
CHQ GPConnect

Initiative Type

Model of Care

Status

Deliver

Added

20 January 2021

Last updated

09 March 2023

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/chq-gp-connect>

Summary

- Prevent avoidable presentations to the emergency department by increasing the availability of phone, video and in-practice consultation, advice and support
- Provide additional support to GPs to increase their confidence in the management and care of children with complex care needs in the community

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- Encourage hospital clinicians to learn from GPs about the provision of care closer to home
 - Improve information sharing and communication between GPs and Children's Health Queensland, to provide more informed and stream-lined care
 - Increased access to non-urgent support and advice for patients with complex care needs and their families
 - Increased uptake of alternative pathways to the emergency department
 - Leveraging existing services within the hospital to deliver an integrated model of care

Key dates

Mar 2020

Jul 2021

Implementation sites

Metro North and Metro South HHS Catchments

Partnerships

General practitioners, Institute of Urban Indigenous Health, Hospital in the Home (CHQ), Connected Care Program (CHQ), Children's Advice and Transport Coordination Hub (CHQ)

Key Contacts

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Aim

CHQ GPConnect aims to reduce avoidable hospital presentations and admissions for children with complex care needs by strengthening the linkages with GPs and enabling them to effectively manage these patients in the community.

Benefits

CHQ GPConnect aims to reduce avoidable hospital presentations and admissions for children with complex care needs by strengthening the linkages with GPs and enabling them to effectively manage these patients in the community.

Background

Preliminary data analysis indicated that children with complex care needs represented a disproportionately higher rate of potentially preventable hospital presentations and inpatient admissions. It was identified that limited integrated between tertiary and primary care providers could result in over-reliance on acute services in children with complex care needs for conditions that can be managed safely in the community.

Solutions Implemented

- Direct phone support with a clinical nurse and/or paediatric registrar
- Capacity to conduct joint video consultation in the GP practice with the hospital clinical team to determine the most appropriate care for the patient
- In-practice nursing support with the aim to upskill practice nurses and GPs where required
- Work collaboratively with GPs to establish a GP Management Place (GPMP) and Team Care Arrangement (TCA) to improve quality of care
- Ongoing case conferencing to discuss any major changes in the patient's condition or management

Evaluation and Results

Preliminary evaluation findings have demonstrated the following findings:

- When GPs are engaged in a timely manner in non-urgent medical concerns, hospital presentation can be effectively avoided
- GPs and families are accepting of the model of care including the phone support and video conferencing
- The model of care is unique in the way that it empowers GPs to drive hospital avoidance from within primary care, in contrast to the provision of specialist care in the community
- An interim evaluation report is currently underway to assess the first six months of the project

Lessons Learnt

- A combination of reactive and proactive support is necessary, such as follow-up of patients who present to ED or as well as identifying children who may be at risk of presenting to the hospital and effectively connecting the GP into these interactions where possible
- It is important to have clinicians within the community and the hospital to champion the model of care
- A multi-pronged ongoing engagement approach is necessary to maximise reach within GPs and consumers
- The target cohort of children creates additional challenges in the implementation of the model due to the complex nature of their condition and limited interaction with a GP, however we are able to leverage their frequent interaction with the hospital to build relationships
- Ensuring appropriate remuneration through MBS item numbers incentivises GP involvement

Further Reading

For more information about CHQ GPConnect please visit the [Children's Health Queensland website](#)

Resources

[Connect Care Program](#)

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