Gonville Health Ltd

Health Quality & Safety Commission New Zealand
Kapu Tauranga Hauora o Aotearoa

Ko Awatea
Health System Innovation and Improvement

Improvement Team

- Our project team is made up of:

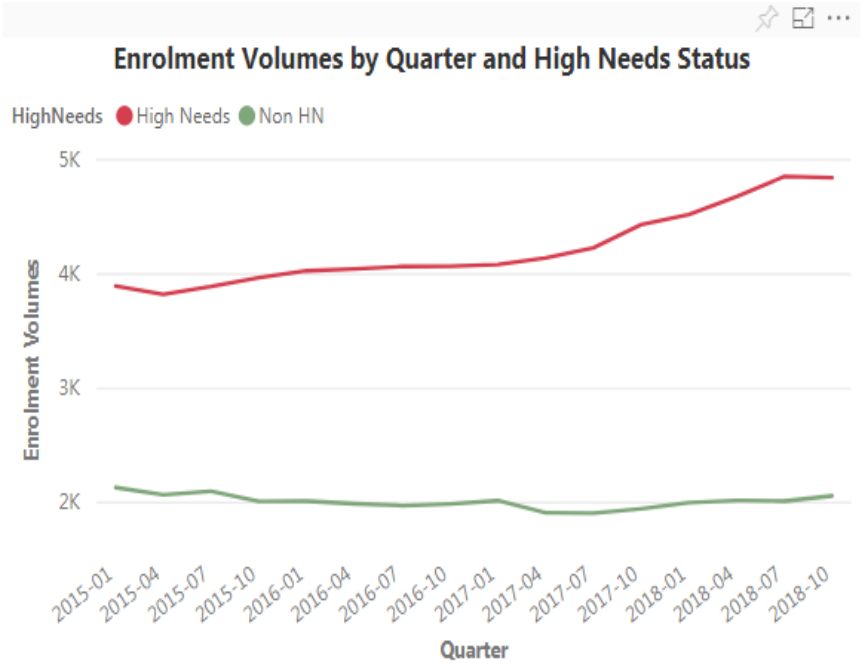
- Service Manager GHL
- Clinical Nurse Leader
- Nurse Practitioner Intern
- Clinic Coordinator
- Project Leader
- Co-opted members (staff and consumers)

Background

Whanganui Regional Health Network – PHO

Gonville Health General Practice

- Population: 58,765
- Poor, ageing population mixed



- Purpose built practice in high deprivation area
- VLCA practice. 6,900 enrolled patients - 70% high Needs
- 19% patients registered with Community Mental Health service
- 5.5/1000 reports of concern for vulnerable children
- Transient and increasing population

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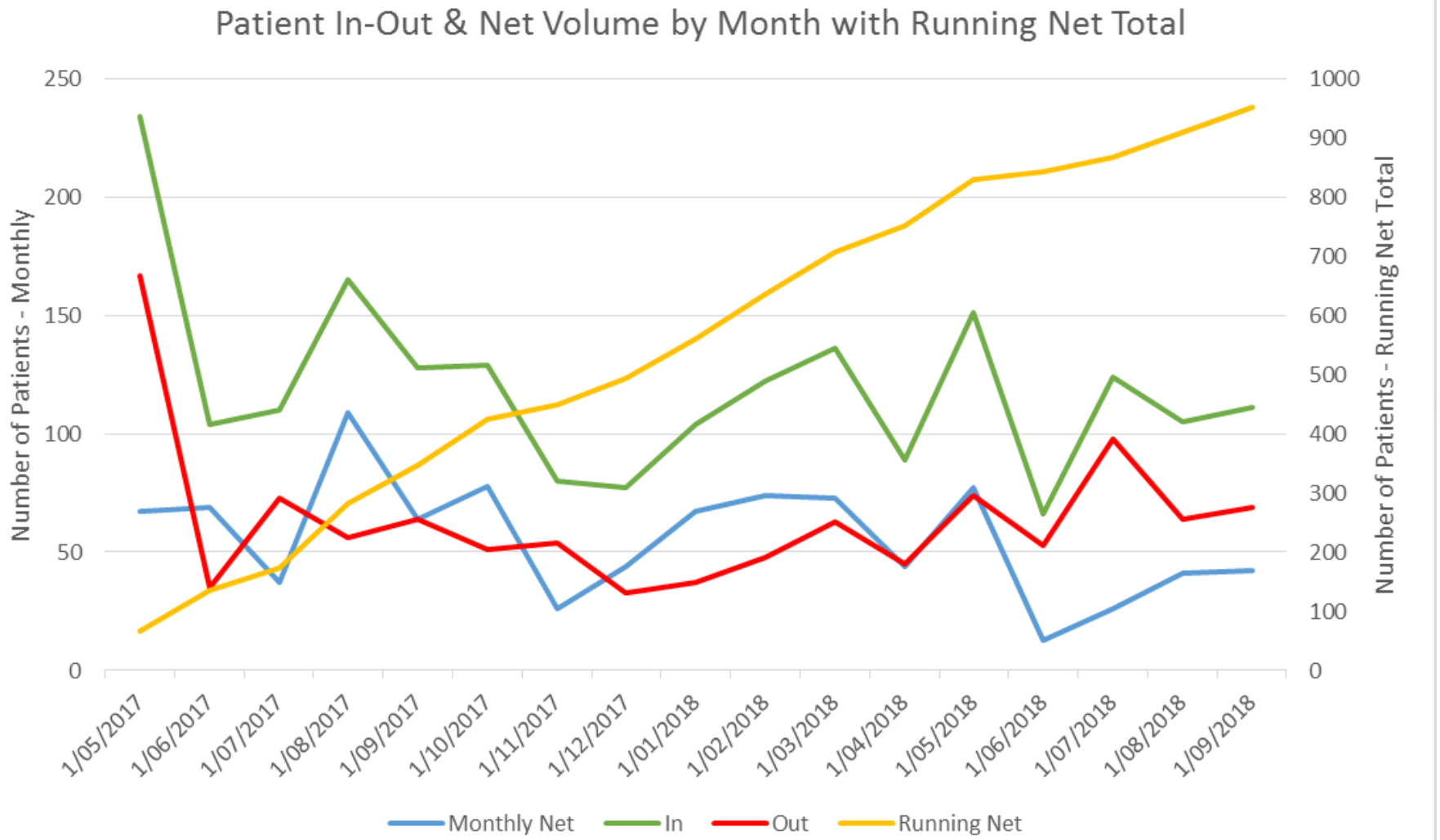
What does it feel like we are experiencing?

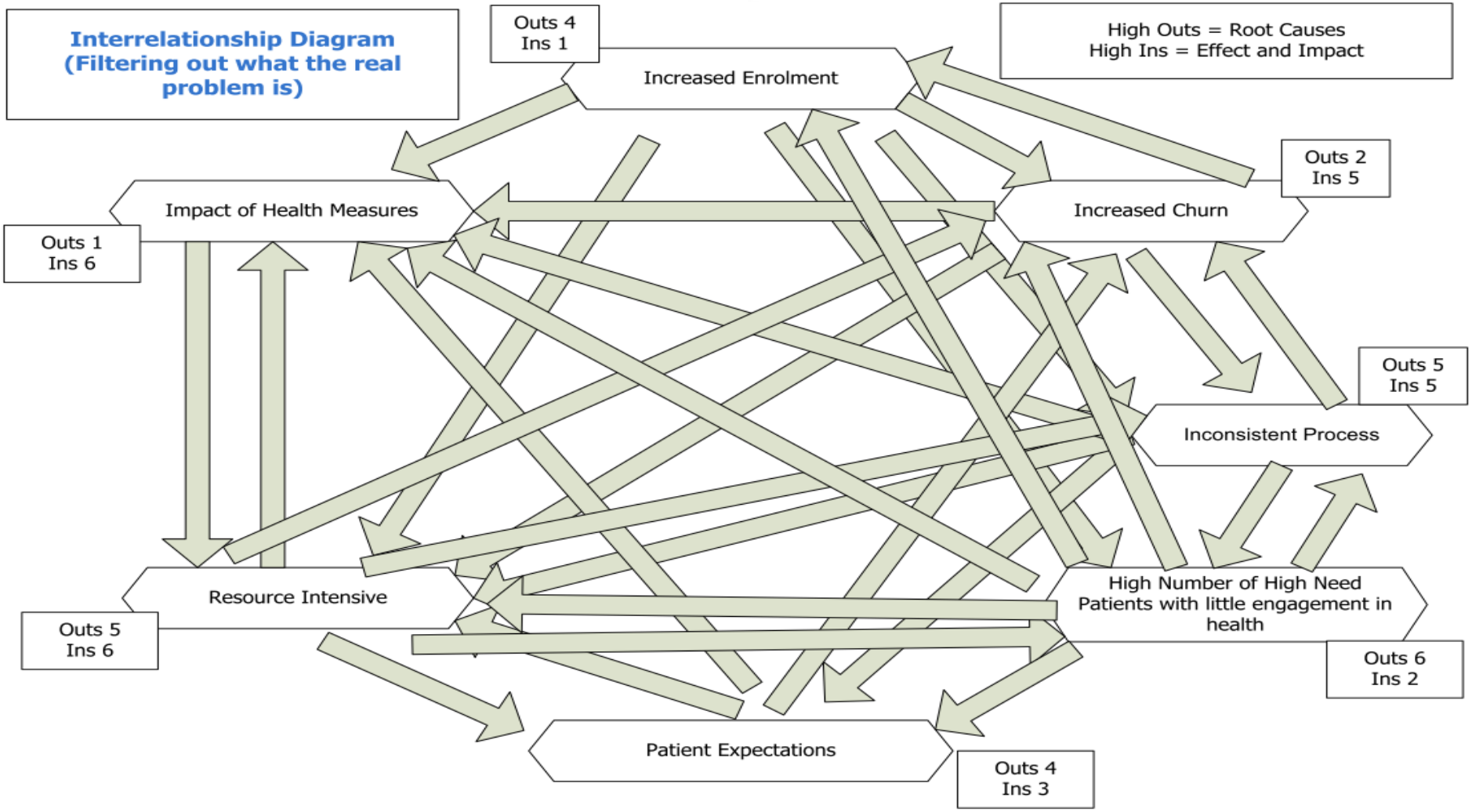
- High patient transience in and out of the practice
- Patients arrive are not well engaged in their care – notes not comprehensive
- Inconsistent messages to our patients which is impacting on patient demand
- Resource intensive

- **New Enrolments May 2017- Current 2,020**
- **Patient Exits May 2017 – Current 1,070**

Population Churn



Understanding the ‘real problem’



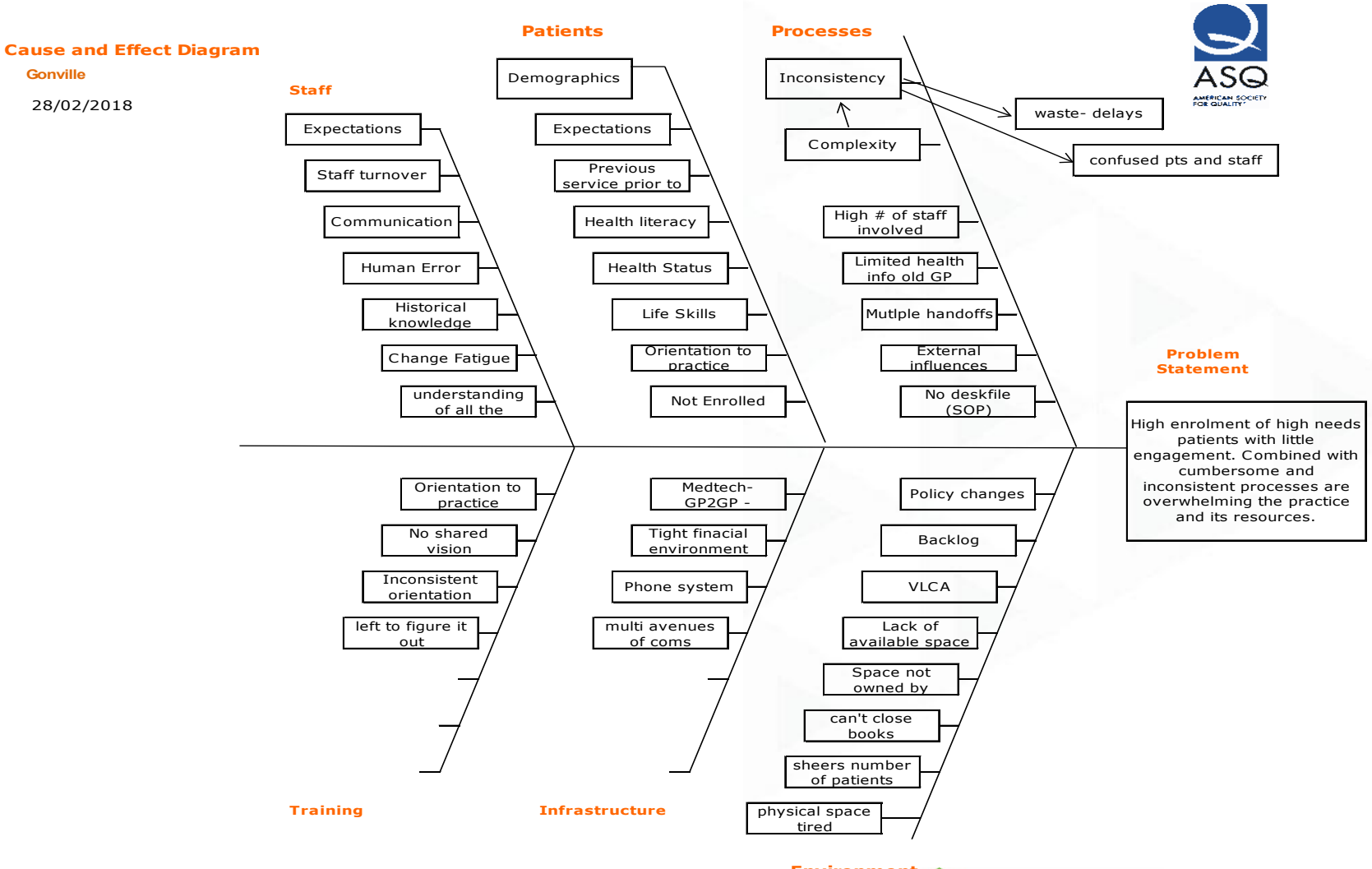
Problem Statement

High enrolment of high need patients with little engagement in health combined with inconsistent and resource intensive processes are overwhelming the practice

Project

A quality improvement process that helps manage the risk associated with high enrolment numbers and provides a good first impression and experience so that the patient is more willing to be engaged in their own health journey

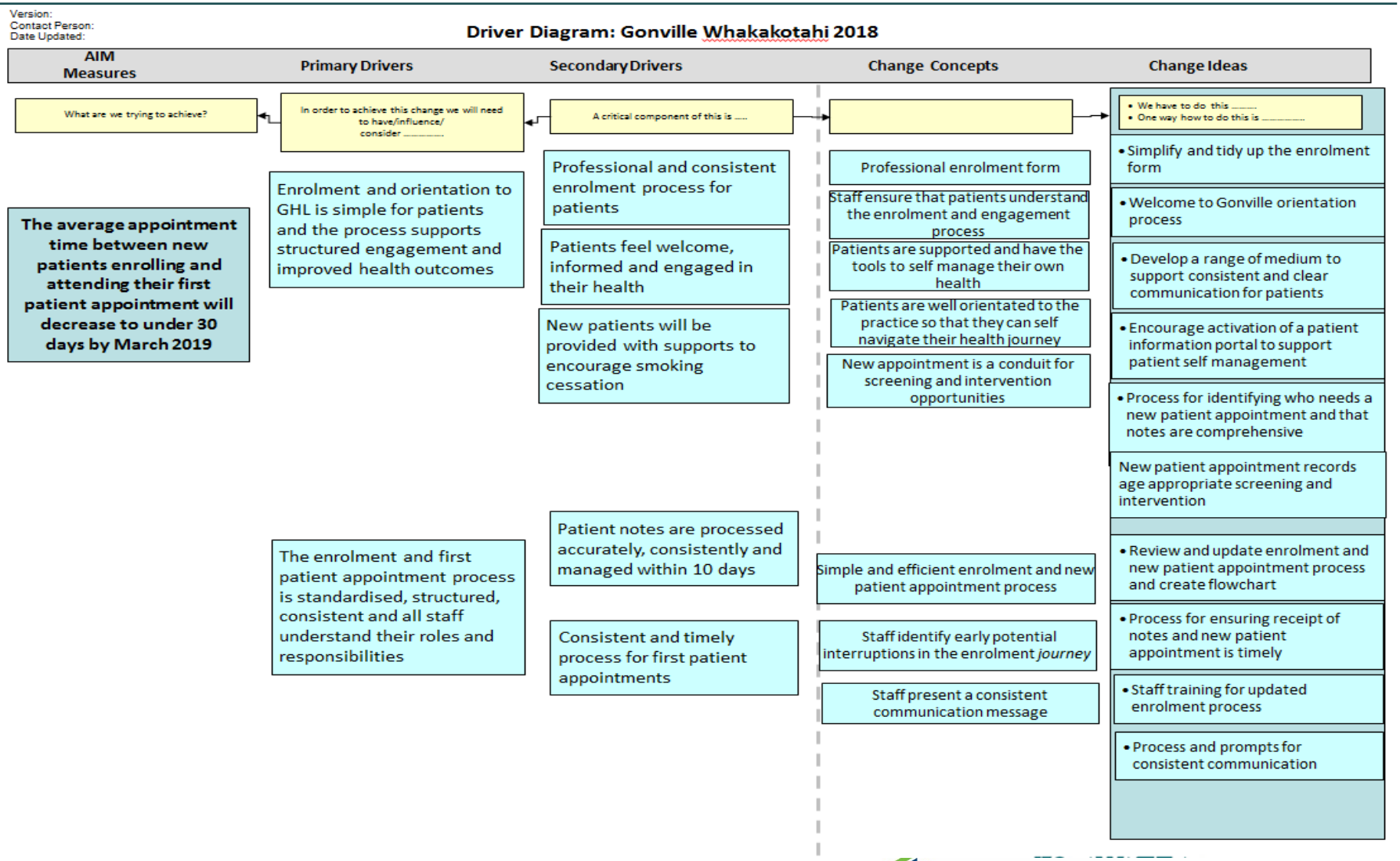
Fishbone Diagram



Aim Statement

By March 2019, the average appointment time between new patients enrolling and attending their first patient appointment will decrease to an average of under 30 days

Driver Diagram



Diagnose the problem- tools

Review enrolment new patient appointment process

Process Mapping- By working with staff involved; we reviewed the current state to see whether there was consistency and duplication around the process. We used a range of mapping processes being; post its and walk through

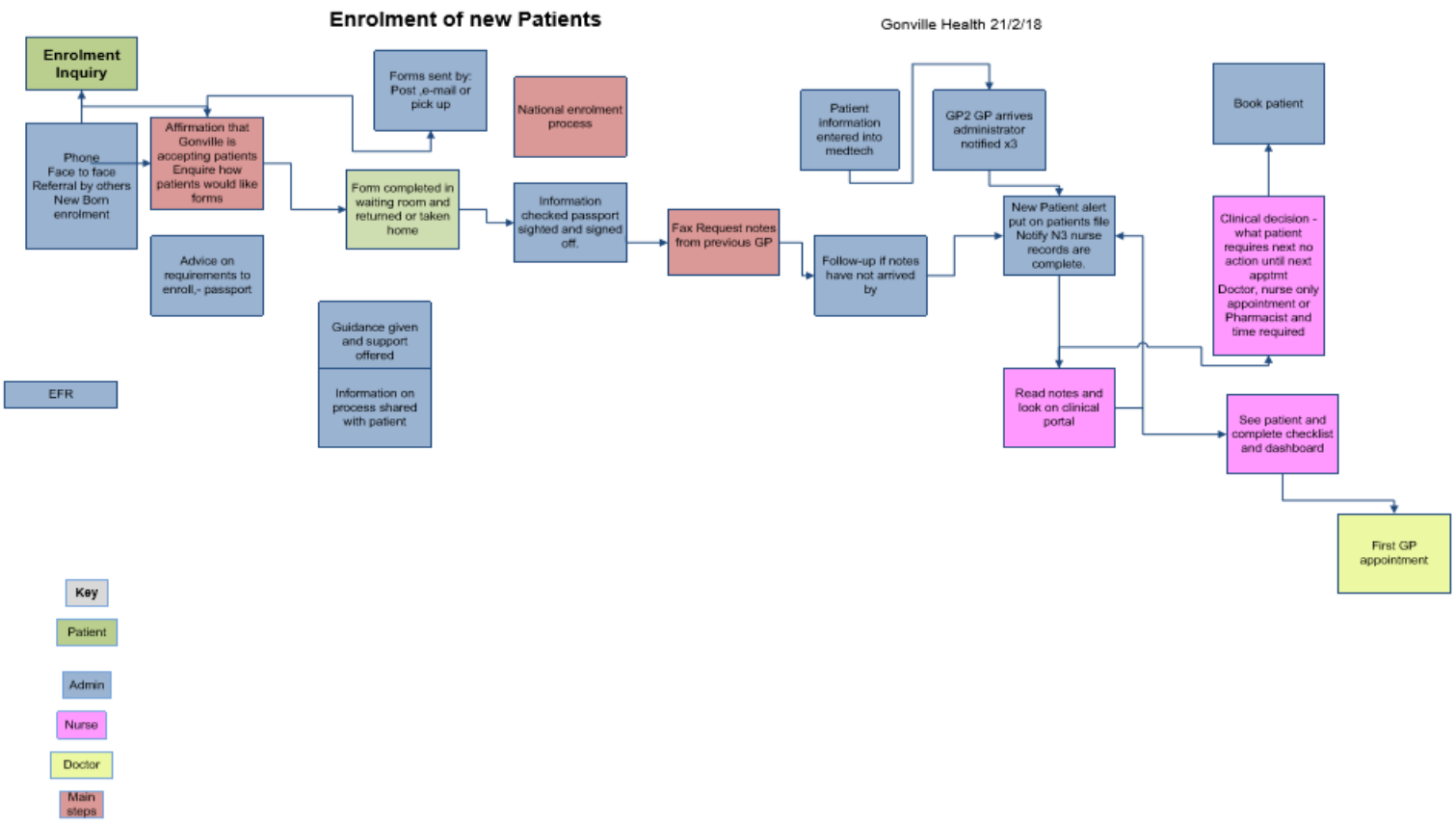
Review and Trial- After review and discussion we started trials and this included; scenarios, process timing and cast studies

Observations- There was variance in process and time taken, duplication, lack of common vision and communication, there was also a range of errors and some competition between staff members. ' this is how we have always done it'

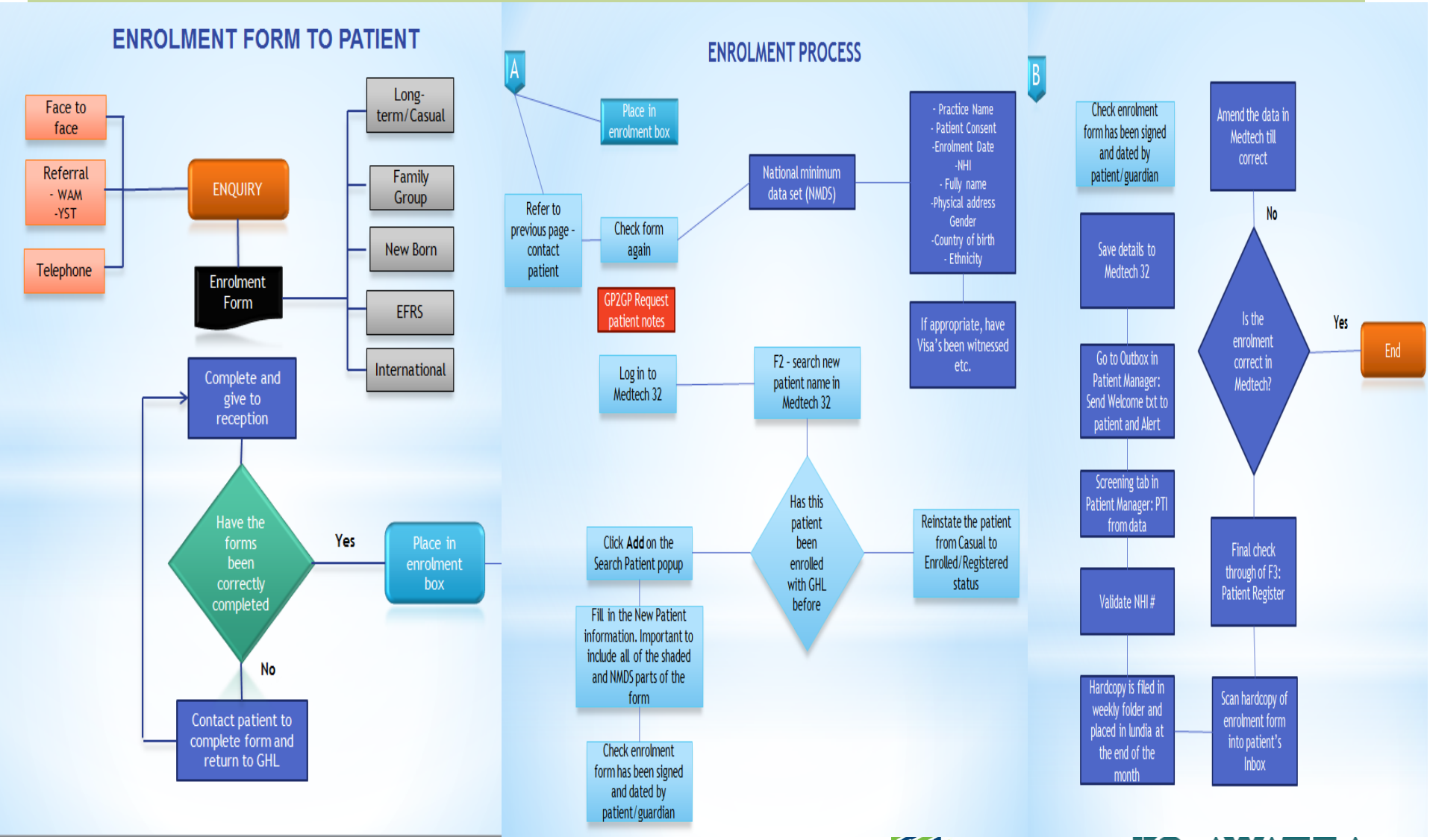
Current state- Reduced the change for human error, had a range of meetings and training to align vision and approach, developed an evolving flow chart to support consistency. Efficiencies have been identified, pressure has reduced, the team are more aligned and 'proactive with improvements and ideas'

Where to: Continue tracking as above; staff satisfaction as a measure

Previous State Map



Updated State Map



Diagnose the problem- tools

Simplify and professionalise the enrolment form

Document Review- Reviewed the existing document and contractual requirements. Researched mandatory requirements and preferred guidelines and identified 'hot spots'

Review and Trial – Got feedback from the team and consumers, tidied the format, reduced the complexity and number of pages, made the document more professional and aesthetically pleasing

Observations- The form was better presented and easier for both patients and staff. This had a flow on effect of reducing completion errors and therefore improving efficiencies

Current state- Consider this process complete and successful although discussions ongoing and input considered valid

Diagnose the problem- tools

Patient Orientation

Lack of information: From general patient feedback we were made aware that consumers were not well informed about what they could expect when they attend the practice; likewise we were not prioritising what was important for them

Review and Trial – We established a consumer group (for GHL in general), and identified that an orientation to the practice when new patients enrolled would be beneficial for all parties

Observations- 'First point of contact sets the scene' this will also lead to how well patients are engaged. That that we need to partner with consumers and that patient orientation needs to be structured and consistent and align to staff orientation, shared vision, operational goals, professionalism and how we present ourselves. Governance will also be key factors

Current state- Work in progress

Diagnose the problems

Consistent and clear messages

Lack of information: Patient and staff feedback suggested that staff gave inconsistent messages

Review and Trial – We established weekly meetings for 'front line staff', had a lot discussion about enrolment and communication; how we managed first patient appointment and priorities.

Observations- For front line staff the patient expectation and clinician ability to respond didn't always line up. Front line team felt the impact. Messages often were relayed based on where the least impact would apply. Patients were confused.

Current state- Team meetings is and leadership model is supporting sub team alignment. Discussion about what we want to communicate, how we want to present ourselves and prompts on what not forget when talking to patients are in progress

Consistent and Clear Messages

New Patient Registration Prompt

- √ Welcome
- √ Notes and new patient appointment process
- √ Need to be seen earlier
- √ Routine verses same day appointment – triage process
- √ Patient portal – what it does

  Will be notified it is in place but will need to activate
- √ Payment on the day or set up AP
- √ If you change your contact details please let us know

Diagnose the problems

Reduce the time taken between enrolment and receiving patient notes

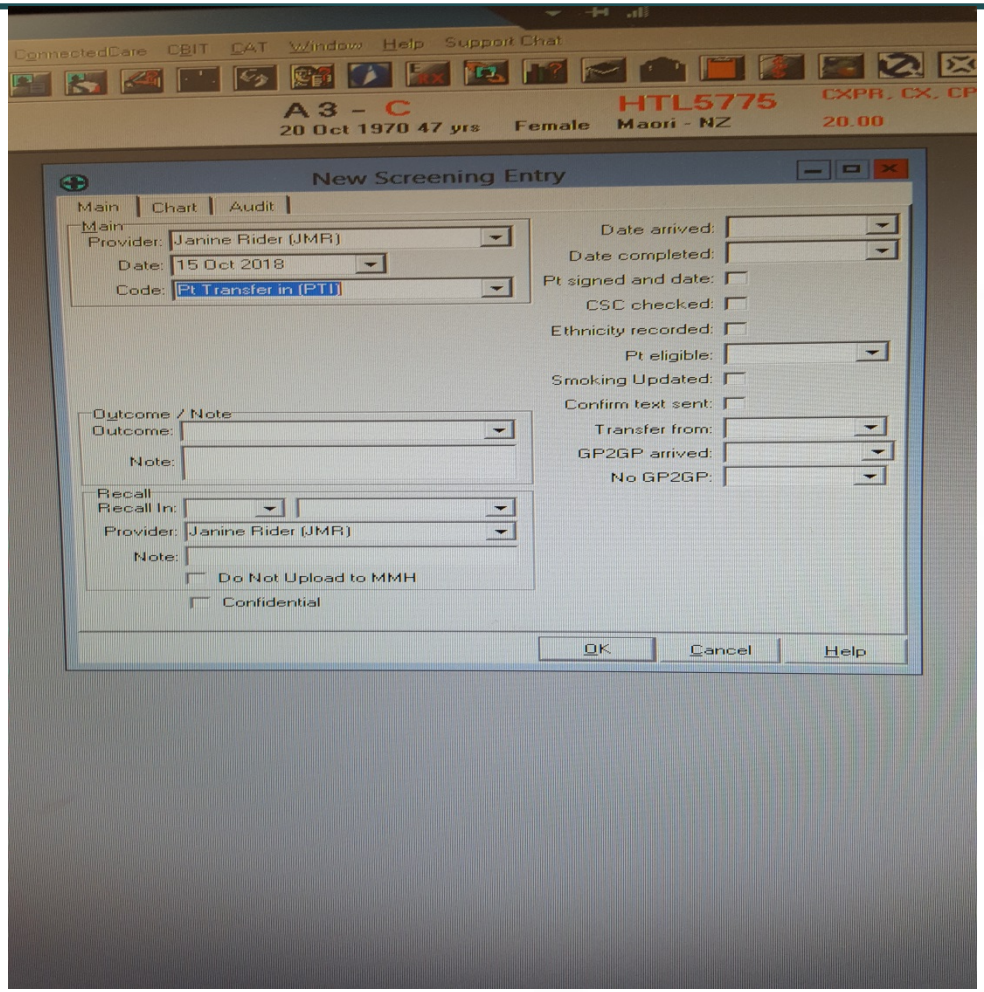
Delay and lack of information: Patients appointments were difficult and not thorough because they would attend appointments before their notes from the other practice had not arrived

Review and Trial – Patient and clinician dissatisfaction and frustration due to patients presenting within detailed information

Observations- That there was no follow up from the administration team once they requested notes

Current state- Process for recording when notes have been requested and aligned information when they are received. Ability to measure the time taken between requesting and receiving. Process for completion variable at this stage.

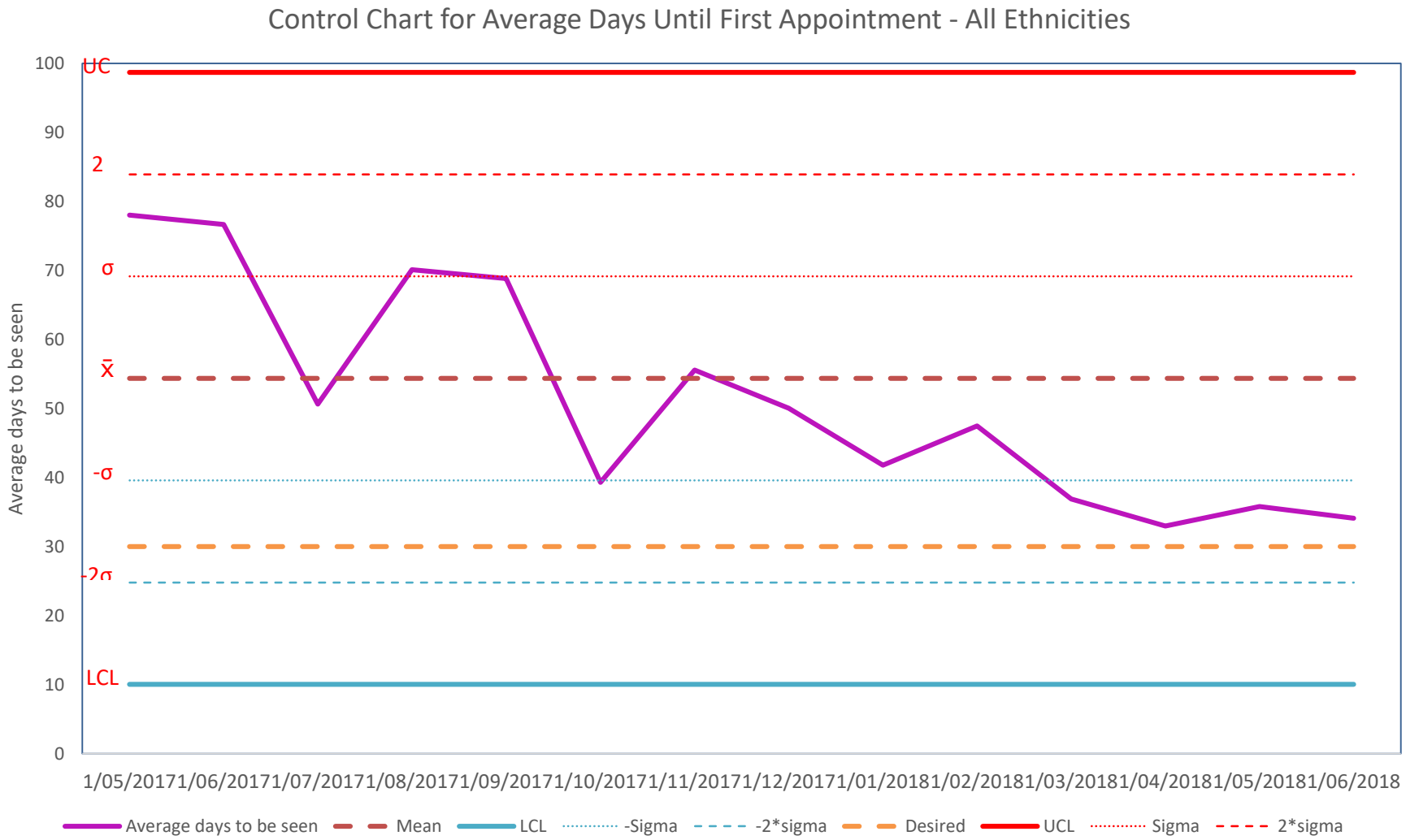
Reduce the time taken between enrolment and receiving patient notes



Family of Measures

	Description	Measure	Current performance	Target performance
Outcome measure	Average time between enrolment and first patient appointment reduces to 30 days	Time between enrolment and first patient appointment	As at June 2018 average time is 40 days. This is decrease of 30 days over a one year period	Reach 30 average days between enrolling and appointment by March2019
	Patient satisfaction			
	Staff experience			
Process measure	Reduce the average time taken to complete the enrolment process	Time based and process measurements for consistency and efficiency	Eight minutes for one staff member and three for the other staff member. Consistency still variable	Consistent and managed process
	Measure and reduce the time taken between enrolling the patient and receiving their notes	On average patient notes will be received within 10 days of enrolment	Commenced measurement and adopted a process for completion	
	Early engagement will improve smoking cessation	% of enrolments given brief smoking advice		90% of enrolments have smoking identified and 100% of those identified are given brief advice within 30 days
Balance measure	Applying equity against the aim and outcome measure	Average waiting time for Maori and PI is less than non Maori PI	Equity improvements target not yet achieved	Maori and PI have less waiting days than non Maori and PI
	As an early indication of patient satisfaction, identify whether new patients choose to remain at the practice	Number of patients that enrol and leave to attend another local general practice	72 patients have joined and transferred to another local practice	1 or less patients per month enrol and transfer to another local practice within 90 days of enrolling
	Are we managing to control the project within budget			

OUTCOME MEASURE – Aim: average of 30 days between enrolment and first patient appointment



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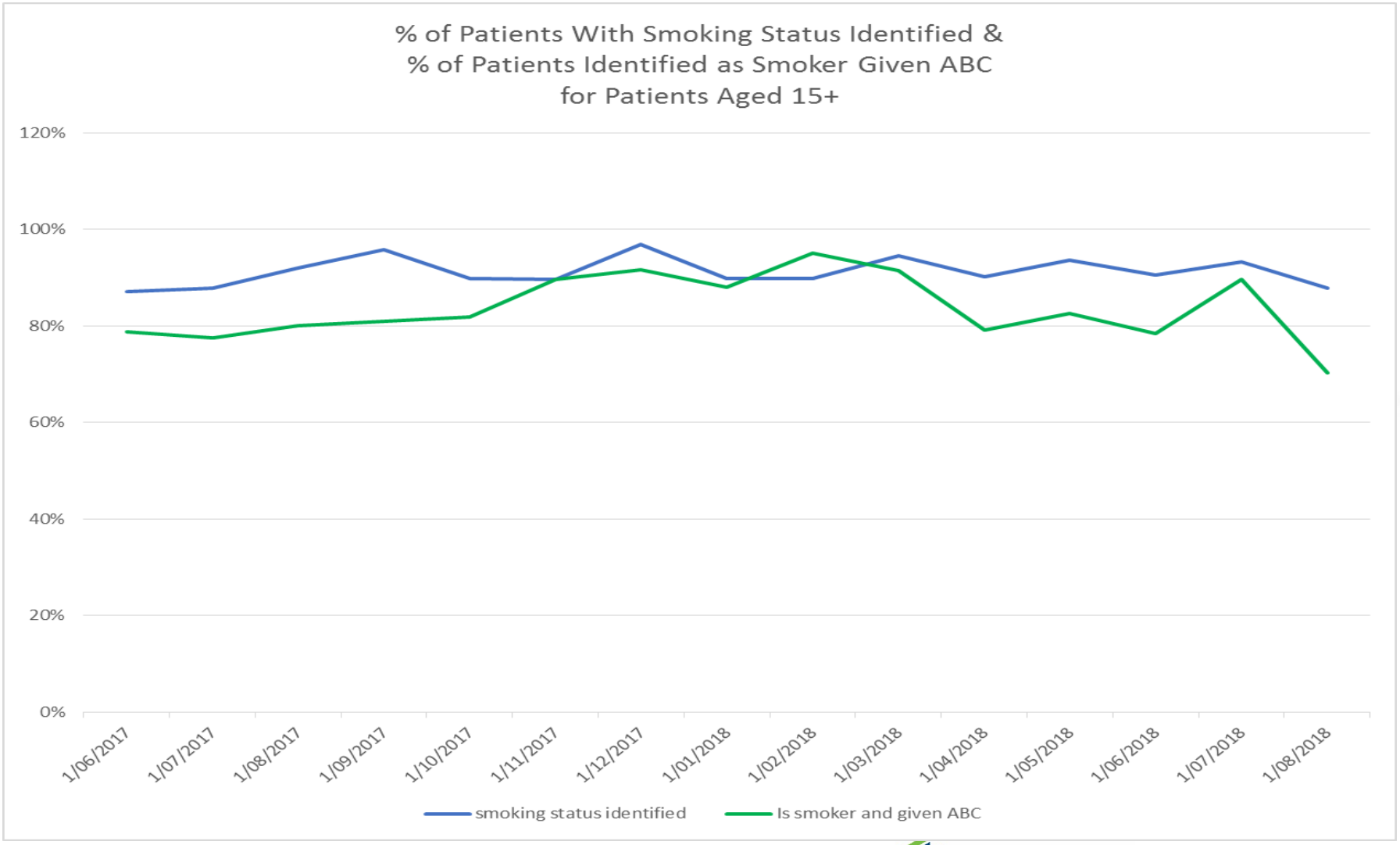
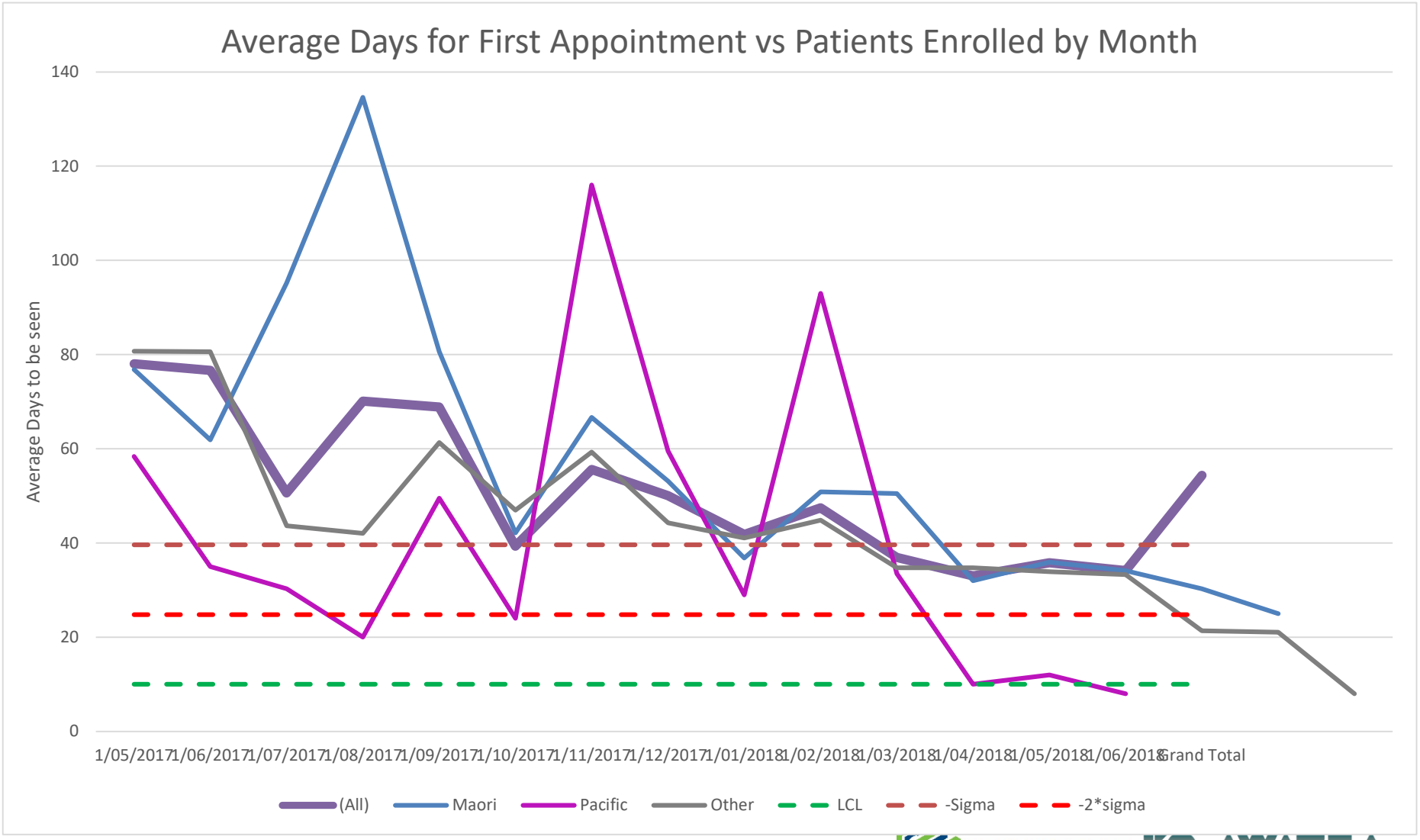
PROCESS MEASURE – 90% of patients will within 90 days of enrolling be given brief smoking advice



BALANCE MEASURE –Applying equity



BALANCE MEASURE – One or less patients per month choose to transfer to another local practice