

## Rural Transfer Project

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Our health service consists of a major tertiary referral centre, with six smaller (rural) facilities, which are between 90 and 500km from the major facility. The major centre was having difficulty with to facilitating patient flow and hence the NEAT, while the rural facilities had continuing low occupancy. Monthly average occupancy across all facilities for 2013, ranged from 50%-63%, with an average of 56%. The individual facilities occupancy ranged from 39%-79% in 2013.

A trial period of 8 weeks initially set up and a 0.8 FTE Rural Transfer Coordinator, an experienced Clinical Nurse from one these facilities, was appointed. The aim was to realign occupancy mismatch and improve communication, ease of transfer and clinical handover, while maintaining a patient-centred care focus.

After 6 months working from a rural facility, the role was relocated to the tertiary referral centre, where more comprehensive information could be gathered to maintain the communication continuum. This was also assisted with early identification and planning for transfers. Working from the tertiary facility also increase visibility of the role to wards and departments.

In the 10 months since the implementation of the project all facilities saw an increase in occupancy, an average occupancy increase across all facilities was 14.3%. One facilities occupancy increased by 40%. There was an 8.6% increase in the numbers of transfers from the tertiary facility from 2013 to 2014, and a 66.6% increase since 2012.

The benefits of this project included allowing patients to continue their care episode closer to home. The rural sites were able to increase the scope of their clinical skills to include skills such as skeletal and skin traction, vacuum assisted closure and continuous ambulatory peritoneal dialysis. Some long term patients, who agreed to transfer, were relocated to other facilities to continue their care.

The outcome of this project was the position was made to full time Rural Patient Flow Coordinator, who widened the scope to include all aspects of patient flow, including preadmission, discharge and outpatient process' and telehealth. The position is one that could sit within either a Service Group or Patient Flow Support Unit, however close liaison with Patient Flow and a thorough knowledge and understanding of rural facilities is vital.