely, Baker, Bilger, Zimmerman, & Martin, 2015)	50%
England	(Colin, Suzanne, Richard, & Jon, 2018)	15%
Paed ED Systemic Review	(Alele et al., 2019)	41%

2.0 Problem: Patient presenting to ED with NLTUC

2.2 Cost of health is increasing

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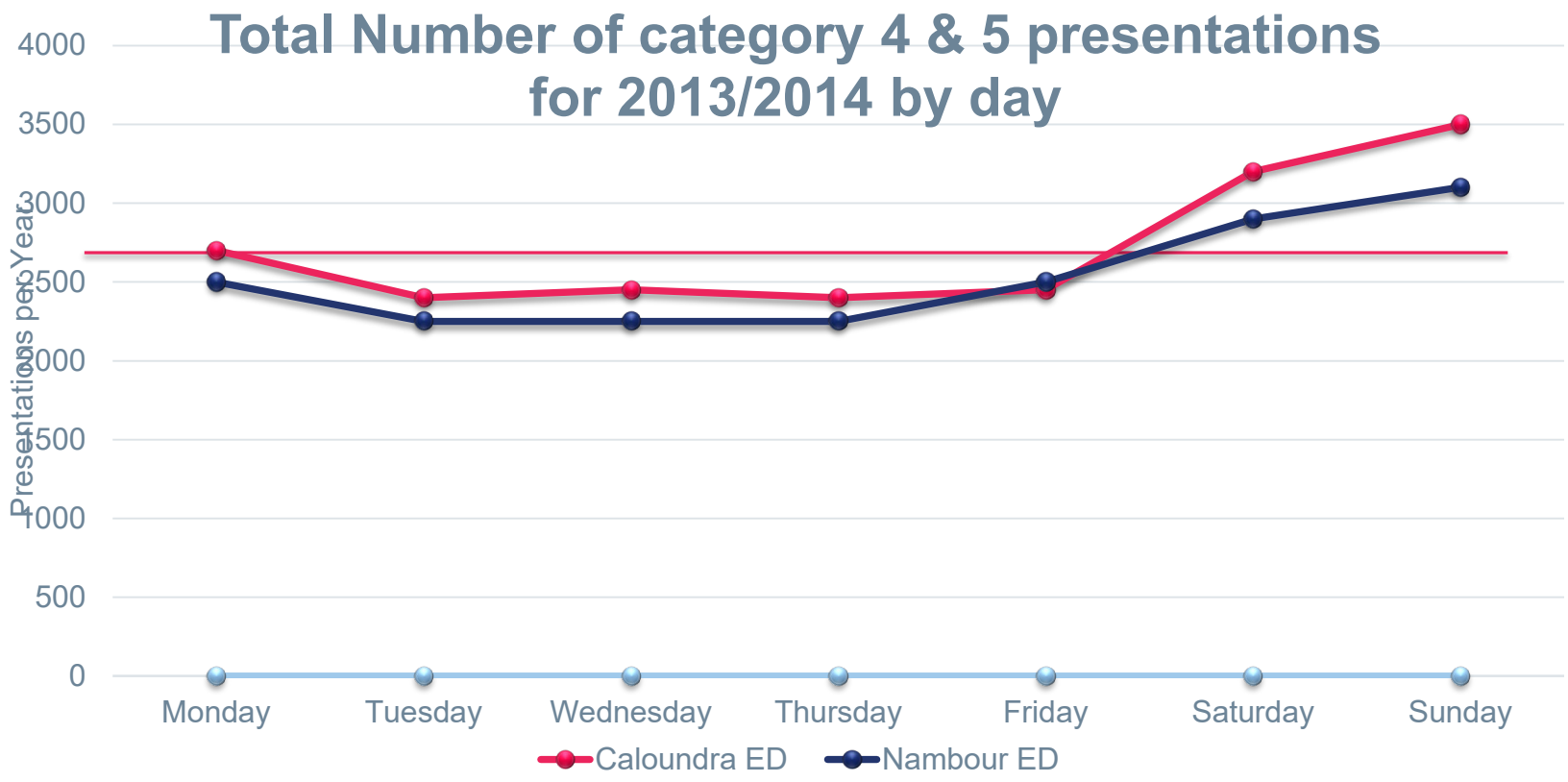
2.4 Increased presentations especially on the weekend contribute to **OVERCROWDING** - which impedes ED functioning, increases inpatient stay, patient dissatisfaction, error, delay in diagnosis and treatment, higher chance of DNW, cost, morbidity, staff stress and mortality


Total Number of category 4 & 5 presentations for 2013/2014 by day
Presentations per Year
4000
3500
3000
2500
2000
1500
1000
500
0
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
Caloundra ED
Nambour ED

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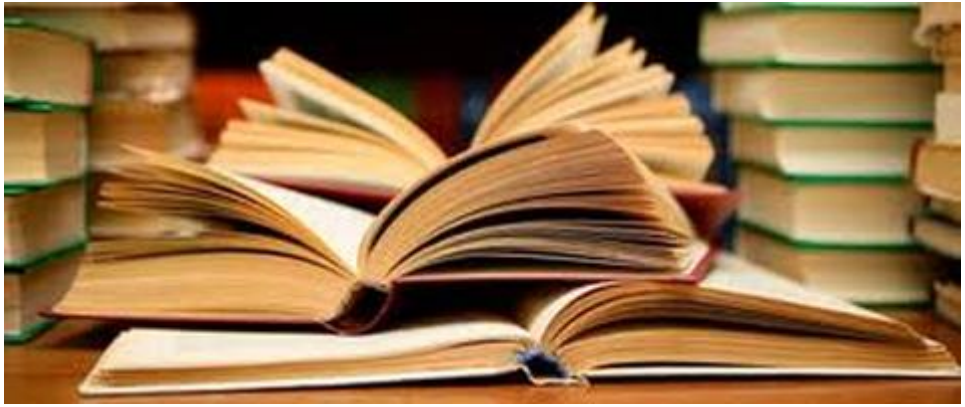
2.5 Slowness to embrace solutions:

- **expanding the ED**
- **referring patients off-site**
- **developing primary care based solutions**

3.0 Solutions in the Literature



Emerging Models of Community Health care - for NLTUC

Category	Description of models
Telemedicine - virtual, most limited access to resources	1. Non-clinical call handler managed
	2. Nurse managed
	3. GP managed
House calls – face to face interaction with limited access to resources	4. New Prehospital Practitioner Community Care
	5. Nurse practitioner led
	6. GP led
Location based - face to face with access to more resources	7. Urgent Care Community Pharmacy
	8. Advanced Nurse Enhancement of Primary Care
	9. Nurse Practitioner in nurse led clinics
	10. On-site employer clinic
	11. Urgent Care Clinic
	12. Freestanding Emergency Department
	13. Integrated Primary Care Centre

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3.0 Literature review

3.1 Non-GP non-ED models managing patients with NLTUC can be built on/expanded in the Australian context

- **New Prehospital Practitioner Community Care**

(Mason et al. 2007, Gray & Walker 2008, Blacker et al. 2009, Tohira et al. 2014)

- Urgent Care Pharmacies
- Advanced Nurse Enhancement of Primary Care
- Designated Urgent Care Clinics
- Integrated Primary Care Centres

3.0 Literature review

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- New Prehospital Practitioners
- **Urgent Care Pharmacies**

(Hayes et al. 2000, Williams et al. 2011, Gauld et at. 2012, Parsons et al. 2012, Klepser et al. 2012)

- Advanced Nurse Enhancement of Primary Care
- Designated Urgent Care Clinics
- Integrated Primary Care Centres

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- New Prehospital Practitioner Community Care
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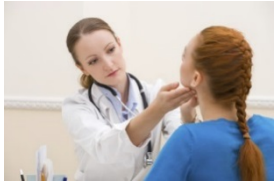
- **Advanced Nurse Enhancement of Primary Care**

(Hanson Turton et al. 2007, Bonsall & Cheater 2008, Elsom et al. 2009, Swan et al. 2015)

- Designated Urgent Care Clinics
- Integrated Primary Care Centres



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(Sibbald 2000, Mehotra et al. 2008, Weinick et al. 2009, Zimmerman 2013, Qin et al. 2015)

- Integrated Primary Care Centres

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(Powell Davies et al. 2010, Smith and Bywood 2012, Thomas 2013, Bulletin of the WHO 2015, Barker et al. 2017)

3.0 Literature review

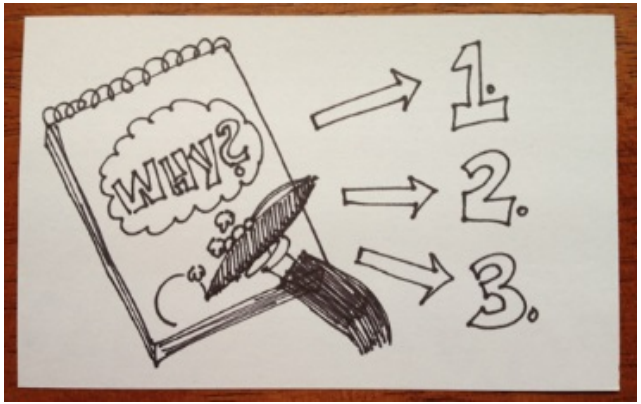
3.2 Identifiable demographic/clinical characteristics of patients presenting to ED with NLTUC

(Anderson & Gaudry 1984, Dale et al., 1995, Young et al. 1996, Ward et al. 1996, Giesen et al. 2006, Carret et al. 2007, Philips et at. 2010, Fortuna et al. 2010, Begley et al. 2010, Kaskie et al. 2011, Chmiel et al. 2011, McHale et al. 2013, Shaw et al. 2013, Swaverly et al. 2015, Freed et al. 2015, Seccombe et al. 2015, Dale et al. 1995, Shipman et at. 1997, Harris & McDonald 1997, Philips at al. 2010, Chmiel et al. 2011)

3.0 Literature review

3.3 Reasons for patients choosing GP or ED

(Young et al. 1996, Shipman et al. 1997, Shipman & Dale 1999, Koziol-McLain et al. 2000, Ryan et al. 2005, Young et al. 2006, Masso et al. 2007, Berry 2008, Procter et al. 2009, Philips 2010, Ahmed and Fincham 2010, Begley et al. 2010, West 2011, Becker et al. 2012, Philips 2012, Durand et al. 2012, Shaw et al. 2013, Gunther et al. 2013, Palmer et al. 2014, Alyasin & Douglas 2014, Acosta & Lima 2015, Swavely et al. 2015)



3.0 Literature review

3.4 Reasons GPs provide for NLTUC and work after hours/ weekends/ public holidays

(Cathebras et al 2004, van Uden et al. 2005, Whalley et al. 2006, Bogue et al, 2006, May et al. 2008, Shanafelt et al. 2012, Galam et al. 2013, Smits et al. 2014, Dale et al. 2015)

3.5 Summary of Literature Review

- 5 non GP/non ED models including IPCC (but gap in literature)

- Demographics/ presentation reasons of patients presenting to ED
- Patients tell us why they go to ED with NLTUC instead of the GP
- GP’s tell us what it takes for them to see NLTUC and work after hours

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So what now?

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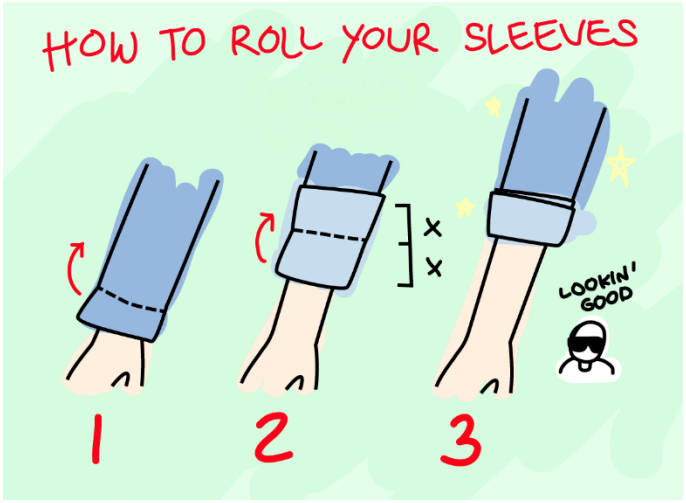
Extreme Ownership

So what now?

4.0 Research

5.0 Consider providing an Urgent Care Service

6.0 Public Private Partnerships Piggybacking on Urgent Care



4.0 Research

4.1 Get help from a University – why not enrol?

Case Study Methodology

(Krejcie & Morgan 1970, Eisenhardt 1989, Polit & Hungler 1991, Cavana et al. 2000, Sikmund 2003, Newman 2003, Shuttleworth 2009 (3 references), Yin 2015)

1) **Getting started**
2) Case selection
3) Data collection
4) Data analysis
5) Validity and Reliability
6) Enfolding Literature
7) Reaching closure

- **Research Problem & Questions**

Case Study Methodology

Research problem:

It is unclear whether UCC in IPCCs can provide an alternative with equal or better outcomes to ED for those with NLTUC and improve the problem of overcrowding in Australian EDs

Case Study Methodology

Research questions:

1. What are the characteristics and management of patients presenting without an appointment to two IPCCs as compared to an ED in a regional centre on Queensland Australia?

2. What factors influence the decision making of patients with NLTUCs related to presentation at an ED compared to an IPCC?

Case Study Methodology

1) Getting started
2) **Case selection**
3) Data collection
4) Data analysis
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- **Service delivery organisations on the SC – x2 IPCC x1 ED**
- **Patients attending different clinics**

Case Study Methodology

1) Getting started
2) Case selection
3) **Data collection**
4) Data analysis
5) Validity and Reliability
6) Enfolding Literature
7) Reaching closure

Phase 1:

<u>Research Design:</u> Retrospective, descriptive, comparative: clinical characteristics, outcomes of 2 IPCC and 1 ED

<u>Chart Audit:</u>

<u>Data derived from patient records</u>

Case Study Methodology

1) Getting started
2) Case selection
3) **Data collection (cont'd)**
4) Data analysis
5) Validity and Reliability
6) Enfolding Literature
7) Reaching closure

Phase 2:

<u>Research Design:</u> Patient survey of those attending an IPCC or ED with NLTUC to find out what influences their decision to present.

<u>Survey development, piloting and re-development</u>

<u>Data derived from survey</u>

Case Study Methodology

1) Getting started
2) Case selection
3) Data collection
4) **Data analysis**
5) Validity and Reliability
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Phase 1:

Statistical analysis – Describe sample characteristics using frequency, percentage, measures of central tendency and distribution

Bivariate comparison of outcomes and costs with a range of clinical characteristics – correlation and chi-square

Multivariate modelling

Case Study Methodology

1) Getting started
2) Case selection
3) Data collection
4) **Data analysis (cont'd)**
5) Validity and Reliability
6) Enfolding Literature
7) Reaching closure

Phase 2:

Statistical analysis – Describe sample characteristics and survey item responses using frequency, percentage, measures of central tendency and distribution

Explore relationships between variables

Case Study Methodology

1) Getting started
2) Case selection
3) Data collection
4) Data analysis
5) **Validity and Reliability**
6) **Enfolding Literature**
7) Reaching closure

Case Study Methodology

1) Getting started
2) Case selection
3) Data collection
4) Data analysis
5) Validity and Reliability
6) Enfolding Literature
7) **Reaching closure**

Descriptive data of Top 30 non-booked presentations to Ochre Health Medical Centre–Sippy Downs Sundays 2015 (n=2077) c.f. Beach Data (n=194100) (Unpublished and non-peer reviewed)

	OHMC-SC (37 conditions = 75th Percentile)		BEACH Data (102 conditions = 75th Percentile)	
1	**Acute bronchitis**	16%	Hypertension	6%
2	**Long term (current) use of antibiotics**	7%	Immunisation/ vaccination	4%
3	**Cellulitis, unspecified - Cellulitis; Cellulitis of skin with lymphangitis**	4%	**Acute URTI**	3%
4	**Otitis externa**	3%	Depression	3%
5	**Gastroenteritis and colitis, unspecified**	3%	Diabetes: non gestational	2%
6	**Urinary tract infection, site not specified**	3%	Lipid disorders	2%
7	**Acute upper respiratory tract infection, unspecified**	3%	General check-up	2%
8	Encounter for attention to dressings, sutures and drains (includes COD & ROS)	3%	Osteoarthritis	2%
9	**Acute tonsillitis**	3%	*Back complaint*	2%
10	**Suppurative and unspecified otitis media**	3%	Prescription	2%
11	**Acute pharyngitis**	2%	Oesophagus disease	2%
12	Encounter for issue of repeat prescription	2%	Female genital checkup	2%
13	*Open wound of head*	2%	**Acute bronchitis/ bronchioloitis**	2%
14	**Unspecified viral infection characterized by skin and mucous membrane lesions**	1%	Asthma	1%
15	**Impetigo, unspecified**	1%	Anxiety	1%
16	*Fracture at wrist and hand level (includes fingers and thumb)*	1%	Test results	1%
17	**Acute sinusitis**	1%	**UTI**	1%
18	Other and unspecified dermatitis	1%	Dermatitis, contact/ allergic	1%
19	**Cutaneous abscess, unspecified**	1%	Pregnancy	1%
20	*Open wound of wrist, hand and fingers*	1%	Sleep disturbance	1%
21	*Dislocation and sprain of joints and ligaments at wrist and hand level (includes fingers)*	1%	**Sinusitis acute/ chronic**	1%
22	Abdominal and pelvic pain	1%	**Gastroenteritis**	1%
23	**Gastritis and duodenitis (include EtOH)**	1%	Vitamin/ nutritional deficiency	1%
24	**Periapical abscess without sinus**	1%	Malignant neoplasm of skin	1%
25	**Viral infection, unspecified**	1%	Abnormal test results	1%
26	*Dislocation and sprain of joints and ligaments at ankle, foot and toe level*	1%	Atrial fibrillation/ flutter	1%
27	*Dislocation and sprain of joints and ligaments of knee*	1%	Oral contraception	1%
28	Medication Management - Proceedural Code	1%	Solar keratosis/ sunburn	1%
29	**Pneumonia, unspecified organism**	1%	Ischaemic heart disease	1%
30	*Dorsalgia*	1%	**Viral disease, not otherwise specified**	1%
	Bold Indicate infection	**54%**		**9%**
	Italics indicates injury	*8%*		*2%*

4.0 Research

4.1 Why not enrol in a University?

4.2 Join a collaborative

John.Adie@healius.com.au

5.0 Consider providing an Urgent Care Service

5.1 What is Urgent Care?

Urgent Care

Episodic, extended hours care in the community allowing treatment of a large range of lower acuity conditions

Clinics exist in the US, Canada, UK, NZ, Australia, Hungry, Israel & Bahrain

5.2 Urgent Care – US

US

- Four Levels of accreditation

- 1/3 – 1/5 cost of a hospital ED

- Governing bodies:
  - Urgent Care Association of America
  - American Academy of Urgent Care Medicine

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URGENT CARE
ASSOCIATION
Your gateway to better℠


AAUCM
American Academy of Urgent Care Medicine
"The Doctor will see you NOW!"

5.3 Urgent Care – NZ & Australia

NZ

- **Open 0800 – 2000, 7/7/365, XR, MD, RNZCUC Standard**
- **Models**
- Alternative Sources of Funding:
  - ACC
  - Hospital
  - POAC for IV antibiotics, IV fluids, short stay for COPD/ asthma
- Governing body: RNZCUC
- Lowest rate of ED admissions in the Western World (Table 1)

Urgent Care:

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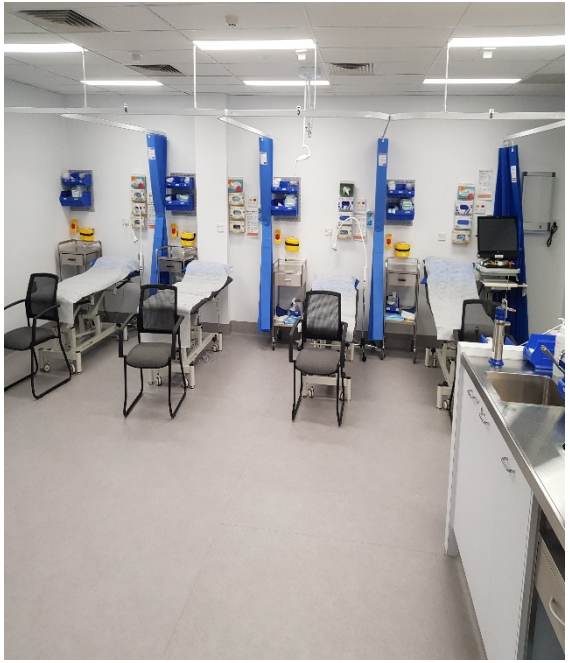
IPCC Models:


WHITE CROSS
8am - 8pm
7 DAYS A WEEK
Doctors
Dentist
Mercy Radiology
Total Physio


ENTRANCE
Need a Blood Test?
Pathology
Chancellor Park

Elizabeth Medical & Dental



5.3 Urgent Care – NZ & Australia

NZ

- Open 0800 – 2000, 7/7/365, XR, MD, RNZCUC Standard
- Models
- **Alternative Sources of Funding:**
  - **ACC**
  - **Hospital**
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Urgent Care:

Episodic, extended hours care in the community allowing treatment of a large range of lower acuity conditions

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RNZCUC

ROYAL NEW ZEALAND COLLEGE OF URGENT CARE

5.3 Urgent Care – NZ & Australia

NZ

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- Models
- Alternative Sources of Funding:
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Urgent Care:

Episodic, extended hours care in the community allowing treatment of a large range of lower acuity conditions

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Innovations in Urban Primary Care:

1) Urgent Care in Integrated Primary Care Centres

	Auckland NZ	Aus	UK	US	Can
Av	184	311	345	408	476

Table 1: ED admission rate/ 1,000 (Clearwater, 2014)

Urgent Care

Episodic, extended hours care in the community allowing treatment of a large range of lower acuity conditions

Clinics exist in the US, Canada, UK, NZ, Australia, Hungry, Israel & Bahrain

Australian Urgent Care Clinics:

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Table 4: Costing of 5 lower acuity presentations in Australian and NZ UCC & GP

Presentations	NZ UCC	NZ GP	Australian GP
Normal hours consult up to 20 minutes.	$70.53 (accidents) [a]	$NZ35.48 (accidents) [a]	$AU36.30
Single site burn > 4 cm 2	$NZ 142.00	$NZ 107.38	$AU39.55
IV rehydration of gastroenteritis (over 1 hour)	$NZ 170	$NZ 170	$AU70.30
Intravenous cephazolin (non-septic cellulitis)	$NZ 125.5	$NZ 125.5	$AU36.60
Non-displaced distal radius fracture (initial consult).	$NZ 172.03 [b]	$NZ 164.47 [b]	$AU36.60 [b]

Source: (Accident Compensation Corporation New Zealand, 2016; Australian Government Department of Health, 2016)

[a] Complicated funding arrangements depending on capitation rules for medical conditions.

[b] If whole fracture episode not managed.

5.2 Urgent Care – UK, Europe, Israel		

Urgent Care

Episodic, extended hours care in the community allowing treatment of a large range of lower acuity conditions

Clinics exist in the US, Canada, UK, NZ, Australia, Hungry, Israel & Bahrain

Evidence of Primary Care Initiatives:

Continuity of care

-> 9% fewer lower acuity admissions (Barker, Steventon, & Deeny, 2017)

Prime Minister's Challenge Fund England: First wave, weekend appointments (Cecil et al., 2016; Dolton & Pathania, 2016; Fowler Davis, Piercy, Pearson, Thomas, & Kelly, 2018; Whittaker et al., 2016)

9% reduction in paediatric admissions through ED

10% reduction in A&E attendances overall

18 % decrease in weekend A&E attendances overall in patients registered at the pilot practices in London

26% relative reduction in Manchester for minor problems

Urgent Care in Chile (Pacheco, Cuadrado, & Martínez-Gutiérrez, 2019)

-> 3% reduction in ED visits (more with adult & elderly)

-> 6% decrease in same day visits to GP (more in children & adolescents)

AH General Practice (Buckley, Curtis, & McGirr, 2010; Crawford, Cooper, Cant, & DeSouza, 2017; C. J. T. van Uden & Crebolder, 2004)

8 % reduction in category 4 & 5 presentations to a Base Hospital ED in NSW

9% total reduction in the Netherlands

Reduce a proportion of ED presentations in less urgent patient categories with nurse-led triage of medical emergency care

6.0 Public/ Private Partnerships piggybacking Urgent Care

PPPs piggybacking UC:

6.1 Primary Care Fracture Clinic

40% > 16 y.o. referred to Hospital Fracture Clinic assessed as suitable for PCFC at Logan & Redlands Hospitals

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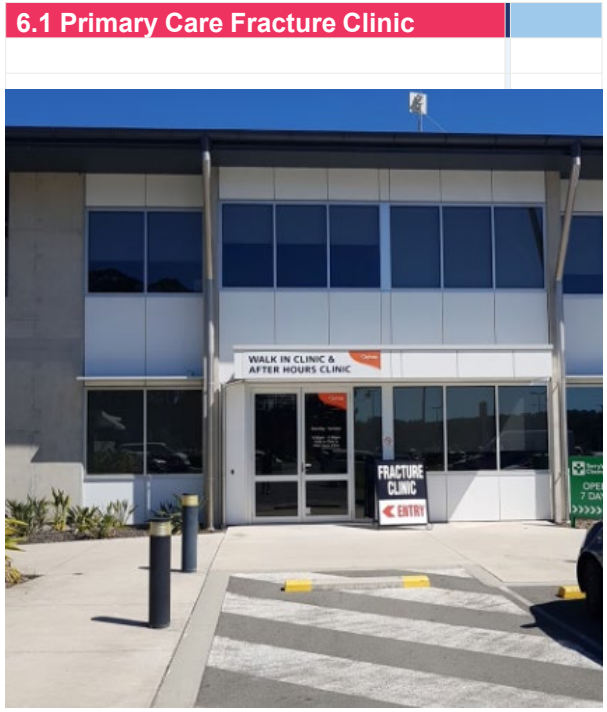

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Top six treatments: below elbow cast, shoulder immobiliser, above and below elbow case, cobra cast and Moon boot

CED Evaluation

PPPs piggybacking UC:

6.1 Primary Care Fracture Clinic	
RESULTS:	
- Cost $18K c.f. %116 – 145K if model not operating	
- Patients wait > clinically recommended reduced by 26%	
- 40% increase in conversion rate to surgery	
- Patients & clinicians satisfied - primary care location reduced general inconvenience, travel time, reduced waiting time & cost	

40% > 16 y.o. referred to Hospital Fracture Clinic assessed as suitable for PCFC at Logan & Redlands Hospitals

Qld Health Collaboration b/w HIU, CED, SCHHS & OHMC-SC - 2014

Top six fractures: making 80% of referrals

Top six treatments: below elbow cast, shoulder immobiliser, above and below elbow case, cobra cast and Moon boot

CED Evaluation – see over

PPPs piggybacking UC:

6.1 Primary Care Fracture Clinic	
TWO MAIN WEBSITES:	
1) Ortho-bullets	
2) Royal Children's Hospital Melbourne Fracture Clinic Guidelines	

40% > 16 y.o. referred to Hospital Fracture Clinic assessed as suitable for PCFC at Logan & Redlands Hospitals

Qld Health Collaboration b/w HIU, CED, SCHHS & OHMC-SC - 2014

Top six fractures: making 80% of referrals

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CED Evaluation

Websites:

PPPs piggybacking UC:

6.2 GP Lead – Hospital in the Home

PPPs piggybacking UC:

6.2 GP Lead – Hospital in the Home

Two HITH Models

- **Admission Avoidance**
- **Early Discharge**

PPPs piggybacking UC:

6.2 GP Lead – Hospital in the Home

Two HITH Models

- Admission Avoidance
- Early Discharge

Three Cochrane Reviews & One Meta-Analysis

- Patient & carer satisfaction ↑
- Carer burden →
- Mortality & readmission ↓
- Hospital stay ↓
- Cost ↓

PPPs piggybacking UC:

6.2 GP Lead – Hospital in the Home	
- Five DRGs grew	
- Findings & Key Learnings	

Two HITH Models

- Admission Avoidance
- Early Discharge

Three Cochrane Reviews & One Meta-Analysis

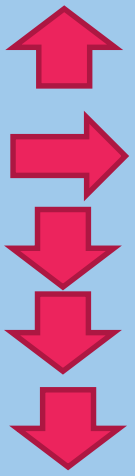
- Patient & carer satisfaction

- Carer burden

- Mortality & readmission

- Hospital stay

- Cost



PPPs piggybacking UC:

6.3 Ambulance Diversion

St John Ambulance 2016

PPPs piggybacking UC:

6.3 Ambulance Diversion

St John Ambulance 2016

Spot-On Hospital Avoidance Qld 2016

PPPs piggybacking UC:

6.3 Ambulance Diversion

St John Ambulance 2016

Spot-On Hospital Avoidance Qld 2016

West Midlands of England 2017

PPPs piggybacking UC:

6.3 Ambulance Diversion

St John Ambulance 2016

Spot-On Hospital Avoidance Qld 2016

West Midlands of England 2017

Health Hub Doctors Morayfield 2017

PPPs piggybacking UC:

6.3 Ambulance Diversion

St John Ambulance 2016

Spot-On Hospital Avoidance Qld 2016

West Midlands of England 2017

Health Hub Doctors Morayfield 2017

Priority Care Centres South Australia 2019

PPPs piggybacking UC:

6.4 Homeless Medicine

- ‘People living on the streets or other places not intended for human habitation, living in shelters, lacking a fixed regular residence, temporarily staying with friends & families’

- Demographic
  - Male - 72 – 77%
  - 25 – 44 - 50%
  - > 50 - 33%

- Morbidity & Mortality
  - Chronic illness
  - Substance Abuse
  - Mental Illness
  - Mortality increased 3 – 6 times

- Current Homeless ED/ Inpatient Healthcare Pathway

PPPs piggybacking UC:

6.4 Homeless Medicine – Primary Care Solution

WHO Primary Care Definition:

> *'the first level of contact of individuals, the family & community with the national health system bringing health care as close as possible to where people live & work, & constitutes the first element of a continuing health care process'*

- Enrolment - Less likely reducing with time on the street

- Successful Models:

1) Tailored & orientated to homeless
2) Multi-disciplinary Team – GPs & RNs
3) Integration: social support & community health engagement
4) Co-location – GP, mental health, social support services

PPPs piggybacking UC:

6.4 Homeless Medicine – Primary Care Solution
- Benefits – lack of high quality studies but: Social & housing status Access/ use of health care services Diagnosis/ Management of chronic disease Care Experience Reduced ED visits & Inpatient Stays

PPPs piggybacking UC:

6.5 New Technologies	
1) Point of Care Testing - POCUS - Laboratory Testing 2) Hybrid Decision Making Tools	

7.0 Resources

7.1 Internal

SWIFTQ Immediate Care Patient Profile

SwiftQ sees

- Occupational health and workplace injuries
- Sports injuries
- Minor illnesses:
  - → coughs, colds
  - → Upper Respiratory Tract Infections (URTI)
  - → Rashes
  - → Diarrhoea & vomiting
  - → Urinary Tract Infections (UTI)
  - → Sexually Transmitted Infections (STI)
- Minor Injuries:
  - → Suspected fractures, obvious fractures, sprains
  - → Lacerations/cuts requiring suturing
  - → Eye & ear issues
  - → Bites
  - → Minor burns & scolds
- Urgent prescriptions - up to 1 month (not opioids, benzodiazepines or amphetamines)
- Vaccinations - Tetanus, whooping cough, flu, simple travel vaccines
- Urine drug screens**

SwiftQ refers to hospital

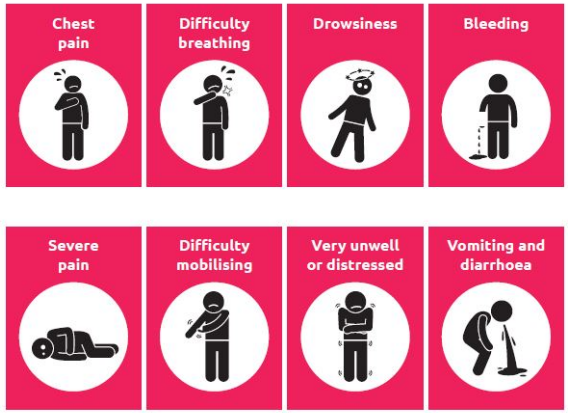
- Cardiac/chest pain
- Serious breathing difficulties
- Loss of consciousness
- Serious head, neck or back injury
- Reduced GCS
- Severe abdominal pain
- Severe allergic reactions
- Unstable mental health issues
- Uncontrollable bleeding
- Severe penetrating & high velocity injuries

SwiftQ refers to GP

- Care plans, health assessments
- Mental health care plans
- Pre-employment, diving and driving medicals
- Routine repeat prescriptions
- Patients who request own GP
- Vaccines for patients with comorbidities and childhood vaccinations

SwiftQ
Immediate Care

Do you have any of these conditions?



Please advise our Reception team now.

SwiftQ Immediate Care forms a part of Healius Medical Centres division which provides facilities and support services to independent healthcare practitioners operating out of their centres

Immediate Care - Version 1.0 - July 2019

IMMEDIATE CARE NURSING ACTIVITY TOOL

Presentation	BP	Pulse	Temp	Resp Rate	SpO_2	AVPU	GCS	Pain/10	Other
Abdominal pain	x	x	x					x	U/A, BHCG/ BGL
Anaphylaxis	x	x	x	x	x	x			
Bites and stings	x	x		x	x			x	
Burns	x	x						x	
Chest pain /tightness	x	x	x	x	x			x	ECG
Collapse/syncope	x	x	x	x	x	x			BGL/ ECG
Confusion	x	x	x	x	x	x			
Diabetic emergency	x	x	x	x	x			x	BGL
Diarrhoea/Vomiting	x	x	x					x	
ENT/URTI	x	x	x	x	x				
Eye/vision problem	x	x							
Febrile illness	x	x	x	x				x	
Genitourinary	x	x	x					x	U/A/ BHCG
Head injury	x	x	x	x	x		x		
Lacerations	x	x							
Mental health	x	x							
Musculoskeletal	x	x						x	
Neurological	x	x	x	x	x	x	x		
Poisoning	x	x		x	x	x			
Pregnancy complication	x	x	x	x	x			x	U/A
Rash	x	x	x	x					
Respiratory distress	x	x	x	x	x	x		x	
Seizure	x	x	x	x	x	x			

Note: It may be necessary to record additional vital signs to those listed. These should be based on clinical judgement during the assessment process and ongoing monitoring.

References:

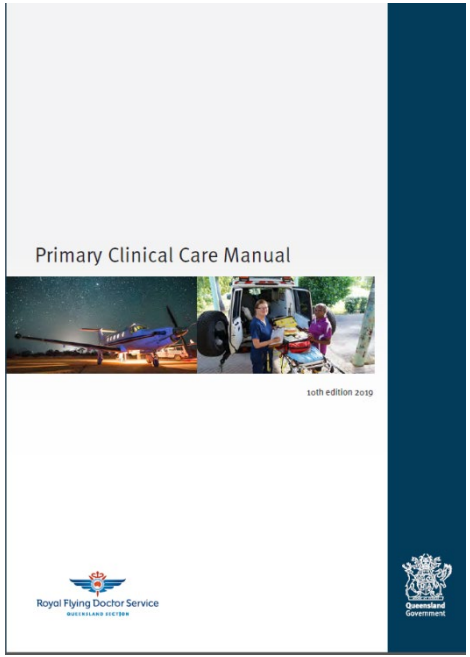
1. Crisp J, Douglas C, Rebeiro G and Waters D. 2016. Potter and Perry's Fundamentals of Nursing – Australian Version. 5th edition.
2. Queensland Ambulance Service. 2016. Clinical Practice Procedures: Assessment/Neurological Assessment. Available URL: https://www.ambulance.qld.gov.au/docs/clinical/cpp/CPP_Neurological%20assessment.pdf <Accessed 2019, May 31>

Item Guide

FRACTURES & REDUCTION	Code
Upper Limb (treatment of fracture)	
Clavicle	47462
Humerus, distal, (supracondylar or condylar)	47453
Humerus, proximal	47423
Humerus, shaft of	47444
Humerus, treatment of fracture of tuberosity	47411
Olecranon	47396
Radius & ulnar, shafts of, by cast immobilisation	47387
Radius and/or ulnar, distal end, by cast immobilisation	47361
Radius and/or ulnar, distal end, by cast immobilisation	47378
Carpus (excluding scaphoid)	47348
Lower Limb (treatment of fracture)	
Patella	47579
Tiba, shaft of, by cast immobilisation	47561
Fibula,	47576
Metatarsal, 1 or	47633
Metatarsal, 2 of	47642
Metatarsal, 3 or more	47651
Phalanx of great toe, by closed reduction	47663
Ankle Joint	47594
Other fractures (treatment of fracture)	
Skull, each attendance	47703
Nasal bones, each attendance	47735
Ribs (1 or more), each attendance	47471
Sternum	47466
Spine (excluding sacrum), fracture of transverse process, vertebral body, or posterior elements	47681
Reduction (treatment of dislocation)	
Interphalangeal Joint, by closed reduction (anaesthetic)	47036
Metacarpophalangeal Joint, by closed reduction (anaesthetic)	47042
Patella, by closed reduction (anaesthetic)	47057
Shoulder, not requiring general anaesthesia	47015
Toe, by closed reduction (anaesthetic)	47069

Nursing procedures	Code
ECG (12 Lead) including report	11700
Audiometry - Non determinate	11306
Spirometry - diagnostic - pre & post bronchodilator (one annually)	11505
Spirometry - diagnostic - pre & post bronchodilator (one or more tests performed)	11506
Urine pregnancy test	73806
Removal of foreign body	
Removal of foreign body from ear (other than by simply syringing)	41500
Removal of subcutaneous foreign body, requiring incision & exploration +/- wound closure	30064
Removal of superficial foreign body, including cornea/ sclera	30061
Wounds	
Diagnostic biopsy of skin	30071
Diagnostic biopsy of mucus membrane	30072
Ablative treatment of 10 or more premalignant skin lesions	30192
Aspiration	
Haematoma Aspiration	30216
Incision & drainage of abscess/ haematoma (excluding aftercare)	30219
Incision of perianal thrombosis	32147
Burns	
Dressing of localised burns	30003
Ear wax	
EAR TOILET using operating microscope & microinspection of tympanic membrane	41647
Toenails	
Toenail removal	47904
Ingrowing toenail (wedge resection)	47915
Ingrown toenail (phenol/ electrocautery/ laser to nailbed)	47916

Wound repair by suturing:	Face/ Neck	Body
Sutures: < 7 cm superficial	30032	30026
Sutures: < 7 cm deep	30035	30029
Sutures: > 7 cm superficial	30045	30038
Sutures: > 7 cm deep	30049	30042
Eyelid, nose, ear	30052	


Primary Clinical Care Manual
10th edition 2019
Royal Flying Doctor Service
Queensland Government

Clinical resources A - Z
Clinical Data Strategy
Clinical programs
Antimicrobial stewardship
BloodSafe
Dignity in Care
Drug and alcohol programs
HealthPathways South Australia
Viral Hepatitis Nursing Support
Nationally Funded Centres Program
Oral health programs
Programs for the prescribing and supply of medicines
SA Pregnancy Record

HealthPathways South Australia

HealthPathways South Australia (HPSA) is a partnership between SA Health, Adelaide Primary Health Network and Country SA Primary Health Network.

HPSA provides information and guidelines for General Practitioners (GPs) and health professionals to support the consistent management of patients in the community. The pathways provide information for GPs and health professionals about available community services and, when required, details on referring patients to SA Health for care.

HealthPathways are developed by a clinical team that includes GPs and a variety of professionals such as medical specialists, nurses, allied health staff, pharmacists and paramedics. The team works together to ensure the information in the pathways supports GPs in planning care and treatments with their patients based on the best available

A+ Increase text size
A− Decrease text size
Print this page

Related information

- HealthPathways SA Portal
- For GPs
- HealthPathways Adelaide PHN
- HealthPathways Country SA PHN

Related resources

- HealthPathways flyer (PDF 2MB)

Clinical resources A - Z
Clinical Data Strategy
Clinical programs
Clinical Services Capability Framework
Clinical topics
For GPs
Health notifications
Aged Care Strategy Unit
National Disability Insurance Scheme (NDIS)
Professional development
Referral guidelines
Safety and quality
SA Health Clinical Practice Guidelines
SA Health Library Services (SALUS)
Allied and Scientific Health
Health Licensing

Clinical resources A-Z

Increase text size
Decrease text size
Print this page

Browse our A-Z list of clinical resources.

View clinical resources by letter.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

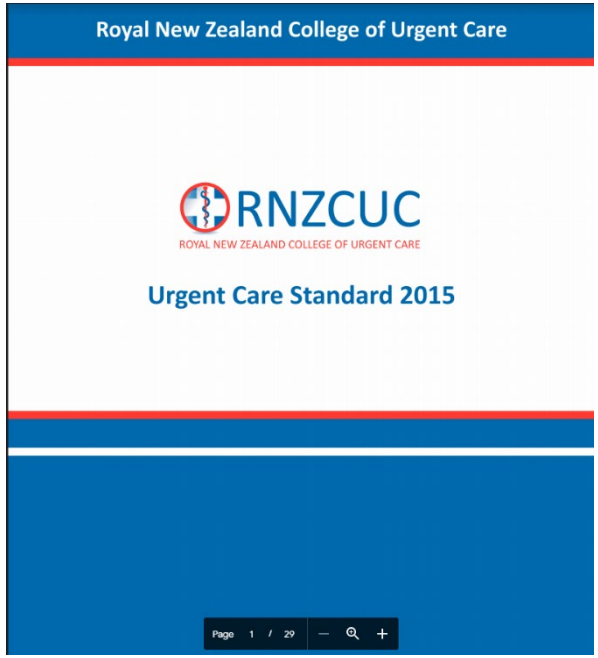
- Cancer and oncology
- Candida auris
- Cannabis withdrawal management
- Carbapenemase-producing Enterobacterales (CPE) Infection Control
- Care of older people toolkit
- Centre for Physical Activity in Ageing referral guidelines
- Cervical screening for healthcare providers
- Challenging behaviour for health professionals
- Chancroid diagnosis and treatment
- Child protection
- Chlamydia trachomatis (genital) diagnosis and management
- Choice and Medication © - SA Health portal
- Clinical handover and teamwork
- Clostridium difficile infection (CDI)
- Clozapine
- Clozapine Highly Specialised Drug Program
- Codeine
- Colonoscopy referrals for participants in the National Bowel Cancer Screening

7.0 Resources

7.1 Internal

7.2 RNZCUC

7.2.1 Standard


Royal New Zealand College of Urgent Care
RNZCUC
ROYAL NEW ZEALAND COLLEGE OF URGENT CARE
Urgent Care Standard 2015
Page 1 / 29

RNZCUC
ROYAL NEW ZEALAND COLLEGE OF URGENT CARE

Webpage for Registering Interest for the RNZCUC in Australia:

https://rnzcuc.org.nz/join-the-college/vocational-registration-in-australia/

7.0 Resources

7.1 Internal

7.2 RNZCUC

7.2.1 Standard

7.2.2 CME

7.0 Resources

7.1 Internal

7.2 RNZCUC

7.2.1 Standard

7.2.2 CME

7.2.3 Accelerated Fellowship Pathway – ACEM, ACRRM - ED

7.0 Resources

7.1 Internal

7.2 RNZCUC

7.3 Australia, UK, rest of the World

7.3.1 Specialist Colleges – ACEM, ACCRM & RACGP

7.3.2 Rural Generalist Pathway

7.3.3 Appraisal & Revalidation

7.0 Resources

7.1 Internal

7.2 RNZCUC

7.3 Australia, UK, rest of the World

- 7.3.1 Specialist Colleges – ACEM, ACCRM & RACGP
- 7.3.2 Rural Generalist Pathway

7.4 Websites

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- 7.3.1 Specialist Colleges – ACEM, ACCRM & RACGP
- 7.3.2 Rural Generalist Pathway

7.4 Websites

7.5 Phone Apps

8.0 Lobbying State & Federal Government so far:

8.1 Other funding models

8.0 Lobbying State & Federal Government as Urgent Care is not 9 - 5

8.1 Other funding models

8.2 Requests for clinics open 7 days per week, 12 hours per day, 365 days per year with at least 8 FTE doctors (if met accreditation standard):

8.0 Lobbying State & Federal Government as Urgent Care is not 9 - 5

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i) Extra item numbers be introduced to the Medicare Benefits Scheme for:

- **Rehydration**
- **Cellulitis**
- **COPD/ asthma**
- **Short stay observation**
- **Diversion from – ED, Ambulance or referral from other GPs**

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ii) FACEM specialists to be able to claim Vocationally Registered Rates for:

Patients presenting to clinics with Urgent Care Services rather than having to be referred patients by GP's or Nurse Practitioners.

Doctors or NPs consulting for advise by telehealth. At present, they can only get telehealth rates if consulting to GPs in Rural Areas.

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iii) RNZCUC Fellows to be able to claim non-CDM (Chronic Disease Management) Medicare item numbers

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iii) RNZCUC Fellows to be able to claim non-CDM (Chronic Disease Management) Medicare item numbers

iv) RNZCUC Standard be made & accepted an Australasian Standard by which to Accredit Urgent Care Clinics

(Cost estimates to make this JAS-ANZ Registered Standard an Australasian one are approximately $30 K)

Polling Questions:

Do you feel your current model of General Practice would be threatened by UC?

Would you be interested in a career in UC that complimented your core GP?

Are you willing to help us to help access for patients to UC in Australia?

https://rnzcuc.org.nz/join-the-college/vocational-registration-in-australia/


SwiftQ
Immediate Care
Waiting Area

Next Immediate Care Centres in Gold Coast, Adelaide, West Sydney & Pt Macquarrie:

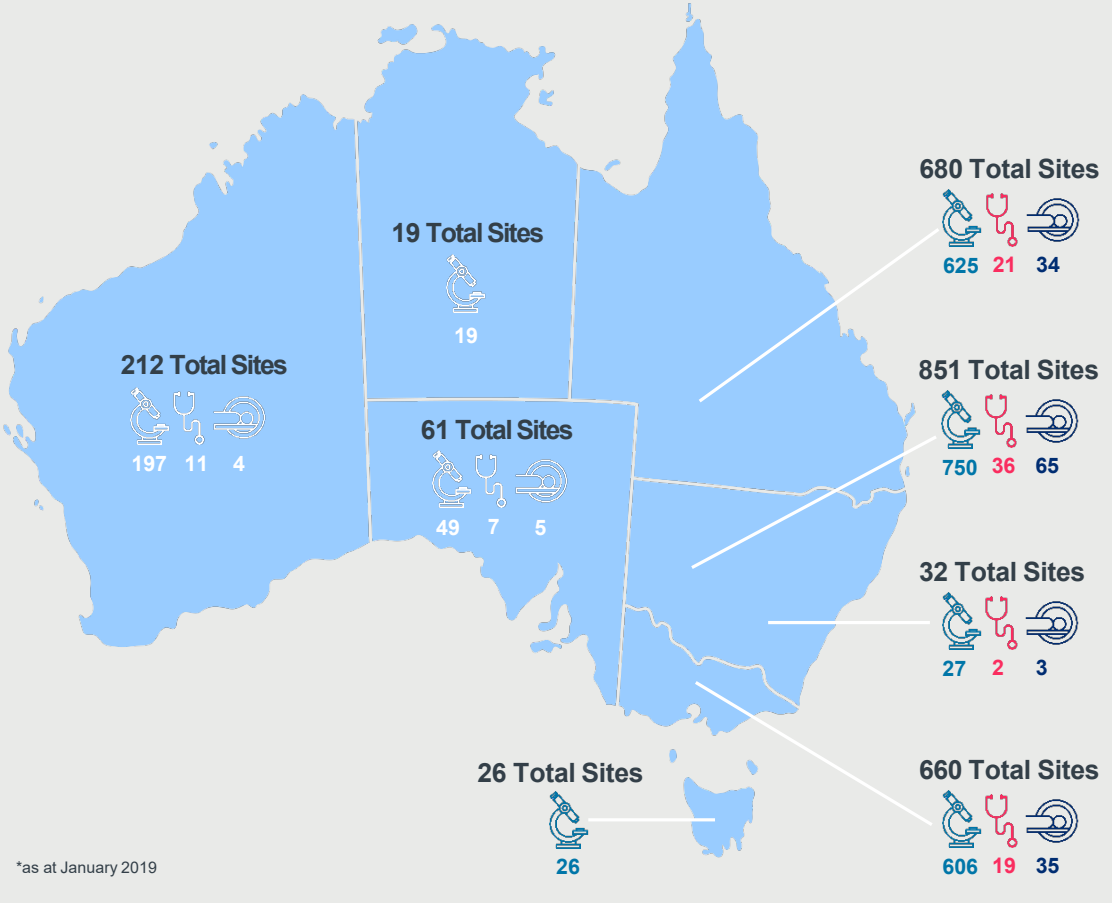
A market leading network

Australia-wide coverage
2,541 Total sites

2,299 Pathology
2,191 ACCCs
108 Laboratories

96 Centres
75 Healius Medical Centres
13 Health & Co
8 Montserrat Day Hospitals

146 Diagnostic Imaging
28 Hospitals
63 Community Centres
55 Medical Centres



*as at January 2019