Minor injury and illness clinic - same same but different

Initiative Type

Model of Care

Status

Sustained

Added

20 August 2019

Last updated

15 August 2023

URL

https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/minor-injury-and-illness-clinic-same-same-different

Summary

The Minor Injury and Illness Clinic (MIIC) is based at Caloundra Hospital within the footprint of the previous emergency department. The service opened on 27th March 2017, the day the Emergency Department relocated to Sunshine Coast University Hospital (SCUH). The MIIC is open every day for 12 hours providing episodic unscheduled care to patients with acute illnesses and minor injuries,

which are not anticipated to be life-threatening in nature. There is a multi-disciplinary team with patient care being delivered by a mix of Nurse Practitioners/General Practitioners and Registered Nurses. The clinical staff are also supported by an administrative team. The MIIC does not provide complex emergency care and is an acute primary care service which works in partnership with SCUH emergency department and local general practice providers to ensure patients receive the right level of care in the right place as quickly as possible. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

Key dates

Mar 2017

Aug 2019

Implementation sites

Sunshine Coast Hospital and Health Service

Partnerships

Stakeholder engagement and input to model of care from: PHN (Primary Health Network), local general practitioners, after hours primary care providers, ED clinicians

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Aim

- Complement existing health services – primary care and tertiary emergency department where clinically appropriate.
- Reduce fragmentation of care by referring patient back to regular treating GP for ongoing care and review once the acute occasion of service is complete.
- Provide safe, appropriate, cost effective care for patients with in-scope conditions who are geographically situated at the Southern end of the Sunshine Coast.

Benefits

- Patients are assessed and treated in a timely fashion.
- Transfer of care back to the GP is facilitated by point of care electronic documentation and where required follow up appointments are arranged for the patient with the nominated treating GP.

Background

The best care for patients with minor injuries and illness is to attend their regular general practitioner (GP). However, given that some people do not have a GP, the Sunshine Coast Hospital and Health Service has established the walk-in, GP-led MIIC, which operates from 9am to 9pm seven days a week at Caloundra Hospital to give residents and visitors another non-emergency option. This model has been developed in consultation with GPs within the Caloundra area.

Solutions Implemented

Following an intensive period of stakeholder engagement and consultation, the service profile, staffing requirements and non-FTE budgetary requirements were developed. A 12 hour 7 day walk-in centre was established within the footprint of the existing emergency department to provide care to

patients with emergent but low acuity conditions. In parallel, engagement occurred with the local general practitioner community, the PHN and existing after-hours service providers with regular stakeholder reference group meetings in the lead up to and for approximately 3 months beyond the initial implementation phase. This period also incorporated an extensive community communication plan which continued beyond the opening of the clinic. Support services for the MIIC include:

- medical imaging service.
- point of care pathology.
- pharmacy imprest.
- QAS paramedics as required.
- Protective services officers and operational staff of the Caloundra Hospital.

Evaluation and Results

Outcome measures:

- Number of patients presenting.
- Length Of Stay in the department.
- Percentage of patient transfers to another facility for additional care.
- Average cost per occasion of service.
- Patient satisfaction via patient experience survey in the department.
- Percentage of patients identifying a regular treating GP.

Data is collected from the Emergency Department Information System with reports being run daily, weekly, monthly and specific reports as required.
Patient experience survey is an ongoing electronic survey with results collated and reviewed monthly.

- Since opening the MIIC has delivered > 20,000 occasions of service to the community. Patients are managed in a timely manner and the majority discharged to the ongoing care of their GP. Overall < 7 per cent of all presentations result in escalation to SCUH ED or direct inpatient admission.
- The service has exceeded target for all Key Performance Indicators relating to National Emergency Access Target.
- Patient feedback is consistently positive.
- Feedback from local GPs has been positive and appreciative of the same day transfer of care documentation received to promote continuity of patient care.

Lessons Learnt

- An experienced team – Experienced clinicians are a key requirement for success. Clinical

experience and diversity of experience ensure that the combined will have the right mindset given the different nature of the setting in comparison to a traditional ED (also important for stabilising/treating patients with urgent, complex care)

- Stronger leadership – A Clinical Director with a background to support and promote the right mentality and scope of service is important for defining and leading the team to deliver the required care and service.
- Collaborative environment – fostering a collaborative working environment, supported by strong leadership, has been important in developing a cohesive team. Given the multi-disciplinary nature, this team needs to collaborate constant to ensure they can work together effectively to deliver urgent care and respond to emergencies when they present.
- Communication with the community – Clear communication about the scope and purpose for the service, as well as clear articulation of how and when to access this kind of care, helps ensure the effectiveness of the service. In developing communications, it is particularly important to recognise the health literacy of the target population, as lower health literacy or awareness of the appropriate service for given symptoms will influence the potential impact of implementing this model of care. The need to reach all aspects of the community through various channels and stakeholders is also critically important.
- Early engagement - to gain support from clinical community. This is important to ensure continuation of care and readiness of other primary health providers to refer to the service. Key messages that the service is designed to be supportive of existing services, not competitive and the value it provides to patients are important to convey and to ensuring sufficient demand.
- Clear scope - establishing and maintaining a clear, set scope of service has been key to ensuring the facility is able to maintain its high volume and impact and operate within a lean operating budget for the services it delivers.
- Barriers
- Several barriers existed, or continue to exist, that have continue to affect the success and impact MIIC is able to achieve.
- Lack of awareness – There continues to exist is a lack of awareness within the community about available treatment options for low acuity illness and minor injury. This barrier is a result of general health literacy within the population combined with potential lack of awareness of the service and its offering. Continuation of building the community's health literacy as well as ongoing communications of MIIC as a viable alternative for this third tier of care will be paramount to ensuring sustainability of the Health Service in providing high quality health outcomes.
- Insufficient demand from Queensland Ambulance Service (QAS) – Volumes of patients with low acuity illness being serviced by QAS continue to grow at rapid rates of 17 per cent. In contrast, MIIC is only receiving 2 per cent of patients from QAS. This is suggesting a lack of clear communication, understanding and 'buy-in' from QAS. The need to foster this relationship and obtain stronger 'buy-in' from QAS is again essential to ensure the long-term viability of MIIC and to meet future service demand.
- Funding – future sites need to consider capital and operating cost implications given the pre-existing infrastructure and supplies due to the previous facility relocating

References

1. Data from EDIS for Caloundra Hospital for low acuity ED presentations in financial year 15/16. 2. Literature scan May 2016 References:

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