#### **General Practice Liaison Officer Program**

# New Caboolture Satellite Hospital & ED alternatives GPLO Update

Thursday 27 July 2023

Education Centre, Caboolture Hospital

Dr James Collins | GPLO, Metro North Health and Brisbane North PHN



Metro North Health



# Acknowledgement of Country

Metro North Hospital and Health Service and Brisbane North PHN respectfully acknowledge the Traditional Owners of the land on which our services and events are located. We pay our respects to all Elders past, present and future and acknowledge Aboriginal and Torres Strait Islander people across the State.

# Program

#### Program 5.15 - 8.30 pm

5.15-6.00 pm Tour: New Caboolture Satellite Hospital, 15 Rowe Street, Caboolture

6.00-8.00 pm Registration, dinner and networking, Education Skills Centre, Caboolture Hospital, 120 McKean Street, Caboolture

Welcome and overview of the new health services in the Caboolture region

Jane Hancock | Chief Operating Officer, Metro North Health

General Practice Liaison Officer update

Dr James Collins | GPLO, Brisbane North PHN and Metro North Health

Case 1: Hear about Jane's journey through the new Virtual Healthcare system an alternative to emergency presentation

Dr Rachael Pery-Johnston | Deputy Director, <u>Virtual Emergency</u> Oliver Walker | Nurse Unit Manager, Metro North Virtual Ward

Case 2: Hear about 10-year-old Chloe's journey through the QAS Clinical Hub and onto Morayfield MAIC

Lisa Dibley | QAS Director, Moreton District Metro North Region Dr Evan Jones | Director and GP, <u>Minor Accident and Illness Centre (</u>MAIC), Morayfield Health Hub

Case 3: Follow 62-year-old Bill's journey through the new Caboolture Minor Injury and Illness Centre (MIIC)

Meet the MIIC team

Dr Sean Clark | Service Line Director, Caboolture Hospital Emergency Dept Richard Smith |Physiotherapist, Caboolture Hospital Emergency Dept

Q&A session

# Acknowledgements

- Metro North Health & Brisbane North PHN Integration Team
- Louise Fichera Satellite Hospital Comms Manager
- Metro North GPLO Team
- Caboolture Hospital
- Tonight's presenters

#### **General Practice Liaison Officer Program**

# Satellite Hospitals



Caboolture Satellite Hospital 15 Rowe Street, Caboolture QLD 4510

#### (opens August 2023)

#### Services

#### Minor Injury and Illness Clinic

Oral health

Mental health

- Older Persons Mental Health Services
- Caboolture Adult Mental Health Services

Aboriginal and Torres Strait Islander Health Hub:

- Nurse Navigation
- Ngarrama Maternal Health
- Perinatal Mental Health

Sleep services and consultation Medical imaging

#### Get directions

Download a flyer on the Satellite Hospital





Kallangur Satellite Hospital 159-163 Dohles Rocks Road, Kallangur QLD 4503

(opens late 2023)

#### Services

#### Minor Injury and Illness Clinic Oral health

#### Aboriginal and Torres Strait Islander Health Hub:

- Nurse Navigation
- Ngarrama Maternal Health
- Perinatal mental health

Renal dialysis

Older people health services Medical imaging

Rapid Access Clinic



Bribie Island Satellite Hospital 65-101 First Avenue, Bongaree QLD 4507

(opens mid 2024)

#### Services

#### Minor Injury and Illness Clinic

#### Mental health

- Older Persons Mental Health Services
- Caboolture Adult Mental Health Services

#### Aboriginal and Torres Strait Islander Health Hub:

- Nurse Navigation
- Ngarrama Maternal Health
- Perinatal Mental Health
   Outpatient medical services
   Renal dialysis and related services
   Older people health services
   Medical imaging
   Rapid Access Clinic

# **Oral Health Services**



## Adults

Free dental care is available to adults who are Queensland residents and hold one of the following cards:

- Pensioner Concession Card issued by either the Department of Veterans Affairs or Centrelink Health Care Card
- Commonwealth Seniors Card
- Queensland Seniors Card

View more information about the eligibility of public dental services

Pensioner Concession Card issued by the Department of Veterans' Affairs
Pensioner Concession Card issued by Centrelink
Health Care Card
Commonwealth Seniors Health Card
Queensland Seniors Card



# Children and adolescents

Metro North provides free general, specialist and emergency dental care for eligible children and adolescents who are Queensland residents. General and emergency care is available through the Child & Adolescent Oral Health Service.

Specialist dental care is only available through the Children's Oral Health Service located at the Queensland Children's Hospital or the Oral Health Centre.

#### Appointments

## Call Oral Health: 1300 300 850

We are one of the largest providers of public oral health services in Queensland, delivering services at our dedicated facilities, hospitals, community outreach clinics and schools.

View the list to find a clinic near you >

#### Read more >

be a Queensland resident or attend a Queensland school; and,
be eligible for Medicare; and,
meet at least one of the following criteria:

be aged four years or older and have not completed Year 10; or,
be eligible for the Medicare Child Dental Benefits Schedule; or,
hold, or be listed as a dependent on, a valid Centrelink concession card

#### Contact us

Phone: 1300 300 850 Phone: (07) 3307 2000

Email:<u>MNOHS-Call-</u> <u>Centre@health.qld.gov.au</u>

#### Compliment and Complaints

Consumer Liaison Officer MNOHS-CLO@health.qld.gov.au

**Online Feedback Form** 

### **Related links**

List of clinics

**Emergency dental** 

Careers

Services Plan

**Centrelink Proxy Form** 

#### Liaison Officer Program

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# Aboriginal and Torres Strait Islander Health Hub

The Aboriginal and Torres Strait Islander Health Hub is a new space offered at Caboolture, Kallangur, and Bribie Island Satellite Hospitals.

The Aboriginal and Torres Strait Islander Health Hub provides a culturally safe space for health services to conduct assessments and improve access to care closer to home for the Aboriginal and Torres Strait Islander community and their immediate family.

The Aboriginal and Torres Strait Islander Health Hub will be supported by an Aboriginal and/or Torres Strait Islander Nurse Navigator, Health Worker, and both male and female Community Engagement Officers.

The Nurse Navigator Service is a referral and linkage service to connect tertiary, primary and community health networks to the needs of the patient. This patient centred teamwork approach forms and develops an effective team that delivers exceptional care to patients

Other services provided in the Aboriginal and Torres Strait Islander Health Hub include:

Ngarrama maternal health and perinatal mental health along with other services which can connect community to an appropriate healthcare provider such as GPs, hospitals or community health centres through a referral pathway.

For more information on what other services are provided at a Satellite Hospital near you visit the Queensland Health <u>Satellite Hospitals</u> information pages.

## Who is eligible to access these services?

People of all ages who identify as Aboriginal and/or Torres Strait Islander origin and to their immediate families (including babies, children, and non-Aboriginal and/or Torres Strait Islander partners,) who reside within the Metro North Health region (north of Brisbane River to Kilcoy).

# **Referral process**

- Self-referral (drop-in or appointment)
- · Clinicians can refer via phone or email
- GPs Smart referrals

# Perinatal Mental Health

Service establishing with Ngarrama Maternal Health for aboriginal & Torres Strait Islander community.

### Referral

- Consumers living or birthing in the Metro North area can access this service and self refer or GP referral.
- Monday Friday 08.30am to 4.00pm (excluding public holidays) Intake line: 07 3146 2525
- Extra resources being established including psychologist & psychiatrist
- Perinatal Mental Health Metro North Health

# Sleep Services

• Refer through usual referral pathways for sleep studies

# Minor Injury and Illness Clinic

The Minor Injury and Illness Clinic will provide free walk-in urgent care for illnesses and injuries not anticipated to be life-threatening in nature.

The clinic is run by a team of doctors, nurses and allied health professionals experienced in treating urgent medical needs who can assess, diagnose and treat a wide range of minor injuries in adults, adolescents and babies older than three months of age.

# When should you go to the Minor Injury and Illness Clinic?

The clinic can help if you have:

- · minor head injuries with no loss of consciousness
- minor burns and scalds
- sprains and strains
- suspected arm and lower leg broken bones
- · eye infections such as conjunctivitis or scratches to the eye
- · foreign bodies in the eyes, ears or nose
- grazes and splinters
- bites and stings
- skin, ear, throat and chest infections
- minor allergic reactions
- urinary tract infections

#### Other services

Minor Injury and Illness Clinic's provide services including:

- · onsite x-ray and ultrasound
- ECG
- wound care
- plastering and limb immobilisation.

# Will an ambulance take me to the Minor Injury and Illness Clinic?

Minor Injury and Illness Clinic teams works closely with the Queensland Ambulance Service (QAS). If your illness or injury can be cared for at the clinic, the QAS can take you there.

# Metro North Health



# Metro North – GP Liaison and GP Education pages

Home / Refer your patient / General Practice Liaison

# **General Practice Liaison**

GP Liaison Officers (GPLOs) support the partnership between primary care and the Metro North Hospital and Health Service (MNHHS). GPLOs are medical officers that are dedicated to improving communication, pathways and services between primary care and the hospital system to better patient outcomes.

## What we do

GPLOs are in a unique position to work with the MNHHS to provide guidance and support to both primary and hospital sectors. GPLOs work across a range of services and hospitals and look to assist services by:

- Providing information and guidance on referral pathways and navigating services such as <u>Refer your patient</u>, <u>Health</u> <u>pathways</u>, <u>GP Smart Referrals</u> and <u>The Viewer</u>
- · Enhancing communication between primary, community and hospital care
- Identifying and addressing service gaps especially at the interface between primary and secondary care
- Developing appropriate clinical pathways between settings
- Curating GP education
- · Improving patient experience through continuity of care
- · Involvement in innovation and co-design of services by providing primary care perspective and engagement

For further information about or to engage with the GPLO program, please contact us at MNGPLO@health.qld.gov.au

## **Useful Information**

- + Outpatient Referral Pathways
- + Request for Medical Records (ROI) and Accessing Patient Information
- + Electronic Communication Support for GPs
- + Complaints, compliments and feedback
- + Other useful contacts and services
- + GP education
- + Digital GP update

#### GP education

#### Education resources

- + Caboolture Hospital education
- + Cardiology
- + Epilepsy (updated May 2023)
- Fracture Management resources
- General Principles of Fracture Management and Bone Healing (PDF)
- Fracture Management Ankle/Foot (PDF)
- <u>RBWH Virtual Fracture Clinic (PDF)</u>
- + Gastroenterology and Hepatology resources
- Gender Services (updated Mar 2023)
- Common Challenges in Primary Care: Gender Services (PDF)

	Common Challenges in Primary Care: Ger Video will open in own window	Watch the video >				
+ Genetics						
+ Gynaecology resources						
+ Haematology and Oncold	ogy resources					
+ Heart Failure resources						
Kidney Health resources						
Maternity resources (updated June 2023)						
Mental Health resources						
+ Neurology resources						
+ Paediatric resources						
Persistent Pain Management						
Respiratory resources						
Rheumatology resources (updated Nov 2022)						
Sexual Health (updated Feb 2023)						
+ Spinal health resources						
+ Surgery						
+ Urology resources (updat	ted Nov 2022)					

Off

# Metro North Virtual ED

## **Virtual Emergency Department**

Open: 7 days (8am-10pm Monday to Sunday)



Consult with an

Hotline: 1300 847 833

to Sunday

emergency clinician

If you are a patient, you cannot use to this service. You may be eligible

for our Patient Virtual ED service.

Open: 7 days - 8am to 10pm Monday

#### For GPs and QAS

Metro North Virtual ED offers alternative pathways that can help avoid your patient waiting in an Emergency Department.

Metro North Health has developed a Virtual Emergency Department service to provide primary healthcare 1300 847 833
providers with access to specialist emergency medicine advice, by telephone or video conferencing with
one of our senior FACEM's.
(GPs and QAS ONLY)

It is a safe, fast and efficient way for you to consult with an emergency physician and use real-time technology to align treatment and ongoing services for your patient.

#### How to use this service



#### NOTE: The MNHHS Virtual ED Service is for Queensland GPs only

- Call 1300 VIRTED (1300 847 833). Hours: 7 days per week (8am to 10pm Monday to Sunday). You will be connected directly to a senior emergency nurse who will rapidly Triage your call.
- 2. Please have the following information ready (this will take less than 1 minute)
  - · Clinician's name and phone number
  - An email or other link if you require video consultation
  - The patient's name, date of birth, hospital number (if available) and brief description of the problem
- 3. You will then be connected directly to an Emergency Specialist.

This is a clinician only service. Patients can contact the Virtual ED direct via the <u>Patient Virtual ED service</u>.

The Emergency Specialist can assist in many ways:

1. Advice to assist you to continue your patient management within the community



## QAS

When referring patients to Virtual ED, QAS clinicians must first follow the QAS guidelines.

- Is it a Queensland incident?
- Is the incident between the hours of 8am to 10pm?
  Is the patient stable after a physical and clinical
- Is the patient stable after a physical and clinical assessment?

If the answer to all three questions is yes, then Virtual ED can help.

Contact the QAS Consultation & Advice Line – Option 6, and they will send through an invitation with a link to start a telehealth consultation.

Virtual ED physicians will be relying on a thorough clinical assessment to have been completed by QAS clinicians, as well as a comprehensive, professional handover.

It is important to note that any treatment requested of paramedics that is outside the QAS CPM Scope of Practice requires approval via the QAS 24/7 Clinical Consultation line.

A comprehensive eARF must be completed for every case and on resolution. The QAS Operations Centre must be updated with an outcome of the consultation.

# How to access Metro North Virtual ED:

#### Call 1300 847 833 (1300 VIRTED)

#### Monday to Sunday 0800 - 2200

Virtual ED is aware that your time is precious.

You will be connected to an experienced emergency doctor.

Please have the following information ready:

- Your name and phone number
- The patient's name, date of birth, hospital number (if available) and brief description of the problem
- The practice phone number

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#### Health pathways 😯

Access to Health Pathways is free for clinicians in Metro North Brisbane.

For login details email: healthpathways@brisbanenorthphn. org.au

Login to Brisbane North Health Pathways: brisbanenorth.healthpathways

community.org

Resources

Virtual ED fact sheet for GPs (PDF)

QAS

METRO NORTH

VIRTUAL

1

# Email: <u>ved@health.qld.gov.au</u>

# **Brisbane North Health Pathways**

😑 💥 Brisbane North		Q Search HealthPathways					
HealthPathw	ays						
Brisbane North		Brisbane North					
Home		<b>HEALTHPA</b>	ΙΗΥΥΑΥΝ	A CARLES AND A CAR			
COVID-19	~						
About HealthPathways	~	Health Alert	Pathway Updates	HEALTH PROVIDER PORTAL			
Brisbane North Localised Pathway	s	Metro North Public Health Unit has issued a measles alert	Updated – 21 July				
Acute Services	~	after a confirmed case on Brisbane's northside. Read more	Termination of Pregnancy (TOP)	METRO NORTH HHS			
Allied Health	~		Updated – 21 July	PHN			
Child and Youth Health	~	TGA - Safety warning for medicines used in arthritis and other inflammatory conditions. Read more 2	Guide to MBS Items	0			
End of Life	~	· · · · · · · · · · · · · · · · · · ·	Updated – 21 July	LOCAL RESOURCES			
nvestigations	~		Back Pain	<b></b>			
ifestyle and Preventive Care	~	Latest News	the devel of the	CLINICAL RESOURCES			
Medical	~	17 July	Updated – 21 July Trigger Finger	PATIENT RESOURCES			
Mental Health	~	Making sense of Primary Sense: webinar explores data- driven clinical support tool					
Older Adults' Health	~	Brisbane North PHN provides information on the	Updated – 21 July E-Mental Health	GP EDUCATION			
Pharmacology	~	application and benefits of the Primary Sense tool for GP's. Read more	VIEW MORE UPDATES	2			
Public Health	~			Send Feedback			
Reproductive Health	~	24 June					

## Brisbane North HealthPathways

#### Username: Brisbane Password: North

## **Statewide Portal**

https://qld.healthpathwaysco mmunity.org

Username: Queensland Password: Pathways

# Brisbane North Health Pathways

$\equiv$ 💥 Brisbane North		Q Search HealthPathways				
HealthPathways		Voluntary Assisted Dying (VAD)				
		Key Considerations				
		- Becoming an authorised practitioner (roles and eligibility criteria) $\checkmark$				
Brisbane North		Conscientious objection				
About HealthPathways	~	<ul> <li>Legal protections and penalties </li> </ul>				
Brisbane North Localised Pathways	s	<ul> <li>Patients from Aboriginal and Torres Strait Islander backgrounds          Image: Image and Image</li></ul>				
Acute Services	~	<ul> <li>Patients from culturally and linguistically diverse backgrounds and interpreter services          <sup>****</sup></li> </ul>				
Allied Health	~	<ul> <li>Providing services in public or private health facilities (including hospitals and residential aged care) V</li> </ul>				
Child and Youth Health	~	<ul> <li>Queensland Voluntary Assisted Dying Support Service (QVAD-Support) ✓</li> </ul>				
End of Life	~					
Investigations	~	Process				
Lifestyle and Preventive Care	~					
Medical	~	End-of-life discussion				
Mental Health	~	1. Voluntary assisted dying (VAD) is discussed with the patient if appropriate $\checkmark$ .				
Older Adults' Health	~	If you are a medical or nurse practitioner, initiating a discussion about VAD must be part of a broader discussion about er				
Pharmacology	~	of-life choices.				
Public Health	~	Discussions about VAD should include:				
Reproductive Health	~	<ul> <li>on overview of the VAD process ✓ – see diagram ▲.</li> </ul>				
Specific Populations	~	The voluntary assisted dying process – an overview				
Surgical	~					
Women's Health	~	The voluntary assisted dying process:				

# **GP Smart Referrals**

# GP Smart Referrals features A quicker and easier way to refer Refer to the right service first time Templates are linked with referral criteria Referral receipt acknowledgements

- Referral templates for creation & submission of an electronic referral to a Queensland Health Outpatient Specialty, incl required patient demographics & clinical record auto-populating.
- Integrates with Best Practice and Medical Director software
- Aligned with state-wide referral guidelines to prompt essential referral information required to triage referrals, decreasing the likelihood referrals returned for additional clinical information.



## Why should I use it?

- 1. Attach test results, imaging reports or other clinical documents from the patient's clinical record or PC to the referral
- 2. Integrated service directory ensure appropriate speciality closest to the patient's address is identified
- 3. Automated notifications are issued when the referral has been received
- 4. Improved quality of referrals with essential clinical information to assist with more efficient processing and triaging of referrals.
- 5. Indicates possible urgency category of referral (Cat1,2,3)
- 6. Identification of approx. Outpatient Wait Times at point of referral
- 7. Send "Written Request for Advice" to some specialists

#### Brisbane North PHN Digital Health Support Officers GPSR@brisbanenorthphn.org.au



#### PATIENT NAME: Mr David ANDERSON DOB: 4 Jan 1955

Referral information								
Referral date	28 Feb 20	19						
* Priority	Emerg	ency	Urgent	Routine				
* Provider	QH	SR	Private					
* Referral length	12 mc	onths	Indefinite					
Consents								
· Date patient consented to referral	28 Feb 2	019			121			
* Patient is willing to have surgery if required?	Ye	s	No	Not applicable	e			
Condition and Specialty	Adrenal i	nsufficie	ncy ADULT - Dia	betes and Endocri	inology			⊖ <u>Go to HealthPathways</u>
* Reason for referral	O New	patient f	lor an opinion and	d management				
	Returning patient for continuing care							
	○ Other							
Additional information - reason for referral								
* Specialist name								
Suitable for Telehealth?	Yes	No						
* Are you the patient's usual GP?	Yes	No						
E Condition specific clinical information								
Show emergency referral criteria	Show	Hide						
Referral Indication								
If acutely unwell, treatment with IV or IMI hydroco	ortisone 50mg sl	hould be	e commenced p	ending results of	cortisol, short syna	cthen test		
Referral indication(s)	🗌 Suspe	cted or o	confirmed primary	or secondary adr	renal insufficiency that	does not meet the em	nergency criteria (se	ee above)
		e review	of stable treated	glucocorticoid ins	sufficiency			
	Other							
Referral Letter	E.g., presenting symptoms (evolution and duration); physical findings; details of previous treatment		<u> </u>					
Referral letter								
Pathology and Test Results				_				
Recommended referral information:								
• ELFT								
<ul> <li>Glucose</li> <li>Morning cortisol and ACTH (8:00-9:00) unless act</li> </ul>	itely unwell then	random						

- · Renin and aldosterone results
- Pituitary investigations if evidence of ACTH deficiency

# Health Provider Portal (The Viewer)

- Provides Queensland's

   \*eligible health practitioners
   (HPs) with secure online
   access to their patient'
   Queensland Health (QH)
   records.
- Read-only online access will allow HPs to view public hospital information including appointment records, clinic letters, inpatient & ED discharge summaries, radiology & pathology reports, and medication details.

\* Queensland AHPRA registered GPs, nurses, midwives, paramedics & pharmacists

008-Oct to 08-Oct-2015             TH+ 2015035603             LEE, PATRICK               Event Summaries             My Health Record             Filter:	 lans
LEE, PATRICK       Filter:         16-Jul to 20-Jul-2011, 4 days       Image: Comparison of the com	
GCH: 760000-8   DR Donald George Kardux PITCHFORD   I16-Jul-2011, ?   TNH: 800801-1   DR ROBERTA MCFARLANE     I16-Jul to 16-Jul-2011   GCH: 760000   I05-Jul to 15-Jul-2011, 10 days   GCH: 760000-5   DR Donald George Kardux PITCHFORD   I0-Apr to 01-Apr-2011, 0 days   PAH: 429996-1   DR MARK DONALDSON     I18-Feb to 23-Feb-2011, 5 days     Episode of care date : 12-Jan-2016   Authorised date : 12-Jan-2016   Source System : eLMS   Authorised by : Langdon, Connor   Medications for Outpatient Profile   Generic Name (Brand) Strength   Directions   Status   Reason   Fludrocortisone (Florinef) 100   Take 2 tablets in the MORNING   Unchanged   Spironolactone (Aldactone) 25mg   Take 1 tablet in the MORNING   Unchanged   Prevent heart attacks, strokes, blood cloting   Tablets     Tablets     Tablets     Tablets     Tablets     Tablets     Swallow whole 1 tablet once each day	
DR Donald George Kardux PITCHFORD       Episode of care date : 12-Jan-2016         Authorised date : 12-Jan-2016         Source System : eLMS         Authorised by : Langdon, Connor         DR ROBERTA MCFARLANE         Medications for Outpatient Profile         Generic Name (Brand) Strength Form         I 16-Jul to 15-Jul-2011, 10 days         GCH: 760000-5         DR Donald George Kardux PITCHFORD         I 01-Apr to 01-Apr-2011, 0 days         PAH: 420909-1         DR MARK DONALDSON         I 18-Feb to 23-Feb-2011, 5 days	
Ite-Juli-2011, ??       Authorised by       : Langdon, Connor         Ite-Juli to 16-Jul-2011       Medications for Outpatient Profile         Ite-Juli to 15-Jul-2011, 10 days       Generic Name (Brand) Strength       Directions       Status       Reason         Ite-Juli to 15-Jul-2011, 10 days       Generic Name (Brand) Strength       Directions       Status       Reason         Ite-Juli to 15-Jul-2011, 10 days       Generic Name (Brand) Strength       Directions       Status       Reason         Ite-Juli to 15-Jul-2011, 10 days       Generic Name (Brand) Strength       Directions       Status       Reason         Ite-Juli to 15-Jul-2011, 10 days       Generic Name (Brand) Strength       Directions       Vinchanged       Steroid hormone replacement         Ite-Juli to 15-Jul-2011, 10 days       Generic Name (Adactone) 25mg       Take 1 tablet in the MORNING       Unchanged       Remove excess fluid; Improve heart function         Ite-Seb to 23-Feb-2011, 5 days       Mark DONALDSON       Swallow whole 1 tablet once each day       Unchanged       Treat reflux disease; Treat/prevent ulcer	ģ
DR ROBERTA MCFARLANE       Medications for Outpatient Profile         In 16-Jul to 16-Jul-2011 GCH: 760000       Generic Name (Brand) Strength Form       Directions       Status       Reason         In 05-Jul to 15-Jul-2011, 10 days GCH: 760000-5 DR Donald George Kardux PITCHFORD       Fludrocortisone (Florinef) 100 microgram Tablets       Take 2 tablets in the MORNING       Unchanged       Steroid hormone replacement         Spironolactone (Aldactone) 25mg PAH: 429999-1 DR MARK DONALDSON       Spironolactone (Aldactone) 25mg       Take 1 tablet in the MORNING with food       Unchanged       Prevent heart attacks, strokes, blood clotting         I 18-Feb to 23-Feb-2011, 5 days       Esomeprazole (Nexium) 40mg       Swallow whole 1 tablet once each day       Unchanged       Treat reflux disease; Treat/prevent ulcer	
GCH: 760000       Form         I 05-Jul to 15-Jul-2011, 10 days       Image: Form         GCH: 760000-5       Image: Form         DR Donald George Kardux PITCHFORD       Spironolactone (Aldactone) 25mg       Take 1 tablet in the MORNING       Unchanged       Remove excess fluid; Improve heart function         01-Apr to 01-Apr-2011, 0 days       Spironolactone (Aldactone) 25mg       Take 1 tablet in the MORNING       Unchanged       Prevent heart attacks, strokes, blood clotting         PAH: 429999-1       DR MARK DONALDSON       Esomeprazole (Nexium) 40mg       Swallow whole 1 tablet once each day       Unchanged       Treat reflux disease; Treat/prevent ulcer	
In 05-Jul to 15-Jul-2011, 10 days       microgram Tablets       replacement         In 05-Jul to 15-Jul-2011, 10 days       microgram Tablets       replacement         In 05-Apr to 01-Apr-2011, 0 days       path: 420000-5       Unchanged       Remove excess fluid; Improve heart function         In 01-Apr to 01-Apr-2011, 0 days       path: 420000-1       Aspirin (Astrix) 100mg Tablets       Take 1 tablet in the MORNING with food       Unchanged       Prevent heart attacks, strokes, blood clotting         In 18-Feb to 23-Feb-2011, 5 days       Improve heart function       Swallow whole 1 tablet once each day       Unchanged       Treat reflux disease; Treat/prevent ulcer	
DR Donald George Kardux PITCHFORD       Spironolactone (Aldactone) 25mg       Take 1 tablet in the MORNING       Unchanged       Remove excess fluid; Improve heart function         101-Apr to 01-Apr-2011, 0 days       Aspirin (Astrix) 100mg Tablets       Take 1 tablet in the MORNING with food       Unchanged       Prevent heart attacks, strokes, blood clotting         DR MARK DONALDSON       Esomeprazole (Nexium) 40mg       Swallow whole 1 tablet once each day       Unchanged       Treat reflux disease; Treat/prevent ulcer	
PAH: 429999-1       Aspirin (Astrix) 100mg Tablets       Take 1 tablet in the MORNING with food       Unchanged       Prevent heart attacks, strokes, blood clotting         DR MARK DONALDSON       Esomeprazole (Nexium) 40mg       Swallow whole 1 tablet once each day       Unchanged       Treat reflux disease; Treat/prevent ulcer	
La 18-Feb to 23-Feb-2011, 5 days and the second sec	
GCH: 780000.4	
DR Peter Michael DAVOREN         Ramipril - Felodipine (Triasyn)         Take 1 tablet in the MORNING         Unchanged         Treat high blood press           Smg-5mg Tablets         Improve heart function         Improve heart function         Improve heart function	
O9-Feb to 11-Feb-2011, 2 days     GCH: 760000-3     DR Peter Michael DAVOREN     Frusemide (Frusehexal) 40mg     Take 1 tablet in the MORNING     Unchanged Remove excess fluid     Tablets	
Rosuvastatin (Crestor) 10mg       Take 1 tablet in the MORNING       Unchanged       Prevent heart attacks, strokes, lowers choles	erol
GCH: 760000-2 DR Peter Michael DAVOREN Venlafaxine (Altven) 75mg MR Swallow whole 1 capsule in the MORNING Unchanged Improve mood CAPS	
U2-Nov to 09-Nov-2010, 7 days ⇒ GCH: 780000-1 States (Cenovis) Take 2 tablets in the MORNING Unchanged Multivitamin DR Peter Michael DAVOREN	
Mega Calcium Tablets (Cenovis) Take 2 tablets in the MORNING Unchanged Calcium and Vitamin E supplement	
Magnesium Forte Tablets (elemental Magnesium ~350) Take 1 tablet in the MORNING Unchanged Magnesium Supplemental	nt
Paracetamol (Duatrol SR) 665mg       Swallow whole 2 tablets THREE times a day .       Treat pain         MR TABS       Maximum of 6 paracetamol containing tablets in 24 hours.       Treat pain	

# What's New? Metro North Clinical Advice

#### 1. Phone advice

Specialty	Catchment*	Exclusion Criteria
Haematology	Metro North	Excludes Patients under 16 years
Inflammatory Bowel Disease	Redcliffe Caboolture	Excludes Patient anticipated to require surgical input
<u>Rapid Access to Community</u> <u>Care</u>	Metro North	<ul> <li>Excludes Patients under 16years</li> <li>Excludes Acute mental health, alcohol or drugs related.</li> <li>Excludes Residential Aged Care Facility Residents (Call RADAR - 1300 072 327)</li> </ul>
Sexual Health	Metro North	Excludes Patients under 14 years
Sleep Disorders	TPCH Caboolture Redcliffe	Excludes Patients seen by another Sleep Unit
General Medicine and Rapid Access Clinic	ТРСН	<ul> <li>Excludes Cardiology, Heart Failure or Respiratory Conditions</li> <li>Excludes Residential Aged Care residents (Call RADAR - 1300 072 327)</li> </ul>
Heart Failure Service and Rapid Access Clinic	Redcliffe TPCH	<ul><li>Excludes New heart failure patients</li><li>Excludes Patients seen by another heart failure service</li></ul>
Termination of Pregnancy	Metro North	Excludes Outside Metro North referral catchment
Vestibular Rapid Access Service	ТРСН	Out of catchment for TPCH

\*Catchment - where the patient would usually be referred for a face to face specialist outpatient clinic appointment.

Note: If you think your patient is new to any of these services on the page, please ensure your patient is aware you are seeking advice and they consent to their demographic details, including Medicare number, being provided to Metro North Health at the time of the call.

Call the Clinical Advice Line, Monday to Friday 8am to 4.30pm on

#### 1800 569 099

Note: this is for GPs only and the phone line is not open to patients.

# Metro North Clinical Advice Line

Connecting GPs directly to Metro North specialties.

The Metro North Health Clinical Advice Line connects local GPs to specialist advice from hospital and community clinicians. There are two pathways:

1. Phone line

-

2. Written request for advice.

The range of adult specialities currently available to support patient care in the community includes: (*This list will expand over time so keep coming back for the latest advice services available*)

## 2. Written request for advice

. .

GPs can seek advice via the written "request for advice" (RFA) via GP Smart Referrals (GPSR) for the specialties listed below. Details of how to send the RFA in GPSR and how the response is provided via the Request for Advice function on GPSR information sheet. (PDF)

Specialty	Catchment*	Exclusion Criteria
General Medicine	ТРСН	<ul> <li>Cardiology, Heart Failure or Respiratory Conditions</li> <li>Residential Aged Care residents (Call RADAR)</li> </ul>
Paediatric Medicine	Redcliffe	Out of catchment for Redcliffe
Rheumatology (available from 24 July 2023)	Redcliffe	Out of catchment for Redcliffe
Urology	RBWH	Out of catchment for RBWH

#### \*Catchment - where the patient would usually be referred for a face to face specialist outpatient clinic appointment.

Please do not request urgent advice via this method. If there are no in-catchment services that offer Request for Advice for your patient, the Service will show as 'Out of Catchment'. In this instance it is recommended that a referral is created to an appropriate service within catchment for the patient.

# **Rapid Access Services**

#### On this page

General Medicine Rapid Access Clinic (RAC) – The Prince Charles Hospital Catchment Rapid Access to Community Care Service – Metro North wide catchment Rapid Access Heart Failure Treatment Service (RAHETS)

Metro North Health is piloting a number of Rapid Access Clinics and Services. These services provide assessment and treatment to patients requiring escalation of care. They aim to bypass the need to attend ED where this is avoidable.

Referrals can be made by calling the Metro North Clinical Advice Line on 1800569099, Monday to Friday, 8am - 4.30pm.

This page will be updated as further services are made available.

## General Medicine Rapid Access Clinic (RAC) – The Prince Charles Hospital Catchment

This clinic provides **adult** patients in the TPCH catchment area with a rapid **general medicine** clinic assessment and treatment (**within 2-3 business days**). The aim is to prevent an avoidable Emergency Department (ED) presentation by providing an early specialist intervention (but shouldn't be seen as an alternative to an outpatient clinic referral).

Operates Monday to Friday 8am -4.30pm.

- + Eligibility Criteria
- + How to Refer
- + Referral information required
- + How will I know the outcome of the visit?

+ More information

# Rapid Access to Community Care Service – Metro North wide catchment

Rapid Access to Community Care (RACC) provides timely access to community care for community adult clients to prevent avoidable hospital presentations.

RACC accepts direct clinician to clinician referrals via phone from GPs for adult patients experiencing chronic disease exacerbation and illness requiring rapid community response.

Operates Monday to Friday 8am - 4.30pm.

#### Eligibility Criteria

- + How to Refer
- + Who will see the patient?
- + Referral information required
- + How will I know the outcome of the visit?
- + For more information

#### Rapid Access Heart Failure Treatment Service (RAHFTS)

The aim is to prevent an avoidable Emergency Department presentation for heart failure by providing early specialist nursing intervention within 24 to 72 hours. IV diuretics can be administered.

- Eligibility Criteria
- How to Refer
- Referral information required
- How will I know the outcome of the visit?
- For more information

# Upcoming GP education

## Common challenges in primary care: Diabetes education

#### Metro North Health and Brisbane North PHN invite GPs and practice nurses to join our panel of experts for an evening of education, networking and discussion.

Join your general practice colleagues and specialists from the multidisciplinary Metro North Diabetes and Endocrinology team for case-based learning on the diagnosis, assessment and management of diabetes in a primary care setting.

Topics will include the multidisciplinary assessment and management of diabetes patients including tips and recommendations for ongoing care in general practice and raising awareness of referral pathways and follow-up options.

Presentations will include an introduction to a primary care miniaudit for diabetes patients supported by Primary Sense. There will be an opportunity to engage with our panel of experts about advice on management, referral options and support services that may by useful for you in primary care.

#### Program 6.00 - 8.30 pm

Registration, dinner and networking

Welcome and General Practice Liaison Officer update

Metro North Diabetes and Endocrinology Service Introduction and overview

The diabetic foot - conditions, complications and management

Metro North Podiatry team

Type 2 diabetes mellitus management and insulin tips and tricks

Dr Sam Donaldson | Endocrinologist Metro North Diabetes Education team

Introducing a mini-audit for diabetes patients

Dr Kylie Norris | GPLO

Primary Care team, Brisbane North PHN

Q&A session

If you are unable to attend the event after registration, please notify us at least 5 days prior to the event via administration.integration@brisbanenorthphn.org.gu to ensure appropriate event catering.

For more information, please email administration.integration@brisbanenorthphn.org.au.

#### EVENT DETAILS

#### DATE:

6.00-8.30 pm Thursday 10 August 2023

#### VENUE:

Education Skills Centre The Prince Charles Hospital Chermside

#### COST:

No cost to attend, dinner provided

Activity ID: 553993



#### **REGISTER HERE**



Register using the QR code or link below.

https://www.eventbrite.com. au/e/common-challenges-inprimary-care-diabetes-educationtickets-677903175647



Thank you

- GPLO email <u>mngplo@health.qld.gov.au</u>
- Questions?

# **Caboolture Satellite Hospital**

# Patient pathway: Minor Injury and Illness Clinic Caboolture Hospital Emergency Department: update

Dr Elizabeth Rushbrook Chief Medical Officer Metro North

Richard Smith Physiotherapist Emergency Department Caboolture Hospital

> Dr Sean Clark Director Emergency Department Caboolture Hospital





# **Caboolture Satellite Hospital**

# Bringing healthcare closer

**COMING SOON** 



The **free Minor Injury and Illness Clinic** will be open 8.00am – 10.00pm seven days a week — taking the pressure off the Caboolture Hospital Emergency Department.

The Caboolture Satellite Hospital will provide the following healthcare:



Aboriginal and Torres Strait Islander health hub Mental he specialist services

Mental health specialist services

Oral health services



Sleep studies



# For more information, visit www.qld.gov.au and search for *Satellite Hospitals*.

Patients requiring emergency care will need to visit an Emergency Department or call Triple Zero (000). For further advice and to speak to a healthcare professional, call **13 HEALTH** (13 43 25 84).



# Introduction

- Minor Injury and Illness Clinic provides unscheduled extended hours care to both adults and children
- Scope of practice for minor injuries and illnesses
- Provides patients within the catchment with local treatment for low complexity care
- Minor Injury and Illness Clinic will not be a substitute for general practice
- Work in partnerships with hospitals and GP providers
- If patient is out of scope of the Minor Injury and Illness Clinic, will be referred to nearest most appropriate acute facility

# **About the Minor Injury and Illness Clinic**

# Intent

 The purpose of the Minor Injury and Illness Clinic is to provide local episodic unscheduled extended hours care to adults and children presenting to the satellite hospitals with minor injuries and illnesses. The goal is to reduce the number of non-urgent presentations to nearby emergency departments, increasing their capacity to deliver timely immediate and urgent care.

# Governance

- The Minor Injury and Illness Clinic located at CSH will be governed by the Caboolture, Kilcoy and Woodford (CKW) Directorate. Operationally the units will be managed by the Emergency Services, Kilcoy Hospital and Woodford Corrections Service Line. Professional governance will sit with the Director Medical Services and the Director Nursing and Midwifery Services, CKW Directorate.
   Operational facility management of the CSH will also be the responsibility of the CKW Directorate.
- The Minor Injury and Illness Clinic will link with the Metro North Virtual Emergency Department (VED) to support patients to access the right care in the right place, and for access to virtual consultations with an emergency medicine physician where required. The VED will be able to accept referrals for appropriate cases that are identified out of scope for the MIIC and/or need on-referral. This is inclusive of the Metro North Rapid Access Clinics.
- The Minor Injury and Illness Clinic, Caboolture Hospital emergency department (ED), and the VED will work in collaboration with the Metro North Emergency Medicine Clinical Services Stream to promote and improve timely access to quality care

# **About the Minor Injury and Illness Clinic**

- Inclusions and exclusions
- The staffing model
- Services offered



# **MEET BOB**

HOPC: 1400 hours: Bob 62 Years old, self-presents to the Caboolture Minor Injury and Illness Clinic

8.00am today whilst cleaning his roof, has fallen 1-meter and sustained a Fall on Outstretched Hand (FOOSH) injury to his dominant R hand.

He has sustained a minor head-strike to his Rt temporal region of his head.

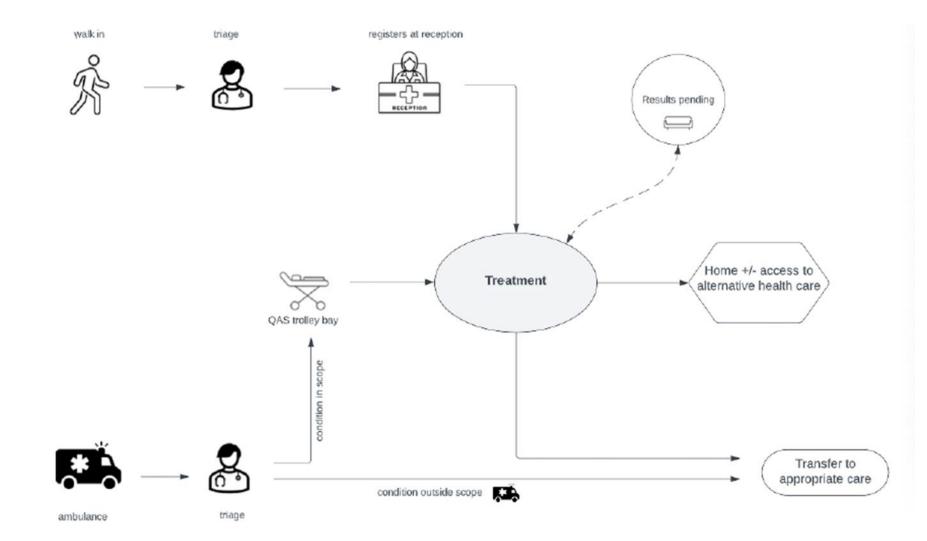
PMH: Type II DM Hypertension IHD Hypercholesterolaemia GORD Metformin Glicazide Irbesartan Aspirin Rosuvastatin Lansaprazole

Nil Allergies or ADRs

DH:

SH: Lives with wife, fully independent, drives, plays golf.

# **Bob's assessment and treatment pathway**



# **Emergency Physiotherapy Practitioner Care**

- Typically Senior MSK Physio with relevant Orthopaedic and inpatient experience.
- Typically post graduate qualifications, MSc or PHD level
- Undergone state-wide bench-marking and capability framework
- Undertaken additional post graduate qualifications in radiology interpretation and pharmacology.
- Limited prescribing capacity with appropriate credentialling
- Minor Injury and Illness Clinic staffing drawn from current Caboolture ED Staff

# **Physiotherapy assessment**

Full subjective examination: HOPC, PMH, BPMH, SH Objective examination:

- Vitals all WNL, GCS 15, afebrile, looks dry
- alert orientated, nil headache, visual disturbance, small dermal abrasion noted to R temporal region
- Nursing staff requested to clean and Dress minor wound.

Closed, NV intact, appearance consistent with Dorsally Angulated Distal Radius #, BPT to dorsal Distal Radius, Nil ASB or Scaphoid tubercle BPT. No pain in elbow, shoulder, clavicle, nil Cx spine bony point tenderness, full ROM.

# **Treatment plan**

- Analgesia
- GP/NP Escalation for Head injury review:
- >60, Headstrike, on Aspirin
- Imaging: Plain films R Wrist

# Scenario 1 – nil concerns

Reviewed by MIIC GP

Full Head injury screen performed, latent presentation, nil clinical features of ICH,

Instigated client centred care: CT Head not required, patient education & safety netting advice provided.

Plain films performed.



- Comminuted, Impacted, Dorsally angulated Distal Radius and Ulna Styloid.
- Requires Reduction
- Oral analgesia, Entonox, Haematoma block.
- Reduced with POCUS at Bedside.



- In satisfactory alignment
- Neuro-Vascularly intact, pain well controlled in cast
- Home with # clinic review at RDH in <1/52.

# Scenario 2 – concerns of head injury

Following Medical Review Concerns of potential Head injury. Call to D1 Consultant at Caboolture ED All notes and documentation completed and printed

Inter-hospital Transfer Completed (IHT) Ambulance Transfer to Caboolture ED booked.

# Management completed as per Scenario 1 if time allows, if not backslab immobilisation for safe transfer.

# Caboolture Emergency Department Dr Sean Clark



# About the new Caboolture Emergency Department



- What's new?
  - uses smart emergency department design solutions that offer more bed space, appropriately sized and located waiting areas, and the features medical staff need to effectively and efficiently treat patients
- Service offering
- Work flows and Model of Care
- A focus on contemporary Emergency Department care

## The contemporary emergency care model





### Summary

"There is an urgent need to examine all aspects of primary care service interventions that aim to reduce inappropriate attendance to emergency departments."







# Virtual Emergency Department

Dr Rachael Pery-Johnston

VED Deputy Director

27 July 2023

# VED service profile

0800h - 2200h, 7 days, Qld-wide

Free service at point of care for

All age groups

Senior emergency doctors, triage RNs, admin

Telehealth virtual clinic or phone call

English speaking





Community clinicians – postacute care, transitional care

General practitioners

Queensland public

Watch house/prison staff

#### 13 Health

Emergency department – public or private

Urgent care centre / Minor injury and illness clinic

GP urgent review or follow up – letters, emails and Viewer

Direct ward admission

Same day review in VED

Electronic prescriptions

Advice, reassurance, information sheets by SMS/email

Virtual ward referral/ HITH access

Rapid access outpatient clinics

Pathology and radiology referral and review

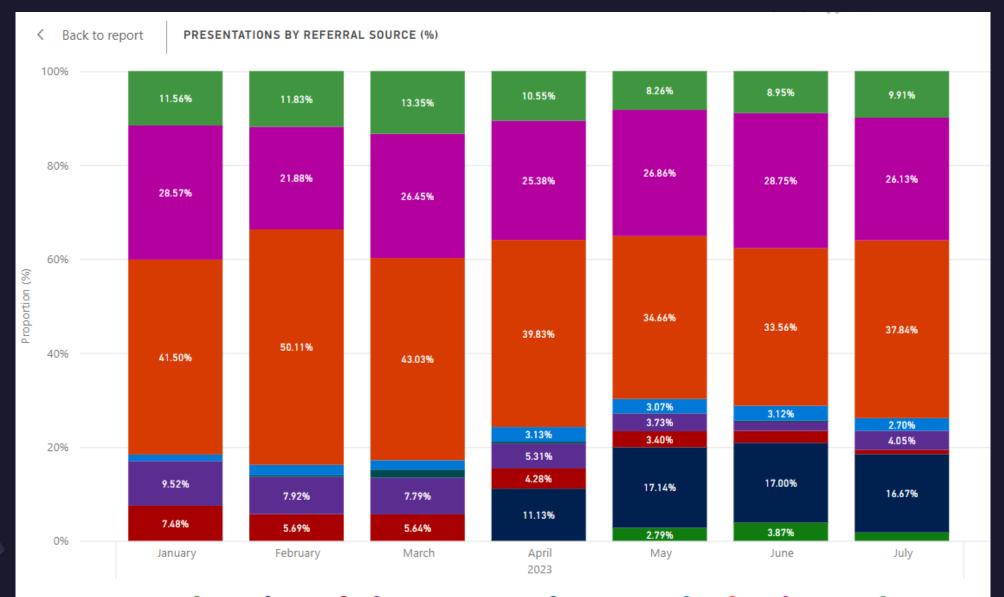
Community palliative care referral

**RADAR** referral

Inpatient specialist advice

Paediatric urgent care eg CubCare

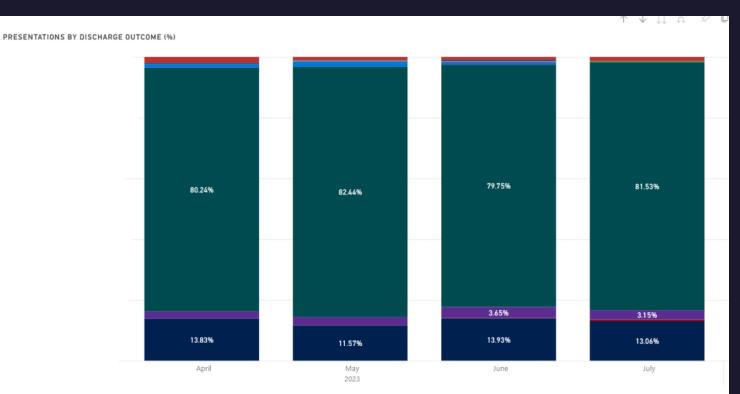
# Virtual ED stats



Tuesday, Februar

# Virtual ED stats





Thursday 27 July 2023

Mapping Oddmission To DEM Oddmitted Non-ED Odd Not Wait ODischarged OGP Not Categorised OOPD Rapid Access Clinic OReferred elsewhere Virtual Ward Admission



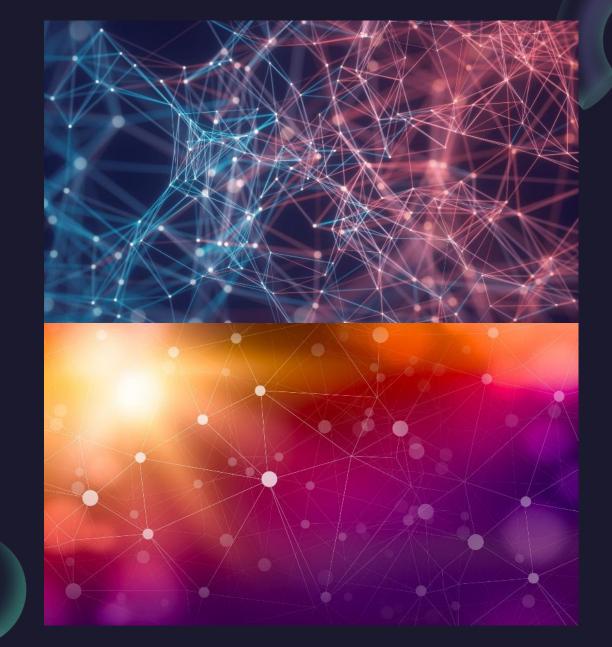
# Case study Mrs F 76yo

# Thank You

Rachael Pery-Johnston

rachael.pery-Johnston@health.qld.gov.au

Deputy Director Virtual ED



### METRO NORTH VIRTUALWARD

Metro North Health



### WHAT CAN WE OFFER?

#### Operating Hours



Mon - Sun: 0700 to 1930hrs

New Referrals 0800-1900hrs

Out of hours deteriorating hotline for patients staffed by senior nurse with SMO support



#### GP with Special Interests

Virtual Ward GP's can help bridge the gap between acute hospital care and primary healthcare.



Nursing

With nursing staff from a broad background of specialties such as ED, Respiratory, ICU and Endocrinology our staff can provide once or twice daily reviews of patients via telehealth modalities

Pharmacy

Specially trained pharmacists can provide telehealth medication reviews, dispense essential medications and provide expert clinical advice.



#### Medical Officers

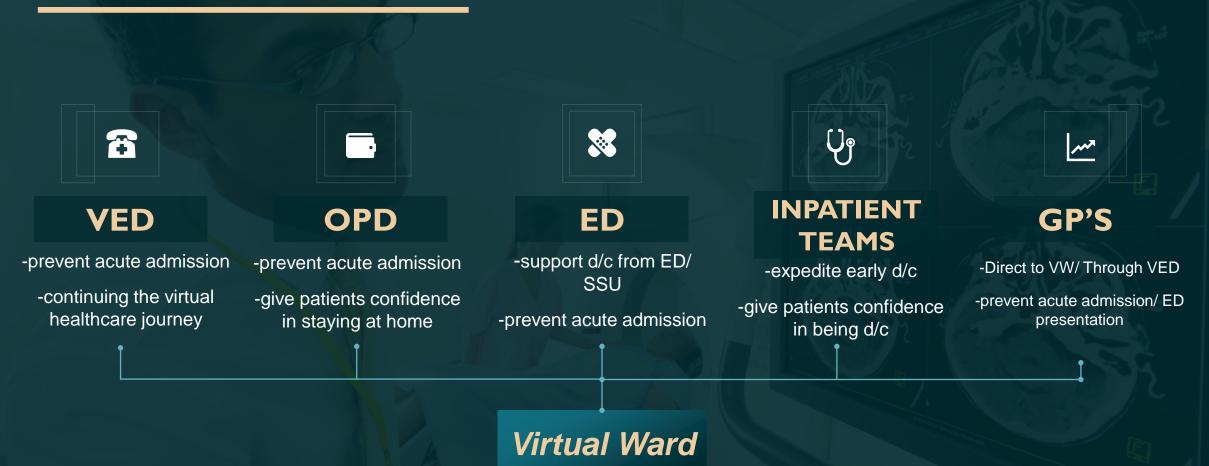
With SMO's from Respiratory, Infectious Diseases and Internal Medicine the Virtual Ward can provide expert specialist care to patients in their own home from a wide range of backgrounds.



#### Acute Services

- Ordering and review of pathology
- Ordering and review of medical imaging
- Remote monitoring in the patients' home (we'll deliver BP machine, sats probe, and thermometer to their home)

### WHO CAN REFER?



## **HOW TO REFER?**



#### Phone-

To refer please call the Virtual Ward SMO on;

Virtual Ward- 3074 2109 or through **RBWH** switch 3646 8111 and ask for Virtual Ward **SMO** 

Coming soon- referral template available on Best Practice



#### Email-

If you have any questions, please don't hesitate to contact the Virtual Ward on <u>MN-VirtualWardAdmin@health.qld.gov.au</u> or <u>oliver.walker@health.qld.gov.au</u>

### **THANK YOU**

Oliver Walker Nurse Unit Manager Metro North Virtual Ward Oliver.Walker@health.qld.gov.au **Metro North** Queensland Health Government



Queensland Ambulance Service 'Caring for Queenslanders'

## **QUEENSLAND AMBULANCE SERVICE**

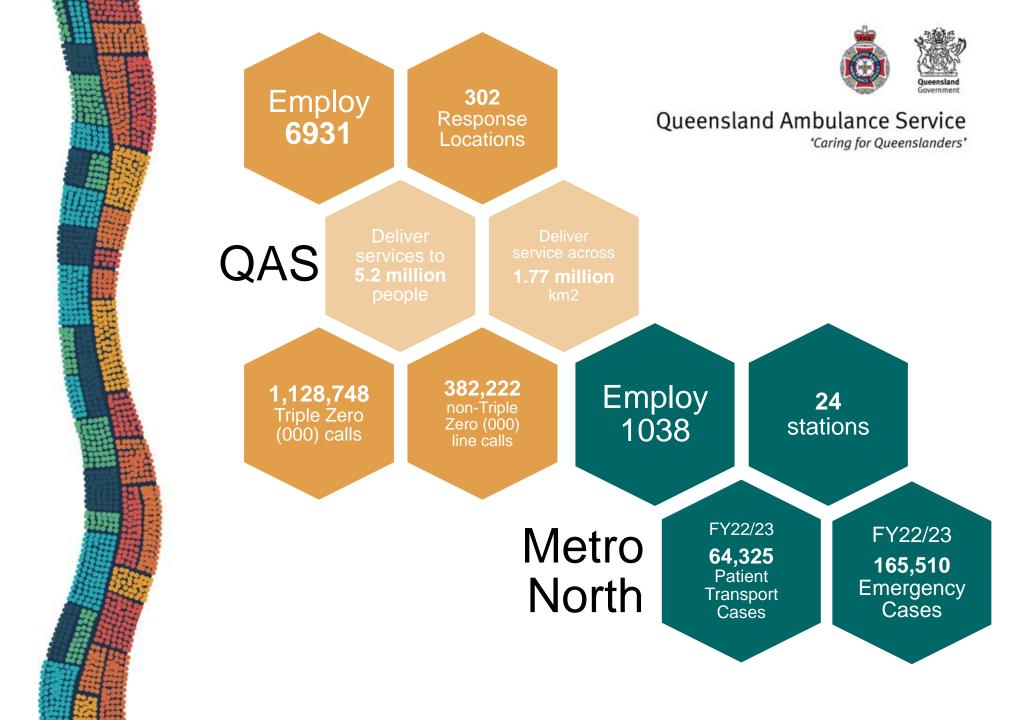
Purpose

Vision

*We will deliver timely, quality, and appropriate, patient focused ambulance services to the Queensland community.* 

Excellence in ambulance services.

Lisa Dibley – Moreton Bay District Director





## **NOT JUST LIGHTS AND SIRENS**



# Specialty Units

- HARU
- LARU
- BRT
- MH CORE
- FALLS CORE
- PTS



## Service

CLINICAL

HUB

# Multidisciplinary team of clinicians including Senior Medical Clinical Consultants, Nurse Navigators, Paramedics and a social worker.

- Ensure patient safety while awaiting an ambulance resource
- Proactively work with alternate care pathways to ensure patient receives the right care at the right time.
- Breaking down barriers to accessing health care outside ED

#### CASE #2 Name: Chloe Age: 10 Years Gender: Female Location: Burpengary Complaint: Abdo Pain V&D

**0630:** Chloe woke with V+D & generalised abdominal pain

**0640:** Chloe's mum called Triple Zero (000) and an incident is created for Chloe by Call taker.

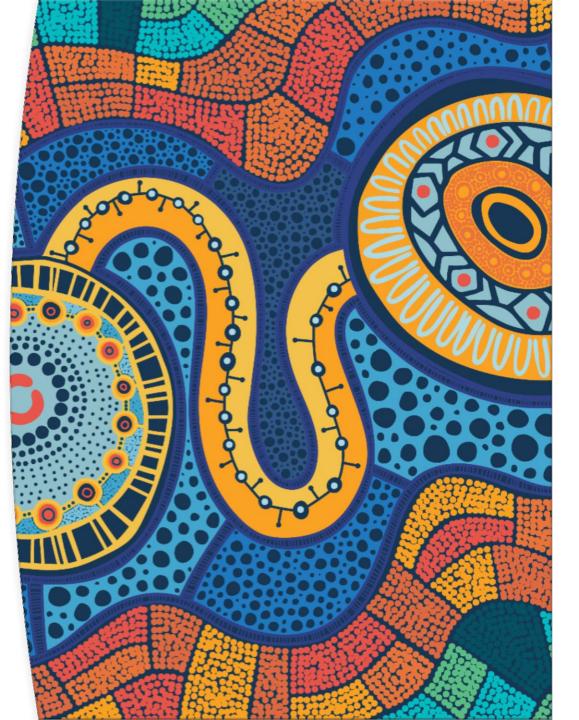
#### MPDS coding 2C - Non Lights & Sirens Response. No appropriate QAS resources available to send.

**0700:** Incident identified and reviewed by Clinical Hub Clinician (Paramedic) who performs a teleassessment, where at home treatment advice is provided and Chloe's mother is advised of delays

**0745:** Incident still pending after multiple units diverted to life-threatening incidents

**0800:** Incident reviewed by Clinical Hub SMO. Assessment is via phone, which identifies Chloe is still stable but requiring medical attention. No appropriate QAS resources available but Chloe's' mother has a private vehicle and is comfortable to drive Chloe to appropriate care..

QAS Clinical Hub contacts the Morayfield Health Hub Urgent Care, provides clinical handover and Chloe is accepted. Chloe is then transported by her mother and the QAS incident is closed noting the alternate pathway taken.





## Preliminary Urgent Care Data -Minor Accident & Illness Centre (MAIC)

Research Report – June 2023 By Dr Evan Jones











Priorities for Implementing Urgent Care in Australia: A qualitative study

Initial Results from doctor interviews

#### Early Theme 1: Establishing a national consistent approach to urgent care

- Developing a model of care for Australia with clear quality standards
- Ensuring urgent care receives a standardized, sustainable funding model complete with specific item numbers
- Identifying optimal staffing models to ensure quality and safety of care

#### Early Theme 2: Developing a highly skilled urgent care workforce

- Having an Australian and NZCUC to train medical specialists
- Working collaboratively with the ACEM and the RACGP to on workforce training and development initiatives
- Ensuring clear standards of nursing practice in urgent care including for nurse practitioners
- Rapidly developing quality new programs to support skilling for an urgent care workforce

## Early Theme 3: Engaging with the community to effectively implement urgent care

- Supporting the Medicare Urgent Care Clinic initiative by raising awareness among the public of when to seek urgent care
- Working with local health systems to optimize access to, and delivery of urgent care (i.e. communicating with local hospitals about referrals)

# Contact Information

Minor Accident & Illness Centre (MAIC) 19-31 Dickson Road, Morayfield, QLD W: <u>www.minoraccidentandillnesscentre.com.au</u> Dr. Evan Jones E: evan@ewjones.com

## Thank you!