
Caring Together to Breathe Easy (C2C)

Initiative Type

Model of Care

Status

Initiate

Added

08 August 2017

Last updated

11 June 2020

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/c2c>

Summary

C2C will take elements from the Canterbury Model but has also included a clinical team (Nurse, Physiotherapist and Psychologist) to work with and support the patient, GP's Queensland Ambulance Service and other health service providers in supporting the patient at home, implementing the Action Plan and utilizing other pathways (GP's Hot Clinics and Super Acute Care) as an alternative to Emergency Presentations and Hospital admissions.

Key dates

May 2017

Implementation sites

Caboolture and Kilcoy Hospitals

Partnerships

Canterbury Hospital (New Zealand)

Key Contacts

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Aim

- Develop and trial local community integrated model of care for 50 patients with Chronic

Obstructive Pulmonary Disease (COPD)

- Develop and implement a contact plan (from C2C Clinical Team) with the participants to support implementation of the plan.
- Develop action plans for each patient.

Benefits

- An integrated care model between hospital and community care providers (including primary) will decrease rates of unnecessary re-admissions and improve the patient's quality of life.
- The Caboolture to Canterbury (C2C) model will provide a single one point of contact for patients in the project, their GP's and other community and healthcare providers.

Background

Caboolture Hospital has a 10 year history of higher than average re-admission rates for patients with CPOD. In 2016 Caboolture Hospital was successful in obtaining a Metro North Hospital and Health Service LINK grant to trial an integrated care model. The C2C model has been deployed based on the successful models in New Zealand in improving quality of life by implementing COPD Action Plans and ensuring that the patient, ambulance and the hospital have this plan and utilize it, as well as offering alternatives to Emergency Department presentation.

Evaluation and Results

This model saw a marked decrease in the rates of unnecessary admissions and an improvement in the quality of life.