2020 BIENNIAL REPORT 2022

phn
CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Clinical Excellence Queensland

Queensland Government

We respectfully acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to land, water and community. We pay respect to Elders past, present and emerging.

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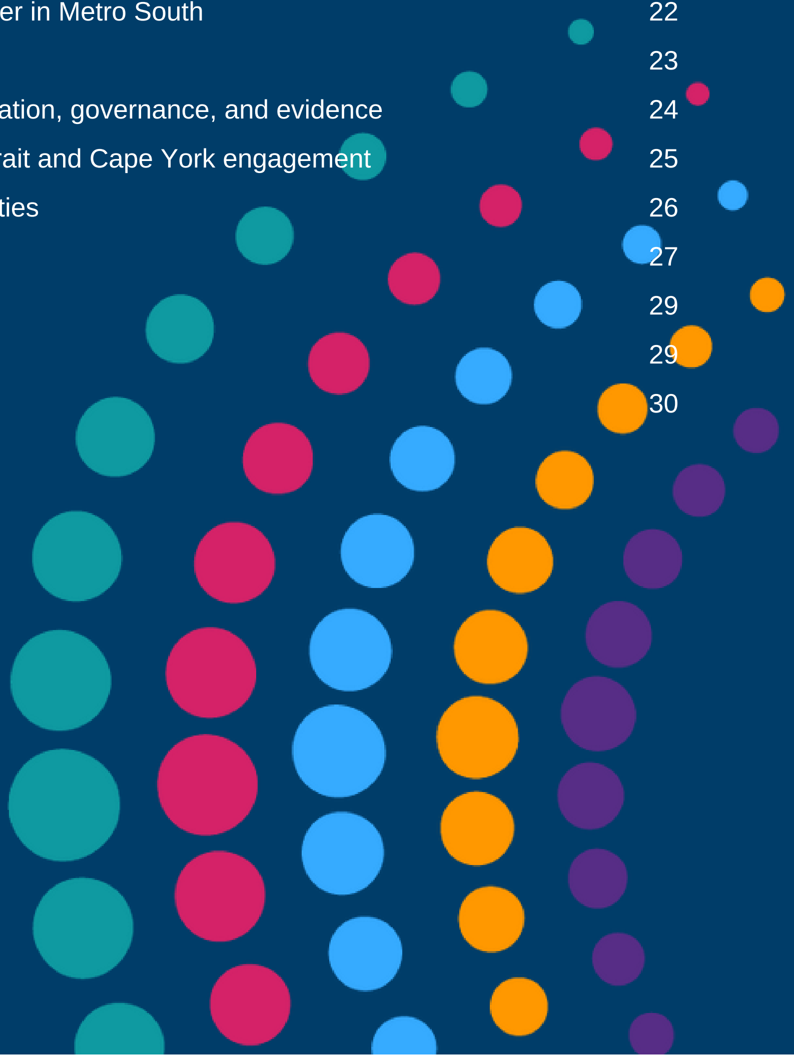

Clinical Excellence Queensland

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FOREWORD
CLINICAL EXCELLENCE QUEENSLAND

FOREWARD

It gives me great pleasure to share the fourth report (2020-2022) for the Queensland General Practice Liaison (QGPL) Network. The COVID-19 pandemic led to unprecedented collaboration and relationship development between general practice, Primary Health Networks (PHNs) and Queensland Health with it being said that "10 years work was completed in 10 days".

This biennial report gives us the opportunity to reflect on this work and the outstanding achievements of the General Practice Liaison Officers (GPLOs) with innovations translating locally and developing new models of care in the work plan areas of:

- Clinical communication and transfer of care
- Facilitating collaborative care
- Interprofessional education and engagement
- GPLO and network development.

Clinical Excellence Queensland has supported the GPLO positions and the QGPL Network since its inception. In 2019 the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (the PHN), partnered with Queensland Health to provide statewide support for the network.

The work GPLOs do could not have been achieved without the collaborative partnerships between general practice, Hospital and Health Services (HHSs) and PHNs.

I would like to take this opportunity to thank our partners and all GPLOs for their commitment and contribution to improving patient outcomes through improved integration at the interface between general practice and secondary care.

I look forward to seeing the significant contribution that the QGPL Network will make to improving patient outcomes in Queensland in the years to come.

Michael Zanco
Executive Director
Healthcare Improvement Unit
Clinical Excellence Queensland

phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST

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FOREWORD

CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST PHN

Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN) is pleased to continue our partnership with Clinical Excellence Queensland to provide support in coordinating the Queensland General Practice Liaison (QGPL) Network, to facilitate integration at the interface between general practice and hospital care to improve patient safety. This partnership played a critical role during the COVID-19 pandemic as illustrated in some of the stories in this report.

The QGPL Network was delighted to welcome the election of new Co-chairs, Dr Edwin Kruys (GP and GPLO, Sunshine Coast Hospital and Health Service) and Dr Toni Weller (GP and GPLO, Townsville Hospital and Health Service). The appointees commenced on 1 July 2021 as Co-chairs of the QGPL Network for a two-year period.

On 7 July 2022, the QGPL Network website was launched at the first face-to-face QGPL Network Forum scheduled for 2022. The website provides information about the QGPL Network, the role of GPLOs and GP representatives and provides access to education, events and resources.

I would like to take this opportunity to thank our partner, Clinical Excellence Queensland, Healthcare Improvement Unit led by Executive Director Michael Zanco, and commend the collaborative efforts from GPLOs, general practice, Hospital and Health Services and PHNs, in improving the process of care for patients between primary care settings and hospital care.

Warmest regards

Pattie Hudson
Chief Executive Officer (Past)
Central Queensland, Wide Bay, Sunshine Coast PHN

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FOREWORD
QUEENSLAND GENERAL PRACTICE LIAISON NETWORK

As Co-chairs of the Queensland General Practice Liaison (QGPL) Network, it gives us great pleasure to share the fourth QGPL Network report for 2020 -2022. This report highlights the outstanding work of the QGPL Network, undertaken in partnership between Queensland Health Hospital and Health Services (HHSs) and Primary Health Networks (PHNs).

In 2020, the COVID-19 pandemic became a major work area for everyone, at both state-wide and local levels, to which our network members ably adapted to facilitate better patient care.

QGPL Network General Practice Liaison Officers (GPLOs) facilitated the development of COVID-19 referral and discharge pathways, communication mechanisms between hospitals and general practice as well as informing and supporting primary care and hospital clinicians during this challenging time. Collaboration between Queensland Health, PHNs and Queensland's general practice peak bodies reached new heights during the pandemic.

During the COVID-19 pandemic, QGPL Network members continued to address the gaps in the interface between primary care and hospitals and identified four priority areas, reflected in the 2021-2023 QGPL work plan:

- Clinical communication and transfer of care
- Facilitating collaborative care
- Interprofessional education and GP engagement
- GPLO and QGPL Network development.

QGPL Network members have continued to provide expert advice, support, and initiative; integrating care in diverse areas such as virtual care and alternatives to face-to-face clinical advice models, GP Smart Referrals, The Health Provider Portal, HealthPathways, the GPs with Special Interest model, GP education and webinars.

The collaboration and support GPLOs give each other as well as contributing to many Queensland Health initiatives is a true strength of the QGPL Network.

Supported by Clinical Excellence Queensland, the QGPL Network has made important steps towards maturity with the introduction of a remunerated Co-chair position, the new QGPL website Queensland General Practice Liaison Network (qgpl.org.au) and logo.

We would like to acknowledge the wonderful work Dr James Collins has done as the previous Chair of the QGPL Network, in progressing the development of general practice liaison work focus areas, the positive profile and collaborative work achieved by the QGPL Network. Our gratitude also goes to Clinical Excellence Queensland and Central Queensland, Wide Bay, Sunshine Coast PHN for their unwavering support for the network and the work GPLOs do.

In this report our members outline some of the many amazing and innovative initiatives they have been working on across the state.

This work is often performed behind the scenes and out of the limelight yet has far reaching consequences to better connect our health system and improve healthcare for the people of Queensland.

Enjoy reading about the achievements highlighted here, knowing there are more.

Dr Edwin Kruys and Dr Toni Weller
Co-Chairs, QGPL Network

QGPL
Queensland General Practice Liaison Network

ABOUT GENERAL PRACTICE LIAISON OFFICERS

General Practice Liaison Officers (GPLOs) facilitate appropriate clinical pathways and transfer of care processes, integrating services at the interface between general practice and hospital care.

Improving the interface between general practice and hospital care is vital to improve patient experience during transfer of care, with improvement focusing on:

- Transfer of care
- Clinical handover and hospital discharge processes
- Local strategies to integrate care and improve models of care
- Collaborative models of care development
- Interprofessional education and engagement about integration mechanisms and associated models of care.

ABOUT THE QUEENSLAND GENERAL PRACTICE LIAISON NETWORK

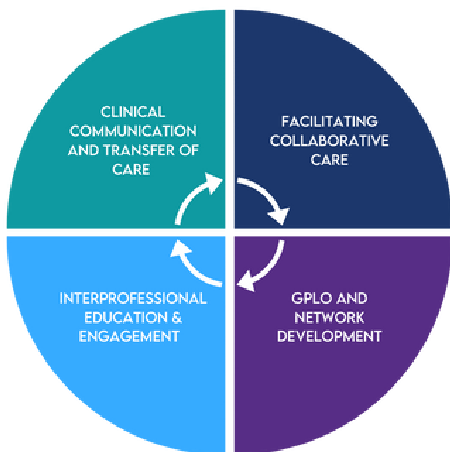
The Queensland General Practice Liaison (QGPL) Network is a multidisciplinary collaboration of clinicians that provides expert direction and advice on all strategic matters relating to integrating the patient journey of care across the interface between general practice and hospital care. The QGPL Network is funded by Clinical Excellence Queensland and delivered in partnership with Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (the PHN). The QGPL Network supports the development of the GPLO role and prioritises the values of:

- Patient safety
- Equity of access for all patients
- Efficient use of available resources
- Collaboration and network development between all stakeholders
- Seamless integration at the interface of general practice and hospital care.

OBJECTIVES

- Build the capacity and capability of GPLOs through the sharing of learning, experiences, resources and innovations
- Identify effective local strategies, solutions, and service delivery models; and share these with the QGPL Network and support their wider implementation
- Reduce duplication of effort and promote effective and equitable use of resources and equity of access for all patients
- Provide opportunities for QGPL Network members to build mutually supportive and collaborative relationships
- Implement the QGPL Network work plan
- Showcase achievements of the QGPL Network and its members, including achievements by individual GPLOs, HHS and PHN teams at local and state-wide levels.

ABOUT



The QGPL Network work plan guides the QGPL Network towards achievement of the network objectives. The work plan focus areas for 2022-2024 are:

- Clinical communication and transfer of care
- Facilitating collaborative care
- Interprofessional education and engagement
- GPLO and network development.
- The shared learnings, outcomes and achievements from the implementation of the work plan are documented and showcased in the following QGPL Network Annual Report.

phn BRISBANE NORTH An Australian Government Initiative | Queensland Government Metro North Hospital and Health Service | phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST An Australian Government Initiative | Clinical Excellence Queensland | Queensland Government

BUILDING ON COLLABORATION BETWEEN GENERAL PRACTICE AND HOSPITAL AND HEALTH SERVICES DURING THE COVID-19 PANDEMIC.

QUEENSLAND GENERAL PRACTICE LIAISON NETWORK AND QUEENSLAND HEALTHPATHWAYS COORDINATORS NETWORK

Dr Meg Cairns, GPLO, Dr James Collins, GPLO and Dr Fabian Jaramillo, HealthPathways Clinical Editor
Metro North Hospital and Health Service and Brisbane North PHN

Contact mngplo@health.qld.gov.au Find Your Local GPLO

Throughout the COVID-19 pandemic, the General Practice Liaison Officers (GPLOs), Queensland General Practice Liaison (QGPL) Network and Queensland HealthPathways Coordinators Network have been integral to the development of a suite of evidence-based tools and communication mechanisms to support general practitioners (GPs), Hospital and Health Services (HHSs) and Primary Health Networks (PHNs). Working together enabled the delivery of coordinated, timely and clinically excellent care in management of COVID-19 for the people of Queensland.

GPLOs coordinated communications and resources across Queensland, localised GP resources and provided timely support within the wider Queensland response across primary, secondary and tertiary health care sectors. This role became integral to the management of the COVID-19 pandemic as the Queensland borders reopened, leading to the first significant wave of COVID-19 cases across the state. Throughout the pandemic the QGPL Network regularly convened, at times on urgent notice, to discuss and solve key issues.

The QGPL Network and the Queensland HealthPathways Coordinators Network led a range of key statewide working groups and bodies of work including:

1. QUEENSLAND COVID-19 HEALTHPATHWAYS

The Queensland HealthPathways Coordinators Network led the development and maintenance of a suite of statewide COVID-19 HealthPathways to support Queensland GPs with a reliable source of accurate up to date information about COVID-19, and its assessment and management. The COVID-19 HealthPathways were immediately and frequently updated in line with rapidly evolving evidenced based COVID-19 clinical guidelines and remain the most frequently accessed HealthPathways developed to date.

Regional HealthPathways teams nominated to develop and maintain local individual HealthPathways within the suite of pathways:

- Suspected COVID-19, Post-COVID-19 Conditions: Brisbane North PHN
- COVID-19 Case Management, COVID-19 Practice Management: Central Queensland, Wide Bay, Sunshine Coast PHN
- COVID-19 Vaccination: Gold Coast HHS
- COVID-19 in Residential Aged Care Facilities (RACFs): Northern Queensland PHN and Metro South HHS
- COVID-19 End of Life Care: Darling Downs and West Moreton PHN
- COVID-19 Mental Health: Northern Queensland PHN
- COVID-19 Mental Health Support for Clinicians: Townsville HHS
- COVID-19 Resources: Mackay HSS.

Dr Meg Cairns, GPLO, Dr James Collins, GPLO
Metro North Hospital and Health Service and Brisbane North PHN

2. PROVISION OF REGULAR UPDATES TO GENERAL PRACTICE FROM THE STATE HEALTH EMERGENCY COORDINATION CENTRE (SHECC)

In early 2020 the QGPL Network facilitated the establishment of the Primary Care Queensland State Health Emergency Coordination Centre (PCQ SHECC) group where representatives from SHECC, Public Health, the Australian Department of Health, Healthdirect Australia, GP peak body representatives (Queensland GP Alliance members), GPs, GPLOs, PHN and HHS representatives met together to solve key issues for management of COVID-19 in general practice.

Key communications were sent to group members via e-mail, often daily, and continue to be sent as required. Meeting frequency varied from twice-weekly to fortnightly as required and the chairing of the group has been shared between Queensland Health and PHNs with the Healthcare Improvement Unit (HIU) providing the secretariat function. The communication, collaboration and problem solving between general practice, primary care and Queensland Health about key issues for management of COVID-19 in the community by GPs in Queensland was unprecedented.

3. DEVELOPMENT OF GP FLOW CHART: 'GP ASSESSMENT OF PATIENTS WITH SUSPECTED COVID-19'

At the start of the pandemic, Queensland GPs requested a flowchart for the assessment of suspected COVID-19. In March 2020 the GP Assessment of Patients with Suspected COVID-19 flow chart was published on the Clinical Excellence Queensland Information for GPs webpage and is included in the Suspected COVID-19 HealthPathway. It continues to be amended in line with updates to the Communicable Diseases Network Australia (CDNA) National Guideline (SoNG) for COVID-19.

4. DEVELOPMENT OF COVID-19 SERVICE DIRECTORIES

GPLOs and the Queensland HealthPathways Coordinators Networks supported the maintenance of service directories published on the Queensland Health website, for fever, testing and respiratory clinics from early 2020, and vaccination services from February 2021, including via Queensland Adult Specialist Immunisation Service (QASIS).

5. PARTICIPATION IN THE DEVELOPMENT OF THE COVID-19 PATHWAYS OF CARE, REFERRAL PATHWAYS, DOCUMENTATION AND COMMUNICATION OF THE MODEL

HIU was tasked with developing the COVID-19 Pathways of Care model that enabled well patients with risk factors and unwell patients who did not require admission to hospital to be cared for in virtual wards, managed by HHSs across Queensland. HIU and QGPL Network members led and participated in the COVID-19 Community Care Model governance group and working group, collaborating with Healthdirect Australia to develop pathways of care for Queenslanders with COVID-19 to be cared for virtually by a GP or other primary health care provider, admitted to a Queensland Health virtual ward and monitored remotely, or admitted to a ward in hospital.

The Smart Referrals team and the e-Health Queensland Secure Transfer Service (STS) staff worked collaboratively with HIU to enable GPs to send referrals directly from GP clinical software to a HHS virtual ward. Summary model of care, referral and discharge pathway documents were developed by the QGPL Network and HIU and published on the information for primary care webpage: Information for primary care | Queensland Health. During the COVID-19 pandemic, a number of new models of care were developed to support GPs and patients in the community.

Metro North HHS established additional new models of care to support GPs and patients in the community during the pandemic. These include the Virtual Emergency Department (VED) and Residential Aged Care District Assessment and Referral Service (RADAR), and the COVID-19 Virtual Ward discussed above, that were established, piloted and expanded to a 7-day service.

6. GP COVID-19 EDUCATION

A Metro North HHS and Brisbane North PHN collaboration led to the development of a suite of documents to support the pandemic response, providing GPs with local education, that was later developed and expanded to a statewide COVID-19 education webinar series in collaboration with PHNs, Hospital and Public Health Specialists, GPLOs and local GPs. Topics included:

- COVID-19 updates
- COVID-19 vaccination
- COVID-19 antivirals
- Queensland's culturally and linguistically diverse (CALD) COVID-19 response
- Influenza and COVID-19
- End-of life care from the consumer and clinicians' perspective
- Post-COVID-19 conditions.

Presenters demonstrated HealthPathways during the webinars, reinforcing the topic information provided.
GPLOs provided feedback for the Queensland Health COVID-19 webpages, including I have COVID-19, Report a Rapid Antigen Test (RAT) Result, COVID-19 Care Self Checker and clinician pages including the Information for Primary Care, COVID-19 Model of Care and Escalation of Care Pathway pages.

The QGPL Network would like to acknowledge the experienced QGPL Network members who led and significantly contributed to the timely up-to-date and accurate advice provided to GPs in an unprecedented way during the course of the pandemic. We thank you very much. This includes the work on HealthPathways, the Clinical Excellence Queensland 'Information for GPs' webpage on the Queensland Health website and with Public Health Services SHECC.

The QGPL Network would like to acknowledge the HealthPathways clinical editors and Queensland HealthPathways Coordinators Network's contribution to the achievement of the outcomes in this story.

metronorth.health.qld.gov.au/specialist_service/refer-your-patient

Dr Fabian Jaramillo, Clinical Editor
HealthPathways

phn NORTHERN QUEENSLAND
An Australian Government Initiative

Cairns and Hinterland
Hospital and Health Service

CHANGING FOCUS TO MAINTAIN ENGAGEMENT DURING A PANDEMIC? I KID YOU NOT!

Dianne Shkurka and Oona Westreheim, GPLO Managers,
GP Liaison Service, Cairns and Hinterland Hospital and Health Service

During the COVID-19 pandemic, the Cairns and Hinterland Hospital and Health Service (CHHHS) outpatient appointments were suspended, preventing access to specialist advice and face-to-face engagement. In response, the CHHHS General Practice Liaison Unit (GPLU) shifted focus to assist primary care providers in navigating the complexity of the COVID-19 pandemic.

During this time, it was difficult for general practitioners (GPs) to locate a single source of truth with consistent information. It was clear that the CHHHS GPLU needed to urgently provide a mechanism for GPs to receive accurate and succinct information. Following engagement with State Health Emergency Coordination Centre (SHECC), local Health Emergency Operations Centre (HEOC) and the CHHHS communications team, a newsletter focussed on primary care was created. In April 2020, the first GPLU newsletter was published, with an initial distribution list of 480. The 'FNQ Clinical Update' became a timely and reliable source of truth for GPs and primary care providers. The update provided national, state, and local advice and was delivered consistently into the inboxes of Cairns and Hinterland primary carers.

With the pandemic resolving, and the newsletter being greatly valued in the GP community, the scope of content was broadened to include local HHS updates, consultation opportunities and advice about changes to services. Now in its 108th edition in November 2022, the newsletter continues to receive regular positive feedback and has grown to over 1000 subscribers.

At the beginning of the COVID-19 pandemic when the CHHHS GPLU monthly GP education events were on hold, the CHHHS GPLU commenced COVID-19 team huddles with groups of GPs to provide clinical education, support and a way to remain connected with their peers and the GPLU. Although the online clinical education was well received, feedback from local clinicians indicated the strong preference for the re-establishment of face-to-face education in a COVID-19 safe environment. In response, on 20 February 2021, in the middle of the COVID-19 pandemic, the CHHHS GPLU held its first in-person GP education workshop, attracting 60 GP attendees.

'I Kid You Not!' was a half-day paediatric CPD-accredited workshop, a first for the GPLU. It aimed at engaging GPs in a COVID-19 safe, face-to-face event, focussed on paediatric conditions and saw HHS executives, clinical directors and specialists present, discuss, and network with GPs. A variety of presentation modalities were used including didactic presentations, a series of 'speed date a specialist' table rotations and practical skill development sessions. Hosted in partnership with FNQ HealthPathways, the 60 attendees were supported with post-event resources and information. Attendees also participated in a HealthPathways virtual treasure hunt in which participants were encouraged to navigate HealthPathways on their mobile phone to find specific information. The successful learning outcomes from this exercise were reflected in an increase in HealthPathways access post-event that has since been sustained.

In response to the overwhelmingly positive feedback from the attendees, GPLU has hosted two more weekend workshops, 'Mind Matters' focusing on Mental Health and 'Community of Practice' focusing on medicine specialties. In a time when facilitating meaningful engagement has proven difficult, the weekend workshops have been successful in bringing primary and secondary care together.

The QGPL Network would like to acknowledge the HealthPathways clinical editors and Queensland HealthPathways Coordinators Network's contribution to the achievement of the outcomes in this story.

Dianne Shkurka and Oona Westreheim, GPLO Managers,
GP Liaison Service, Cairns and Hinterland Hospital and Health Service

Children's Health Queensland Hospital and Health Service

Queensland Government

PIONEERING VIRTUAL GP EDUCATION

Dr Aaron Chambers, GPLO Childrens Health Queensland
Dr Dana Newcomb, Medical Director, Integrated Care, Childrens Health Queensland

The COVID-19 pandemic has not only created challenges in healthcare delivery but has also disrupted the sector's ability to host collaborative in-person medical education events. Lectures, workshops and seminars are valuable forums to share and create innovative ideas in healthcare.

In 2020, Children's Health Queensland (CHQ) rapidly drew together existing expertise in pioneering the virtual knowledge sharing model Project ECHO, consolidated a relationship with the Royal Australian College of General Practitioners (RACGP), and built on the success of the annual Paediatric Masterclass for General Practice, by delivering what was to become the RACGP's most attended ever webinar series, leading to a stream of rapidly responsive virtual education events.

Now in its eighth year, the Paediatric Masterclass is considered the premier annual paediatric education event for general practitioners (GPs) in Queensland. Historically, it has been a full-day seminar attracting around 150 GPs to attend in-person at Queensland Children's Hospital (QCH) each October.

Project ECHO is an international movement aiming to create networks of interactive conversational communities of practice, linking like-minded learners to integrate care. Project ECHO's use of collaborative educational conferencing through Zoom was considered revolutionary when CHQ introduced Project ECHO to Australia in 2016.

With travel and gatherings restricted by the COVID-19 pandemic, the 2020 Masterclass was in jeopardy. Instead, through reinvention and working together as part of the CHQ Integrated Care team, the expert skills held by the CHQ ECHO team combined with those of the CHQ General Practice Liaison Officer (GPLO) team to deliver a high standard virtual educational event as a six-part weekly webinar series.

CHQ Paediatric Masterclass for General Practice 2021 Webinar Series promo image

With a statewide catchment, it can be challenging for CHQ to communicate new evidence and models of care across Queensland. Whilst the annual face-to-face event has drawn a wide audience with attendees travelling from all regions in Queensland, the new virtual format has increased the reach of the masterclass in both numbers and geographic distribution. Registrations peaked at 600 GPs per session, ultimately resulting in over 1800 individual GP attendances.

With such success from the virtual Paediatric Masterclass, CHQ has built on the concept of rapid-response webinars to address emerging topics throughout the COVID-19 pandemic, including hosting paediatric infectious disease and vaccination updates; partnering with other Hospital and Health Services and multiple Primary Health Networks. The work of the ECHO team has broadened, and short, targeted webinar series have become an efficient way of broadcasting knowledge quickly, as well as introducing interested healthcare professionals to the ECHO network.

CHQ has continued to host the Paediatric Masterclasses online in 2021 and 2022 to mitigate the risk of cancellation and spread of COVID-19 amongst participants. The creation of virtual education has been a success and there are also valuable aspects to in-person education, including enhanced interprofessional relationships and learning hands-on skills. In the future, we intend to provide a blend of online and face-to-face education events, using the lessons of Project ECHO and the COVID-19 pandemic to flexibly deliver education that meets our primary purpose of improving systems by connecting clinicians.

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Health

CENTRAL QUEENSLAND

IMPLEMENTING THE SAFER BABY BUNDLE FOR CENTRAL QUEENSLAND

Dr Helen Wiltshire, GPLO
Central Queensland, Wide Bay, Sunshine Coast PHN

Based in the Rockhampton office of Central Queensland, Wide Bay, Sunshine Coast, PHN (the PHN), Dr Helen Wiltshire is a General Practice Liaison Officer (GPLO) in Maternity. The GPLO role focusses on developing general practitioner (GP) engagement in the GP antenatal shared care program and building relationships between general practice and the Central Queensland Hospital and Health Service (CQHHS).

CQHHS and the PHN have the shared goal of reducing stillbirths for the people of Central Queensland and have jointly implemented the Safer Baby Bundle. The Safer Baby Bundle is a national initiative with five evidence-based elements to address key areas where improved practice can reduce the number of stillborn babies Safer Baby Bundle | Clinical Excellence Queensland | Queensland Health.

The five elements are:

- Smoking cessation support
- Improved detection and management of impaired fetal growth
- Increasing awareness and management of women with decreased fetal movements
- Provision of maternal safe sleeping advice
- Improved decision-making around timing of birth for women with risk factors.

The Safer Baby Bundle goal is to reduce stillbirth from 28 weeks' gestation by at least 20% by 2023.

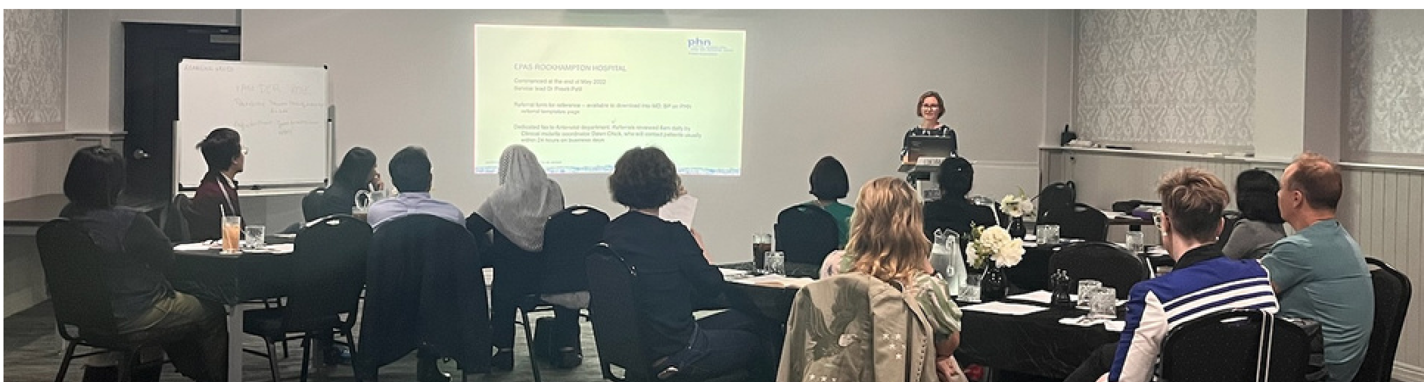
In 2018, the stillbirth rate in Australia was 6.7 per 1,000 births or 2,200 babies per year and in 2016 the stillbirth rate for Aboriginal and/or Torres Strait Islander women was 10.6 per 1,000 births. Migrant and refugee populations, rural and remote communities and socio-economically disadvantaged women also face significantly increased risk of stillbirth.

On 22 June 2022, CQHHS and the PHN jointly facilitated and funded a GP antenatal networking evening in Rockhampton. The event was attended by 21 GPs, nurse practitioners and hospital obstetrics and gynaecology consultant staff in person and one online.

Attendees discussed the evidence-based interventions of the Safer Baby Bundle and how joint implementation across general practice and in-hospital antenatal care in Central Queensland for every pregnant woman will reduce preventable stillbirths by creating awareness of and managing the identified risk factors.

The hospital consultants engaged with GPs and nurse practitioners who shared their individual practice experiences across the group on early pregnancy services, infections and anaemia in pregnancy in Central Queensland. Further discussions about mental health in pregnancy provided new recognition from the hospital specialists about the scarcity of mental health support in the community and attendees identifying this issue for urgent joint management.

Implementing the Safer Baby Bundle in Central Queensland will reduce the painful stillbirth numbers in our community and engagement across the hospital and general practice interface has also identified further joint issues to create safer maternal care for the people of Central Queensland.



Dr Helen Wiltshire presents at a GP antenatal networking event in Rockhampton, 22 June 2022.

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CENTRAL QUEENSLAND GENERAL PRACTICE LIAISON OFFICER IN FOCUS

Dr Bhavesh Dhamsania, GPLO
Central Queensland, Wide Bay, Sunshine Coast PHN

Dr Bhavesh Dhamsania is a general practitioner (GP) in Rockhampton, Central Queensland. Dr Dhamsania also works as a General Practice Liaison Officer (GPLO) based in the Rockhampton office of the Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN).

The main focus of the Rockhampton GPLO role is older person's health and ensuring that continuity of care at the interface between general practice care in residential aged care facilities (RACFs) and hospital care for residents is provided in the right time and in the right place. Dr Dhamsania works with the PHN older person and palliative project officer Anne Bartuschat.

Creating continuity of care for RACF residents involves managing a variety of projects with multiple stakeholders, including general practitioners (GPs), general practices, all facilities and hospitals in Central Queensland Hospital and Health Service (CQHHS) and all RACFs. There are many challenges with this stakeholder group, including a transient workforce in RACFs making it difficult to establish and embed changes. There is also a lack of a GP workforce willing to engage in providing services to RACF residents due to lack of professional support and the complexities with providing services away from the general practice environment.

Recently, one corporate provider in Rockhampton ceased providing general practice services to RACFs on short notice leaving over 100 RACF residents without medical care. The short-term focus is to re-establish a GP service for these residents as well as developing long-term plans for a model of GP service provision that can manage sudden withdrawal of services and provide flexible ongoing GP service provision for RACF residents. This example highlights the challenge for RACF residents in Rockhampton.

Achievements of the Rockhampton GPLO role include:

- Establishing relationships with and between GPs, general practices, CQHHS and facilities that are involved with provision of care for RACF residents
- The provision of interprofessional education regarding the management of RACF residents
- Developing a contact database for RACF staff and GPs that includes RACF and GP contact details, working hours and availability
- Developing and implementing a standard imprest list for RACFs in the Rockhampton geographical area
- Increasing My Health Record uptake for RACF residents to ensure locum GP access to accurate, up to date clinical information
- Improving clinical handover by implementation of the Yellow Envelope: Yellow Envelope - Central Queensland, Wide Bay, Sunshine Coast PHN (ourphn.org.au) The Yellow Envelope is a communication tool used in clinical handover when residents of aged care facilities are transferred to and from hospital. Its aim is to improve patient safety and the quality and continuity of care https://www.ourphn.org.au/yellow-envelope/.

CENTRAL QUEENSLAND

Dr Bhavesh Dhamsania, GPLO
Central Queensland, Wide Bay, Sunshine Coast PHN

DARLING DOWNS AND WEST MORETON phn An Australian Government Initiative

Darling Downs Health

DARLING DOWNS GP TRIO WORKING TOGETHER TO IMPROVE HEALTHCARE IN THE REGION

Dr Laetitia Botha, Dr Theresa Johnson and Dr Bronwyn Bryant, GPLOs
Darling Downs Hospital and Health Service

The Darling Downs Hospital and Health Service (DDHHS) recently expanded their team of General Practice Liaison Officers (GPLOs). The team now consists of three general practitioners (GPs) who work and live in the region. Dr Theresa Johnson has been working in a GPLO capacity for several years already.

When additional services requested GPLO expertise, Theresa recruited extra hands in the GPLO space and Dr Bronwyn Bryant and Dr Laetitia Botha joined the DDHHS GPLO team. The GPLOs are all involved in community and family activities in their lives outside work and when at work are eager to find solutions to problems within their GPLO roles together. With extensive general practice experience between them, the GPLOs feel they complement each other in the skills they bring to the team, all bringing something unique to the table.

L-R: Dr Laetitia Botha, Dr Theresa Johnson and Dr Bronwyn Bryant

Recently, the GPLOs have successfully launched a GP Facebook group and page for Darling Downs Health that functions as a communication platform, informing GPs in the region about current health information and updates. This includes promotion and commencement dates of new services, currently available education sessions as well as changes and updates to HealthPathways. GPs in the region have really embraced this new form of communication with their local GPLOs. This is building trust and confidence between GPs and GPLOs in the region and the understanding that the GPLOs are there to help and to support the GPs.

The newly expanded DDHHS GPLO team have big plans for 2023 including updating the shared care models for antenatal care in the region and they are also planning a campaign to acknowledge, support and celebrate the wonderful general practitioners in the region. Keep watching this space for updates in the future about our challenges and endeavours.

Gold Coast Health
always care

THE NEW GOLD COAST GENERAL PRACTICE PARTNERSHIPS AND ENGAGEMENT UNIT

Dr Kate Johnston, GPLO, Dr Tanya Casey, GPLO, Karen Whitting, GPLO Program Manager
Gold Coast Hospital and Health Service

The new Gold Coast Hospital and Health Service (GCHHS) General Practice Partnerships and Engagement Unit (GPPE) was established in January 2022. It provides a link between GCHHS and general practice through representation, advocacy, communication, collaboration, and connectivity.

The GPPE team has evolved from the single General Practice Liaison Officer (GPLO) model to be a multi-disciplinary team of clinical and non-clinical members whose focus is on optimising relationships with general practice partners to the benefit of our mutual patients.

The GPPE unit is the central point of contact for GPs in the community, continually improving the relationship with GPs and is currently responsible for the following:

- GP Advice line: sourcing advice about patient management, referrals and Gold Coast Health services
- COVID-19 Advice line: providing referral and system navigation advice for COVID-19 positive patients in the community
- Gold Coast Community HealthPathways
- GP Smart Referrals: assistance with registration, installation, training and education for GP practices
- GP education: development and delivery of specialty education sessions
- GP registrar orientation
- Intern education and orientation
- Medical student education and research
- Improving clinical handover: supporting increased completion and quality of discharge summaries, and emergency department (ED) and outpatient clinic communications
- Development of a GPPE dashboard for proactively managing engagement with GPs and general practices including status of practice management software, Secure Transfer Service address book, Smart Referrals, HealthPathways, Health Provider Portal, CDA Discharge Summaries and subscribed communications.

GOLD COAST

HIGHLIGHTS

- The GP Advice line was established in September 2021 to support GPs to manage patients in the community and reduce unnecessary ED presentations and referrals to outpatients. The three-month pilot demonstrated
- 40% of patients for whom ED advice was sought did not attend ED
- 78% of patients for whom outpatient advice was sought did not have a referral sent to outpatients
- 85% of GPs and 86% of consultants agreed or strongly agreed that the service was helpful
- The COVID-19 Advice line commenced on 10 January 2022, receiving 135 calls and supporting GPs to navigate the rapidly evolving COVID-19 situation
- GP Smart Referrals to date has facilitated registration of 90% of eligible practices and trained 446 GPs and 102 practice managers and nurses.

The GPPE unit continues to build relationships through collaboration and integration of GP services with Gold Coast Health to improve patient outcomes.

Karen Whitting

Dr Kate Johnston

Dr Tanya Casey

phn NORTHERN QUEENSLAND
An Australian Government Initiative

Mackay Hospital and Health Service
Queensland Government

INTRODUCING THE ROUNDUP PODCAST
A MACKAY GENERAL PRACTICE LIAISON INNOVATION

Caroline Giles, GPLO
Mackay Hospital and Health Service

Engagement between primary health care and the hospital setting is not always an easy task, especially in a worldwide pandemic and being new to the General Practice Liaison Officer (GPLO) position.

After Dr Elissa Hatherly confided in a local general practitioner (GP) about the struggles of reaching out to all GPs in the Mackay Hospital and Health Service (MHHS) catchment, the idea of establishing GP podcast, The Roundup was born.

Thankfully Dr Hatherly is very well connected across the Mackay health care community, as she also works with James Cook University (JCU) and sits on the MHHS board. Support to establish the podcast came from multiple areas and the podcast became a collaborative approach between the MHHS, GPLO, JCU, the Northern Queensland Regional Training Hubs (NQRTH) and MHHS local clinicians.

Working collaboratively has allowed the podcast to utilise already established resources to professionally cut and polish the recordings into a final product that is available via the Mackay HealthPathways and NQRTH.
Dr Hatherly agreed to be the voice and face of The Roundup and provides a brief introduction to each episode as well as asking tailored questions for the topic expert.

The topic for each podcast was decided using expressions of interest from GPs and from MHHS clinicians who have come across conditions or complex patients relevant to primary health care. With the first season having eight interactive topics including: Trouble-shooting IUDs; Burnout: in yourself and colleagues; Voluntary Assisted Dying; PTSD; Neonatal Jaundice and Social Prescribing.

In September 2022, the podcast team launched two episodes and in the first two days had listeners from across the state. The podcasts are being recorded around the availability of Dr Hatherley and clinicians with the intention of launching an episode every three weeks.

Over time the number and location of listeners will help support the growth and development of the topics and the effectiveness of engaging with GPs on an alternative platform.

mater

QUEENSLAND E-CONSULTANT PARTNERSHIP PROGRAM

IMPROVING ACCESS, INCREASING EFFICIENCY AND REDUCING TIME TO SPECIALIST INPUT FOR QUEENSLANDERS WITH COMPLEX CHRONIC DISEASE.

Dr Jenny Job, Deputy-Director Research, The University of Queensland and Mater Research Institute
Dr Caroline Nicholson, Director Operations & Principal Research Fellow, The University of Queensland and Mater Research Institute

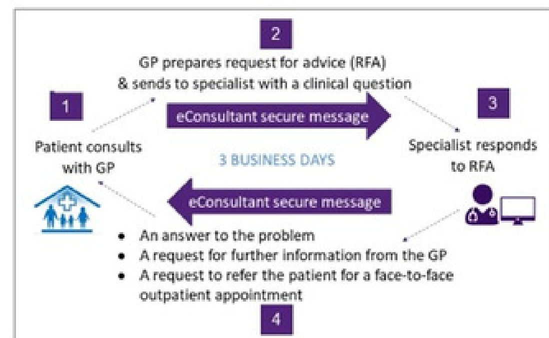
eConsults are utilised widely across North America to improve access to specialist services for patients via their family physicians. The partners in the Queensland e-Consultant Partnership Program (QePP), Ontario eConsult, who commenced their service in 2010, have conducted nearly 100,000 eConsults in the last year involving over 100 specialties and have the most comprehensive body of research into the model globally. Established outcomes of the eConsult approach internationally include significantly reduced wait times for specialist input and avoidance of face-to-face hospital visits.

Using a co-creation approach involving the Centre for Health System Reform & Integration (CHSRI), the Mater Research Institute, the University of Queensland, general practices in urban, rural, and remote settings, Western Queensland Primary Health Network (PHN), Brisbane South PHN, Mater Hospital South Brisbane (Mater), and the Australian Digital Health Agency (ADHA), QePP has undertaken a proof-of-concept (2018), and early implementation evaluation (2019-2022). The QePP is co-funded by the Healthcare Improvement Unit within Clinical Excellence Queensland.

For eligible adult patients, general practitioners (GPs) send a Request for Advice (RFA) to the Mater general physician eConsultant. The physician responds to this request via secure messaging within three business days with the following care options:

For eligible adult patients, general practitioners (GPs) send a Request for Advice (RFA) to the Mater general physician eConsultant. The physician responds to this request via secure messaging within three business days with the following care options:

- An answer to the problem
- A request for further information from the GP
- A recommendation for the patient to attend a conventional outpatient appointment (OPD).



Evaluation to September 2022:

- 172 GP RFAs - 61% from Western Queensland, 39% from Brisbane South practices, all met criteria for OPD referral Category 1-3.
- Mean time to specialist response 1.6 days
- 86% resulted in the GP receiving advice or a request for further information, with 14% resulting in a referral. The majority of eConsultations related to diagnosis and management with some involving multiple questions
- The mean specialist time spent providing advice was 27 minutes, which aligns with our Canadian partners reporting 24 minutes for internal medicine eConsults.

GP's perspective:

- Mean time of 13.7 minutes for GPs to generate and send the RFA.

QePP has presented to the Queensland General Practice Liaison (QGPL) Network and GP Advice Program working groups for the Connecting Your Care program. The QePP benefits include the secure method for sending and receiving RFAs at both the general practice and hospitals. In addition, GPs appreciate the simple auto (pre)-populated eConsultant RFA template.

Evaluation of the early eConsultant implementation, which included 15 qualitative interviews with GP providers and stakeholders, has highlighted service enablers and user priorities for broader implementation (published online). Key facilitators identified were the relative advantage of eConsultant over other options and the positive response from patients to the program. A significant barrier remains the effective linkage between the different digital solutions available with stakeholders. A focus on universal base technology infrastructure and availability of a variety of eConsultant specialties are seen as key to embedding the eConsultant option in GP advice processes.

TRIALING A NEW MODEL OF CARE AT WOLSTON CORRECTIONAL PRISON HEALTH SERVICE

Jim Loughridge, GPLO Optometry,
Metro North Hospital and Health Service and Brisbane North PHN

The need to provide better care for the 10% of prisoners with diabetic eye disease and to reduce avoidable transfer of prisoners to Princess Alexandra Hospital (PAH), led the General Practice Liaison Officer (GPLO) Optometry to propose a new model of care. Dr Lily Ooi, Medical Director, PAH Eye Clinic, supported a trial of this model to improve health outcomes for this group of prisoners.

The model of care involves nursing staff at the Wolston Correctional Prison Health Service (PHS) completing an initial triage of prisoners with eye health concerns, including taking anterior eye and fundus images using a camera. Routine cases are reviewed by the visiting prison optometrist and prisoners deemed to have significant eye disease have their images and clinical data securely transferred electronically utilising specialised software to the eye clinic at the PAH for specialist review. In urgent cases this information is sent directly by nursing to PAH for an opinion.

The objective of this trial was to improve timely access for the assessment of prisoner diabetic eye disease, and to allow triage of acute eye trauma by the eye clinic at PAH without the prisoner being required to travel.

Currently, travelling for specialist assessment and treatment is a major barrier to accessing timely health care for prisoners, as travelling requires prisoner consent, approval from Corrective Services, the escort van to be available,
space in the secure ward at PAH and rostered Corrective Services Officers to accompany the prisoner. There is also a reported degree of prisoner reluctance to travel in the escort van given the space restrictions.

L-R: Jim Loughridge - GPLO optometry, Jobin Thomas - RN and Stephen Winani - RN and telehealth coordinator.
In-service training by the GPLO Optometry.

The original trial of the model of care occurred in November and December 2020 and was highly successful with good engagement from nursing and medical at the Wolston Correctional PHS and PAH. Training was provided by the GPLO Optometry. The concept and use of the camera as a part of the model of care was deemed practical and effective and funding was sought for implementation. Clinical Excellence Queensland were supportive of this project and provided funding for the camera which was installed in March 2022.

The Remote-I software, developed by CSIRO, was already in use by nurses in North West Queensland for diabetic eye screening. Following assessment for suitability, the software was further adapted by the GPLO Optometry in collaboration with CSIRO for use in this and other future models of care. Feedback from the trial with PHS nurses was that the camera and software were easy to use.

Initially all prisoners awaiting optometry appointments were screened using the camera to identify any prisoners with urgent needs. The screening resulted in several prisoners being triaged as urgent with images being sent via the Remote-I system for assessment by PAH Eye Clinic staff while others were able to be reviewed by the visiting prison Optometrist without requiring travel to PAH.

The new model of care implementation by the has created better health outcomes for prisoners and led to unprecedented collaboration between the Wolston Correctional PHS nursing and medical staff, PAH eye clinic staff and the visiting optometrist.

The next step for the project is to expand the service to include glaucoma co-management. The model of care elements developed could be expanded to include other health conditions and there is also great interest in expanding the model to other prisons within the West Moreton HHS.

PHN Brisbane North
An Australian Government Initiative
Queensland Government
Metro North Hospital and Health Service

FACILITATING COLLABORATIVE CARE IN A PANDEMIC

Dr Kylie Norris, GPLO RADAR, Metro North Hospital and Health Service and Brisbane North PHN
Residential Aged Care District Assessment and Referral Team, Metro North Hospital and Health Service
Aged Care Projects Team, Brisbane North PHN
Metro North Public Health Unit

The COVID-19 pandemic created many challenges for general practitioners (GPs) and organisations working within the residential aged care sector over the last three years.

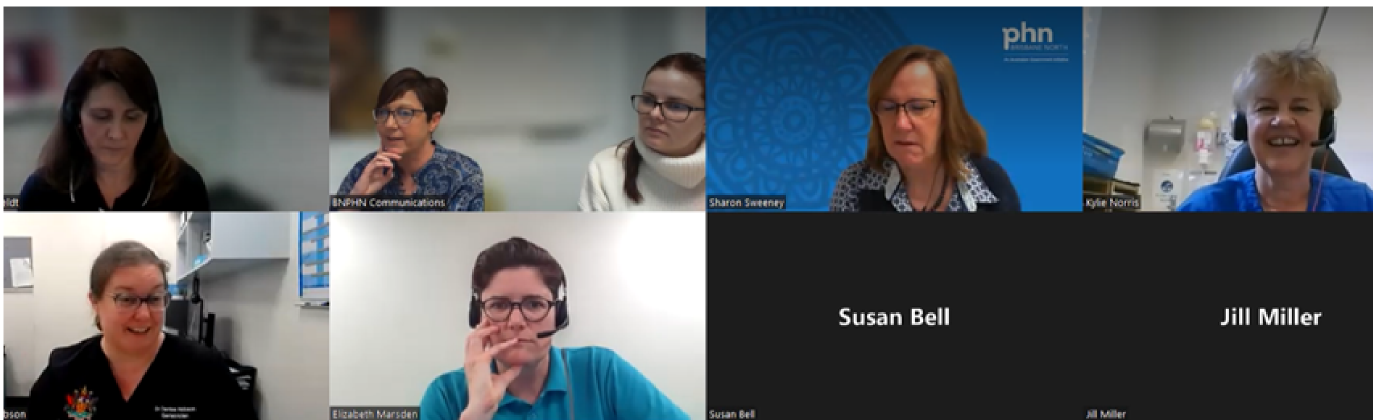
To provide the best possible care in the right place and at the right time to aged care residents during this time of crisis and significant change, it was critical that the primary care workforce remained informed, engaged and supported.

The collaboration between RADAR, Brisbane North PHN Aged Care Projects Team, General Practice Liaison Officers (GPLOs) and Metro North Public Health Unit has strengthened since the start of the COVID-19 pandemic. The collaboration recognised the need to work together and developed initiatives to support MNHHS GPs and residential aged care facility (RACF) staff to deliver the best possible care for residential aged care patients.

Some of the initiatives developed to engage primary care and RACFs during this time included:

- Webinars - “RACF & COVID-19 Preparation”, “Conversations about COVID-19", “Treatment of the COVID-19 positive RACF Resident”, “Acute Respiratory Infections in RACF’s”. Presenters included RADAR geriatricians & palliative care physicians, public health physicians and GPLOs demonstrating HealthPathways.
- GP Newsletters – Newsletters are distributed to GPs known to the RADAR service. Newsletters have included information on fit testing, vaccination, advance care planning, treatment advances, service contact details and advertise new HealthPathways.
- Brisbane North PHN (Caboolture and The Prince Charles Hospital) Residential Aged Care Collaborative Meetings – Collaborative meetings are held either in person or online and include representatives from Brisbane North PHN, RADAR, Metro North Public Health Unit, RACFs and general practice coming together to provide sector wide updates. General practice presentation opportunities have included topics for the group including “How to find a GP” and “Working as a GP in a RACF”.
- HealthPathways resources - provided by our local HealthPathways team, for “Palliative Care in RACFs”, “Acute Respiratory Infections in RACFs”.

This collaboration between providers will continue long after the end of the pandemic, working together to improve care for residential aged care patients, to ensure that the right care is provided in the right place and at the right time.



The RADAR team meet virtually: Kim Langfeldt, BNPHN aged care project team including Sue Bell, Sharon Sweeney, Dr Kylie Norris, Dr Denise Hobson, Dr Elizabeth Marsden, Jill Miller.

METRO NORTH ESTABLISHES A GP ADVICE PROGRAM
A TEAM OF TEAMS APPROACH

Dr Srishti Dutta, GPLO, Metro North Hospital and Health Service
Bridgette Chapman, Senior Project Officer, GPLO Program, Metro North Hospital and Health Service and Brisbane North PHN

The GP Advice Program aims to deliver strengthened relationships between specialists and General Practitioners (GPs) by providing GPs access to specialist advice to support decision making regarding referrals and clinical priorities.

The project is Department of Health funded through the Connecting Your Care program, delivering a proof-of-concept operational model for GP Advice across the central area region including Central Queensland, Central West, Metro North, Sunshine Coast and Wide Bay Hospital and Health Services (HHSs) and Brisbane North, Central Queensland, Wide Bay and Sunshine Coast and Western Queensland Primary Health Networks (PHNs).

Given the size and scope of the project and the wide range of stakeholders, a “team of teams” approach was chosen to optimise the collaboration of multiple teams in a diverse, and predominantly virtual environment to deliver the strategic outcomes of the program. This approach maximises the potential for innovation by making good decisions promptly, addressing issues collaboratively and promotes learning across multiple organisations to overcome the challenges created by working with multiple teams within and across multiple organisations.

Originally a Metro North Health and Brisbane North PHN clinical redesign project to improve access to specialist advice for GPs, the project was expanded across the central area region under Department of Health Connecting your Care funding, focussing on the provision of asynchronous specialist advice to GPs. Feedback from Central Area GPs and GPLOs, highlighted the importance of multimodal advice pathways, diversity of practice and clinician preference, assisting the project to evolve and to address the underutilisation of some current advice pathways.

GPLOs in each region are key advocates for general practice and their highly valuable input has been utilised in each stage of project development. Involved in both a strategic and operational capacity, the role of the GPLO provides a unique view, being able to both zoom in on finer operationalised details and zoom out, to strategically drive the program objectives as well as participate in the design of the selected solutions for future implementation.

The “team of teams” networked approach facilitated equity of resourcing, access and health outcomes for our patients, overcoming geographical location challenges for general practice and specialist workforce challenges and the impact both have on health services in rural Queensland. The approach delivered benefits for each stakeholder group including patients, GPs, Specialists and the who health service.

GPS
- Multimodal advice from specialists
- Similar experience each time
- Advice is documented and visible in practice software and on The Viewer

PATIENT
- Early intervention to prevent possible deterioration
- More timely access to Specialist care and improved health outcomes
- Improved relationship with GP
- Care closer to home

HHS CLINICIANS
- Increased support to offer multimodel advice to GPs
- Provision of advice appropriately resourced, funded and documented

HEALTH SERVICES
- Greater transparency of true demand for advice
- Robust model with appropriate governance, documentation and funding
- Sharing the load across facilities

phn BRISBANE SOUTH
An Australian Government Initiative

Metro South Health | Queensland Government

DATA-LED ENGAGEMENT PROMOTING SAFE CLINICAL HANDOVER IN METRO SOUTH

Casey Riches and Alison Skiba,
MSHHS Primary Care Partnership Unit PCPU

Metro South Health General Practice Liaison Officers (MSH GPLOs) are a small nurse-led team with a focus on addressing opportunities to improve clinical handover and safe transfer of care. The program's unique engagement model, utilising a data driven approach, ensures the team leverages opportunities that achieve sustained patient-centred outcomes by supporting internal and external stakeholders.

MSH GPLO team has continually supported improvement of clinical handover since the infancy of the GPLO program. The COVID-19 pandemic contributed to widespread disruptions of health service provision, and the MSH GPLO team responded by increasing the focus on prioritising the maintenance of high-quality clinical handover. MSH GPLOs advocate for patients and their general practitioners (GPs) to ensure the Specialist Outpatient Services Implementation Standard (SOSIS) business rules and clinically recommended timeframes are maintained, and that GPs receive delivery of the clinical handover from their patients' Queensland Health encounters in a timely manner.
Improvement of clinical handover by the MSH GPLO team has been achieved by:

- Engagement with general practice enabling the identification of gaps and opportunities in both referral processes and clinical handover. The GPLO team use stringent data collection to identify and escalate risks relating to clinical handover and interpret this data to coordinate integration with relevant stakeholders to optimise safe patient outcomes
- Prioritising regular maintenance of the Secure Transfer Service (STS) address book to ensure timely and secure distribution of clinical handover from inpatient and outpatient services to primary care. The GPLO team has doubled accuracy of the Metro South Health (MSH) STS Address book with 95% of GP details now up to date. This is an ongoing process to ensure clinical handover is delivered securely via electronic methods in a timely manner. The GPLOs also liaise with MSH and primary care stakeholders to resolve instances of unsuccessful clinical handover delivery
- Ensuring that MSH GPLOs participate in various state-wide and local HHS committees and projects that contribute to improved clinical handover.

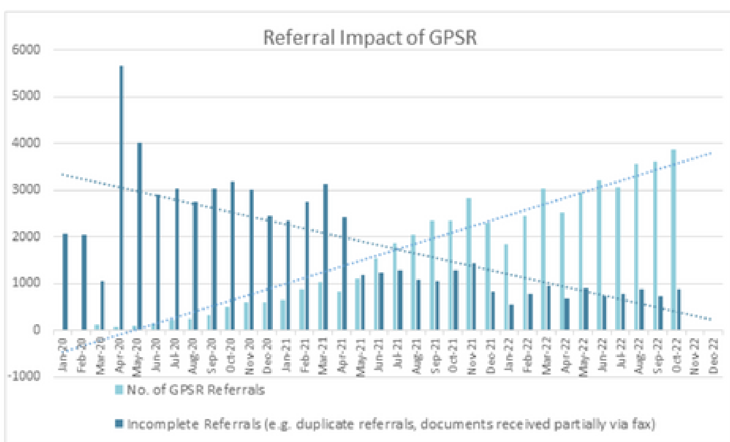


Figure 1. depicts a reduction of incomplete referrals into MSH referral hub with the increased utilisation of GPSR in primary care

The MSH GPLO team has developed a strong relationship with general practice and referrers in primary care, which has required time to build a trustful and reliable feedback loop.

A key focus of the MSH GPLO program has been to drive increased installation and use of GP Smart Referrals (GPSR). This electronic transmission method has proven faster and more reliable in securely transferring primary care referrals into MSH. Figure 1 demonstrates the reduction of incomplete referral delivery with the increased use of GPSR.

L-R: Danielle McLeod, Lisa Lee, Michelle Reynolds, Alison Skiba, Casey Riches
Metro South Health GPLO Project Team

PHN Central Queensland, Wide Bay, Sunshine Coast — An Australian Government Initiative

Sunshine Coast Hospital and Health Service

GPS WITH SPECIAL INTEREST
BUILDING BRIDGES BETWEEN HOSPITAL AND PRIMARY CARE

Dr Michelle Johnston, GPLO,
Sunshine Coast Hospital and Health Service

The general practitioner with special interest (GPwSI) program has been successfully implemented in the Sunshine Coast Hospital and Health Service (SCHHS) since 2018 and continues to expand, with support from Clinical Excellence Queensland (CEQ). One of the main benefits is increased collaboration and understanding between general practitioners (GPs) and SCHHS specialty teams.

Spotlight on the palliative care GPwSI program

The palliative care GPwSI program is a collaborative project between Central Queensland, Wide Bay, Sunshine Coast PHN and SCHHS.

The GPwSI program involves GPs working in the palliative care day unit for six months on a rotational basis and returning to their GP role in the community with increased skills. The GPs are involved in peer-to-peer education and can share care or accept referrals from other GPs to improve access to palliative care at home.

The GPwSI program

- Improves patient access to safe, timely care
- Encourages appropriate discharge back to the patients GP
- Increases skills in the GP community
- Bridges the gap between general practice and hospitals
- Achieves high levels of patient, GP and hospital satisfaction.

The palliative care GPwSI program assists patients who wish to die at home rather than in hospital. Palliative patients consistently report difficulty in accessing palliative care services at home. Enhancing GP skills and confidence may increase the palliative care options available.

Benefits of the GPwSI program

- An improved patient journey by providing timely access to the palliative care day unit staffed by the GPwSI
- An improved connection between primary care and the palliative care service
- GPwSI learning up to date symptom management
- An increased understanding for the GPwSI of the available community supports for patients, their families and carers
- Increased skills and confidence for the GPwSI to provide GP education, and to promote best practice palliative care that enables the patient to die at home
- Enables the GPwSI to be a resource for other GPs by providing or sharing care of palliative patients.

Outcomes of the GPwSI program

Timely access	Right care, right place	High levels of satisfaction	Intangible benefits
Over 5,000 patients seen by 2.2 FTE palliative care GPwSIs in the past 12 months.	GPwSIs facilitate care in the community by discharging one third of patients seen Continuity of care is enhanced by the GPwSI using clinical handover and management plans for appropriate discharge of the patient to the GP in the community.	Reported for patients, GPwSIs, GPs and consultants.	Enhanced collaboration and understanding between Hospital and Health Service specialists and GPs Enhancement of peer-to-peer education and support Upskilling of GPs to manage more palliative care patients in the community.

phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Sunshine Coast Hospital and Health Service

SUNSHINE COAST

SUPPORTING HEALTHCARE IMPROVEMENT THROUGH COLLABORATION, GOVERNANCE, AND EVIDENCE

Dr Edwin Kruys, GPLO,
Sunshine Coast Hospital and Health Service, Co-chair, Queensland General Practice Liaison Network

We owe it to the generations that come after us to develop sustainable, collaborative interprofessional models of care. It is to be expected that it will take a few iterations before we get the models, including their governance, right. How do we implement great ideas into effective, collaborative care delivery across the interface between primary and secondary care?

On the Sunshine Coast we have made the first steps towards strengthening collaboration across the interface between the Sunshine Coast Hospital and Health Service (SCHHS) and Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN). This involves preparing for shared community needs assessments, exploring shared priorities, joint service planning and creating joint governance structures. The General Practice Liaison Officers (GPLOs) play an important facilitating and supporting role.

The complex split between the Commonwealth and state governments creates challenges with regards to ownership and responsibilities for service delivery across community and hospital services. Mixed funding and accountability arrangements between primary and secondary care do not create strong incentives for providers to work together, planning and implementing new models of care that coordinate care for patients.
In Queensland, cooperation, planning and delivery of care between Hospital and Health Services (HHSs) and local primary health care organisations is defined in the Queensland Hospital and Health Boards Act 2011, and supporting Hospital and Health Boards regulation 2012.

Section 42 of the Act states that a Hospital and Health Service “(…) must use its best endeavours to agree on a protocol with local primary healthcare organisations to promote cooperation between the Service and the organisations in the planning and delivery of health services.”

In Section 14 of the Queensland Hospital and Health Boards Regulation 2021, the prescribed requirements for the protocol with local primary healthcare organisations is outlined, which includes health service integration, service planning and design and local clinical governance arrangements.

On the Sunshine Coast, the SCHHS and the PHN planning teams are on a journey together to combine work and set shared priorities. A joint governance committee and regular PHN and HHS executive meetings assist to build and maintain relationships and goodwill. Over the past 18 months we have reviewed and adjusted these structures as we have matured in our working relationship and ongoing changes are to be expected before we get it right.

To improve collaboration, transfer of care and communication between primary and secondary care based on evidence, the SCHHS General Practice Liaison Unit has also initiated research projects. We have been successful in attracting Wishlist funding for a research officer and are currently focusing on outpatient clinics discharge patterns.
We hope that over time, joint planning, shared priorities, shared governance, evidence-based quality improvement and research will contribute to effective and sustainable models of care, assisting our patients’ journey across primary, secondary and tertiary care.

GPLOs are in an ideal position to be a driving force in this process, providing expert advice and support.

Dr Edwin Kruys, GPLO,
Sunshine Coast Hospital and Health Service, Co-chair, Queensland General Practice Liaison Network

phn NORTHERN QUEENSLAND
An Australian Government Initiative

Cairns and Hinterland Hospital and Health Service

Torres and Cape Hospital and Health Service

FNQ HEALTHPATHWAYS

CLOSING THE LOOP ON TORRES STRAIT AND CAPE YORK ENGAGEMENT

Oona Westrheim
TCHHS, CHHHS, NQPHN

Travelling across the Torres and Cape Hospital and Health Service (TCHHS) to deliver engagement with primary care clinicians is no easy feat. Spanning 130,000 square kilometres, TCHHS provides services to approximately 26,000 people. Twelve months ago, the FNQ HealthPathways team (based in Cairns) visited Thursday Island to map services, establish networks, and most importantly, to better understand the area, its needs and how HealthPathways could address any gaps.

The Thursday Island Hospital supports 17 primary health care centres dotted across various islands in the Torres Strait. Across TCHHS, general practices are a rarity, and the Royal Flying Doctor Service, Queensland Health Senior Medical Officers (SMOs), rural generalists, nurse practitioners and health workers are the face of primary care. Creating meaningful content and delivering engagement about HealthPathways across varied streams is complex, but through understanding our footprint better, we have been able to tailor our webpage and our engagement to offer something for every healthcare practitioner working in the far north.

During our trip to Thursday Island, a team of nurse educators requested that we create a pathway on jellyfish stings as this is a regular presentation in the region and there is variation in management advice.

To meet this need, the FNQ Lead Clinical Editor for FNQ HealthPathways, Dr Patricia Campbell commenced work on creating this page which did not yet exist within the HealthPathways community.

It quickly become evident that marine envenomation within our footprint was not just limited to jellyfish, but also included fire coral, stone fish, cone shells, sea snakes, venomous fish, stingrays and sea urchins.

The development of this robust pathway, in conjunction with our local toxicologist, also covers marine injuries and water-immersed wound infections and aims to support those in rural and remote areas to provide care at the point of contact and to assess the most appropriate way forward, resulting in better outcomes for the patient.

The FNQ HealthPathways team are returning to Thursday Island towards the end of 2022 to present our new marine envenomation pathway and most importantly, to close the engagement loop.

After 12 months of work, it is especially rewarding to bring this piece of work to a close and address this area of need.

View from Thursday Island HHS

Whilst engagement within the TCHHS footprint can be difficult due to the tyranny of distance, we have utilised a variety of modalities to link in with our primary care providers. The most valuable tool that has been established in undertaking this valuable work is the development of trust with our stakeholders and the ability to flex the HealthPathways platform to meet the needs of our very remote communities.

The QGPL Network would like to acknowledge the HealthPathways clinical editors and Queensland HealthPathways Coordinators Network's contribution to the achievement of the outcomes in this story.

phn NORTHERN QUEENSLAND
An Australian Government Initiative

Townsville Hospital and Health Service

TOWNSVILLE

A GP-LED MODEL OF CARE IN RESIDENTIAL AGED CARE FACILITIES

Dr Toni Weller, GPLO,
Townsville Hospital and Health Service, Co-chair, Queensland General Practice Liaison Network

Townsville, like many other regions, faces the challenges posed by a residential aged care system which has been described as "unsystematic and incremental" by the Royal Commission into Aged Care Quality and Safety (2021). This historical approach to aged care has led to some people not receiving care when they need it, including preventative and holistic primary care.

Townsville has not been immune to this and has faced periods of inaccessibility and instability of primary care services for those living in residential aged care facilities (RACFs). As an area of service with multiple complexities, many general practitioners (GPs) have expressed frustration at the difficulty in providing quality services within the current system. This may not only make it more difficult for people to get the right care at the right time in the right place but directly increases potentially avoidable use of acute care services such as emergency departments or secondary care in reach teams.

These factors combined with the expected growth in Townsville's older population of 175 per cent by 2035, has led to Townsville establishing a collaborative approach to addressing the challenges facing aged care.

With funding support provided by Northern Queensland Primary Health Network (NQPHN), a small and dedicated team made up of GPs, nurse practitioner candidates, administrative support, and an emergency physician was assembled by GP Link at the Townsville Hospital and Health Service (THHS).

By following a quality improvement (QI) research pathway, the team sought to understand the current situation and explore potential opportunities for improving the delivery and sustainability of GP-led primary care services to RACFs.

L-R: Bethany Roche, NP candidate; Dr Jane Dutson, FIT clinical lead, Dr Chris Stelmaschuk, GPwSI aged care, Helen Hatchard, NP candidate and Dr Toni Weller, GPLO.
Townsville HHS staff.
Image supplied by the Townsville Hospital and Health Service.

A literature review of RACF models of care completed by the Townsville HHS Clinical Redesign Unit formed the basis for current and previously trialed systems. Following the QI research pathway provided an ethical, robust structure for review and data collection as well as invaluable input from James Cook University (JCU) and Townsville HHS research experts. Engagement with residents and other stakeholders provided quantitative and qualitative feedback. A cross-analysis of existing systems with the instrumental findings of the surveys and collaborative working groups was performed to determine recommendations for improvement.

Although the complete recommended model of care is still under final review (and there is no guarantee of funding for all aspects), what was apparent was the need for a coordinated, multidisciplinary, relationship-centred approach with residents and their families at the heart. Improving systems for communication between all care providers and RACFs, as well as supporting GP services as part of a connected community of care led to consideration of a three-arm systems approach involving RACFs, primary care and nurse practitioners.

The HHS, supported by NQPHN, has since been successful in securing funding under the Connecting Community Pathways initiative to implement a nurse practitioner in-reach service to local RACFs. This service will work with current and future GPs to offer a broader range of nurse practitioner services within local RACFs and link with the existing emergency department substitution service provided by the Townsville University Hospital Frailty Intervention Team.

Ultimately, we seek to support timely and appropriate high-quality care for residents in their home environment, improved quality of life and avoiding unnecessary stressful visits to hospital emergency departments.

STRENGTHENING HEALTH ASSESSMENTS PROJECT

IMPROVING ACCESS TO PRIMARY HEALTH CARE FOR CHILDREN AND YOUNG PEOPLE IN OUT-OF-HOME CARE AND IMPLEMENTING THE STATEWIDE INITIATIVE TO MAKE A DIFFERENCE IN WEST MORETON.

Dr Tanusha Ramaloo, GPLO
West Moreton Hospital and Health Service

Across Queensland, there are over 12,000 children currently under a Child Protection Order and the current health trajectory for children and young people in care is not positive. Children's Health Queensland (CHQ) report that many children and young people in out-of-home care (OOHC) have undiagnosed disabilities and/or mental health concerns, and are at higher risk of exposure to trauma, neglect, and abuse in their young lives, and have poorer physical, mental and developmental health than their peers. Many of these children are also less likely to regularly access a general practitioner (GP).

The Queensland-wide 'Strengthening health assessment project (SHAP) pathways for children and young people in care' is a joint initiative between the Department of Child Safety, Youth and Women (DCSYW), Queensland Health and primary health networks (PHNs) aimed at improving both the child safety and health sector responses to the health needs of children and young people in care Queensland wide.

This key system reform is funded by DCSYW and delivered by Queensland PHNs and Child Safety Service Centres at a local level. This is in direct response to the findings of the Queensland Child Protection Commission Inquiry which recommended every child in care is given a Comprehensive Health and Developmental Assessment within 3 months of placement (Recommendation 7.7).

General practice is well placed to identify, assess and develop a health plan for early intervention. The Statewide Children and Young People in Care HealthPathway highlights the red flags, and the nuances and specific considerations for a GP to provide comprehensive care and treatment for children and young people in OOHC.

The HealthPathway:

- includes trauma-informed care
- enables continuity of care through sharing health information with child safety
- manages consent, confidentiality and considerations for billing.

In recognition of these specific considerations, a proposal has been submitted to the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) syllabus review committees to propose that trauma-informed care be included into the curriculum for this vulnerable group.

With a focus on collaboration, capacity building and systems coordination, this approach is improving the way the child safety and health sectors integrate to improve access, timeliness and quality of health assessments for children in care. A Community of Practice is the vehicle through which these improvements are being supported and spread.

GPs and CHQ have worked together to develop standardised health assessment templates that are able to be uploaded into GP practice software. This will enable all GPs to provide consistent and comprehensive health assessments that will identify health risks and enable early intervention for children and young people in OOHC: **Out-of-Home Care | Children's Health Queensland.**

Locally the Darling Downs West Moreton PHN worked with GPLOs to support general practices to upload the templates. GP Smart Referrals now has a tick box for Children in OOHC for use when referring for specialist services. A fact sheet was developed and distributed to practices that summarises the whole of general practice approach and the role of the GP, receptionist, practice manager and practice nurse in completing the health assessment and a summary webpage was developed: **Strengthening Health Assessments Project (SHAP) - Darling Downs and West Moreton PHN (ddwmphn.com.au).**

Recently, a child undertaking the health assessment process in our region had an anaphylaxis identified and an EpiPen was prescribed. This made a huge difference for this child and changed the health trajectory for their future.

It is hoped that other areas in Queensland take up these resources to enable GPs make every contact count for children and young people in OOHC.

Dr Tansuha Ramaloo GPLO,
West Moreton HHS

WEST MORETON

phn WESTERN QUEENSLAND
An Australian Government Initiative

Central West Health

South West Hospital and Health Service
Building better health in the bush

North West Hospital and Health Service

WESTERN QUEENSLAND HEALTHPATHWAYS GOES LIVE

Robin Warren, Implementation Manager
HealthPathways, Western Queensland PHN

Western Queensland (WQ) HealthPathways went live in March 2020. WQ HealthPathways has demonstrated that the development of a HealthPathways online resource is possible for a remote area with limited specialist workforce and diverse models of care.

It is unique in that it provides local advice on patient management across three rural and remote Hospital and Health Services (North West, Central West and South West). The implementation team sits within WQ Primary Health Network and a steering group consisting of the four collaborating organisations meets frequently to guide implementation.

Medical workforce is a significant challenge due to WQ's remote location. WQ HealthPathways is a vital resource for the medical workforce, assisting locum or transitory health professionals with the knowledge required to provide access to care. The benefits include that WQ HealthPathways has become a:

- driver for collaborative conversations between hospital and primary care clinicians in the absence of dedicated liaison officer positions.
- communication mechanism for publication of new initiatives and services across health systems for all health professionals.
- point of contact for collaborative improvement initiatives including GP Smart Referrals introduction and Connecting your Care improvement projects.
- valued source of truth for visiting health professionals in the WQ corridor and for up-to-date information during the COVID-19 pandemic.

One major challenge the HealthPathways team faced during development was ensuring the complexity of the rural patient journey was captured. Accessing health care in the western half of Queensland, where there are few specialists, was reflected in the localised HealthPathways for each clinical condition. The HealthPathways reflect the complex patient journeys that include visiting specialists, alternative models of care, e-consult, telehealth and accessing face-to-face care at different locations, including Cairns, Brisbane and Toowoomba, depending on which service has agreed to service the WQ corridor.

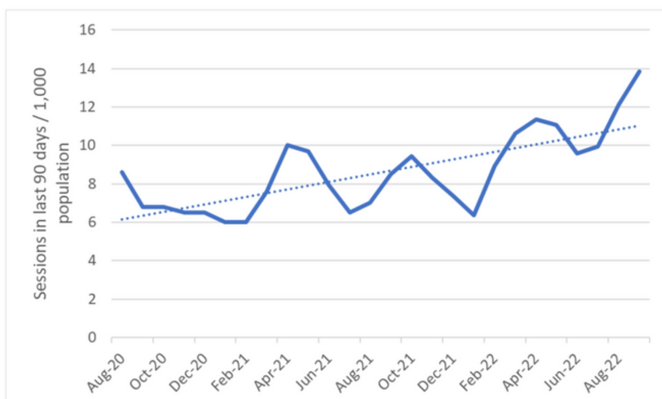
To manage the complexity, the HealthPathways team and GP Clinical Editors collaborate on every clinical or referral pathway published, ensuring the information reflects all western communities. The GP Clinical Editors are local community champions, ensuring the HealthPathways are current and reflect the complex patient journey, enabling outstanding health care for the people of Western Queensland communities.

HIGHLIGHTS

- Continued upward trend of user engagement
- Over 200 pathways published
- Sharing of pathways from other Queensland HealthPathways implementations at WQ referral sites
- Engagement of GP Clinical Editors with diverse geographical and clinical experience from across all areas of WQ

In exciting future developments, the HealthPathways team will consolidate implementation by establishing a First Nations working group, ensuring culturally safe care, advocacy for liaison positions, and increased promotion and education to practitioners. The QGPL Network acknowledges the HealthPathways clinical editors and Queensland HealthPathways Coordinators Network in their contribution to achieving the outcomes in this story.

USE OF WQ HEALTHPATHWAYS



L-R: Dr Tiffany Cover, Dr Erica West, Dr Karen Benn, Dr Anthony Vogelpoel.
WQ HealthPathways Clinical Editors
Image supplied by the Townsville Hospital and Health Service.

PHN Central Queensland, Wide Bay, Sunshine Coast — An Australian Government Initiative

Wide Bay Hospital and Health Service

WIDE BAY

ROLLING OUT GP SMART REFERRALS IN WIDE BAY

Dr Fionna Hadden, GPLO, Central Queensland, Wide Bay, Sunshine Coast PHN
Simone Grodeland, Specialist Outpatients Elective Services Coordinator, Wide Bay Hospital & Health Service
Randal Ing, Project Officer Digital Health and Clinton Bazley, Coordinator Digital Health, Central Queensland, Wide Bay, Sunshine Coast PHN

Dr Fionna Hadden works as a General Practice Liaison Officer (GPLO) with Central Queensland, Wide Bay Sunshine Coast PHN (the PHN) and is based in Bundaberg. The major focus of Dr Hadden's GPLO role this year has been to support the rollout of GP Smart Referrals (GPSR) in the Wide Bay Hospital and Health Service (WBHHS).

The Smart Referrals program has now been made available across all of Queensland. Smart Referrals is a referral management system that supports the streamlined creation and management of referrals to specialist outpatients from general practice.
In December 2021 planning commenced for the implementation and roll out of GPSR, which was scheduled to launch at the end of February 2022.

The GPLO support of the implementation has been crucial in providing clinician-to-clinician engagement for general practitioners about the features and benefits of GPSR. During GPLO general practice visits, GPSR has been at the top of the list of topics discussed, with implementation updates, demonstration of GP Smart Referrals and assistance with implementation provided.
Initial weekly meetings were held between the PHN and the WBHHS to allow time for discussing and planning the implementation of GPSR rollout across Wide Bay.

When implementation commenced, progress updates continued between the WBHHS project lead Simone Grodeland and Dr Hadden, with shared understanding enabling Fionna to answer questions from GPs, not just about how GPSR is used in the practice, but also questions about processes on the hospital side that impact on referrals.

Although the roll-out of Smart Referrals in Wide Bay was impacted by COVID-19 and related staffing issues there has been good uptake by general practice as of October 2022 with:

- 73 practices with compatible software (Best Practice & Medical Director)
- 31 general practices registered for GPSR
- More than 1000 referrals submitted to Smart Referrals (from GPSR)
- More than 200 submitted for the month from GPSR

For further information or to register your practice contact the Wide Bay project team on **smartreferrals@ourphn.org.au**

Dr Fionna Hadden, GPLO,
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CONTACT US

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QGPL

Queensland General Practice Liaison Network