

A Success Story...

IMPROVING CARE OF CHD PATIENTS

CHD - Creating and updating registers and systematic and proactive care

Parade Medical Centre - SA

The following case study is related to the creation, validation and updating of a Coronary Heart Disease (CHD) register using the lower Change Principles, which has enabled systematic and proactive management of the register and patients with CHD at The Parade Medical Centre.



Context

The Parade Medical Centre is a reasonably large medical practice based in Norwood, an Eastern suburb of Adelaide. The practice has 13,697 active patients on file and 9,536 inactive patients. The average patient age is 37.5 years, with a significantly female majority. Of the total patients on the database, 12.3% are pensioners.

The practice currently has 11 GPs, three part-time Practice Nurses a Practice Manager, nine part-time office staff working in various capacities, a dietician, a diabetic educator and an enhanced primary care co-coordinator.

The Parade Medical Centre changed hands in 2004 as the original owner retired. It also amalgamated with Norwood Medical Centre in 2004 and in mid 2007 was taken over by a corporate organisation. All notes for the practice are computerised on Medical Director.

Practice principals and GPs at The Parade Medical Centre have always been keen to be involved in projects that improve patient outcomes, so it seemed appropriate from the practice to join the NPCC. They believed it would assist them in keeping accurate records which were at various stages of completeness after amalgamation. The practice wanted to benchmark clinical outcomes, see the improvements and maintain a 'continuity of care' for chronically ill patients.

The Situation

The practice as a whole felt they needed to have more of a focus on their patients with coronary heart disease (CHD). With the assistance of the lead GP, Practice Nurses and the Enhanced Primary Care Coordinator the work commenced. The Practice had no involvement in this area previously and therefore the first Change Principles were required to establish a working system and a valid and up to date CHD register.

"The changes have been extremely successful for the practice...not only for the GPs but the flow on effect for the patients "

The Situation *continued...*

As the practice commenced working, it became apparent at the different coding that was being used. The extraction tool didn't give the required patient lists and GPs constantly needed reminding about the importance of coding accurately and keeping records up-to-date. Change was required to address these problem areas, but the major requirement was the need to have a CHD focus in order to address their patient needs.

With support from the CPM and the NPCC a current and valid register was created. Some problems were identified, other than time constraints, with the need to understand Medical Director (MD) search function and its limitations. This understanding came with experience and from sharing with other practice participants within the Collaboratives network.

The Change

Having engaged in a variety of changes within a short period of time prior to participation, (a new Practice Manager, practice amalgamation and new corporate change over, retiring GPs and new GPs) it became increasingly apparent that each person within the practice was driving their own direction.

The Collaboratives program and NPCC provided a mechanism, methodology and opportunity to all work as a team together. As a result, the following strategies were implemented within the practice:

- One GP and Practice Nurse identified to drive NPCC
- Time to allocate to NPCC work which ties in nicely with the practice nurses EPC co-ordinating role.
- Using practice meetings to reinforce ideas and to create new ones.
- Gaining support from all GPs.
- Showing GPs the outcomes – showing that it works!
- Coding is important!!!
- Data cleanse, then educate GPs to use the right codes and tools in Medical Director to maintain this, and assign somebody to maintain the register.

"It became increasingly apparent that each person within the practice was driving in a different direction."

By forming team meetings it provided an opportunity for the many new staff members as well as existing staff to put forward their opinion. The clinical focus was on CHD and the NPCC methodology was applied to many different aspects for the practice. By enabling the lead GP and Practice Nurse to drive the program this allowed for both clinical and non-clinical questions to be asked, reinforcing the importance of coding to everyone.

The Parade Medical Centre found that by using simple PDSAs they achieved more than they had imagined in a short period of time. They discovered new PDSAs tended to spin off out of existing PDSA's and that it kept everyone at the same point in the practice. They noticed that record keeping and patient outcomes improved, and communication enhanced in the practice among all staff.

The Change *continued...*

By agreeing and using uniform coding, it has allowed focussing on the patients with CHD needs and start clinics for this population. The Practice has now agreed on uniform coding for GPs to use for patients with Diabetes and CHD. They have also started to enter data in the correct places, for instance BP, weight, height etc.

These messages have been reinforced at GP meetings, in emails and on screensavers. They now remind GPs to add aspirin to medications. GP meetings and clinical meetings are held on a monthly basis to discuss the next PDSA to be developed. Patient information sheets are regularly used and usually correlate with national health strategies. An action list and warnings in MD has now been set up.

The Outcome

The Parade Medical Centre found that by using simple PDSAs they achieved more than they had imagined in a short period of time. They discovered new PDSAs tended to spin off out of existing PDSAs and that it kept everyone at the same point in the practice. They noticed that record keeping and patient outcomes improved, and communication enhanced in the practice among all staff.

From the first simple PDSA that was applied, the practice has developed further and eventually into other topic areas. Their suggestions to be successful within the NPCC include: using PDSAs and keep them simple; using the register from the Extraction Tool to identify the gaps; creating some protected time for the collaborative. By taking such a simple steps the Practice believes they have learned a lot.

The changes within the practice have been particularly successful in creating registers and keeping them up to date and not only for the GPs but the flow on effect onto the patients.

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