

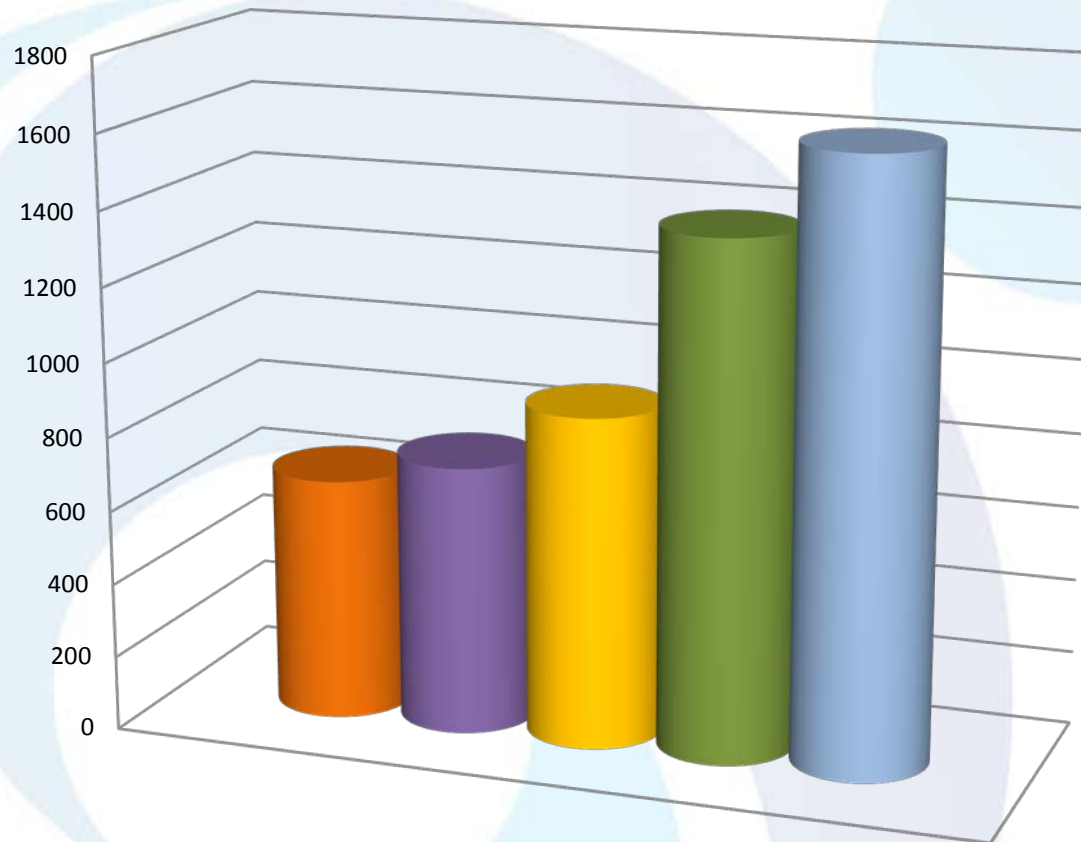
Community Rapid Response Service (ComRRS)

Working together to care for patients in
the community

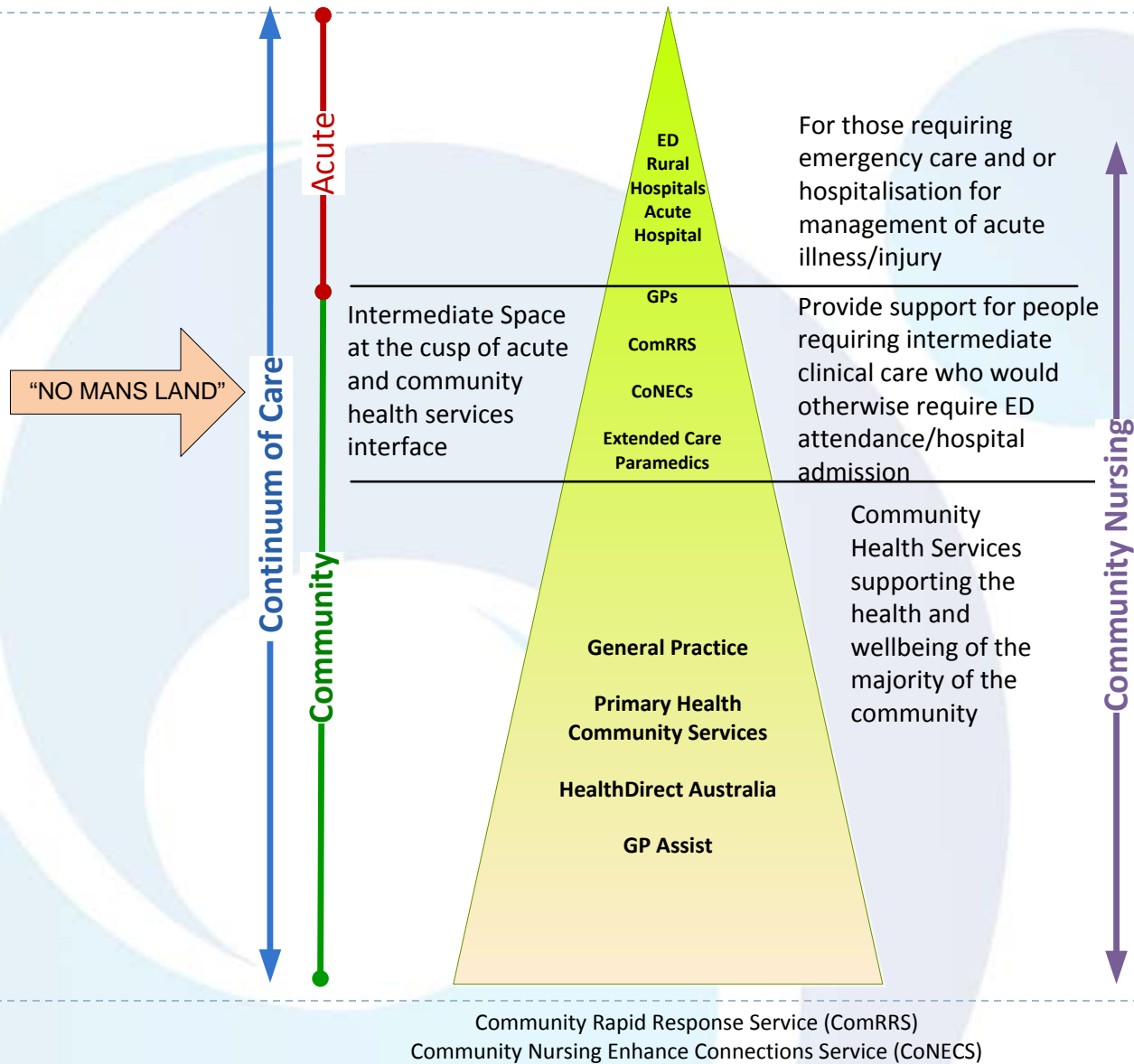
Fay Walsh, Assistant Director of Nursing
Dr Allison Turnock, Medical Director GP & Primary Care
Department of Health and Human Services

2010-2015

GP Referrals to ED



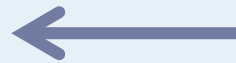
“No Mans Land”





The Community Rapid Response Service (ComRRS) is a multidisciplinary service that offers a responsive and high intensity intermediate care for people in the community with either an acute illness/injury or acute exacerbation of a pre-existing chronic/complex condition, that would otherwise require an emergency department presentation and/or hospitalisation.

Setting the scene

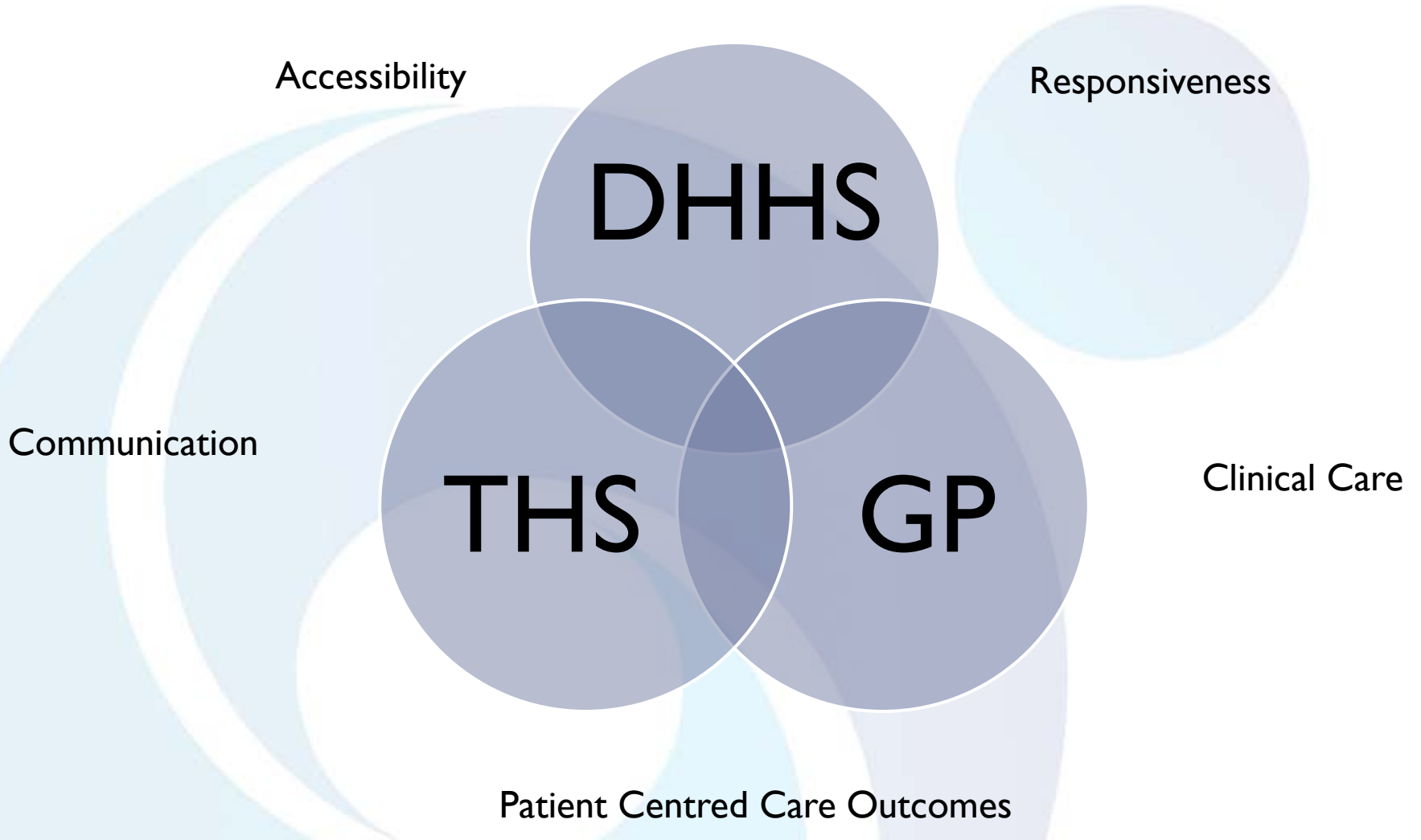


Treating things like this at home

To prevent patients ending up in beds like this



Collaboration & Change



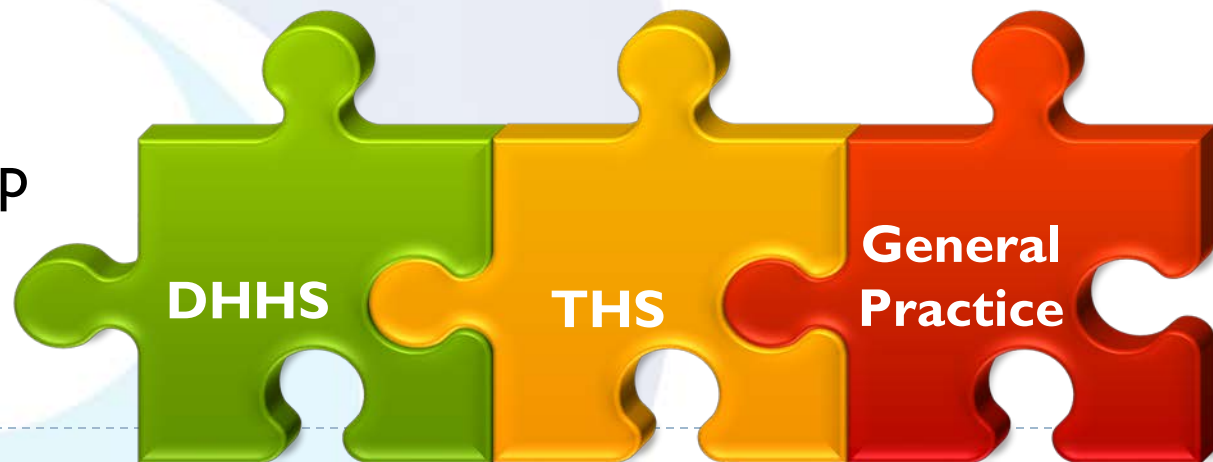
Critical Success Factors



Source: Millar 2012

Key Active Engagement Points

- ▶ **Project Team**
 - ▶ Change Leader
 - ▶ Experts
 - ▶ Champions
- ▶ **Steering Committee**
 - ▶ High level champions
 - ▶ Only the right people
 - ▶ Decision makers
- ▶ **GP Reference Group**
 - ▶ GP champions
 - ▶ Expert advice
- ▶ **General Practice**
 - ▶ Detailing GPs
 - ▶ Conference Presentations
- ▶ **Clinical Team**
 - ▶ Clinical team lead
 - ▶ Clinical champions
 - ▶ Clinical experts



So what does ComRRS look like?

Service Profile

ComRRS aim to provide:

- ▶ Assessment and intervention within 4 hours of referral
- ▶ 7 days a week/365 days a year
- ▶ Daily between 7.30 am and 9.30 pm
- ▶ Up to 4 visits per day for a period of up to 4 weeks
- ▶ Overnight phone diversion to GP Assist

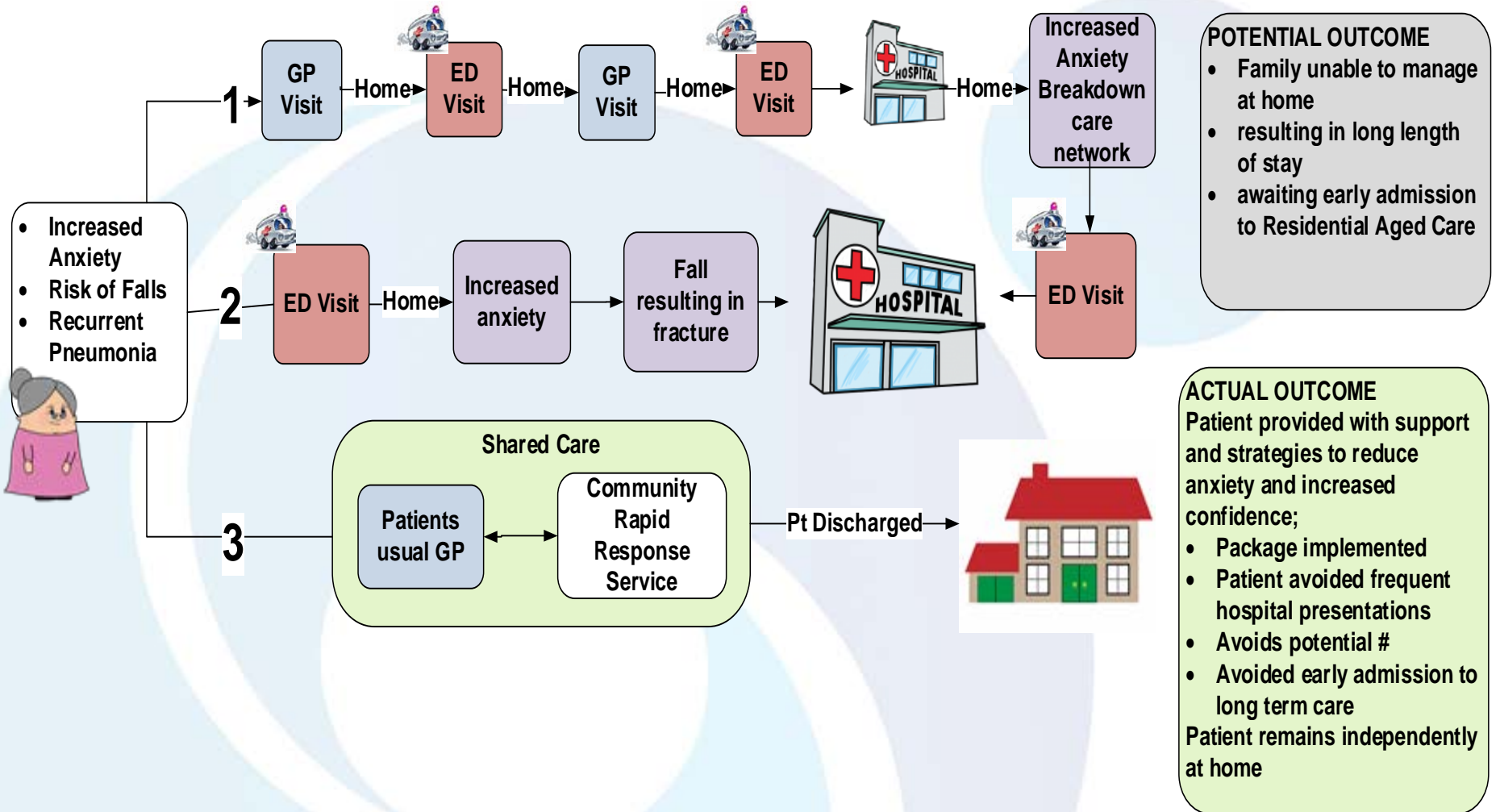
Staffing Model

- ▶ Nurse Practitioner Lead
- ▶ Registered Nurses
- ▶ Access to Allied Health (THS)

Services are provided in the most practical environment including:

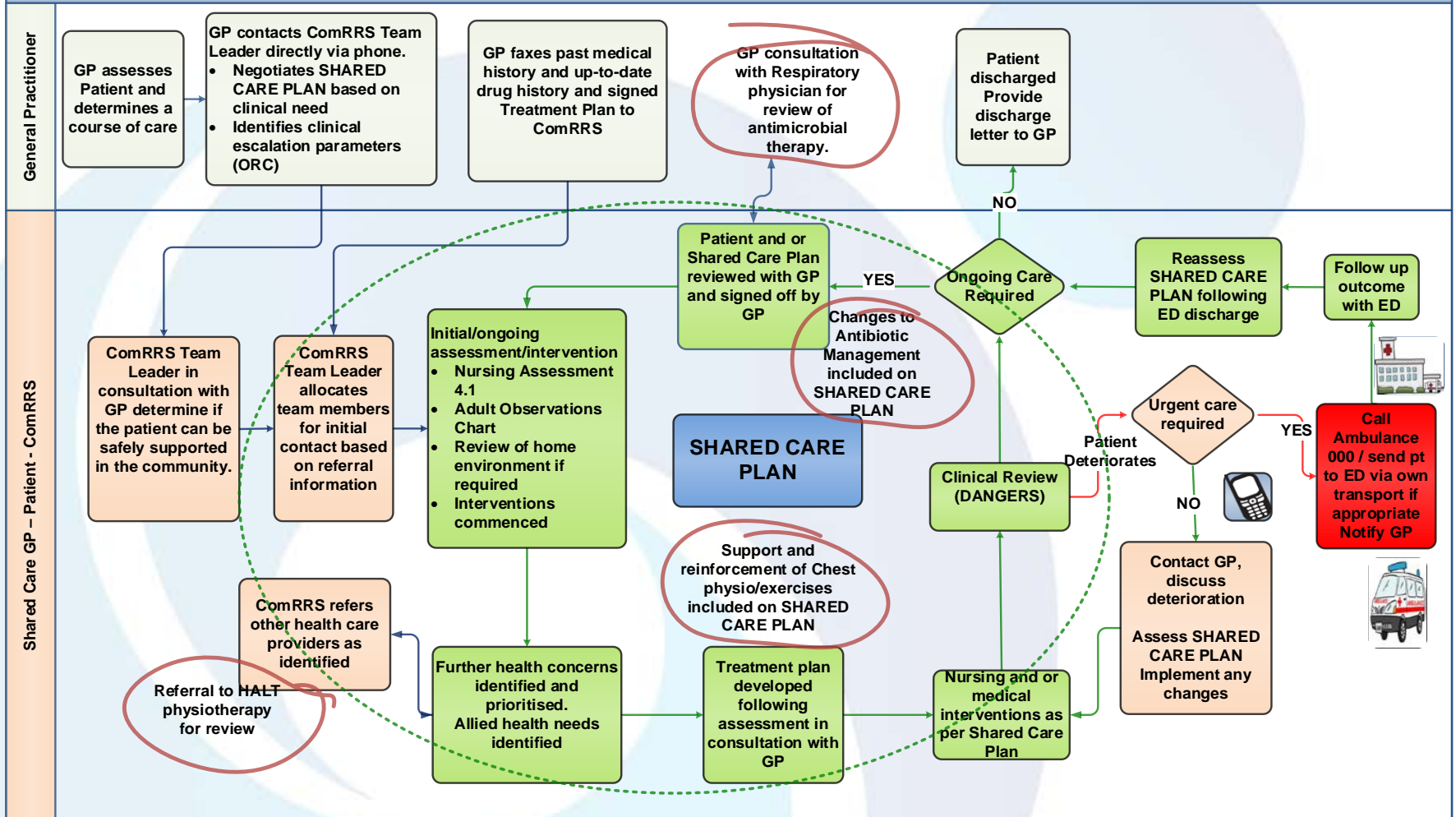
- ▶ Patient's home/place of employment
 - ▶ Residential Aged Care facility
 - ▶ Community Nursing Clinic (CNC)
-

Case Study: Ms J



Shared Care Model

Community Rapid Response Service (ComRRS) Shared Care Model Case Study



GP Uptake and Costs

GP Uptake

- ▶ 85% (97) of potential GP referrers
- ▶ 596 referrals (14 months)
 - ▶ 7198 Service Events
- ▶ 96% of patients would have otherwise gone to ED/hospitalisation
 - ▶ Chronic Condition Risk Calculator

Health System Costs

(10 month Evaluation period)

- ▶ Health System Costs \$2,205,408
- ▶ ComRRS \$837,907
- ▶ Potential Saving \$1,367,501



Patient Profile

Patient Profile

- ▶ Predominately over 65
- ▶ Living at home/Residential Care
- ▶ Chronic Conditions
 - ▶ COPD
 - ▶ Arthritis
 - ▶ Diabetes
 - ▶ Palliative

Health Concerns

- ▶ Cellulitis
 - ▶ Pneumonia/ respiratory
 - ▶ Urinary Tract Infections/retention
 - ▶ Pain
 - ▶ Constipation
 - ▶ Iron Deficiency
 - ▶ Acute injury and illness
-

Interventions

- ▶ Medication Management
 - ▶ Antibiotic Therapy
 - ▶ IV Therapy
- ▶ Catheter Management
- ▶ Wound care
- ▶ Education

How did we measure up?

- ▶ Exceeded expectations
- ▶ GP Comments
 - ▶ “ I am impressed and grateful”
 - ▶ “...very competent , great communication...
- ▶ Patient Experience
 - ▶ Positive
 - ▶ Patient Comments
 - ▶ “ could not wish for better care...
 - ▶ “thrilled with the level of support an care ...”
 - ▶ ‘very friendly and professional boosted my confidence”

Early Referral



Shorter Illness

Challenges / Highlights

Challenges

- ▶ Building relationships
- ▶ Funding
- ▶ Business as Usual



Learnings

- ▶ Relationships are KEY
- ▶ Structured Project Methodology

Highlights

- ▶ Success
- ▶ Relationships
- ▶ Shared Care Model
- ▶ Nurse Practitioner
- ▶ Flexible
- ▶ GP Uptake
- ▶ Detailing GPs



Where to from here?

Where to next?

- ▶ Operation 2017/18
- ▶ Funding
 - ▶ Independent Hospitals Pricing Authority
 - ▶ State funding
- ▶ Incident Rates
- ▶ Early referral/patient outcomes

Acknowledgements

- ▶ Jacinta Ellis, DHHS
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- ▶ ComRRS team for realising the vision

Further information

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