Integrated Respiratory Access Initiative (IRAI)

Initiative Type

Model of Care

Status

Deliver

Added

11 September 2017

Last updated

18 December 2019

URL

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/irai

Summary

The integrated respiratory service currently provides holistic care to patients and their families in the Logan catchment area for diagnosis of COPD, asthma, bronchiectasis, pulmonary fibrosis, lung cancer, pulmonary hypertension, sleep disorders; prescribed home oxygen; and smoking cessation. However, due to year on year increases in referrals, there is currently a demand/supply mismatch for integrated respiratory services in the area. Continued delivery of high quality care is dependent on

the expansion of service capacity.The Integrated Respiratory Access Initiative expands the existing Integrated Respiratory Services model by increasing the number of clinics that are provided and by rearranging the way that current services are provided. The innovation requires a number of services to be provided together, in a coordinated manner.

Key dates

Jan 2016

Jan 2018

Implementation sites

Metro South Hospital and Health Service

Partnerships

Healthcare Improvement Unit, Brisbane South PHN

Key Contacts

Dr Khoa Tran

0070

paul.blee.hiu

Director of Respiratory Medicine

Metro South Hospital and Health Service

(07) 3299 9180

Khoa.Tran@health.qld.gov.au

Aim

To promote a better sense of health and independence across the patients whole life and discuss current resources that are available to help manage chronic respiratory lung conditions.

Benefits

- Improving patient knowledge and understanding of their condition.
- Provides education, resources and advice about chronic lung disease.
- Improved self-confidence and enable the patient to self-manage their condition.

Background

The ICIF provides financial support to innovative projects that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Funded projects also demonstrate a willingness to embrace and encourage the uptake of new technology alongside the benefits of integrating care and improving communication between health care sectors.

Solutions Implemented

- The twice-weekly rapid access clinics commenced June 2017 reviewing patients for early discharge and patients from direct GP referrals
- The dedicated outpatient category 3 clinic commenced June 2017: attending to those patients who are classified as being ‘long wait’ patients (patients who have waited > 365 days)
- The expansion of the existing post-discharge home visiting service commenced July 2017 and has seen significant increases
- The Medical Assessment and Planning Unit (MAPU) early intervention initiative commenced July 2017 with a respiratory nurse and scientist attending the unit and providing spirometry to confirm diagnosis of respiratory disease, ensure subsequent prescribing of appropriate inhaled medications, provide appropriate patient education prior to discharge and provide, where necessary, post-discharge support.

PDF saved 31/05/2025