

IMPLEMENTATION EXPERIENCES OF PROVIDING CARE COORDINATION FOR CHILDREN WITH MEDICAL COMPLEXITY IN RURAL AUSTRALIA

Hutchinson K¹, Lingam R^{2,3}, Smithers-Sheedy H², Zurynski Y^{1,4}
¹Australia Institute of Health Innovation, Macquarie University, ² Paediatric Population Health, University of New South Wales, ³The Sydney Children's Hospitals Network, ⁴Partnership Centre of Health System Sustainability, Macquarie University

RuralKidsGPS is an integrated model of care coordination which aims to smooth pathways through healthcare for children living with medical complexity (CMC). A specialist nurse coordinator in each of the four local health districts works with patients and families to connect families to local services and to support coordinated care across local and metropolitan based services. Importantly this model aims to build families' capacity for self-management and care navigation.

- Aims:** 1) to explore barriers and enablers to implementation from the perspectives of those delivering and supporting RuralKidsGPS
- 2) to inform future implementation and contextual adaption plans for scaling the model across diverse health settings.

Methods: Implementation evaluation was underpinned by the Consolidated Framework for Implementation Research informed by qualitative semi-structured interviews with nurse care coordinators (n=11), healthcare professionals (n=13), health managers (n=8) and researchers (n=6). A hybrid deductive/inductive thematic analysis was undertaken to identify barriers and facilitators of implementation.

Results: RuralKidsGPS is helping to deliver equitable care by connecting families to healthcare irrespective of where they live and resources available.

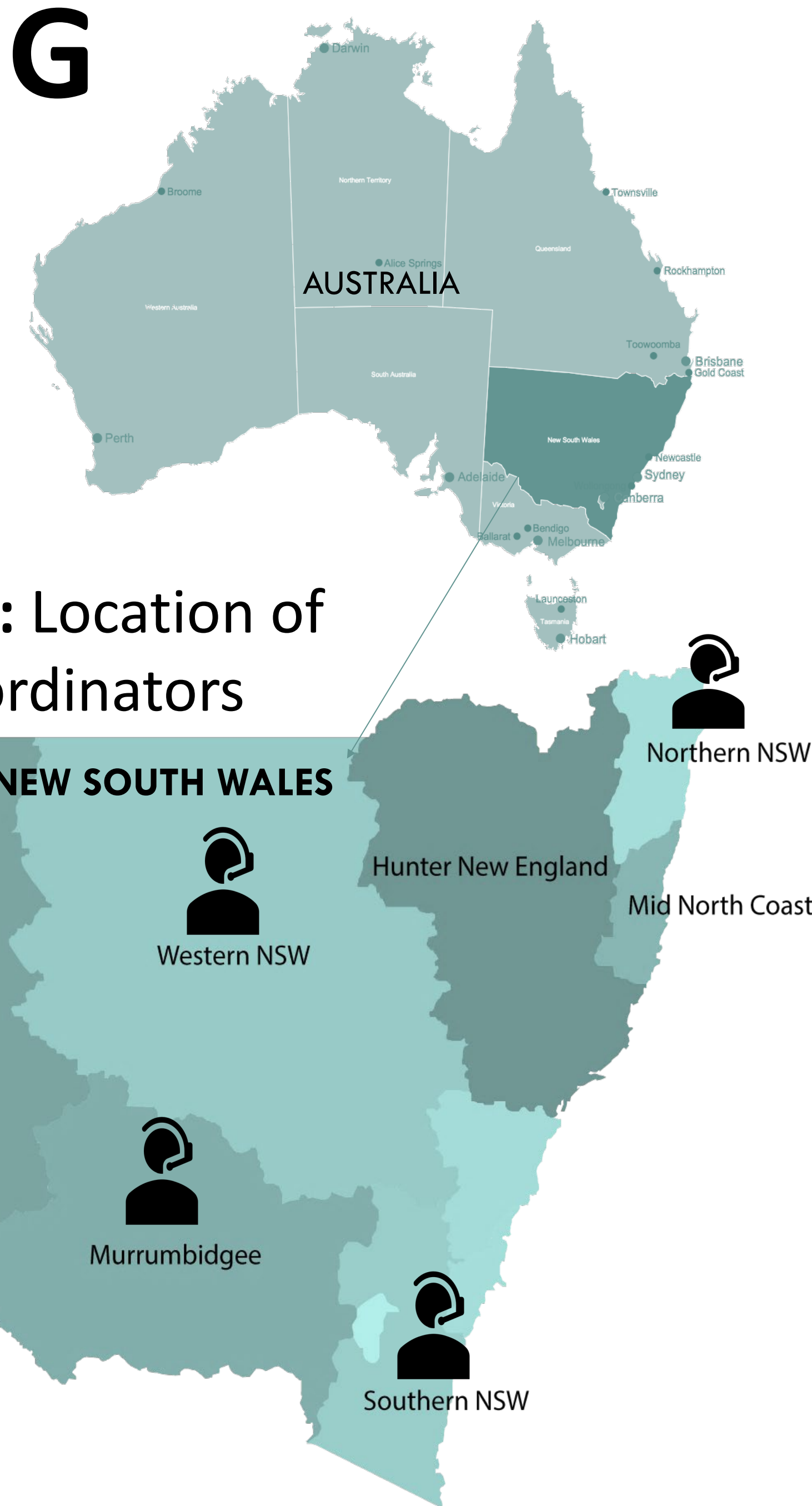


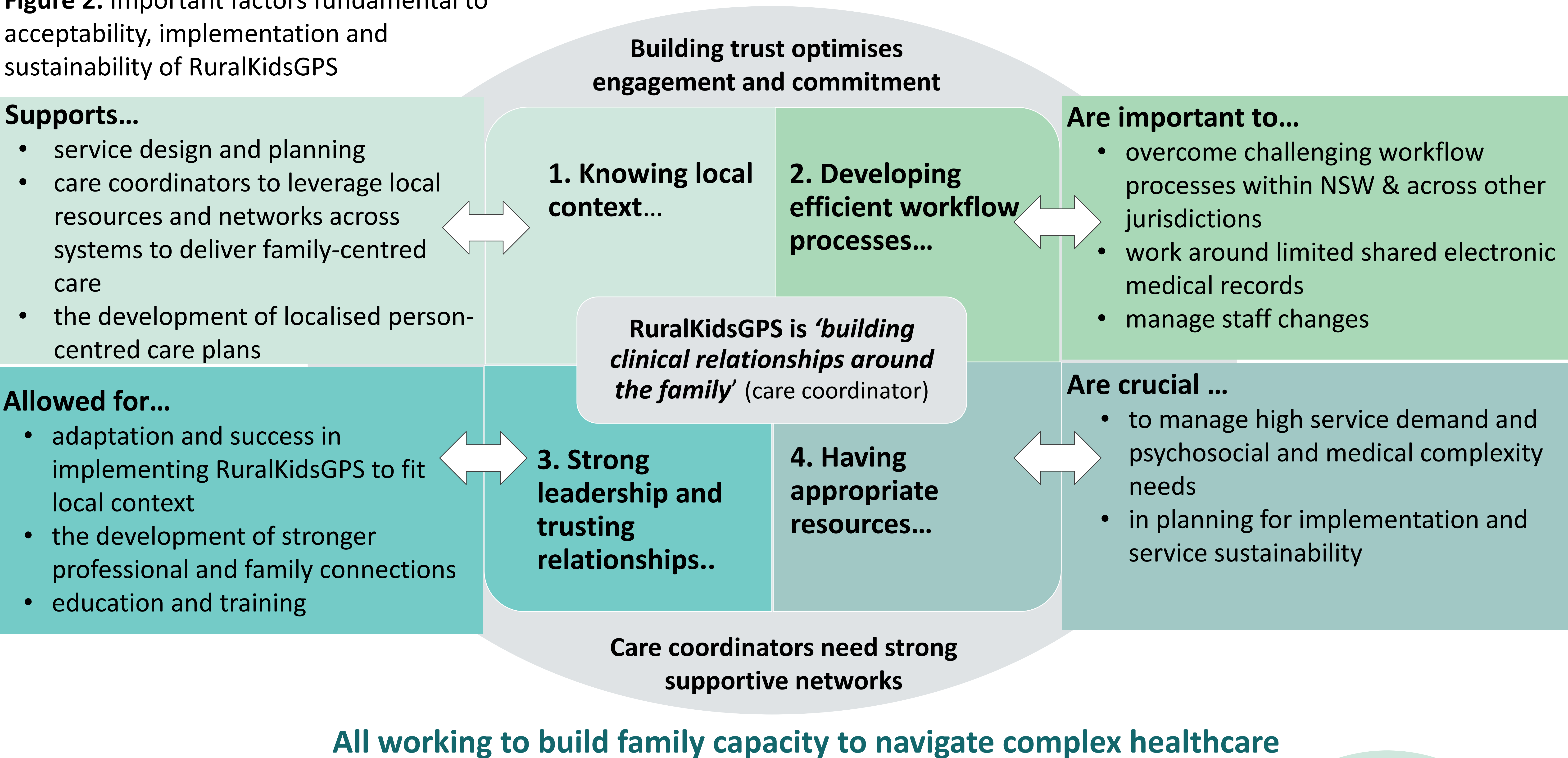
Figure 1: Location of care coordinators

Table 1: Characteristics of families

Children accessing RuralKidsGPS	n=424
Priority populations*	25.7%
Requiring complex care coordination	71.5%
Socioeconomically disadvantaged	21.5%

*Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, children in out of home care, refugees, and children with a parent with a disability

Figure 2: Important factors fundamental to acceptability, implementation and sustainability of RuralKidsGPS



- Conclusion**
- ❖ RuralKidsGPS is improving equitable access to local and tertiary services for children with complex medical needs and their families, living in rural NSW.
 - ❖ Care coordinators are building local networks for CMC to receive care closer to home, resulting in less travel for families.
 - ❖ Access to care for CMC has improved and total out of pocket expenses for families have been reduced.
 - ❖ The RuralKidsGPS model of care has been successfully sustained across all four local health districts.

Funding Acknowledgment
This research has been supported by NSW Ministry of Health's Translational Research Grants Scheme (H20/93572) and Paediatric Priority Funding initiative.

‘They have...
no resources,
they have no money, ...
They've got no access to
anything. Okay?
She [care coordinator] gets
them .. to their
appointments.
That's gold'
(clinician)



Contact information: Professor Raghu Lingam, raghu.lingam@unsw.edu.au
Professor Yvonne Zurynski, yvonne.zurynski@mq.edu.au

**RURAL PAEDIATRIC
CARE COORDINATION**