

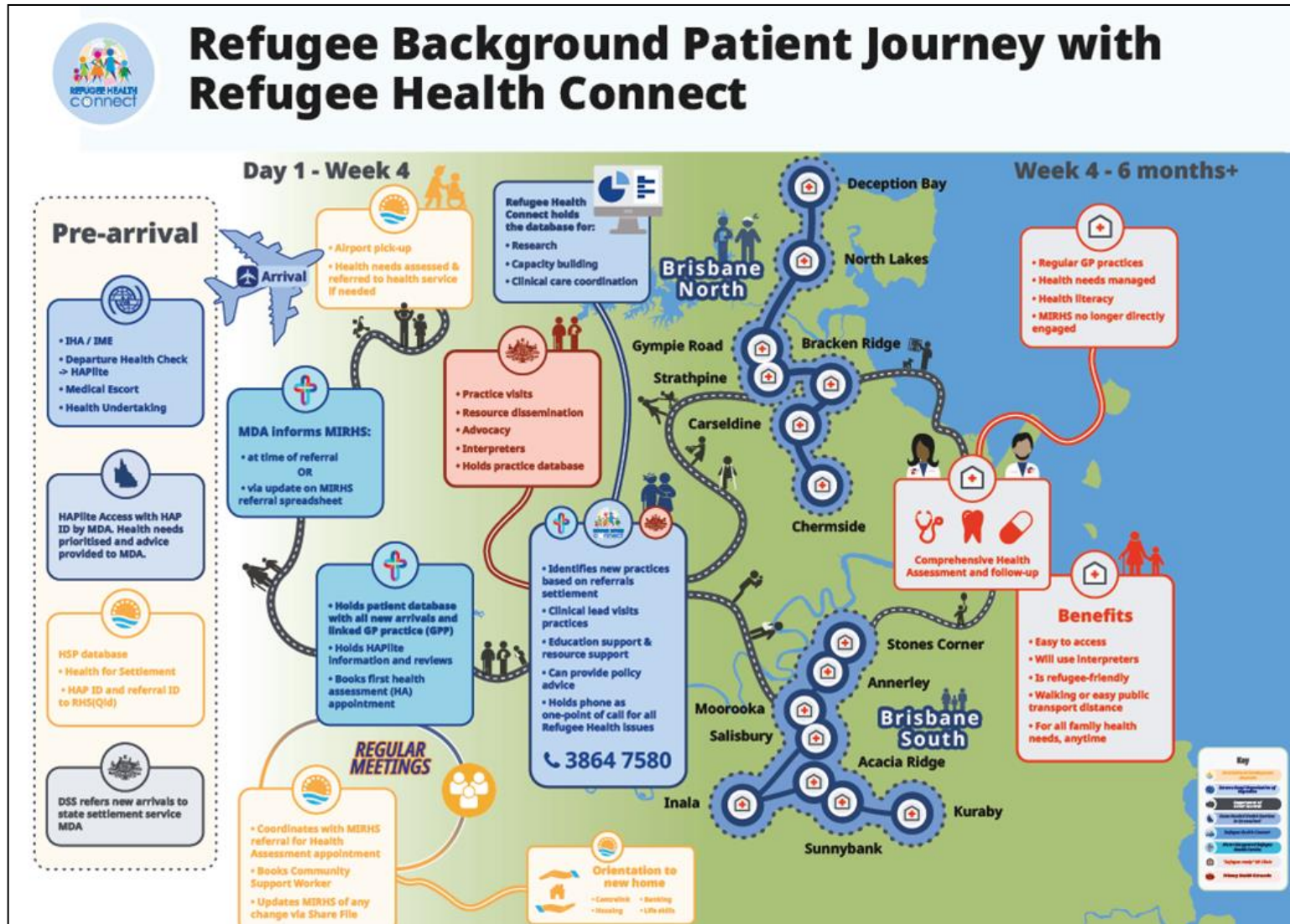
The best for everyone

An innovative approach to improving quality and equity in primary care for newly arrived refugees.

Integrated model of care



Refugee Background Patient Journey with Refugee Health Connect



Refugee health assessment

Medicare item number 701, 703, 705, 707

The health assessment must include the assessment of the patient's **physical, psychological** and **social** functioning and whether **preventive health care and education** should be offered to the patient to improve their health. **Psychological** history should take into account possible long term effects of torture and other forms of trauma.

Development of a **management plan** to address any issues and/or conditions, including arranging for any necessary interventions or referrals to other health care providers.



What was the problem?

-Nurses managing a large caseload of patients across several different practices

-5 practices have a refugee health nurse co-located with them every week

-10 practices have refugee health nurses attend on an as-needed basis

-Part-time workforce working across multiple locations

-Patient medical records held by the GP practice **not** refugee health service

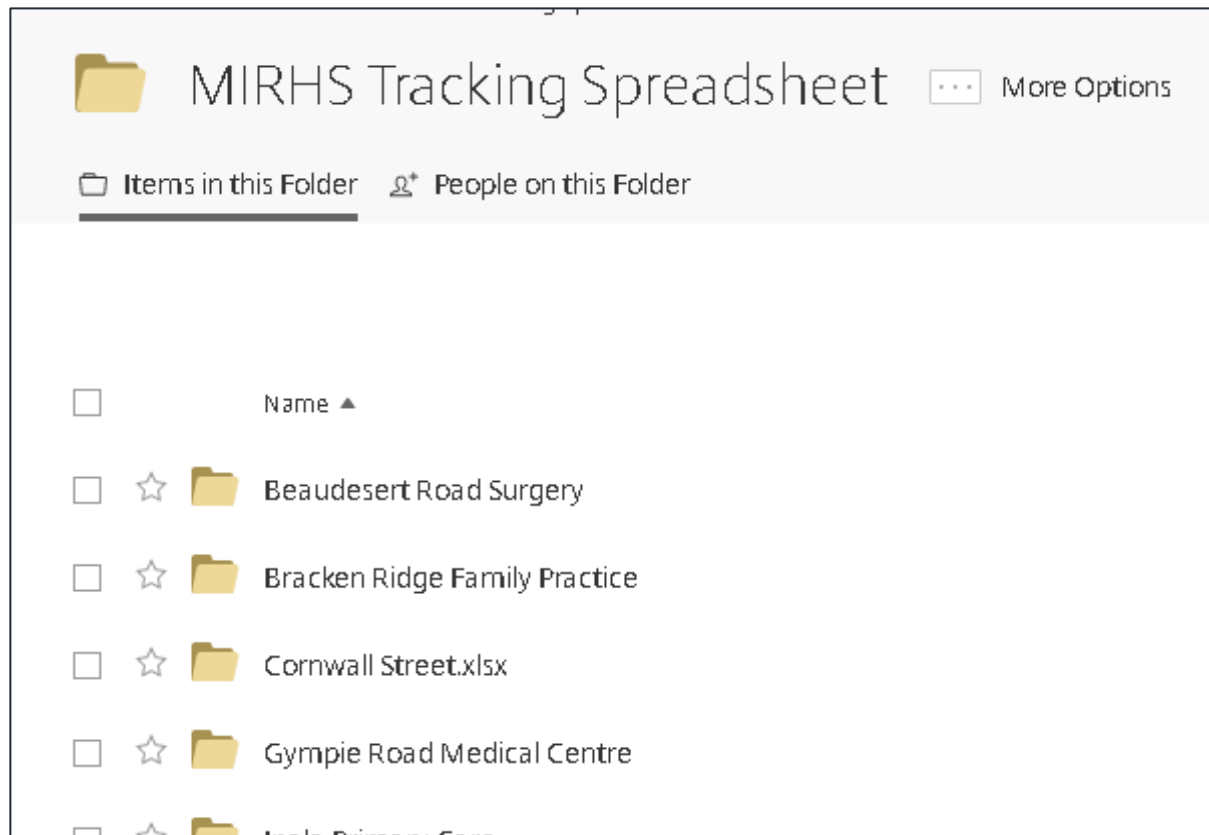


Risk to standards of care

Patients referred to a practice with only intermittent MIRHS nurse support might receive a lesser standard of care than those referred to a practice with regular MIRHS support.

Solution must address issues and legislation pertaining to privacy, confidentiality and data storage/ sharing.

What solution was implemented?



Process solution generated by Refugee health nurses:

- identified key standards that all patients should meet
- developed a spreadsheet to track patient progress against these benchmarks

IT solution

- Secure cloud-based sharing platform (Sharefile)

Key standards

All patients referred to our service should be offered the following:

- Comprehensive refugee health assessment
- Complete course of catch up vaccines
- Referral to oral health service
- Referral for TB screen
- Gender-based health check

Additional cares

- Child health referral
- Optometry referral
- Mental health referral
- Audiology referral
- Assistance with Centrelink applications (e.g. DSP)
- Assistance with NDIS application

Evaluating the intervention

Audit question:

Does the tracking process facilitate an efficient and equitable service for all patients?

Compare 12 months' data between:

1 practice where a nurse co-locates every week

3 practices where nurses co-locate on an as-needed basis

Number of patients:

121 out of approx 850 arrivals = 14.2% of all new arrivals

62 regular nurse : 59 as-needed

Platinum = 62

Star Medical = 33

Kuraby = 18

Beaudesert Road Surgery = 9

Evaluating the intervention

Practice with regular nurse present

Practice	CHA	Completed immunisations	Oral health	TB screen	Gender health check
Platinum Medical Centre	100%	93.5%	100%	100%	25%

- Average time to completion of management plan = 165.8 days
- Need to include RANGE
- Consider changing to median/ mode

Evaluating the intervention

Practices with intermittent nursing support

Practice	CHA	Completed immunisations	Oral health	TB screen	Gender health check
Star Medical Centre	100%	83.9%	93.3%	77.4%	50%
Kuraby Station	100%	100%	100%	100%	83.3%
Beaudesert Road	100%	77.8%	100%	100%	0%

Average time to completion of management plan:

Star Medical Centre = 194.1 days

Kuraby Station = 176.5 days

Beaudesert Road Surgery = 99.7%*

Average across all 3 practices =

*BRS had 2x lost to follow up

Need to include RANGE

Consider changing to median/ mode

Evaluating the intervention

Limitations

Limitations of audit

- Spreadsheets not used in all intermittent practices so difficult to produce good data set
- Mean time to completion in 2/3 intermittent practices lower than that at regular practice because cohort of children arrived there with almost complete immunisation
- Brought down overall average – also doesn't include transfers out/ lost to follow up which obviously impacts in real terms

Limitations of intervention

- Data you have is only as good as the data you input!
- Not all practices have Excel
- Review shows that regular RHN presence is

Evaluating the intervention

Benefits

- Allows multiple RHNs working across multiple sites to ensure everyone gets coordinated, equitable service
- Provides simple, secure handover method
- Secure – complies with hospital data management policies
- Spreadsheet design enables nurses to capture work hours
- Enables RHNs in practices with infrequent presence to check progress of patients and initiate recalls in the practice as needed

Where to from here?

Continue to use Sharefile and tracking spreadsheet

Continue to review any new guidelines and revise our minimum standards in line with any new advice

Continue to use tracking spreadsheets to monitor performance of our service

Consider giving practice nurses access to tracking spreadsheets in practices with infrequent RHN presence

Lessons that could be applied elsewhere

Agree minimum standards based on best practice for complex patients with an expected journey

Sharefile is a stable, secure platform that can be used to transfer data and documents across multiple sites

Thank you