



Bringing it Home: Acute Patient Assessment for Care in the Home Environment (APACHE)

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INTRODUCTION

Suboptimal patient flow is an issue encountered by hospitals across Australia. Under-utilisation of acute ambulatory services, such as Hospital in the Home (HITH) and virtual care by Emergency Departments (ED) due to referral and governance barriers, may lead to missed opportunities to manage patients outside the inpatient setting.

OBJECTIVE

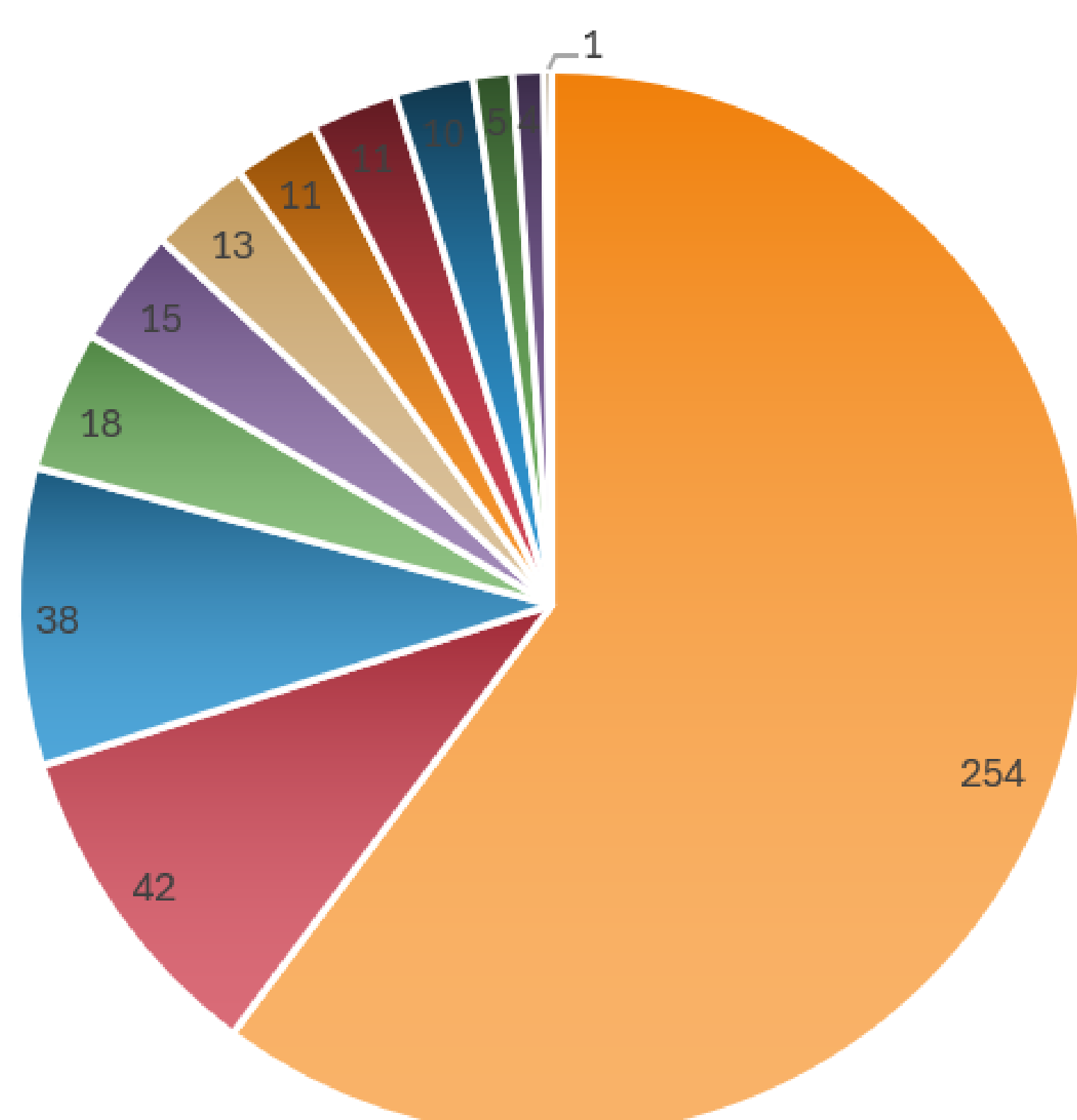
Develop a co-designed, streamlined referral pathway employing ieMR, for access to acute ambulatory services from ED to improve flow and utilisation of services whilst providing appropriate care.

KEY CHANGES IMPLEMENTED

The APACHE service commenced in February 2025 in a secondary metropolitan hospital in Brisbane, Australia. It provides an electronic referral solution that is now available 24 hours / 7 days for all ED and Satellite Health Centres in Metro North HHS that utilise ieMR. Patients are reviewed by an APACHE clinician within 24 hours via telehealth or face-to-face. Direct HITH admission occurs for suitable patients, or there is onward referral to the most relevant ambulatory / community service (Figure 1).

APACHE Referral Categories

- Infection and antimicrobials
- Wound cares
- Cardiovascular disease
- Other
- Diagnostic workup
- Respiratory disease
- Gastrointestinal disease
- Renal disease
- Endocrine disease
- Musculoskeletal disease
- Neurological disease
- Psychiatric / behaviour



REFERENCES

Queensland Government. Fees and charges for healthcare services. Updated July 2025. Accessed 16/09/2025. <https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/fees-and-charges-for-healthcare-services>
Australian Institute of Health and Welfare. Admitted patient care. Updated May 2025. Accessed July 14, 2025. <https://www.aihw.gov.au/hospitals/topics/admitted-patient-care>

ACKNOWLEDGEMENTS

Dr Luke Cassidy, Dr George Xue, Dr Aquib Chowdhury, Sam Tapp CNC, Marie Louise RN

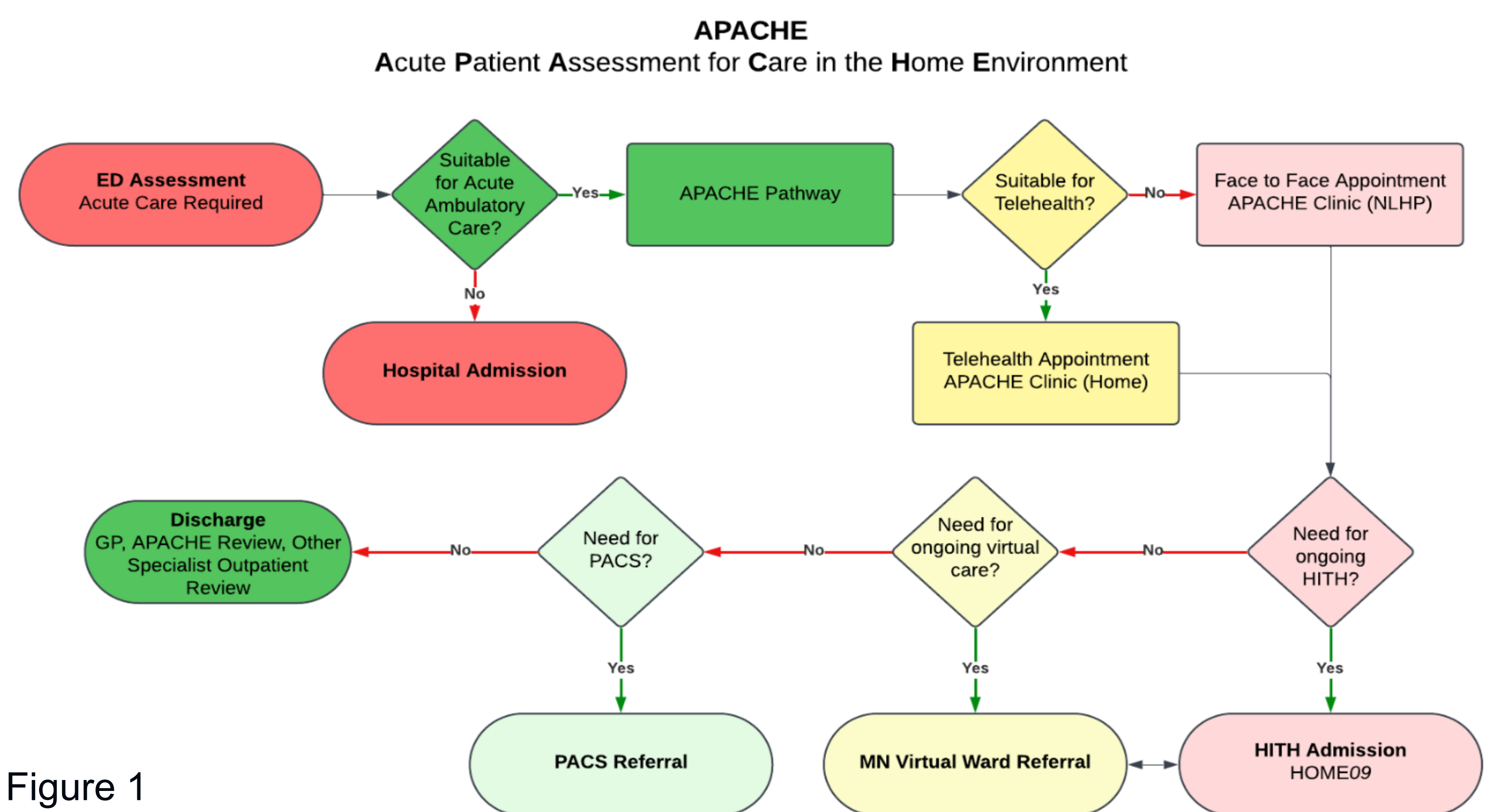


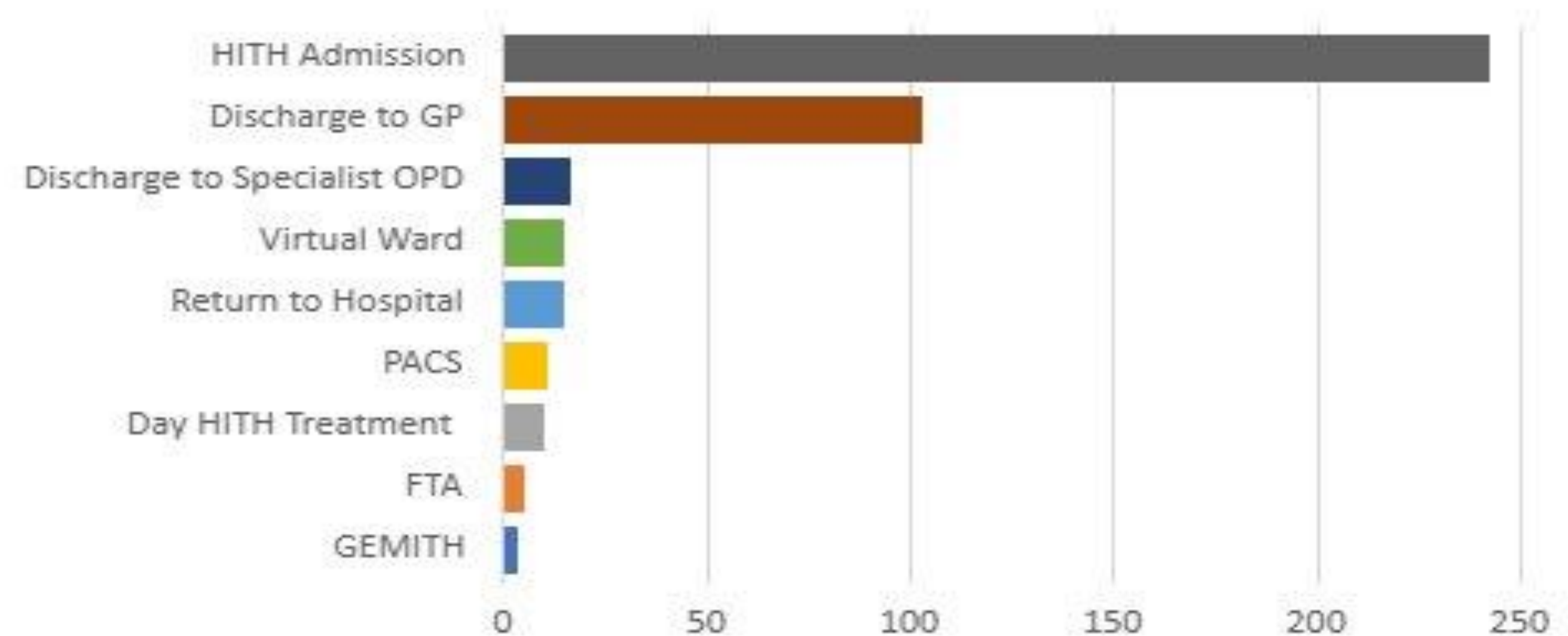
Figure 1

OUTCOMES

650 referrals received up to 1 May 2026:

- 474 (72.9%) were reviewed in clinic, 65 (10%) were reviewed at home, 76 (11.6%) were reviewed via Telehealth;
- 378 (58%) reviews resulted in HITH admission;
- 45 (7%) were referred onto other ambulatory care services;
- 28 (4.3%) patients did not attend, 25 (3.8%) reviews required patients to return to hospital, and
- 99% of patients would recommend the service.

APACHE Outcomes



CONCLUSIONS AND FUTURE DIRECTION

- An effective model facilitating access to ambulatory care from ED with high acceptability to referrers and patient.
- Improved uptake of HITH services.
- Positive patient feedback and engagement.
- Ongoing data collection including a cost analysis.
- Expanding services to additional hospitals as well as satellite health centres, QAS, OPD clinics and linkages with other admission avoidance services (eg MeDSS, PODSS).

ACKNOWLEDGEMENTS

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