

WINTER STRATEGY 2017

SUMMARY REPORT: A Joint Primary Care and Hospital Sector Program For Heightened Care for High-risk Patients Through the 2017 Influenza Season in Northern NSW

Authors:

- Dan Ewald, Lead Clinical Adviser, NCPHN
- Bernadette Carter, Program Manager – After Hours, NCPHN
- Ben Ewald, Senior Lecturer in Epidemiology, General Practitioner, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle
- Monika Wheeler, A/ Director – Integration (NNSW), NCPHN
- Sharyn White, A/Chief Executive, NCPHN
- Catriona Wilson, Manager Integrated Care NNSWLHD
- Vicki Rose, Director of Integrated Care and Allied Health Services, NNSWLHD



In February 2017 a joint project between the Northern New South Wales Local Health District (the LHD) and North Coast Primary Health Network (the PHN) was conceived to develop a more integrated strategy to better respond to increased risk to patients and healthcare demands over the winter influenza season. Aims and strategies of the Winter Strategy 2017 (WS17) were developed through a co-design process with managers, clinicians and patients.

Methods for Implementation and Evaluation

Self-selected practices were provided with funds for up to 6.15 hrs of practice nursing time per enrolled patient for additional nurse-led proactive care for their frail/vulnerable patients for the 17 week program covering the influenza season in 2017.

Mixed methods were used to evaluate the patient and clinician experience of the program. Program costs and hospital utilisation are also reported. With no appropriate control group, the evaluation did not attempt to measure the impact on hospital admission rates.

Results

There was strong interest in the program from primary care teams with high completion rates for general practice (24 of 30) and 664 of 709 enrolled patients (91%), including 18 who died. The average age was 73 years. General practice teams were able to identify high risk patients based on their clinical knowledge rather than health service utilisation data.

Through the 17 week program 30% were admitted, with a total of 308 admissions (10 for influenza) to hospital, indicating clinicians can select a high risk cohort.

Paired pre-post PROMIS-10 scores were completed by 19% of the cohort showing no significant change in scores.

A locally developed pre-post patient experience survey was completed by 20.7% (paired data) and showed a net pattern of slightly improved scores, with most

patients remaining the same. It showed very high patient engagement and satisfaction at the start of the program, which probably reflects the patient selection process favouring patients already well engaged with their general practice. The strongest improvement result was for improved access to a patient's primary care clinicians.

Clinicians reported improved patient care and improved professional satisfaction via a pre-post clinician experience survey. Almost all clinicians said they would recommend the program again for their practice.

The full report also describes the key elements of the WS17 program delivered by the LHD aimed at improved integration of patient care.

Discussion

This project demonstrated the feasibility and acceptability of this type of initiative in the general practice setting in Australia, and its ability to foster improved collaboration between private and public sector health providers.

This has added to the culture of readiness for further programs to improve the integration of the health system.

There was widespread support for a further iteration of a Winter Strategy program in future years and interest from other LHDs and PHNs to replicate or adapt the approach.

The Winter 2017 program paved the way and generated many improvement ideas that were incorporated into the 2018 program. Meaningfully measuring the impact on admissions of future Winter Strategies will be an ongoing area of learning.

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Full report available at:
www.ncphn.org.au/winter-strategy

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