

Service provider perspectives for optimising system interfaces within the geriatric evaluation and management (GEM) model of care

Desley Harvey¹, Michele Foster², Rachel Quigley³, Edward Strivens³

1 Cairns and Hinterland Hospital and Health Service, PO Box 902 Cairns, Qld, 4870, Desley.harvey@health.qld.gov.au

2 School of Nursing, Midwifery and Social Work, Level 3 Chamberlain Building, University of Queensland, St Lucia, Qld, 4072

3 College of Medicine and Dentistry, James Cook University, Cairns Hospital, The Esplanade, Cairns, Qld, 4870

Background

The GEM model of care is designed to address the medical, psychosocial and rehabilitation needs of older people with complex care needs who are admitted to hospital. Allied health professionals have a central role in the GEM service including comprehensive assessment, management and discharge coordination. The GEM model of care has been shown to be more effective than usual care. However, due to system fragmentation, it is unlikely to have an impact on quality of care and avoidable hospital admissions unless service interface issues are understood and addressed.

Methods

Care transitions of community dwelling older clients of a GEM service were explored through patient case studies and three focus groups with a purposive sample of 23 service providers from government and community sectors. Results of service provider focus groups conducted to capture a system-level view on the care transitions of older people are presented. Focus group discussions were analysed using qualitative thematic analysis techniques.

Results

Four main themes were derived from the analysis. First, care transitions were indeterminate and dynamic in the sense that care pathways were unspecified, unpredictable and constantly evolving. Second, weakly connected care providers focused on referral to the next transfer destination rather than the patient's coordinated journey through the system. Third, GPs, the emergency department (ED) and sub-acute care are pivotal touch points for achieving smooth and effective care transitions. Finally, discretionary and emergent practices developed to expedite transitions or make up for system failures.

Discussion

The ED, GEM services and GPs are critical touch points for early intervention and prevention, positioning patients for successful subsequent transitions and improved care experiences. Due to their multidimensional focus, flexibility and service networks, allied health professionals are well placed to take a lead role as system navigators to pro-actively manage care transitions across the spectrum of care.