

A Success Story...

A BOTTOM UP APPROACH TO ENGAGEMENT

CHD and Diabetes - Building the practice team

Park Ridge Family Practice - QLD

Most practices use the conventional Collaborative model of training a lead GP and a key practice staff member and rely on these two persons to engage the practice team in the Collaborative process.

For reasons that will become obvious, this practice successfully used a reverse model with the Practice Manager, the Practice Nurse and the Lead Receptionist adopting and driving the Collaborative work and progressively engaging the GPs through demonstrated improvements. Under the new team approach, patient outcomes and satisfaction have improved dramatically as has GP satisfaction and practice income.



Context

Logan is an outer metropolitan area between Brisbane and the Gold Coast serviced by the Logan Division of General Practice (LADGP). The Division provides services to general practices based in the Southern outer boundaries of Brisbane, Logan City and the Northern section of the Gold Coast. The area covered by LADGP comprises the following characteristics:

- Population of 281,727 - the area has been one of the fastest growing areas in Australia in recent years
- 24% multicultural population - 170 different cultures
- 6,500 Aboriginal and Torres Strait Islander people which represents 2.3% of the population (which is higher than the Australian average of 2.06%)



The Park Ridge practice team

- 80 practices with approximately 270 GPs equal to approx 182 Full time equivalent (FTE) GPs giving a ration of 1 GP (FTE) per 1,540 per head of population.
- Higher proportion of children and young people with a lower proportion of over 65's (7%)
- High levels of unemployment approx 3% higher than Australian average (PHUDI)
- High proportion of single parent families 14.7% compared to 10.7% for Australia
- High proportion of rent assistance (23.1% compared to 15% Australia) and public housing

Park Ridge Family Practice opened in February 1999 and is a very busy, mixed billing practice with over 24,000 patients on its database, four GPs (3 FTE), a Practice Manager, two Practice Nurses and three reception staff. It is located in a growing outer urban area within Logan and serviced by LADGP.

The Situation

The practice is located in a high growth area and was expanding accordingly. The main problems were:

- It was becoming increasingly difficult to cope with the workload
- The way in which the practice operated was not always well planned or coordinated
- Data systems were not always accurate or up to date
- Appointment availability was becoming an increasing problem
- Many patients, including those with chronic disease, were non-compliant with their treatment
- Patient satisfaction was down, characterised by low patient return rates
- Practice income was well below potential

Additionally, the GPs were focussed on their clinical work and saw little need for change. They were defensive about the non-clinical push for change and improvement. The principal was dedicated to the delivery of medicine and delegated the practice operation issues to the staff.

“Under the new team approach, patient outcomes and satisfaction improved dramatically.”

The Change

Working on a short lead-time, LADGP was looking for practices to become involved in the Local Collaborative and approached Park Ridge Family Practice. Although uncertain as to just what was involved, the practice staff saw Collaborative involvement as an opportunity to try to make a change and with the approval of the principal, agreed to become involved. The Orientation evening gave them some ideas and they returned to the practice with a plan. They announced what they were going to do at the practice meeting but nothing more.

The Practice Manager coordinated the activities while the Lead Receptionist cleaned up the Coronary Heart Disease (CHD) and Diabetes registers, identified and archived inactive patients, converted free text entries into their appropriate fields, and then by using MS Excel, created colour coded lists of patients whose details and care needed to be updated. Deficient patient records were also tagged to remind the doctor, nurse and reception staff that they needed attention. The Practice Nurse, using the colour coded lists, checked the patient records for deficiencies, made appointments with those patients, ensured that the appropriate tests were done, updated patient files and met with the patient's doctor. High visibility posters were designed for the waiting room notice board to prompt patients to raise chronic disease issues with the nurse or doctor.

As the work progressed and the improvements were reflected in the graphs and feedback, they were displayed at the practice meeting. The doctors became interested and started to become more involved in the processes. The graphs were definitely the hook. Entering patient data in the correct fields became less of a chore and more an opportunity for improvement. The staff of LADGP provided advice, support (particularly with data extraction issues), resources and encouragement. In reality, the Park Ridge practice staff team was the driving force behind the whole process.



Posters displayed in the practice

The Outcome

The changes achieved through the Collaborative process made a significant difference to the way in which the practice functions;

- It has provided more structure
- Processes have been streamlined in terms of both data management and patient treatment
- Doctors have become fully involved and enthusiastic about the process
- Doctors now work closely with the Practice Nurse
- The practice now works as a team due to the whole of practice approach to patient care
- Waiting times have been reduced
- There has been a positive response from patients as they recognise that they are getting better quality of healthcare
- Patient loyalty has increased and this is indicated by a much higher return rate of patients
- SIPs are up from zero to 31% and rising indicating improved patient care
- Practice bottom line has improved because all of the work being done is being claimed

The results speak for themselves (see practice graphs in Figures 1 and 2). The plan for the future is to maintain the progress already achieved and to apply the Collaborative process to all areas of disease to continue to improve patient care.

Support Material

The practice has always been active in developing resources for their patients and LADGP supported this activity by providing resources acquired through the Collaborative network.

The main resource developed for the purposes of this exercise was the waiting room posters to prompt patients to raise the issue with the doctor or nurse (pictured on page 2).

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Figure 1 - CHD graphs (July 07)

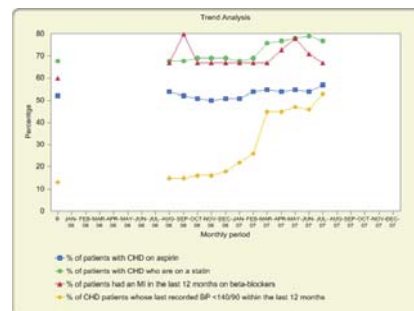
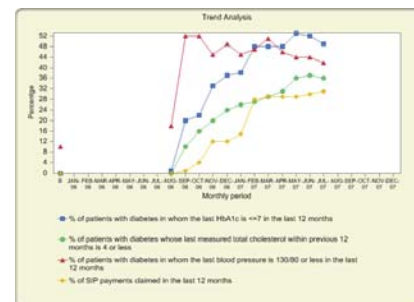


Figure 2 - Diabetes graphs (July 07)



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