

Country Health SA Patient Journey Communiqué

Issue No.41

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Welcome to this edition of the Patient Journey Communiqué

NEWLY APPOINTED CHRONIC CONDITIONS LEAD PODIATRIST



Noami Zakarias has been appointed the Chronic Conditions Lead Podiatrist for Country Health SA. Noami has experience in working in clinical and managerial roles in both metropolitan and country facilities.

The Chronic Conditions Lead Podiatrist's role was introduced to design and deliver podiatry services consistent with the *Chronic Conditions Action Plan for South Australia*, and the *GP Plus Strategy*. The role provides clinical leadership and supervision, manages a complex case load, contributes to the development of clinical guidelines, and develops integrated models of care across CHSA.

Since commencing in the role in March 2010, Noami has been:

- Providing training and care coordination to CHSA podiatry sites to enable high risk foot clients to be transferred from metropolitan hospitals to local sites, utilising Country Home Link and RIBS.
- Visiting CHSA podiatry sites and meeting with podiatrists and Patient Liaison Network members to document successes and discuss future opportunities for partnership.
- Assisting CHSA sites in chronic disease service mapping for diabetes.
- Creating clinical support agreements with new graduate podiatrists.
- Working on CHSA wide podiatry service discussion paper to work towards consistency in service provision and documentation.

For more information contact Noami Zakarias, Chronic Conditions Lead Podiatrist via telephone (08) 8521 2080 or email noami.zakarias@health.sa.gov.au

BETTER CARE IN THE COMMUNITY – MT GAMBIER

Mt Gambier Better Care in the Community program began as a pilot of the Out of Hospital Strategy in March 2008. Initially staffed with my role as a project officer to coordinate the care of the frequent presenters to the Mt Gambier Hospital ED, and explore possible systems/models of care to increase the continuity of care. This often focussed on liaison between the hospital, GP's and Division of GP's and the community health sector. A Reference group formed the basis for the direction of the pilot. The success we achieved in the pilot with several of the most frequent hospital presenters laid the foundation for referral pathways, and the building/strengthening of clinical networks.

The role of Care Coordinator is well supported by the skills and experience that I have gained in my past nursing roles as a Hospital RN, Community Health Nurse and senior CHN, as well as the teamwork and support of my local colleagues across the health and community sectors.

Mt Gambier was identified as a foundational site for Better Care in the Community for CHSA with the program expanding to capture a reduction in occupied bed days for the Mt Gambier and Millicent hospitals. This was to be achieved either by early supported discharge or hospital avoidance strategies.

Key planks of our strategy are as follows:

- Complex Chronic disease clients – I receive referrals from GP, Hospital ED, or SAAS for clients who are either presenting to their service frequently or at risk of presenting. I liaise daily with ED and the discharge planner and follow up with identified clients to ascertain what supports they already have (usually several) and how the care provided can be improved. Often a core issue is the communication between providers. The Flinders program is being trialled here as well. Moving towards wellness is offered to all clients with Chronic Disease through the program
- Cardiac clients – we have a cardiac coordinator (now full time) focussing on Cardiac rehabilitation and heart failure, both in Mt Gambier and in Millicent. This allows for one to one follow up as well as multi-d cardiac rehab groups
- Respiratory clients – we have respiratory nurses in Mt Gambier and Millicent, focussing on frequent presenters to hospital as well as referrals from the local GP's and the visiting Respiratory Physician. Core work includes care coordination, client education on self care, and COPD and Asthma care plans. Pulmonary rehab is available in Mt Gambier
- Endocrinology - Extension of the existing Diabetes service with the addition of a Nurse Practitioner candidate. We have also focussed on key presenters with other endocrinology



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My role now includes oversight of the local RIBS program for Hospital avoidance and early supported discharge, Country Homelink coordination for the Bordertown/Keith, Naracoorte, Mt Gambier and Millicent a SAAS referral link into Community Health for at risk/complex clients and of course the reporting associated with the GP Plus Program. The knowledge I have gained over the past years has meant that my role is also seen as a local resource person for all kinds of health related issues.

There are many success stories of clients who are feeling more in control of their conditions, improved communication between the various health sectors, improved health outcomes, and of course a reduction in occupied Bed days for the local hospitals and reduced presentations for the complex chronic disease clients.

For further information please contact

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FIXING THE GAPS AND IMPROVING THE PATIENT JOURNEY PROGRAM

Aboriginal Patient Pathway Officer Project

When I took on the role as the Senior Project Officer, Aboriginal Patient Journey, I did not realise that this project was going to become a part of my life in such a big way. I have been living, breathing and sleeping this project as I feel it is an amazing opportunity for health regions to work together to improve the health status for Aboriginal people coming from rural and remote areas. The Aboriginal Patient Pathway Officer Project has picked up momentum over the last six weeks and we are now moving full steam ahead. Thanks to the dedication and hard work of some fantastic people we were able to complete the interviews for the 16 positions across all regions and clusters in one week. The reports were written and recommendations made and I am pleased to say that we will have the Aboriginal Patient Pathway Officers commencing on the 17 May 2010. They will go through an intense orientation program in Adelaide for the first week and follow up with visits to the Aboriginal Step Down Services in Ceduna and Port Augusta and the APY Lands.

The Aboriginal Patient Pathway Officers will be located in:

Metropolitan

- Royal Adelaide Hospital
- Queen Elizabeth Hospital
- Lyell McEwin Hospital
- Flinders Medical Centre
- Women's and Children's Hospital
- Rural & Remote Mental Health Services – Glenside Campus

Country

- Port Lincoln Hospital & Health Services
- Ceduna District Health Service
- Coober Pedy Hospital & Health Service
- Whyalla Hospital & Health Service
- Port Augusta Hospital and Regional Health Service
- Yorke Peninsula Health Service - Maitland
- Riverland Regional Health Service – Berri Campus
- Murray Bridge Soldiers Memorial Hospital
- Mount Gambier & District Health Service

Through the consultation and recruitment process a lot of people were involved to make this happen. I want to express a big THANK YOU to the following people in no particular order, and apologies if I have forgotten anyone:

- The Aboriginal Patient Pathway Steering Committee Members – including nominees from: Aboriginal Health Council of SA; SA Health Aboriginal Health Division; Central Northern Adelaide Health Services; Southern Adelaide Health Services; Children, Youth and Women's Health Services; Rural & Remote Mental Health Services; CHSA Patient Journey Program and CHSA Aboriginal Health Directorate
- CHSA Hospital and Health Services - Executive and operational staff
- Aboriginal Community Controlled Health Services - Executive and operational staff
- Divisions of General Practice - Executive and operational staff
- Metropolitan Hospitals – Executive and operational staff
- Rural & Remote Mental Health Services - Executive and operational staff
- George Beltchev, Rob Zadow & Helen Chalmers
- Kerri Reilly who helped with chairing interviews; and

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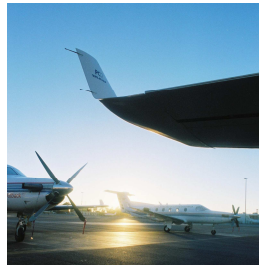
- Karen Dixon for her ongoing moral support on top of being a part of the Steering Committee
- Debra Axleby and Alicia Nowak for everything – I could not have achieved this without you, what a team!

Aboriginal Step Down Services

Both the Ceduna and Port Augusta Step Down Services continue to operate 24/7 with high volumes of patients coming through. Since the start of January Ceduna Step Down Services has had 340 patients stay and Port Augusta Step Down has had 344 patients and over 120 family members stay. The average bed day is around 3.5 over the two services and the majority of patients are female.

Azmiri (Azi) Mian

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ROYAL FLYING DOCTOR SERVICE

Wing Tips....

Helpful Hints when Preparing your Patient for Transport

Medical Equipment Use in an Aircraft

A number of devices are now being used in the management of patients, both in hospital and at home. These include syringe drivers, PCA units, continuous suction units, enteric feeding devices, etc. RFDS has noted an increase in these devices being sent with the patient when they are being transferred.

Although medical equipment is designed and built to the highest standards; under CASA regulations, it is not permitted to be operated in an aircraft without additional testing and approval.

RFDS is governed by the same aviation regulations as all other airlines. Therefore we are required to restrain equipment during takeoff and landing and only operate equipment in the aircraft which will not interfere with the aircraft's systems.

To achieve these requirements, all RFDS equipment must be

- Tested to ensure that restraint mounts will hold the item to 24.7 times its own weight in an accident or have a purpose built restraint device built for the item

AND

- Operate the equipment on a test flight to ensure that no interference occurs to the electronics or radios.

When transferring a patient who is using a therapeutic treatment device, this information must be brought to the attention of the RFDS Flight Nurse during the telephone assessment. Consideration must then be given to management of the device in flight;

1. Can the infusion be transferred to approved RFDS equipment during the flight e.g. infusions pumps or syringe pumps?
2. Can the device be turned off for the duration of the flight and restarted post flight?
3. Is the unlock key or code attached to the device during the transfer?
4. Is a staff member from the transferring location accompanying the device to the airport to remove it pre-flight?

These considerations should be discussed with the treating/referring Medical Officer prior to booking the transfer so that their management plan/in flight orders can take account of these needs.

For more information contact Greg McHugh, Flight Nurse Manager on Ph: 81501313 or greg.mchugh@flyingdoctor.net

For further information about the Patient Journey Initiative or to place an article in the next Communiqué, please contact: Pam Pratt, Patient Liaison Network Coordinator via telephone 8536 5333 or via email pam.pratt@health.sa.gov.au or Suzi Warnest, Acting Assistant Project Officer, Country Health SA, Kangaroo Island Health Service, Esplanade, Kingscote, 5223 or 8553 4263.