Problem Statement: Access to the specialist inpatient Spinal Injuries Unit (SIU) in Brisbane, Queensland, Australia is increasingly challenging due to demand outstripping supply. Thus, there is risk that a person with a new spinal cord injury (SCI) will fall through the cracks when it comes to early management, rehabilitation and access to the lifelong services offered by the Queensland Spinal Cord Injuries Service (QSCIS).

Background:
- QSCIS is the specialist SCI service for Queensland and parts of northern New South Wales. Queensland is a large state covering a land area of 1,722,000 km² (23 times the size of Scotland) with the SIU located in Brisbane in the far south-east corner of the state.
- QSCIS offers a continuum of services across the person’s life including inpatient, outpatient, transition and outreach services. Demand for inpatient beds is greater than current capacity of the SIU resulting in delays in admission and risk of complications for those delayed.
- To live a life less complicated, people with SCI require early and ongoing access to specialist health, rehabilitation and disability support services i.e., receiving the right care, in the right place, at the right time as they make multiple transitions throughout their life.

Implementing the Protective Measures:
- Development of an innovative, statewide in-reach service QuickStart that supports people with newly acquired SCI and the clinical teams working with them, using an action research approach. QuickStart seamlessly integrates into the existing QSCIS continuum.
- QuickStart enables early access (in-person or virtually) to the expertise and experience of a specialist SCI interdisciplinary team including medical, nursing, physiotherapy, occupational therapy, social work and neuropsychology support.
- To facilitate timely access to QuickStart and support clinicians in non-SCI specialist units the following were also developed:
  - A new easy, early notification referral pathway developed through engagement with clinicians and consumers and shared across the State (note: Queensland is 23 times the size of Scotland).
  - A new online education hub for clinicians that provides comprehensive, easy to understand SCI resources, supplementing the clinical advice and education offered by QuickStart (launching 5 September 2023).
  - A care transition coordinator role to identify and mitigate barriers to timely discharge for existing SIU inpatients thus improving patient flow and access to inpatient beds for people with new SCI.
  - A specialist triage process ensuring that people with new SCI access the most appropriate service in the QSCIS continuum including avoidance of admission to SIU and direct referral to specialist SCI transition and outreach community teams where appropriate.

Results:
- Right People – 43% ↑ in referrals: 166 referrals in 2021 and 235 referrals in 2022-23 (QuickStart operational period).
- Right Time - 49% of people with SCI or their treating team received a “QuickStart” within 3 days of the referral being accepted.
- Right Care - On average, individuals received 9.5 occasions of service and 396 minutes of QuickStart support. 84% had input from ≥ two QuickStart team members.
- Right Place - 59% of people were able to continue rehabilitation in and be discharged from the referring facility with QuickStart specialist support, not requiring admission to the SIU. All received ongoing support from other QSCIS services (Figure 2).

Lessons Learnt and Future Directions:
- Although only in the early implementation phase, QuickStart has shown significant promise in facilitating the provision of very early, multi-disciplinary specialist SCI services for people whose admission to SIU is delayed.
- While many people with a new SCI require specialist inpatient services some do not and the QuickStart triage process ensures that people with new SCI are referred to the appropriate QSCIS service.
- Further evaluation is required to determine whether QuickStart can reduce the incidence of the early complications of SCI in non-SCI specialist settings or reduce delays in admission to the SIU.