

A Success Story...

THERE HAS GOT TO BE A BETTER WAY!

Creating, validating and updating registers

Murgon Family Medical Practice - QLD

Practice management at Murgon Family Medical Practice decided that there must be a better way of dealing with patient information management.

The data system was accessed by a changing medical staff in an increasingly busy environment and it was difficult to get trained or experienced staff in the smaller rural towns. Orientation was carried out 'on the run' and the data became less and less reliable.

Something had to happen. It did. The practice became part of the National Primary Care Collaboratives (NPCC). After the orientation day in Brisbane, and the subsequent reading of the NPCC Handbook, management realised the records needed attention.

The mammoth task of cleaning up the data began. Data cleansing was discussed at the regular staff meeting and all staff members were made aware of the importance of playing their part in the clean up process, led by Practice Managers. The outcome is now a smooth operating system that is accurate and efficient. Patient recalls will result in less morbidity associated with chronic disease, Doctors time is more efficient and income is optimised.



Context

Murgon Family Medical Practice is situated in rural Southern Queensland at the Northern end of the South Burnett Region. The practice is a member of RHealth (formerly Southern Queensland Rural Division of General Practice).

The practice services several small towns covering a population of 9,000 (comprising ten percent Aboriginal or Torres Strait Islanders). There is a relatively high incidence of chronic disease in the community. Murgon is a diverse farming area that, as well as a range of crops, boasts the largest vineyard in the state. It also has a strong beef and dairy industry with associated value-added industries.

Murgon Family Medical Practice has 10,000 patients on their database, with 325 patients on the Diabetes register and 339 patients on the Coronary Heart Disease (CHD) register. The practice has three FTE General Practitioners, two FTE Registrars and 2.4 FTE Practice Nurses.

"The recall systems are functioning effectively with a resultant improvement in measured clinical outcomes"

The Situation



Staff of the Murgon Family Medical Practice

The practice was lurching from one workforce shortage drama to the next. There were not enough Doctor's appointments to serve the demand.

Like so many other practices Murgon Family Practice is busy, busy, busy. Adding to an already busy practice was the loss of a sole practitioner in a neighbouring town, and the resulting influx of patients. There is a frequent shortage of staff, including Doctors.

As a result of time shortage, orientation phases for any new staff were being carried out in a rush, as the practice was lucky enough to recruit a suitable staff member.

There is also difficulty obtaining training and ongoing education for practice staff, so up-skilling is rarely a possibility. As a consequence, the practice database became a mixture of correctly and incorrectly coded items, free text information, out of date personal information, poor patient history, current patients and deceased patients.

The established recall systems were out of date, leaving a risk of missed recalls and appropriate follow-up. There were also few Service Incentive Payments (SIP) claims being made, despite the work being completed and referrals initiated. This was not efficient business practice!

The Change

The first NPCC Change Principle to be addressed was building the team: The practice had always held team meetings but not on a regular basis, so meetings began with a set day for monthly meetings and all staff were encouraged to attend.

Changes were a joint effort with suggestions from all levels of staff. One of the earliest changes was the establishment of a system for creating, validating and updating registers of people with CHD and Diabetes. Once these systems were created, it became a joint effort from all staff to encourage Doctors to code correctly, and to notice the reminders set up for them in the system.

The Practice Manager went through all patient files individually. Missing information was found and entered. Notices were placed as reminders for all Doctors to code correctly and to enter information in the appropriate place within the system.

Recall systems were activated for all registers, orientation for new staff was reviewed by the team and upgraded and the Practice Manager and another staff member went through each patient chart checking that the information was current.

The practice also initiated three-monthly reviews of all patient files. This has consequently become a continuous cyclical review, with 20 hours of protected time allocated to a particular staff member each week. Thirteen PDSA cycles contributed to making these changes and supporting their sustainability.

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The Outcome

All new staff members are now made aware of database requirements as part of their orientation. All reception staff are aware of the need for patient personal information to be current, so it is updated at every visit.

The team created a questionnaire on personal details (Next of Kin, address, phone number, mobile number etc.) which is handed to each patient for completion when he/she arrives. Patients also now sign a consent form for treatment and for use of personal de-identified data by the practice.

The recall systems are functioning effectively, with a resultant improvement in measured clinical outcomes. These improved measures reflect a better long term outcome for those patients with diabetes and CHD. This process is now being expanded to Asthma patients, with Mental Health set as the next project. Clinical records are now accurate and current.

Protected time is allowed each week for the scanning of discharge summaries, Specialists letters, radiology results, etc.

The improvement in the accuracy of the database has been a time-saver for all staff, especially the Doctors. It has assisted reception staff in dealing with the shortage of available appointments, and it has improved the business efficiency of the practice. Claims for SIPs now reflect the work completed by the team.

Spot checks will continue to be carried out by the Practice Manager as part of practice quality assurance.

Support Material

- Questionnaire for reception staff to hand to patients to upgrade personal information at each visit.
- Consent Form for Medical Treatment and for use of personal de-identified Data.

Authors:

Di Hedger, RHealth

Sue McAllister, Practice Manager

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