
Post-Operative Discharge Support Service (PODSS) Toolkit

Initiative Type

Model of Care

Status

Deliver

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<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/post-operative-discharge-support-service-podss-toolkit>

Summary

Post-Operative Discharge Support Service (PODSS) is a telehealth service led by Clinical Nurse Consultants (CNCs) designed to reduce unnecessary Emergency Department (ED) presentations by providing targeted support to post-operative patients within 30 days of discharge. This service provides a structured post-operative clinical pathway, enabling patients and carers to contact their

local PODSS nurse for assistance with low-acuity issues such as unmanaged pain, wound concerns, medication management issues, urinary and bowel management issues, post-operative instructions, anesthesia side effects, and medical device inquiries. The PODSS Model of Care (MoC) is both proactive and reactive. PODSS nurses actively reach out to patients who are at risk of ED presentation to address potential clinical concerns early. They perform triage and assessment through telehealth, provide clinical advice, and arrange face-to-face consultations in a rapid-access nurse-led clinic if necessary. They also coordinate care with the patient's treating medical team and facilitate streamlined, prompt admissions when clinically appropriate. The PODSS MoC supports timely patient discharge, by facilitating access to expert post-surgical care in the community. This provides a safety net for patients and reassurance to clinicians. The service supports flexible referral pathways including patient self-referrals, ED triage, acute care referrals, community team referrals, and GP referrals.

Key dates

Nov 2023

Nov 2024

Implementation sites

Mackay, Cairns, Rockhampton, Royal Brisbane and Women's, Princess Alexandra, and Ipswich Hospitals. Self-funded: Queensland Children's, Redcliffe, and Gold Coast Hospitals

Partnerships

A pilot project is currently under development at Mackay HHS to expand the PODSS to accept QAS direct referrals. This will support both QAS capacity and Mackay ED capacity.

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Aim

- **Reduce unnecessary Emergency Department (ED) presentations:** minimise avoidable ED presentations by post-operative patients within 30 days of discharge.
- **Enhance specialist care access:** improve patient access to timely specialist care outside of the ED when appropriate.
- **Increase satisfaction:** boost patient and staff satisfaction by providing rapid, patient-centered care outside of the ED when clinically suitable.

Benefits

- reduction in unnecessary surgical representations to the ED so that the needs of patients requiring emergent care can be met more efficiently
- flexible referral pathways including from ED triage, acute care wards, outpatients, community care teams and Primary Care
- targeted support for vulnerable patient groups including regional, rural and remote patients; Indigenous and Torres Strait Islander people, and patients who have discharged before their treatment is complete
- patients are more likely to access telehealth advice earlier, reducing risk of later ED presentations
- increased ability to support community-based surgical patients with complex needs in collaboration with other community service teams, without an acute care admission where safe and appropriate
- increased patient satisfaction due to rapid access to specialist surgical care
- revenue generation through telehealth consultations

Background

Data from the [Queensland National Surgical Quality Improvement Program \(NSQIP\)](#) revealed that 10% of post-operative patients present to the emergency department (ED) within 30 days of hospital discharge. This highlights a critical opportunity to provide targeted support to these patients through specialised post-surgical care, avoiding unnecessary ED presentations when emergency level care is not required. Based on the successful PODSS model implementation at the Surgical Treatment and Rehabilitation Service (STARS), six (6) Queensland sites have been supported through state coordination by the Healthcare Improvement Unit (HIU). These sites include Mackay, Cairns, Rockhampton, Royal Brisbane and Women's, Princess Alexandra, and Ipswich Hospital. Early positive outcomes, including reduced ED presentations in target specialties and high consumer satisfaction, have led several sites to self-fund the service, including Queensland Children's, Redcliffe, and Gold Coast Hospitals.

Solutions Implemented

Post-Operative Discharge Support Service (PODSS) is a telehealth service led by Clinical Nurse Consultants (CNCs) designed to reduce unnecessary Emergency Department (ED) presentations by providing targeted support to post-operative patients within 30 days of discharge.

Evaluation and Results

Early positive outcomes, including reduced ED presentations in target specialties and high consumer satisfaction, have led several sites to self-fund the service, including Queensland Children's, Redcliffe, and Gold Coast Hospitals.

Lessons Learnt

Learnings

- The QLD PODSS collaborative has been instrumental in allowing sites to learn from each other, share resources, and rapidly set up new PODSS sites.
- The flexible admission criteria to PODSS has been essential to the PODSS success in supporting post-operative patients to access timely expert surgical advice, regardless of age or Queensland geographical location.
- Analysis of local background ED representation data has allowed sites to target their surgical specialties with the highest representation rate.
- Establishing robust post-implementation data evaluation processes, in collaboration with the data team has allowed sites to effectively identify service opportunities including improved discharge processes and planning.
- Collaboration with local partners including ED triage, surgeons, pre-admissions teams, ward

team leaders, hospital discharge planners, NSQIP champions, and GPLOs is essential to service establishment and guideline development.

Challenges and Mitigation

- The streamlining of ED representation data evaluation: early development of processes with the local data team will allow for efficient data evaluation and local reporting up to the leadership team.
- Deciding on when to expand service hours: new services are encouraged to maximise communications with patients and referrers that PODSS is an in-hours service. If/when ED representation data identifies an evening / weekend service gap, a cost-benefit analysis of PODSS service expansion can be considered.
- Access to clinic space for PODSS face-to-face clinic: when clinic space is not available, it may be possible to allocate rapid access appointments in existing outpatient clinics.
- Succession planning is a priority as most PODSS sites have 1.2-1.5FTE: sites are encouraged to establish early succession planning for service continuity.

References

[Growing focus on surgical outcomes Joint Statement of Attendees of Ministerial Patient Flow Meeting - Ministerial Media Statements](#)

Further Reading

<https://metronorth.health.qld.gov.au/news/stars-podss-reassuring-patients>

<https://www.mackayandwhitsundaylife.com/article/enhancing-care-with-mackay-base-hospitals-post-operative-support-system>

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