
Networked Cardiac Services Models of Care

Initiative Type

Model of Care

Status

Deliver

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<https://www.clinicalexcellence.qld.gov.au/improvement-exchange/networked-cardiac-services-models-care>

Summary

Networked Cardiac Services will operate across regional hubs and spokes with regional healthcare teams to provide coordinated care to their own communities. The program is multifaceted and aims to improve the experience and health outcomes across the patient healthcare journey. Networked Cardiac Services will have initiatives that address clinical and system components. Services will be

developed collaboratively between the regional partners, based on the agreed key principles, objective information, and the priorities of their communities. For example, in-reach [Better Cardiac Care teams](#) (patient coordination and case management), Integrated Cardiac Outreach, local cardiac testing, training and mentoring, data and information sharing (QCOR), governance structures, administrative systems, application of technology, and active collaboration with existing programs. Networked Cardiac Services will collaborate with complementary programs including:

- Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan
- ECG Flash: 24/7 Urgent Cardiac Advice Service
- Vulnerable Patient Coordination Program
- Queensland Cardiac Outcomes Registry (QCOR) and Quality Program
- Better Cardiac Care for First Nations people

Key dates

Oct 2023

Implementation sites

Cairns and Hinterland HHS, Torres and Cape HHS, Townsville HHS, North West HHS, Metro South HHS, Darling Downs HHS, West Moreton HHS, South West HHS

Partnerships

Queensland Aboriginal and Torres Strait Islander Office

Key Contacts

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Queensland Cardiac Clinical Network

Healthcare Improvement Unit

Aim

To reduce the variation in care, improve access as well as safety and quality of cardiac care by creating cardiac care 'Networks' - including the cardiac tertiary hospital services spread along the east coast of Queensland and their adjacent healthcare services - to deliver quality, cardiac care for their own communities through a 'Networked' or 'Hub' and 'Spoke' model of care.

Benefits

- Cardiac care delivered close to home by consistent regional teams enabled by restructuring cardiac services to reflect natural patient flow that harnesses the full potential of services
- Improve cardiac care coordination and integration between public and private primary health, and Aboriginal and Torres Strait Islander health services
- Deliver evidence based cardiac care informed by data, evaluation and ongoing quality improvement
- Improve access to technology within regional teams to support healthcare
- Strengthen funding and resources to enable ongoing sustainability, including activity and value-based approaches
- Enable regions to lead and be responsible for cardiac clinical and service outcomes via stakeholder engagement, formal governance arrangements and access to information.

Background

Cardiovascular disease is one of the leading causes of mortality and disability in Queensland. Recognising the health impact on our communities and delivering high quality and networked cardiac services across Queensland is a priority for Queensland Health with a particular focus of health consumers with the highest need, including First Nations Queenslanders and those living in rural and remote locations. The program aims to address variation in health care and outcomes across the state.

Solutions Implemented

To date:

- eight HHSs have installed Better Cardiac Care teams to provide cross-sectoral, patient coordination and case management for most vulnerable patients
- three regions (eight HHSs) established Networked Cardiac Services Governance Committees
- point of care data collection and performance reporting platform developed and implemented – Queensland Cardiac Outcomes Registry (QCOR) – Outreach Module, along with a Statewide Quality committee.
- 27 new sites established Integrated Outreach Services – 26 existing services transitioned to regional providers and Networked Care Services model of care
- 31 new cardiac testing sites have been established
- plans are in place for implementation in the remaining HHSs.

Evaluation and Results

Participating Network Services contribute to point of care data collection and reporting (loop-back) program managed by the Queensland Cardiac Outcomes Registry. A QCOR Quality Committee, with members from participating services, oversee the information, KPIs and sharing of ideas for improvement. Process measures including activity and monetary savings have been the focus of the first year of reporting (e.g. in first 12 months, more than \$3 million saved in reduced patient travel, and 68% reduction in overdue echocardiograms for Rheumatic Heart Disease patients in Far North Qld). The program will be able to report more outcome measures in the coming years.

Lessons Learnt

While challenging, implementing multiple initiatives simultaneously targeting both clinical care and operational enablers created significant systemic benefits.

A framework including reporting and accountability is required along with the ability to adapt to local circumstances.

High level organisational support and advocacy, such as that provided by the [Rapid Results Program](#), allowed visionary, large scale improvement.

The hub and spoke/networked model maximises the capability and capacity of resources across the state.