Improving communication with General Practice
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Rural Northwest Health

Introduction
The Plan, Do, Study, Act (PDSA) Model for Improvement project has been a 12 month project that aims to improve care for clients with chronic and complex conditions through improved systems of practice.

Rural Northwest Health (RNH) worked closely with the Yarrambat Medical Clinic to improve feedback, referral acknowledgement and communication between Community and Allied Health practitioners and GPs.

RNH undertook small rapid cycles of quality improvement during 2011 using the PDSA Model for Improvement. A key feature of the approach was the use of data to measure change and effect.

RNH has tested a variety of change ideas and worked closely with the GPs to grow and sustain work in chronic care systems improvement.

Methods
Build an improvement team
We invited interested clinicians from Allied and Community Health to join an improvement team. Our aim was to improve timely, comprehensive and consistent communication between RNH Community and Allied Health Staff and GPs.

Understanding our business
We undertook an audit of how and when we communicated with GPs and the tools that we were using to do this. We found that prior to this this project communication was limited, inconsistent and did not meet Victorian best practice guidelines.

Changing our business systematically and proactively
We knew we had to now educate staff on accessing and using our communication templates from our client management system. Templates are available for communicating with GPs to acknowledge a referral, failure to attend, client declined service, unable to contact client and GP feedback report. Staff were then able to use these templates to provide comprehensive, timely and consistent feedback to the GPs.

Involving clients
Clients were happy for us to share their information with their GP and this was given as written and verbal client consent.

Adapting a multi-skilled, multi-agency approach
The changes were implemented with the support of management and we have adopted these at the three campuses of RNH. We now communicate consistently with all three GP clinics in our catchment.

Results
Plan, Do, Study, Act has significantly improved communication and relations with our GP clinics. GPs and Practice Managers are very pleased with the new improvements and want them to continue.

Staff are now using the communication tools and with our increase in staff numbers, we have had to keep educating and supporting them to do this work.

Discussion
Strategies are being investigated to ensure that staff use the GP communication tools with every client. Time commitments for clinicians mean that communication with GPs doesn’t always happen.

Orientation for new staff will now include the GP communication tools and templates processes.

Our next step is to adopt a protocol for our Community and Allied Health Department for communicating with GPs.

Conclusions
The PDSA process breaks change down into small steps. Instead of the changes being big and unachievable, we have been able to make significant improvements over time in how we communicate with GPs.

Our team is excited about improving our practice further using PDSA so that clients in our region receive holistic, individual and best practice care.

Small changes lead to bigger things—we want our health service to meet best practice standards and Department of Health guidelines and thus improve the care for clients with chronic and complex conditions. The PDSA approach gives us a quality improvement framework to help us get there.

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