GP Link Lunches| COPILOT program

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

COPILOT is a community based integrated service that responds urgently to the medical and physical deterioration of older people in the community including those in residential aged care facilities, in assisted living units and those living in their own home with the aim to reduce hospital admissions and ED presentations for eligible people. The program's name, COPILOT is an acronym for Community Older Persons Intervention and Liaison Outreach Team. I recently spoke to two members of the COPILOT team, Vicki Blight and Belinda Boylson, about the benefits of the service and the care provided.

Ken McCroary: Hi Vicki and Belinda, great to see you guys today. We are talking about COPILOT. Would one, or both of you, mind expanding on what the term COPILOT means to you.

Vicki Blight: I am the director of nursing for primary community health and the COPILOT program fits under my rein among other programs around community health nursing which you would already be aware of. This is a newer program, but I'll hand over to Belinda to give you a bit more info.

Belinda Boylson: I'm the COPILOT team leader. COPILOT is a big mouthful but it's an acronym for our Community Older Person's Intervention and Liaison Outreach Team. What that means is we are an urgent care service which provides care to clients residing in the community, whether in their own homes or residential care facilities. Primarily our goal is hospital avoidance, so what we're trying to do is treat those patients who can be safely managed within the community, rather than presenting to ED. It's an urgent care service. We cover people in their own homes, but we do have teams that work across our nursing homes as well and basically anything that could be treated safely in the community. That can include things like prescribing IV antibiotics if needed for basic sepsis or anything that requires a time urgent intervention. If we suspect they're having a stroke or a cardiac event then we would suggest they need to go to ED for urgent review and intervention. But anything else which could be safely managed we can intervene in that space to help avoid admission.

We keep these people in the community and they get attention and their needs catered for in their place of residence or the care facility. We've got our nursing home team members with geriatrician support who can do a comprehensive assessment and work out their care needs. If intervention is required they can go into ED but, for the most part, we're trying to avoid that. The community arm of it has a triage as well as the nursing and geriatrician support. Monday to Friday we've got an allied health team which can provide support, and we are a district wide service from the community side of things. We cover everything from Bowral all the way up to Bankstown.

Ken McCroary: Just to clarify, the health team, what does that look like?

Belinda and Vicki: We've got physiotherapy, an occupational therapist, a social worker, a part-time dietitian and an assistant that works within the service. If the GP has someone they're concerned about, or they are at risk of hospitalisation in the next 24 to 48 hours, you can ring through to our Triple I colleagues and say I'm concerned about Mrs Smith, she's at risk of falls, there might be some delirium involved and she's got her husband there but it's concerning. The nurse would triage this as urgent and then we can get the nurse and the allied health people out there that day to see what we can do to support that client. The idea is we want to keep them in their own home; we want to stop them from presenting to ED. It is to wrap some services around that client and give them some equipment or some assessments to stop that admission to ED.

Ken McCroary: Excellent. This program is designed for individuals over 65 and indigenous people over 50 either at home or in a nursing home. What sort of patients would you expect us to be ringing you about?

Belinda and Vicki: If the NSW ambulance service is called out then we can urgently get a clinician out there who can assess the need. We do have a supply of equipment we can get in place quickly until more longer-term arrangements can be made. It might require an OT doing a functional assessment, for example, checking how safe they are manoeuvring in the bathroom. In terms of social work we can assist carers to navigate care pathways and some of them have had their ACAT assessments done in the community for a home care package. We can support them with knowing who to contact to get the care they might need when that is unable to be managed safely in the community any longer. We can help them to transition to more supportive care if that's appropriate.

Ken McCroary: Once we do involve the team at COPILOT, what happens in terms of feedback liaison, clinical governance, etc?

Belinda and Vicki: We will reach out to the referring clinician to let them know we have accepted that referral. We do the comprehensive assessment, get the team involved and, as part of the discharge process, we do complete a discharge summary throughout the EMR system. That should then send through to the GP populated on that system.

Ken McCroary: How do we arrange your involvement? Do we send messages, email, call?

Belinda and Vicki: You can send a referral through the community nursing pathway. There is information on our brochure around how to contact us. There is an 1800 intake number on our brochure but otherwise there is an intake form which can be completed and sent through. What we do ask is if you think the patient needs intervention same day or within a few hours then you call through to the triple I hub on that 1800 number and they can connect you with a clinician straight away to do a clinical handover. We can give you an idea of whether it's appropriate and how urgent.

Ken McCroary: I have a patient with pneumonia who looks like they're not going to improve with oral antibiotics. We need to cover atypicals with antibiotics intravenously. I would connect with the 1800 number or get a form from the website or the health pathway site and then we would fax or email that. Then those patients would be assessed by you guys and avoid hospitalisation, then they can be treated in their home or their NH facility.

Belinda and Vicki: Around that, the best option is to call the 1800 number (1800 455 511) so they can link you through with the clinic and we can get onto that ASAP, just so there's no delays processing. We operate 8am to 8pm seven days a week

Ken McCroary: That's really good. Unfortunately I do get called-in quite frequently with out of hours nursing home etc. In office hours, that's going to be a great service. We can get them assessed by the

geriatric team and then we can continue to keep them out of hospital, which is a great advantage. Anything I've missed in discussing COPILOT that you wanted to add today?

Belinda and Vicki: In terms of the last quarter April to June, we took 1423 referrals and we did 5098 occasions of service. So, you can see that the volume is quite high. That's for all the reviews in RAC and at home. If we look at the age group of the people who were referred to COPILOT, it peaks with top age being 85 but there's a cluster that's quite large in terms of numbers of referrals from 75 until about 91. We know there are still people for a variety of reasons that end up in ED, but we get a lot of referrals about stopping presentations which is important. NSW Ambulance is also really a high referral, and we have pathways with them so they can refer to us rather than bringing the people into ED, so that's a positive.

When we were talking before about the types of people and the types of referrals, well falls is the highest, but functional decline and mobility is quite high and just needing extra services and supports. High confusion and cognition, pain management, carer stress, nutritional concerns, difficulty managing meals: they're the types of reasons for referrals. We want to stop people from having to go to ED. Our average length of stay is about 17 days because what we really try to do is then look at who can we transfer this care to if they need ongoing care. We always loop in the GP when we discharge people, but we might do one with referrals to our quick team coordination, care, navigation team or potentially to our community health nursing team if we feel they need a bit more intervention.

Ken McCroary: You don't get many GP referrals at the moment. We need to make sure we are promoting the pathway and trying to get the GP practice on board. A proportion are referrals with more social, logistical, living independently sort of issues which aren't hospitals anyway.

Belinda and Vicki: Yes, so that must be improved. And if you're seeing us and not presenting to ED and not already having an ambulance at the house those services can used more effectively in other ways.

Ken McCroary: Hopefully we can spread the word about COPILOT among our GP colleagues in the entire South Western Sydney region, which would cover everyone and hopefully start getting some referrals happening and avoiding many more unnecessary hospital admissions.

Belinda and Vicki: We monitor ambulances as well. If it's got to a point where an ambulance has been called but we could see it might be a suitable ED avoidance we will try and cherry pick patients that way as well. But obviously it would be good to take them before the calls have been made. So having the GPs on the referral pathway more consistently would be great. Instead of just when we think about calling ED for an admission, we could try COPILOT first. Ambulance always converses with us because we can have that clinical handover established whether it is something we feel we can safely manage in the community or not. And if not, it could an ambulance pathway if it's appropriate. Otherwise hopefully we can be involved and try to avoid that pathway.

Ken McCroary: Thanks so much for your time and I look forward to seeing you complaining about getting too many GP referrals, and the whole COPILOT program is stretched to the limits keeping people out of hospital and keeping our community safe and healthy. Thanks for what you're doing. It was great talking to you.

More information on COPILOT: SWSLHD - Primary & Community Health

Remember if you're not a member of GP Link already or you would like to learn more log onto our website at https://sswgp.link/.