

Quick Access Response Team (QuART): Essentials for establishing a transdisciplinary allied health team.

Zoe Gulliver, Team Leader, QuART and
Tara Brady, A/Allied Health Performance and Strategy Lead
for
Sue Fitzpatrick, Executive Director Allied Health and Disability Lead, and
Kate Andersen, Occupational Therapy Head of Discipline



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Abstract

- Risk of hospital acquired complications in older patients has driven efforts to avoid unnecessary hospital admissions for this cohort (Pritchard et al. 2020).
- Emergency Department attendances are often characterised by non-emergency presentations, for example following a fall, breakdown in social care, or functional difficulties such as a decrease in mobility (James 2011).
- In April-June 2019, patients aged over 75 accounted for 16% of ISLHD hospital admissions, an increase of over 6% on the previous year.

QuART provides coordinated, at-home, allied health support and intervention so patients can avoid hospital admissions and/or be discharged as early as possible.

- QuART was piloted in August 2020-March 2021 is now a well-established and utilised permanent service. This presentation will identify, reflect on and share the essentials aspects required for success.



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Quick Access Response Team (QuART) Model

Hospital avoidance/
Early discharge

Interdisciplinary
skill building



Team:
PT, OT, SP, Diet,
EP*, SW*
~4.8 (5.6*) FTE

Intensive
2 week service

Case management,
link into other
services/social
supports

Flexible service delivery
including home visits,
telehealth

2 Hospital Sites
- Wollongong
- Shoalhaven

Accept all ages,
medically cleared in ED,
waiting for allied health.



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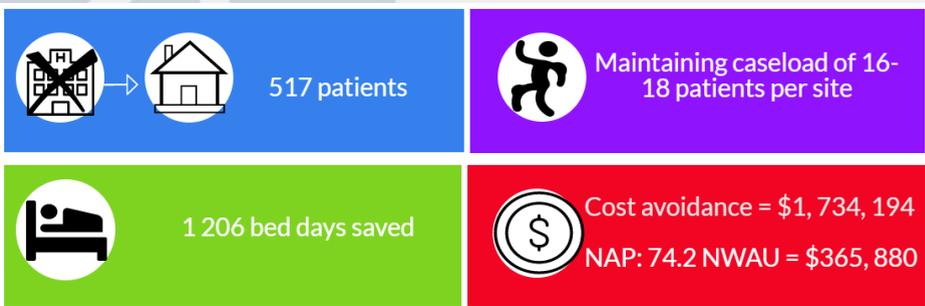
Outcomes

Patient/Service:

Pilot (Aug 2020-Mar 2021)

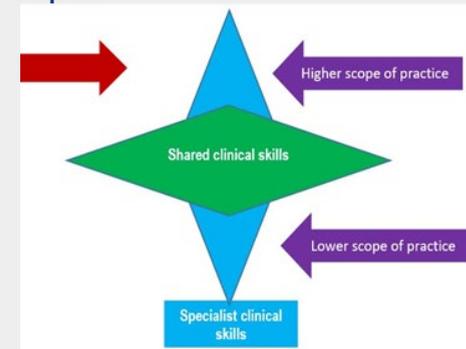


Permanent service (Jul 2021-Jun 2022).



Transdisciplinary model:

- Core competencies and training for each discipline to upskill all team members.
- Team members practice at higher end of their scope.



- Embedding into local health district as a referral option for hospitals and community health services. Significant and ongoing work!



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Addressing Health Inequities

Geographical: Anyone living within LHD boundaries eligible for service.

Link vulnerable patients to ongoing services and social supports.

Variable service delivery (frequency, modality incl home visits and telehealth) determined by patient need.

Initially, focussed on aged population (over 65 years), now expanded criteria to all ages.



Implementation / Translation to Practice

The QuART model is transferable and scalable.

Currently looking to establish a new site within the local health district.

Continued evolution with ongoing demand.

- Revising team composition, locations, and weekend services.

Recently expanded referral criteria -> has increased workload.

- Now QuART is known, the team has been called on to support recent district initiatives e.g. access and flow, winter strategy.

Planned and consistent data capture.

- Patient/activity/service data has been really important in demonstrating impact. Need: Activity data collection strategies encompassing interdisciplinary activities.



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References

James K (2017) Occupational Therapists in emergency departments, *Emergency Medical Journal*, 33, 6.

Pritchard C, Ness A, Symonds N, Siarkowski M, Broadfoot M, McBrien K, Lang E, Leduc J and Ronksley P (2020) Effectiveness of hospital avoidance interventions among elderly patients: A systematic review, *CJEM*, 22(4).



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