



# Integrated acute and community services increases capacity in a rural base hospital



Lynn Hopkinson, North Coast Area Health Service, NSW  
[lynn.hopkinson@ncahs.health.nsw.gov.au](mailto:lynn.hopkinson@ncahs.health.nsw.gov.au)

The Port Macquarie Base Hospital Executive established the Express Community Care Centre (ECCC) in response to the increasing demands on local public health services. NSW Health also required a reduction in the number of patients admitted in specified avoidable admission Diagnostic Related Groups.

The ECCC was designed to create capacity in the Emergency Department (ED) and to minimise or avoid the need for hospitalisation by providing care in an alternate setting. The ECCC comprises three care streams; fast track, community acute post acute care and day procedures. The ECCC is operationally managed by the ED however is located separate from the main ED. The redesign and integration of existing services allowed the ECCC to commence with the addition of clerical hours only. Existing clinical hours were reallocated from the main ED to the ECCC to staff the service from 0900 to 1700 hours, seven days per week. The study focuses on three main areas of activity: PMBH inpatient activity, Emergency Department and; avoidable admission DRGs.

Overall inpatient activity increased when comparing data pre and post the establishment of the ECCC. Inpatient separations and bed occupancy increased despite a decrease in bed availability. ED presentations increased by 14.9% (25,231 to 28,993). Triage 2 presentations increased by 28.5% (2,049 to 2,632).

While no statistically significant differences were detected for triage 4 and 5 patients in either the median journey length or the number of patients who did not wait for treatment, given the growth in presentations to ED in the post ECCC period, the fact that these performance measures were maintained and did not worsen supports the argument that the ECCC provided additional ED capacity. A statistically significant proportion of triage 4 and 5 patients did not wait for treatment when the fast track service was closed.

With the exception of patients being treated for cellulitis, there were only marginal differences when comparing inpatient numbers pre and post ECCC for the eight avoidable admission DRGs. Inpatient admissions for cellulitis have reduced by 30%.

The integration of acute and community services through the establishment of the ECCC, has created additional capacity for the ED and for patients requiring selected day procedures. In addition, results indicate a shift in clinical practice from inpatient to community care for patients treated for cellulitis, creating inpatient capacity. The success of the ECCC supports the argument that best practice models of care can be adapted to suit local context, in this case a rural setting.

*For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'*

Lynn Hopkinson is a Nurse Manager at Ballina Hospital. Her previous role was Area Manager, Clinical Services Redesign Program (CSRP) for North Coast AHS. Participation in the RRCBP funded by IRCST has provided Lynn the opportunity to evaluate one of the services commenced as part of CSRP.



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