NSW HEALTH
Clinical Services Redesign Program

Avoidable Admission Model of Care: *Community Acquired Pneumonia (CAP)*

***There were approximately 5,890 people (2005/06) with low complexity community acquired pneumonia** (ANDRG E62C) treated as in-patients in NSW. Opportunities exist for a substantial number of these patients to be cared for in non admitted settings.*

Benefits

Evidence of Benefits for Patients in comparison to in-hospital care includes:

- Greater patient satisfaction
- Improved and similar health outcomes
- Reduced time spent in acute hospitals for patients
- Reduced spread of nosocomial infections
- Minimised risk of hospital acquired infections
- Improved resource utilisation

Examples from community acquired pneumonia guidelines:

1. **Clinical assessment of severity of illness and suitability of patient for out-patient management, may include:**
   - Use of the Pneumonia Severity Index Score (PSI) or CURB- 65 assessment
2. **Baseline observations including:**
   - Chest X-ray, sputum examination (if good quality specimen), Blood cultures, FBC, LFTs, U&Es, Pulse Oximetry,ABG's, Pulmonary function tests
3. **Antibiotic Regimes as indicated and agreed with appropriate on call physicians**
4. **Symptom Management and life Style Change Support**
   - Education, smoking cessation support, immunisation

Clinical Practice Guidelines/Protocols, Care plans and Operational Polices

Characteristics of Avoidable Admissions Models

PATIENT JOURNEY

Referral

Patient referrals can be made to the service 24/7 from multiple referral points e.g:

- Physician specialist
- Emergency Department
- General Practitioners (GP)
- Residential and Aged Care Facilities
- Outpatient and private consultation clinics
- Aboriginal Medical Services
- Community based health professionals

Patients will be followed up by the service on the same day

Admission

Suitability for admission is assessed against specified service admission/ exclusion criteria:

- Assessment of the patient is undertaken by the service's designated medical officers, e.g. Medical Registrar, ED Medical Officer, GP or designated Registered Nurse.
- Inclusion and exclusion criteria developed and agreed for each hospital avoidable admission patient group
- Patient consent obtained

Care Delivery

Clinical Practice Guidelines/Protocols, Care plans and Operational Polices are in place:

- Developed in consultation with patients, carers, clinicians and management teams
- Based on best practice evidence
- Care activated rapidly following patient admission to the service
- Emergency care/Procedures available 24/7
- Medical Director oversees the service and the medical management of the patients
- Comprehensive regular patient review by medical and nursing teams
- Clinical indicators and quality measures in line with governance structures
- Care coordinated to deliver multidisciplinary care as required

Transfer of Care

Robust discharge planning processes in place:

- Medical and nursing review of patient prior to discharge/transfer of care to other health services
- Establish access and links to other health services to support patient care e.g: : allied health, GPs, ComPacks services, SAFTE programs

- CAPAC Model on ARCHI
  NSW Health recommended Avoidance Model
- eTG Therapeutic Guidelines:
  www.CIAP.health.nsw.gov.au
- Pneumonia Severity Index (PSI) or CURB-65 assessment
- Clinical evidence summary for the management of low risk community acquired pneumonia

There are functioning models in a number of AHS/Facilities including:

- South Western Sydney AHS
- Northern Sydney and Central Coast AHS