
Care Coordination Service Centre and Priority Patient Dashboard

Initiative Type

Model of Care

Status

Deliver

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcclence.qld.gov.au/improvement-exchange/care-coordination-service-centre-and-priority-patient-dashboard>

Summary

There is currently an opportunity to improve coordination of health care services across the care continuum in Queensland. This is a result of the fragmentation (and often duplication of services)

between Queensland Health, Hospitals and Health Services (HHSs), the Australian Government Department of Health, Primary Health Networks (PHNs), Non-Government Organisations (NGOs), private practice, and community-controlled organisations. Whilst significant work has been done in Far North Queensland around improving collaboration between the different providers (such as, but not limited to, the Better Health North Queensland Plan and the Stronger Mob Living Longer Plan), these relationships need to continue to be built upon and leveraged in order to improve integration and continuity of care.

Key dates

Mar 2020

Dec 2021

Implementation sites

TCHHS and CHHHS

Partnerships

Queensland Aboriginal and Islander Health Council

Key Contacts

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Aim

1. The Care Coordination Service Centre is a comprehensive patient-assistance service that aims to provide the logistical and wraparound 'at the elbow' care support required by priority patient cohorts from Torres and Cape and Cairns and Hinterland regions (e.g. First Nations people).
2. Priority Patient Dashboard is a patient risk stratification / prioritisation process and dashboard to provide greater visibility of priority patients, enabling coordinated management of care and a single point of reference for providers across the system.

Benefits

Priority patient cohorts in the Torres and Cape HHS will receive more coordinated care.

Background

Far North Queensland face a number of unique problems due to the demographic, social, economic, cultural and geographical factors of the region. Patients often face barriers to accessing the right care, in the right place at the right time. This has led to inequity in health outcomes throughout the population. The region also has a large number of priority patients and communities. This in part is due to the region having a significantly higher proportion of First Nations people (14.2 per cent compared to the state average of 4 per cent).

Solutions Implemented

Colocation of services has commenced into the Care Coordination Service Centre.

Evaluation and Results

Benefits Realisations under development

