ALTERNATIVE CARE PATHWAYS FOR LOW ACUITY PATIENTS

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RIGHT CARE, RIGHT TIME

Overview

- The Single-Point-of-Entry (SPoE) initiative
- Patient care & response plans
- COPD Pathway
- St John Community Health Services
- Critical success factors for making alternative care pathways successful

Background

...But this is the way we've always done it!

- 81% of ambulance work is status 3+4 (minor & moderate)
- Paramedics gain unique insight into people's social situations
- **However:** ambulance service has historically focussed on "emergencies"
- Limited referral options for low-acuity patients

The Single-Point-of-Entry Pathway

- A referral pathway that allows paramedics to refer non-transport patients for targeted follow-up care through the District Health Board SPoE
- A Clinical Needs Assessor triages all referrals
- Referrals can be made to a range of primary health providers
- Referrals can be made for both patients and/or their family/whanau
- One referral point for all patients

Why was the pathway established?

- To enable paramedics to refer low acuity patients for targeted follow-up care
- To provide **best care** for people at risk of preventable diseases and those with chronic conditions
- To catch high-need patients who may otherwise have been missed
- To offer culturally appropriate care to Māori clients
- Better primary care = less acute presentations and downstream illness

Referral options

- Cardiovascular disease and diabetes risk assessment
- Respiratory condition assessment
- Well Child / Tamariki Ora & B4 School check
- Smoking cessation
- Māori Health provider (Te Piki Oranga)
- Falls prevention
- Diabetes nurse specialist
- 'Other'

Referral process

As easy as 1, 2, 3…

1. Identify the patient's need
2. Complete referral form
3. Email the form to the SPoE

Referral form

One form for all referrals

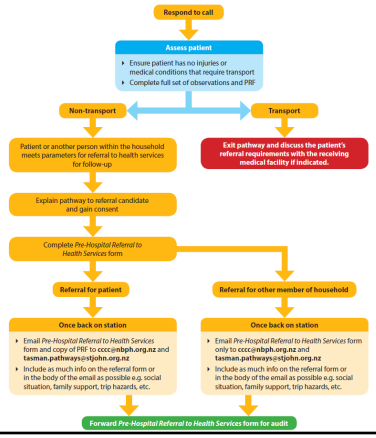
Easy tick boxes: Because we like easy.

Additional comments box: for additional social history; continued in body of email if needed.

Ethnicity: Allows referral to be directed to the most appropriate agency.

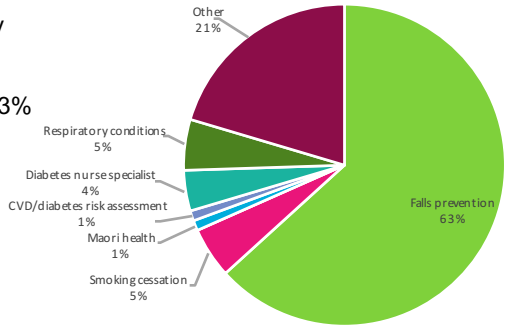
Patient consent: Authorises referral to SPoE and access to medical history.

SPoE Referral Process



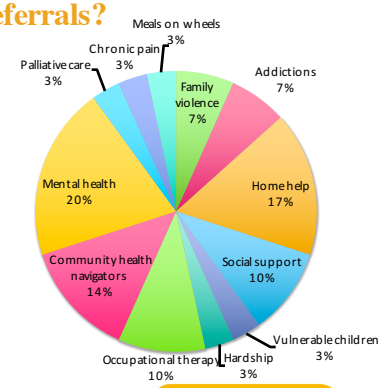
How's it going so far?

- **98** referrals since 1 July
- Approx. 1 per day
- Number of referrals = 23% of non-transport cases (n=420)



What makes up the 'other' referrals?

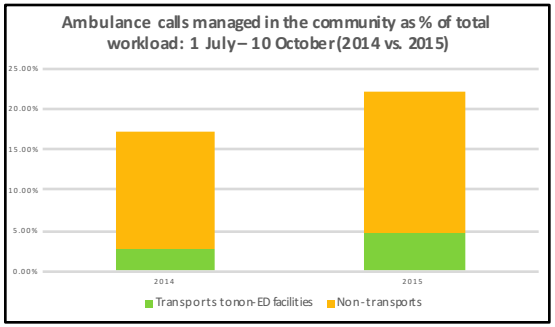
- n=20
- Main referral areas: home help, community health navigators, mental health, social support



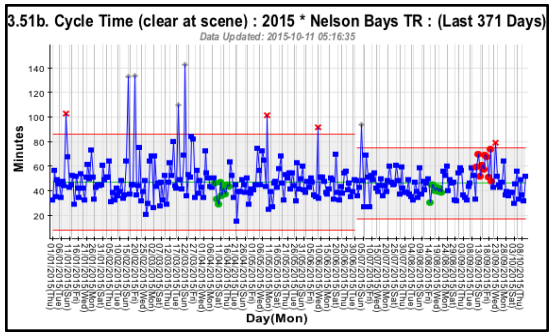
Why is this pathway significant?

- We are playing a lead role in **preventative** health care
- Picking up vulnerable patients that may formerly have been missed
- Valuable social info can be passed on to health services
- Identifying frequent callers & providing useful info for patient management plans
- Bringing ambulance closer to the health system
- First ambulance referral pathway of its kind in NZ
- …EARLY data indicates transports to ED have significantly decreased

Non-transports and transports to non-ED facilities



Impact on scene times & contracted response times



Case study 1

0414hrs. Non-urgent ambulance response to residential address for chief complaint "fall".

- Patient has MS, unable to move/roll over in bed (requires OT assessment)
- Young child sleeping in same bed to save power, house is very cold (hardship issues)
- House is messy and child appears to be acting in a caregiver role (needs home help review and social worker input)
- Child has chronic respiratory tract infections

…what to do next?

Referral to the SPoE under the "other" category - multiple services involved in helping this family. Vital social information from paramedics helped link the patient with the right services.

Case study 2

1514hrs. RED (lights and sirens) ambulance response to residential address for shortness of breath.

- 26 year old Chinese man, very little English, discharged from ED 3 hours earlier after being treated for a chest infection
- Unsure of where to take his prescription to, what his meds are for, why to take them. Has no GP & limited income
- Deemed safe to stay at home

…what to do next?

Neighbour to fill prescription, provided oral pain relief, given medication advice.

Referral to the SPoE under the "other" category to link patient with a GP. Patient connected with the Kaitawhai service and NZ Red Cross

Case study 3

1130hrs. RED (lights and sirens) ambulance response to residential address for shortness of breath.

- 76 year old female with anxiety
- Upon examination of past medical history, admitted to recent falls. House full of mats, doesn't use provided walking aid
- Then Beryl the neighbour walked in…

…what to do next (about both)?

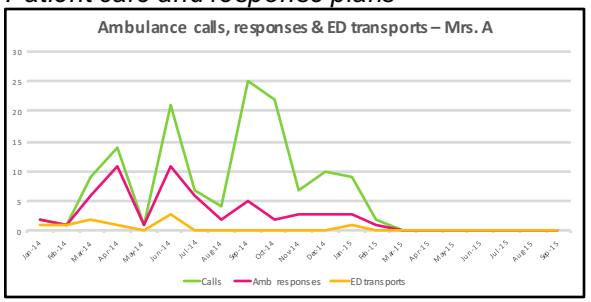
Patient and neighbour agreed to falls prevention referral and to attend the 'Upright & Able' strength and balance class!

Further into the future

- 3 month review in October
- Roll out to Marlborough, West Coast
- Expand number of referral areas
- Integrate referral options into ePRF
- Model of care to inform other regions
- **The ambulance will make it to the top of the cliff**

Other primary care initiatives

Patient care and response plans



Other primary care initiatives

Patient care and response plans

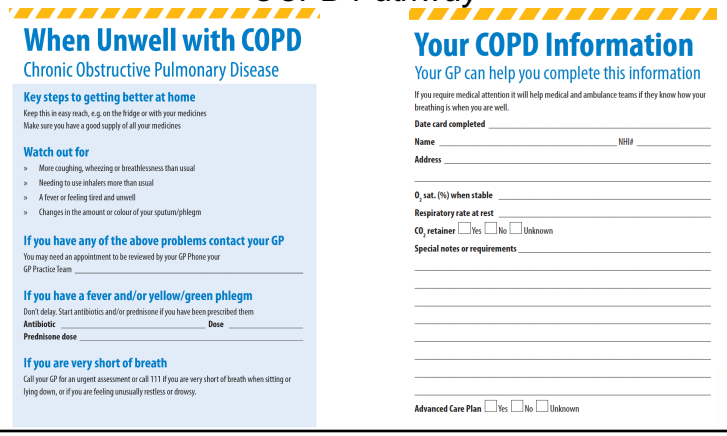
48 year-old-female with severe sphincter of Oddi spasm, refractory to morphine and ketamine.

Management plan formulated with medical director oversight allowing ambulance staff to administer 0.4mg doses of GTN spray, IM glucagon, V/IM buscopan (local GP) and fentanyl.

- Right care for patient
- In accordance with patient's care plan formulated by GP
- Provides clarity for crews.

Mrs. A frequently calls for widespread chronic pain, usually from 0300-0600 when her methadone is wearing off. She is very anxious.

COPD Pathway



When Unwell with COPD

Chronic Obstructive Pulmonary Disease

Key steps to getting better at home

Keep this in easy reach, e.g. on the fridge or with your medicines
Make sure you have a good supply of all your medicines

Watch out for

- More coughing, wheezing or breathlessness than usual
- Needing to use inhalers more than usual
- A fever or feeling tired and unwell
- Changes in the amount or colour of your sputum/phlegm

If you have any of the above problems contact your GP

You may need an appointment to be reviewed by your GP Phone your GP Practice Team _____

If you have a fever and/or yellow/green phlegm

Don't delay. Start antibiotics and/or prednisone if you have been prescribed them
Antibiotic _____ **Dose** _____
Prednisone dose _____

If you are very short of breath

Call your GP for an urgent assessment or call 111 if you are very short of breath when sitting or lying down, or if you are feeling unusually restless or drowsy.

Your COPD Information

Your GP can help you complete this information

If you require medical attention it will help medical and ambulance teams if they know how your breathing is when you are well.

Date card completed _____
Name _____ NHI# _____
Address _____
_____
O_2 sat. (%) when stable _____
Respiratory rate at rest _____
CO_2 retainer ☐ Yes ☐ No ☐ Unknown
Special notes or requirements _____
_____
_____
_____
_____
_____
_____
_____
_____
Advanced Care Plan ☐ Yes ☐ No ☐ Unknown

Ambulance COPD Risk Stratification

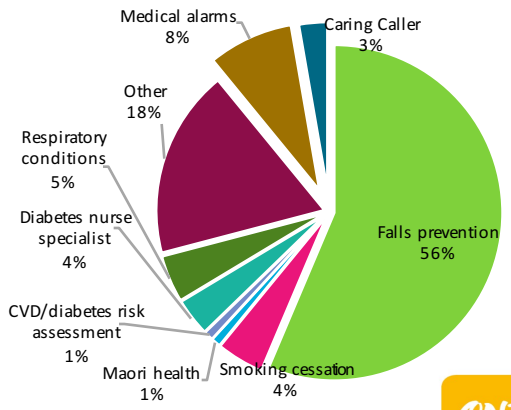
	Mild	Moderate (any of)	Emergency (any of)
GCS			<14 Drowsy/Confused/Comatose
Respiratory rate	<20	21 - 30	>30 or respiratory arrest
Oxygen saturations	Within 5% of known 0_2 sats when stable **AND** above 88%	5% below known stable sats **OR** below 88%	
Temperature	Afebrile	Afebrile or low grade fever (<38)	Febrile (>38)
Talking	Sentences	Phrases	Words or respiratory arrest
Cough/sputum production	» Sputum remains unchanged » May be coughing more than usual » May have taken additional dose of inhaler	» Coughing more than usual, needing to use inhalers more than usual » Changes in the amount and colour of sputum	Coughing and unable to clear airway effectively
Other	Examination consistent with COPD with no other concerning features	Any feature inconsistent with COPD, including more coughing than usual and/or changed sputum colour	Hypotensive/shocked/BP <100 systolic
Pathway recommendation	» Discuss with GP: transport by ambulance, private car or taxi (whichever is appropriate)	» Contact GP. If unavailable, contact after-hours or urgent care facility » Transport to GP or after-hours clinic	Transport to Nelson or Wairau Emergency Department

Referrals to St John Community Health Services

- Caring Caller
- St John Medical Alarms
- *Community Carer… coming soon*

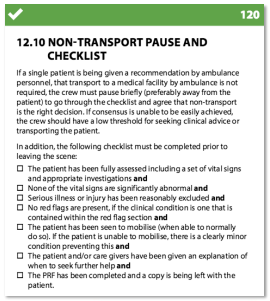
Key point: utilising 'other' parts of the business and not seeing them as a distraction.

One organisation working together to achieve the same thing.



What makes alternative care pathways successful?

- Senior management support
- Health system buy-in **and** capacity
- Supportive medical governance
  - Clinical audit
  - Non-transport checklists
  - Patient info sheets
- 24/7 clinical support
- What about ambulance staff?
- Good change management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12.10 NON-TRANSPORT PAUSE AND CHECKLIST

If a single patient is being given a recommendation by ambulance personnel, that transport to a medical facility by ambulance is not required, the crew must pause briefly (preferably away from the patient) to go through the checklist and agree that non-transport is the right decision. If consensus is unable to be easily achieved, the crew should have a low threshold for seeking clinical advice or transporting the patient.

In addition, the following checklist must be completed prior to leaving the scene:

- ☐ The patient has been fully assessed including a set of vital signs and appropriate investigations **and**
- ☐ None of the vital signs are significantly abnormal **and**
- ☐ Serious illness or injury has been reasonably excluded **and**
- ☐ No red flags are present, if the clinical condition is one that is contained within the red flag section **and**
- ☐ The patient has been seen to mobilise (when able to normally do so). If the patient is unable to mobilise, there is a clearly minor condition preventing this **and**
- ☐ The patient and/or care givers have been given an explanation of when to seek further help **and**
- ☐ The PRF has been completed and a copy is being left with the patient.

Need more info?

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Acknowledgements:

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NELSON BAYS PRIMARY HEALTH

Kimi Hauora Wairau Marlborough Primary Health Organisation SEEKING WELLBEING IN MARLBOROUGH