Patient Access Coordination Hub (PACH)

Initiative Type

Model of Care

Status

Sustained

Added

10 December 2018

Last updated

23 July 2024

URL

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/patient-access-coordination-hub-pach

Summary

The PACH model is designed to enhance operational performance and assist with patient flow, utilising real time intelligence of ambulance operations across the major South East Queensland Hospital and Health Services (HHS). It provides visibility of patient journey commencing with Queensland Ambulance Service (QAS), through the Emergency Department (ED), to admission and

subsequent discharge. The PACH operational systems provide real time data and tactical information that gives a higher level of visibility to better understand the current and potential demand impact on the local emergency departments and other portals of entry into Queensland Health (QH) facilities. The PACHs are staffed by QAS and QH officers who collaborate and utilise real time data and intelligence to make informed decision and act immediately, identifying variances and assisting in the management of the patient journey through enhanced coordination of patient flows. QAS has contributed to the functionality of PACH through design and development of a specialised PACH dashboard and an improved Ambulance Arrivals Board (AAB). Both these systems draw real time data from QAS systems to enable current clinical visibility of QAS patients and planned transport destinations, ultimately providing full visibility from what is happening in QAS to the ED to allow planning within hospital departments for pending patient volumes.
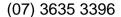
Key dates

May 2016

Jul 2017

Implementation sites

Gold Coast, Metro South, Metro North and Sunshine Coast.

Partnerships

Hospital and Health Services, Healthcare Improvement Unit.

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Aim

Improve patient outcomes and reduce lost time through improved coordination of patient flow; ensuring right patient, right location, right treatment and right time.

Benefits

- Patients presenting to emergency departments via Queensland Ambulance Services (QAS) are directly allocated into a designated clinical space.
- Decrease in time waiting for patients transferred from/to other hospitals.
- Improved coordination of patients and improved patient outcomes.

Background

The Queensland Ambulance Service (QAS) is an integral part of the primary healthcare sector in Queensland through the delivery of timely, patient-focussed ambulance services. The QAS operates as a statewide service within Queensland Health, and is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

Solutions Implemented

PACH delivers live, standardised monitoring, alerts, predictions, advice and support to Directorates, Services and Facilities to enable timely healthcare operations decisions in response to real-time demand for services. PACH also delivers a wide range of stakeholder consultation, engagement and education/training services both within and external to the Hospital and Health Service (HHS). The QAS allocated 7.5 Full Time Equivalent (FTE) Operations Supervisors to staff the four PACHs in the south-east of the state. QAS supervisors in the PACH bring real time operational knowledge and

experience to the PACH that provides a greater insight into community demand for ambulance operations. These supervisors interpret QAS data and operational information to better inform HHS decisions; assist the HHS PACH staff to review ambulance cases that have the potential to impact or change the patient journey or destination, and provide Information to QAS Operations Centres (OpCens) and Operations Supervisors to influence redirections of patient movements where appropriate. QAS technology enables PACHs to have both planned and real-time visibility of Interfacility transfers and Medically Authorised Transports to Health Facilities within their HHS, which provides an opportunity to improve efficiency through increased coordination. QAS operational systems also provide real time information of patients within the community, predicting patient presentation timeframes to the ED and presenting opportunities upon review to refer particular patients to alternate referral pathways, as provided by the HHS. This results in a reduction of patient presentations to the ED; a reduction in QAS lost time, a reduction in secondary QAS transfer; increase in the use of alternative portals of entry into QH facilities; an increase in the activation of Out Reach Services and improved in patient flow within HHS facilities.

Evaluation and Results

Since August 2017, PACHs have been established in the Gold Coast, Metro South, Metro North and Sunshine Coast HHSs, and have enhanced patient flow between hospitals through real-time monitoring of patients within the community, capacity within EDs and patient flows within hospitals. This real-time intelligence, displayed through the QAS designed and developed interactive dashboards provides QHealth oversight of real-time incidents within the community, from the time of triple zero call, to arrival at hospital, or other destination. This syndromic surveillance ensures ED avoidance strategies, such as outreach services such as the fall clinic, geriatric care, mental health services and alternative referral pathways such as the diabetic referral pathway are efficiently utilised, reducing ED presentations that can be more effectively managed by these speciality services. Through collaboration between QAS supervisors and HHS supervisors within PACH and through interaction with the dashboards, informed patient journey decisions can be made in real-time to maximise opportunities that improve coordination of the patient journey. This ensures strategies that result in the right patient, the right location, the right treatment and at the right time are implemented in real-time. This results in improved coordination of patients, improved patient outcomes and reduced lost time.

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