

“Improving Communication and Care Planning with General Practice in the Wimmera”

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Introduction

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

Six Wimmera Primary Care Partnership (WPCP) health services were funded by the Victorian Department of Health to improve communication with General Practitioners (GPs) and also in Care Planning during 2011.

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

The agencies tested a variety of change ideas, embedded good practice and worked hard to grow and sustain work in chronic care systems improvement.

Methods

Working in partnership

The WPCP facilitates and maintains the active engagement of partner agencies in a working group with identified priorities and a plan for Integrated Chronic Disease Management. All health agencies worked together during the PDSA project and also contributed project funds to the WPCP to support agencies in their improvement activities.

Building improvement teams

Improvement teams at Wimmera Health Care Group (HARP & Diabetes Self Management Programs), West Wimmera Health Service, Dunmunkle Health Services, Grampians Community Health, Edenhope Hospital & Rural Northwest Health used the PDSA methodology to improve feedback to GPs and in developing best practice care plans.



West Wimmera Health Service team with Dr Jim Thomson

Identifying key issues

Agencies undertook audits of their client files to understand how they were communicating with GPs and Care Planning. Practice was found to be inconsistent, varying in quality and did not meet best practice standards.

Implementing Change

From this information agencies implemented small rapid cycles of change which included:

- Developing GP communication and feedback that complied with Victorian standards
- Trialing and refining these new communication tools and processes
- Educating staff to use the communication tools routinely
- Identifying tools for care planning that met all criteria in best practice care planning
- Trialing these care planning tools initially with new clients
- Reviewing files on a monthly basis to ensure all active clients have a care plan in place

Results

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

Staff are using the communication tools routinely with GPs and health services have implemented protocols and training to embed this practice.

Results continued....

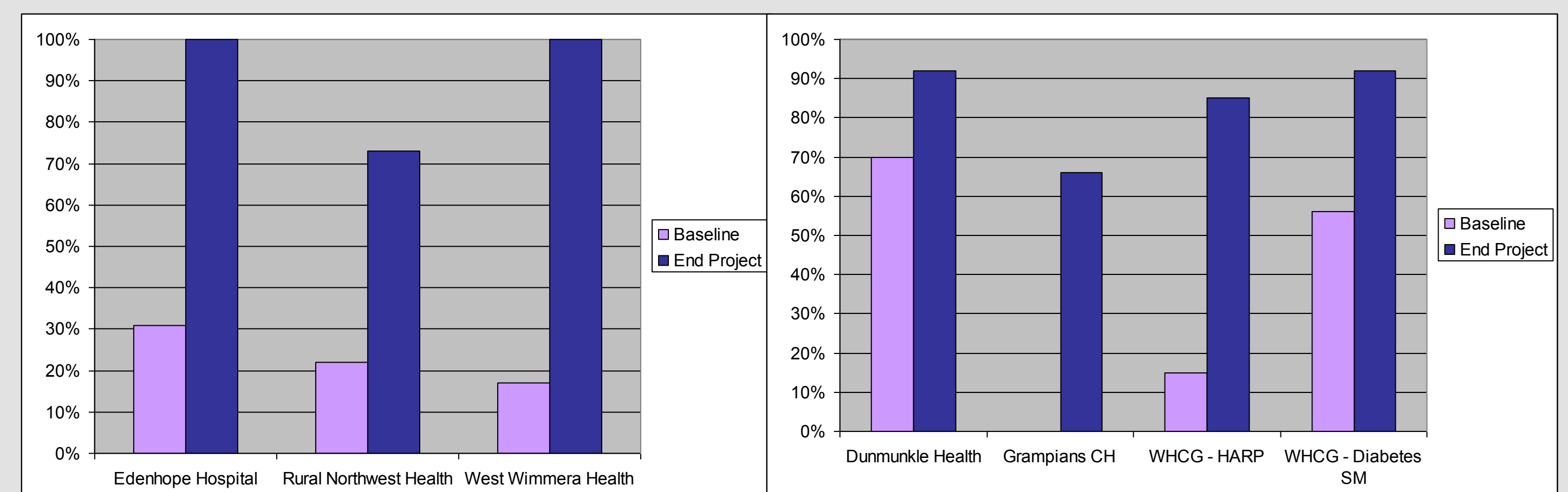
Communication is much more effective between the health services and GP clinics and there has been a significant increase in GP referrals as a result of this project.

West Wimmera Health Service have now commenced a multi-disciplinary team day with the Natimuk GP clinic and patients can have all their visits coordinated on the one day.

At the start of this project, Care Plans were not used in a consistent manner. By the end of the project, this had changed dramatically with complete care plans in place for clients with chronic and complex conditions which meet best practice guidelines.

Staff now feel more confident in setting client centered goals whereas previously goals were more clinically focused.

Clients now have the health professionals involved in their care sharing information, referrals from GPs are acknowledged and outcomes of assessments are shared with GPs. Clients goals are set out clearly in their Care Plans and clinicians can all work together on reaching the client's goals.



Improved percentage of clients with communications with general practice recorded in their file

Improved percentage of clients who had care plans with elements which met best practice guidelines

Discussion

The success of the project has seen staff uptake of the PDSA process in making small changes and seeing that these add up to improve the client's journey.

Auditing files and building an understanding of where the gaps are has meant that staff can identify the issues, understand and address these and then see how much they have improved at the final audit.

Every agency involved in the project has committed to making further service system improvements using the PDSA approach by signing up to a Wimmera-wide plan in 2012.

Conclusions

This project positively demonstrates the power of the PDSA quality improvement process in changing practice around:

- communication
- referral and feedback between general practice and health services
- care planning practice and
- using and sharing of care plans

Staff involvement in this quality improvement process means they own the work and the changes are embedded into practice.

Clients now have the health professionals involved in their care sharing information and working together to reach their goals.

Further information: www.wimmerapcp.org.au

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