

Epping Priority Primary Care Centre ForHealth

- Set-up process
- Sourcing patients
- What's working well
- Key learnings



Epping PPCC – Planning and Integration



Early engagement of hospital and health service as **collaborative partners**

Active facilitation of local working group meetings between the PPCC provider and health service



Supporting the PPCC to achieve set-up milestones

Messaging and communication to the Primary Care sector





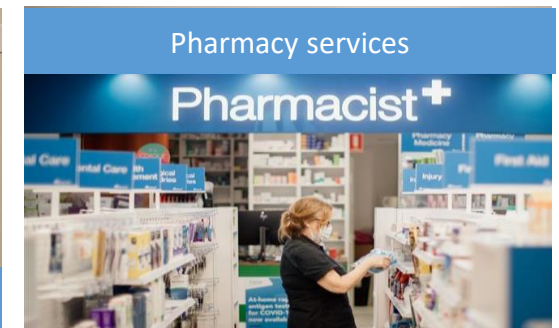
ForHealth

***Epping Priority Primary Care Centre at
Epping Plaza Medical and Dental Centre***



Setting up PPCC

- Infrastructure
- Ancillary services
- IPC
- Clinicians and receptionists
- Equipment
- IT/Phones
- Signage and advertising
- Working groups
- Policy/procedures





PPCC – Simplified Patient Pathway

Pre Admittance



Emergency Department Transfer: ED (Hospital or Virtual) calls mobile telephone and provides clinical handover to doctor/nurse. Gets approval to transfer patient



Self Referral (Booked appointment): Patient books appointment online or by phone



Self Referral (Walk-in): Patient walks in to the PPCC Centre



General Practice: GP can call to provide clinical handover if seen or patient to self refer



Ambulance: Ambulance calls nurse triage. Patient is driven to PPCC by ambulance or own means if safe

Admittance

Patient identifies to admin and provides patient details

Clinical handover notes from any referrer placed in file (including any electronic sent through from Virtual ED)

Patient identified with 'emergency symptoms' escorted to nurse

Patient 'arrived' & waits in the PPCC chairs visible to PPCC admin/nurse

Patients identified with an 'emergency' are triage promptly and escalated to doctor

Nurse selects 'arrived' patient & collects from PPCC admin chairs

Out of scope patients are determined by doctor and referring facility advised, clinical info transferred

Care

Treatment commences Patient triage category confirmed. Initial care attended. Notes added to practsoft & MD. GP notified

Nurse completes any additional care activities as delegated by doctor

GP Consult (Cat 1-3): GP immediately attends to patient and works with nurse to refer patient to ED (with AV support if needed), keeping in constant contact with hospital team

GP Consult (Cat 4-5): GP attends to patient in treatment room or consult room – provides diagnostic pathway and advice

Discharge

Patient care finalisation Patient is provided with referral / script and booked with required associated service (Path / Radiology)

Patient follow up Patient is booked for follow up doctor if this is applicable (telehealth results, regular GP)

Patient Discharge: Patient provided with summary of visit (discharge summary) and this is either sent to patient's existing GP or a new GP is provided for them (if they do not have a regular GP)

Post Visit

Patient follow up is designated as defined by GP's treatment plan

Copies of tests are sent to PPCC and to normal GP

Patient is bulk-billed (non Medicare patients are not charged, but these patients are noted down in pracsoft)

Legend



GP Process



Nurse Process



Admin Process



Epping PPCC so far

- Opened 26 September (First PPCC)
- Initial hours 10am-8pm, start November went to 7am-10pm
- Over 1,260 patients seen, 25-30 per day, intentionally still building gradually
- About 97% “right patients” - Approximately 1% should have gone straight to ED and 2% not urgent



Epping
Priority Primary
Care Centre



Care when it's urgent,
but not an emergency.

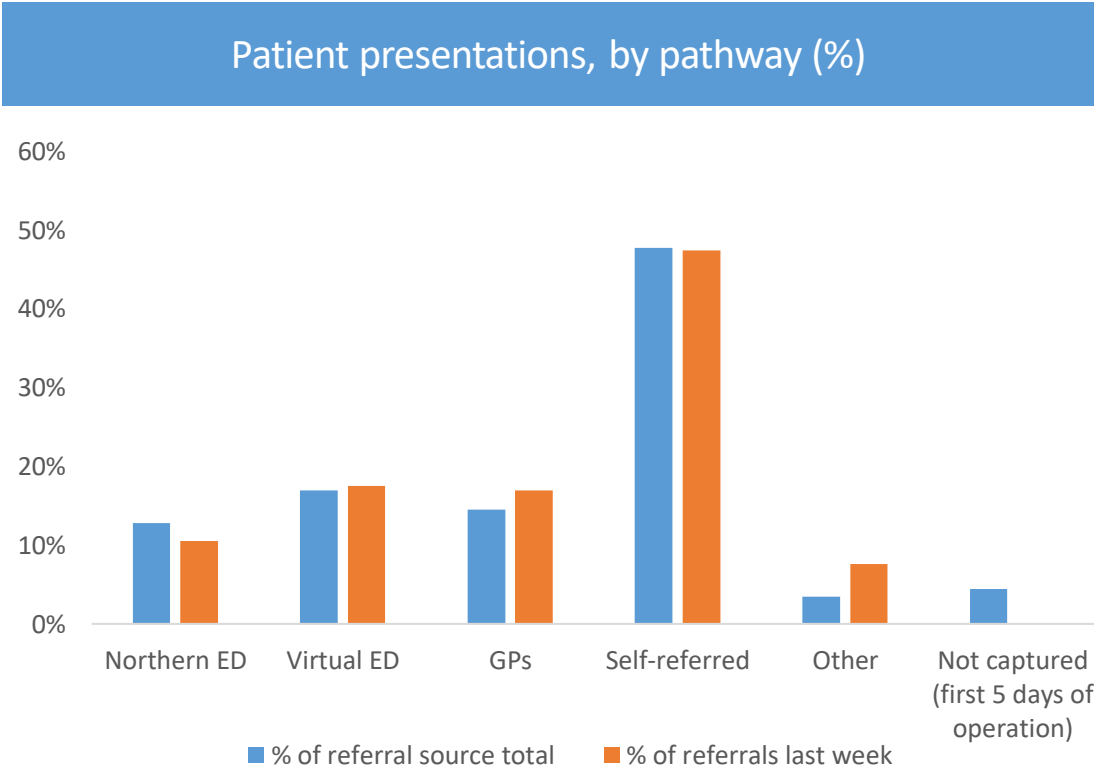
Open Monday – Sunday

Walk-in and Online bookings available



Numbers and referral sources (last week and total)

Patient Pathway	Total To Date	% of referral source total	Total Last 7 days	% of referrals last week
Northern ED	162	13%	18	11%
Virtual ED	214	17%	30	18%
GPs	183	15%	29	17%
Self-referred	602	48%	81	47%
Other	44	3%	13	8%
Not captured (first 5 days of operation)	56	4%	0	0%
Total	1,261		171	



Top 25 diagnosis (based on typed description)

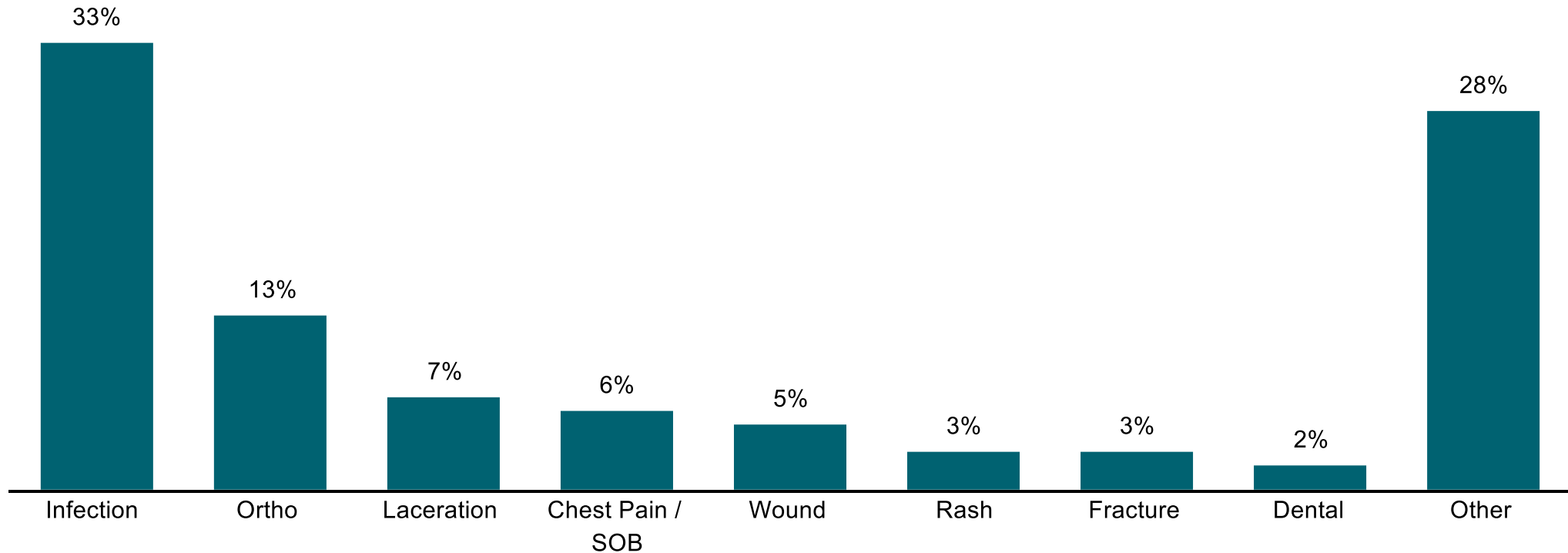
All referral sources		
Patient Presentation Type To Date	Units	Frequency
URTI – Viral	[#]	26
Laceration	[#]	22
Gastroenteritis	[#]	21
Viral infection	[#]	15
Otitis Media	[#]	14
Wound care	[#]	14
UTI (Urinary Tract Infection)	[#]	12
Tonsillitis	[#]	12
Viral Upper Respiratory Tract Infection	[#]	10
URTI	[#]	9
wound infection	[#]	9
Chest pain	[#]	8
r/o fracture	[#]	8
Viral illness - Non specific	[#]	8
Right Laceration	[#]	7
Laceration repair - of Skin	[#]	6
Dizziness	[#]	6
Fall	[#]	6
Allergic conjunctivitis	[#]	6
Knee Pain	[#]	5
Sprained Ankle	[#]	5
Rash	[#]	5
Haematoma	[#]	5
Left Laceration	[#]	5
PV bleeding in early pregnancy	[#]	5
Abdominal pain – Acute	[#]	5
Head Injury	[#]	4

Self-referred only		
Patient Presentation Type To Date	Units	Frequency
URTI - Viral	[#]	11
Gastroenteritis	[#]	8
Otitis Media	[#]	5
Chest pain	[#]	5
Croup	[#]	3
r/o fracture	[#]	3
Viral infection	[#]	3
Wound care	[#]	3
Abrasion skin	[#]	3
URTI	[#]	3
Right Laceration	[#]	3
UTI (Urinary Tract Infection)	[#]	3
Conjunctivitis	[#]	3
Sprained Ankle	[#]	3
dysuria	[#]	2
Epistaxis	[#]	2
Vomiting	[#]	2
HEAD INJURY	[#]	2
Knee pain	[#]	2
Dental abscess	[#]	2
Rash	[#]	2
PV bleeding in early pregnancy	[#]	2
Viral illness - Non specific	[#]	2
UTI - recurrent	[#]	2
Abdominal pain - Acute	[#]	2



Top diagnosiss, by grouping

All referral sources



Other includes head injuries, burns, abdo pain/cramps, falls, PR bleeding early pregnancy, headaches, foreign body removal, dizziness, haematoma, vomiting, PR bleeding, ears



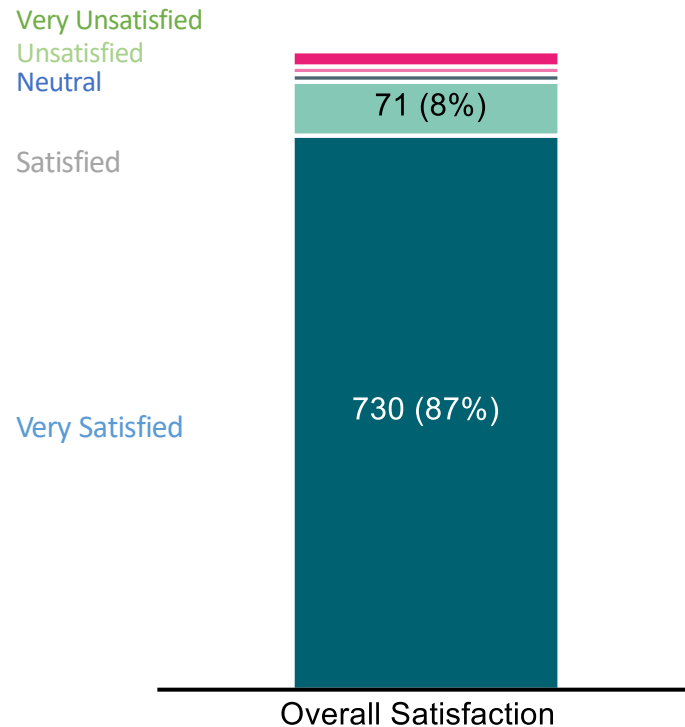
Utilisation of ancillary services

	Weekly Total	Daily Avg
Pathology	14	2
Radiology	33	5
Pharmacy	62	9
Total Patients	168	24

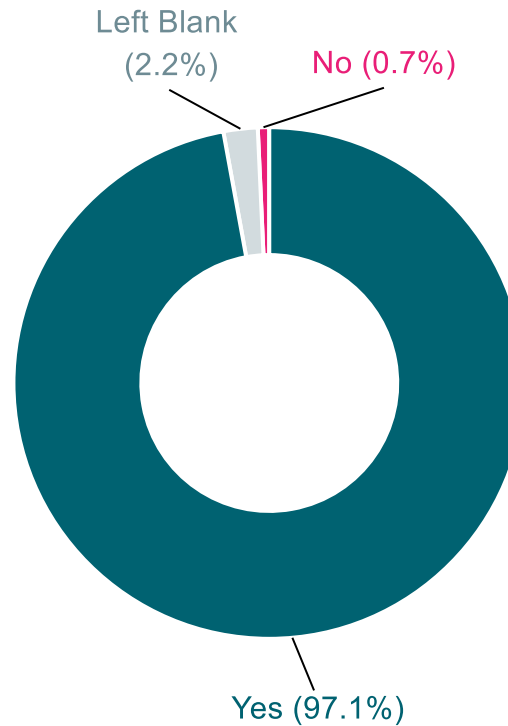


PPCC - patient outcomes

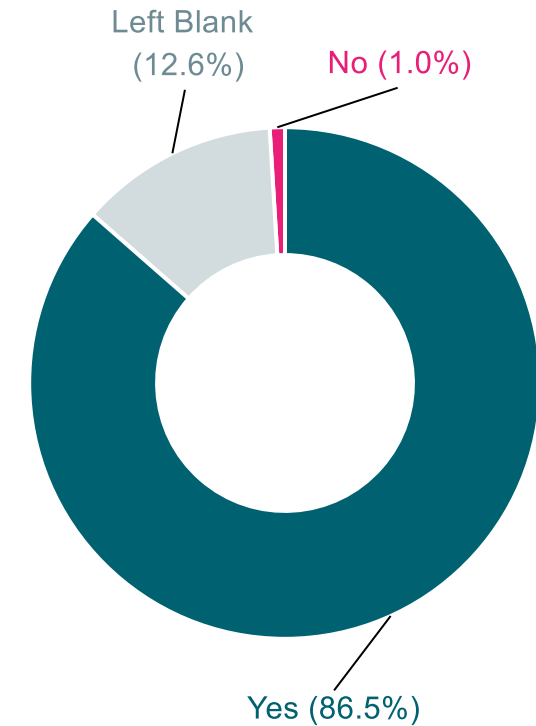
Overall satisfaction with service



Would you recommend to family or friends?



Service timeframe satisfaction



- Individual patient stories (wait times)
- Very few referrals/presentations to ED



Other General Practices

- Referral in process (outlined in flyers)
- Referral back to regular GP including PPCC discharge summary
- Existing number of patients in centre (not needing more!)
- Identifying a GP when no regular GP is identified
- GP Info nights (e.g Epping)

Epping Priority Primary Care Centre
ForHealth

Care when it's urgent, but not an emergency.

Open Monday - Sunday
Walk-in and Online bookings available
Refer to our website for hours of operation

At Epping Priority Primary Care Centre (PPCC) we have partnered with Eastern Melbourne PHN to provide value-based urgent care for non-life-threatening conditions, without the need to visit an emergency department.

We Treat

Minor injuries including:

- + Lacerations/cuts requiring stitches
- + Basic fracture management (slings, moon boots)
- + Minor burns
- + Insect and animal bites
- + Dental emergencies
- + Removal of foreign body from ear, skin, nose or throat

Minor illnesses including:

- + Respiratory symptoms
- + ENT infections
- + Rashes
- + Urinary tract infections
- + Gastroenteritis
- + Deep Vein Thrombosis (DVT)
- + Conjunctivitis

Scan the QR code for opening hours and to book an appointment online or call 03 9422 2220



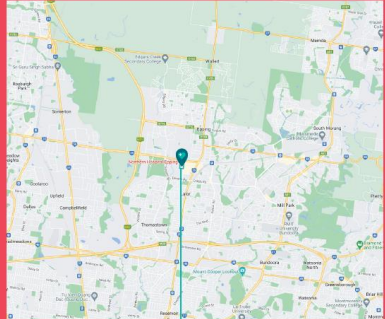
Epping Priority Primary Care Centre
ForHealth

Care when it's urgent, but not an emergency.



Open Monday - Sunday
Walk-in and Online bookings available
Refer to our website for hours of operation

How to find us

We are conveniently located within the Epping Plaza Medical and Dental Centre, less than 200 meters from the Northern Hospital.



Scan to get directions



Epping Priority Primary Care Centre
ForHealth

Care when it's urgent, but not an emergency.

Open Monday - Sunday
Walk-in and Online bookings available
Refer to our website for hours of operation
Shop 206, Pacific Epping,
571-683 High St, Epping VIC
Phone: 9422 2220

Epping Primary Priority Care Centre has been established and focuses on urgent minor injuries and minor illnesses. Referring acute urgent patient presentations to the PPCC will help reduce stress on the hospital system.

5 Steps for Referral:

1. Identify if patient is suitable against list of minor injuries / illnesses listed below
2. Call Epping PPCC on **9422 2220** and check patient is suitable and they can accept patient
3. Check on approximate wait time with PPCC to enable this to be provided to patient
4. Provide brochure to patient with way finding included, and send patient to PPCC
5. Receive discharge summary following PPCC visit for continuation of care

Flip over flyer for Inclusion/ Exclusion Criteria



Epping Priority Primary Care Centre
ForHealth

Care when it's urgent, but not an emergency.

Open Monday - Sunday
Walk-in and Online bookings available
Refer to our website for hours of operation
Shop 206, Pacific Epping,
571-683 High St, Epping VIC
Phone: 9422 2220

Inclusion Criteria

Minor Injuries (most PT conditions):

- + Lacerations and abrasions, split lacer
- + Basic fracture management (splint, sling, moon boot) and sprains
- + Rotating and bandaging
- + Drainage (minor infections)
- + Minor burns
- + Leg ulcers
- + Pressure injuries

- + Torso/pine wound
- + Insect and animal bites (not requiring antivenom)
- + Minor dental (i.e., pain related)
- + ENT: foreign body in ear, nose or throat, minor epistaxis, minor trauma
- + Acute wounds requiring IV
- + Insert IV lines to allow for IV antibiotics and infusions

Minor Illnesses:

- + Bronchitis
- + Upper respiratory tract infections
- + Ear, nose and throat infections: tonsillitis, pharyngitis, laryngitis, otitis media, otitis externa, rhinitis, sinusitis, sebaceous, conjunctivitis
- + Rashes
- + Gastrointestinal/ Gastroic: when oral hydration is appropriate
- + Urinary tract infections
- + Cellulitis/ abscesses from: septal and treatable by oral or intramuscular only

- + Sexually transmitted infections
- + Deep Vein Thrombosis (DVT): requiring oral treatment, bloods and next day ultrasound
- + Management of first trimester pregnancy bleeding (less L&S and anti D)
- + Simple urticaria (reaction or change condition agreed)
- + Gastroic, gastroenteritis, hypotension and other conditions requiring IV rehydration
- + Mild head injury - with GCS 15/15 and no history of anticoagulation

Exclusion Criteria:

- + Cardiothoracic pain (where cardiac cause is suspected)
- + Severe breathing difficulties/Low oxygen saturations
- + Loss of consciousness
- + Serious head, neck or back injury
- + Reduced GCS
- + Suspected sepsis

- + Severe abdominal pain
- + Severe allergic reactions
- + Unstable mental health issues
- + Uncontrollable bleeding
- + Severe penetrating & high velocity injuries



Discharge summaries back to regular GP



Epping Plaza Medical and Dental Centre
Shop 216,Cnr Cooper And High Sts
EPPING VIC 3076
General Practitioner Referral

Dear DrUSUAL GP
Your patient has attended the PCC today

Family name: Test			Given Names: Test		
Sex: Male	Date of Birth: 4/4/1944	Age: 78 yrs			
Address: 4 Test Street EPPING VIC 3134					
Phone (H):	Phone (W):	Phone (M): 0466634141			
Referred by: Dr Palmyra De Banks Shop 216,Cnr Cooper And High Sts EPPING VIC 3076 Phone:03 9422 2222 Fax: 03 9422 2223 Provider No:					

Investigations: WE WILL COPY YOU INTO ANY TESTS REQUESTED
Consultation Notes: Tuesday November 29 2022 19:02:54

Epping Plaza Medical and Dental Centre 03 9422 2222

Dr Palmyra De Banks

Consult notes from GP consult will be automatically entered into the discharge summary

Actions:

Letter Created - re. PPCC - Priority Care Centre.
Letter Printed - re. PPCC - Priority Care Centre.

Plan:

PLAN WILL BE ENTERED HERE

Additional comments:

Date: 29/11/2022

About Epping Priority Primary Care Centre Service:

Epping Plaza Medical and Dental Centre 03 9422 2222



What is working well and learnings

Working well

- Working with other providers- Virtual ED, Northern Health ED, PHN- strong collaboration that is focused on patient's outcomes and reducing ED demand. Importance of transparency in building trust (data, any issues)
- Good patient outcomes (satisfaction/appreciation, waiting times, health outcomes)
- Good system outcomes (Northern Health demand)

Learnings

- Initial referral sources vary depending on locations, partners and events, however over time getting closer together.
- Continuing to be receptive to feedback and ability to adjust model to suit neighboring services (e.g triage, community awareness)
- Individual site vs state-wide PPCC response- will be good when all planned processes in place (e.g community of practice, consistent AV pathways)