Gonville Health

Primary Care Improvement Facilitators

Janine Rider

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

Ko Awatea
Health System Innovation and Improvement

Improvement Facilitator

- Introduce yourself, your role

Background

Primary Health Organisation

Whanganui Regional Health Organisation

- Details: 58,000
- Poor, ageing population mixed urban and rural

General Practice:

- Gonville Health Ltd – purpose built practice in high deprivation area
- VLCA practice. 6,700 enrolled patients - 70% high Needs, 19% patients registered with Community Mental Health service, 5.5/1000 reports of concern for vulnerable children.

Improvement Team

- Our project team is (will be) made up of:

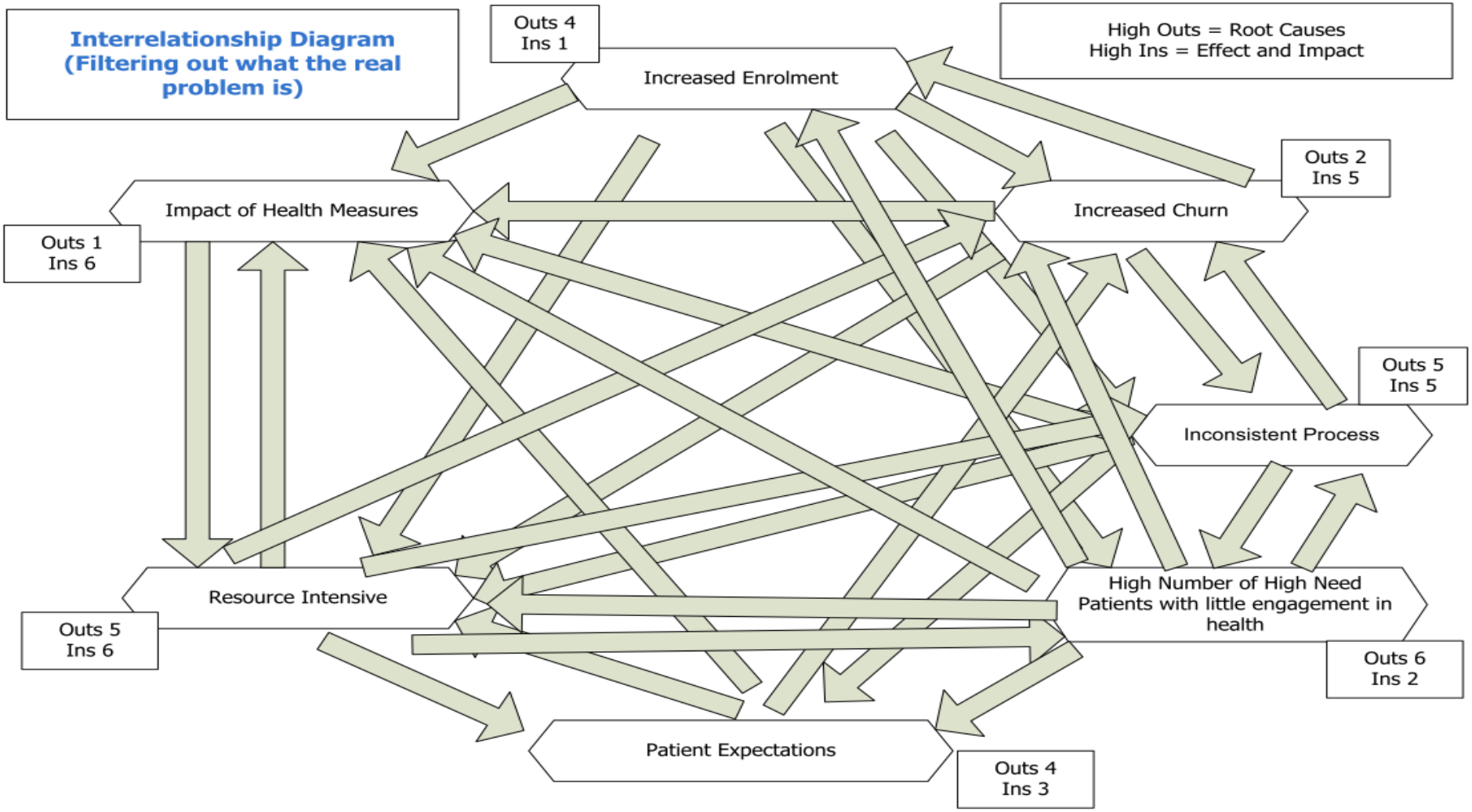
- Service Manager GHL
- Clinical Nurse Leader
- Nurse Practitioner Intern
- Clinic Coordinator
- Project Leader
- Quality Advisor (WRHN)
- Consumer

What are we experiencing?

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

- **New Enrolments April 2017- Current 1,854**
- **Patient Exits April 2017 – Current 779**

Understanding the ‘real problem’



Problem Statement

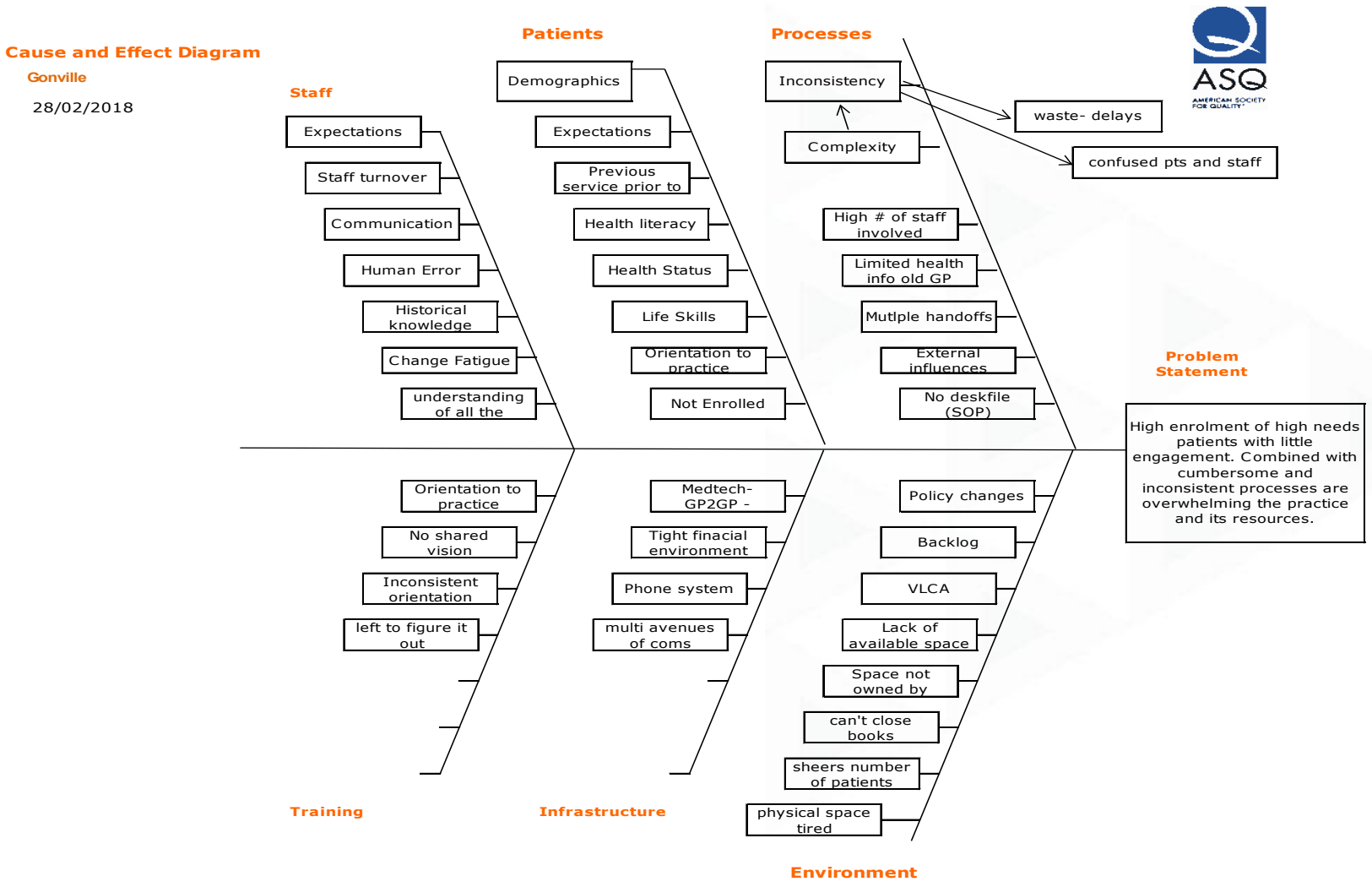
High enrolment of high need patients with little engagement in health combined with inconsistent and resource intensive processes are overwhelming the practice

Project

- Details of your project or potential projects, the key here is to explain succinctly, the problem you are trying to solve.

How does it impact on our practice and patients?

Fishbone Diagram



Aim Statement

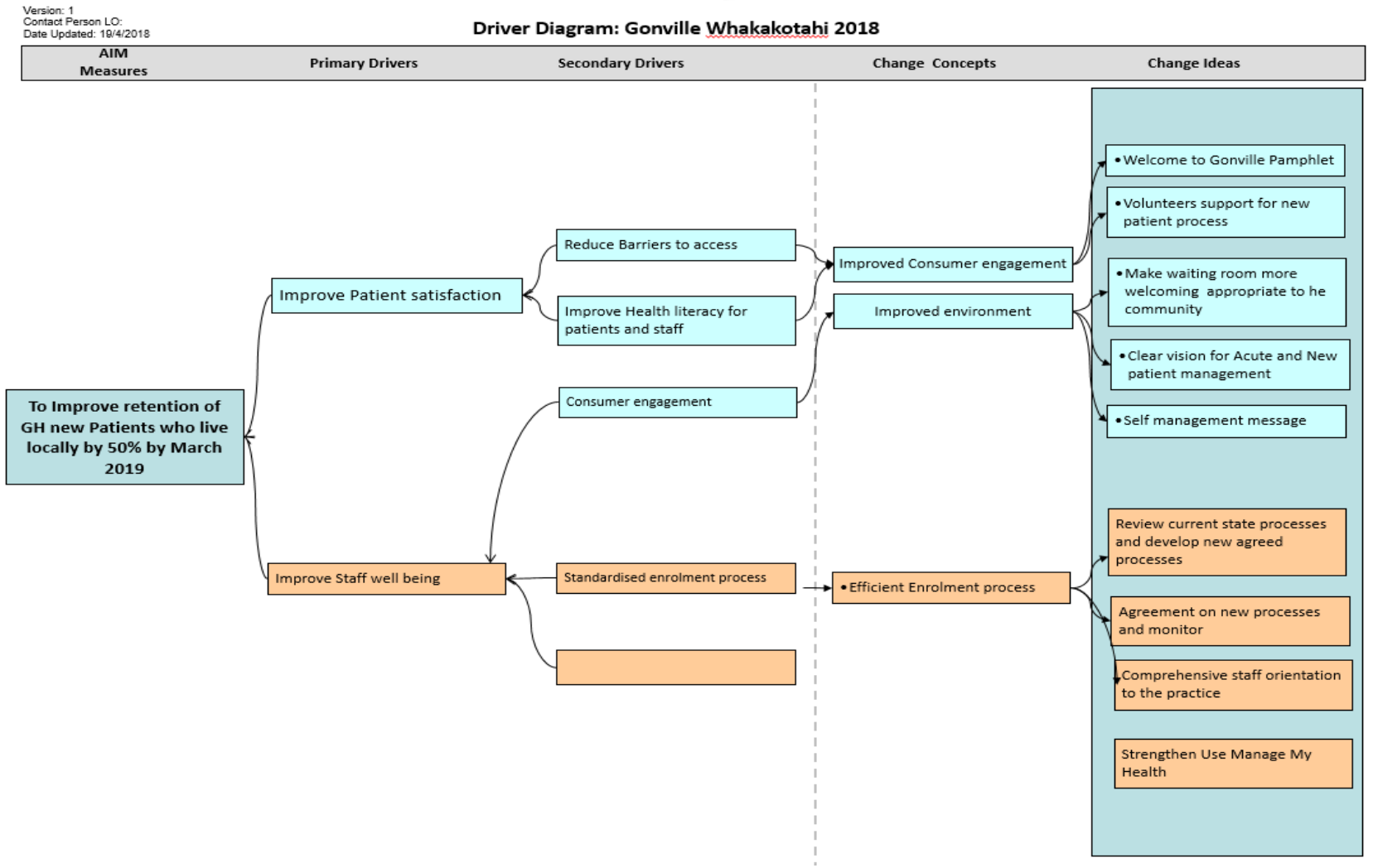
- Vision Statement:

Aim Statement:

By April 2019 we will demonstrate a 50% reduction in patient churn out to local practices

- Churn defined as the rate of patients that arrive within any given quarter and have left to a local practice by the end of the following quarter)
- Comparison will be the % of patients that enrolled between Q2-4 2017 and transferred locally before the end of the following quarter verses the same cohort for Q2-Q4 2018

Driver Diagram



Measures

- Measurements Outcome Measures (retention) /Process measures (efficiencies) and Balancing Measures (unintended consequences)
- Family Measures / Measure measurement plan
- Time to first consult
- Time of enrolment process
- Patient satisfaction
- Staff wellbeing
- Number of steps in process
- Wait time to third next appt
- Financial
- Narrative run chart

Family of Measures

	Description	Measure	Current performance	Target performance
Outcome measure	Retention of new patients			
	Retention of Whanganui residence at GHL			
	Patient turnover/Churn	Number of new /number exited		
	Patient satisfaction			
	Staff well being			
Process measure	Time to first consultation			
	Number of steps in process			
	Time to undertake process			
Balance measure	Financial impact			
	Patient turnover			

Diagnose the problem- tools

Process Mapping- Below is what was the initial understanding of our current state. Post -It-notes and discussion over 2 hours.

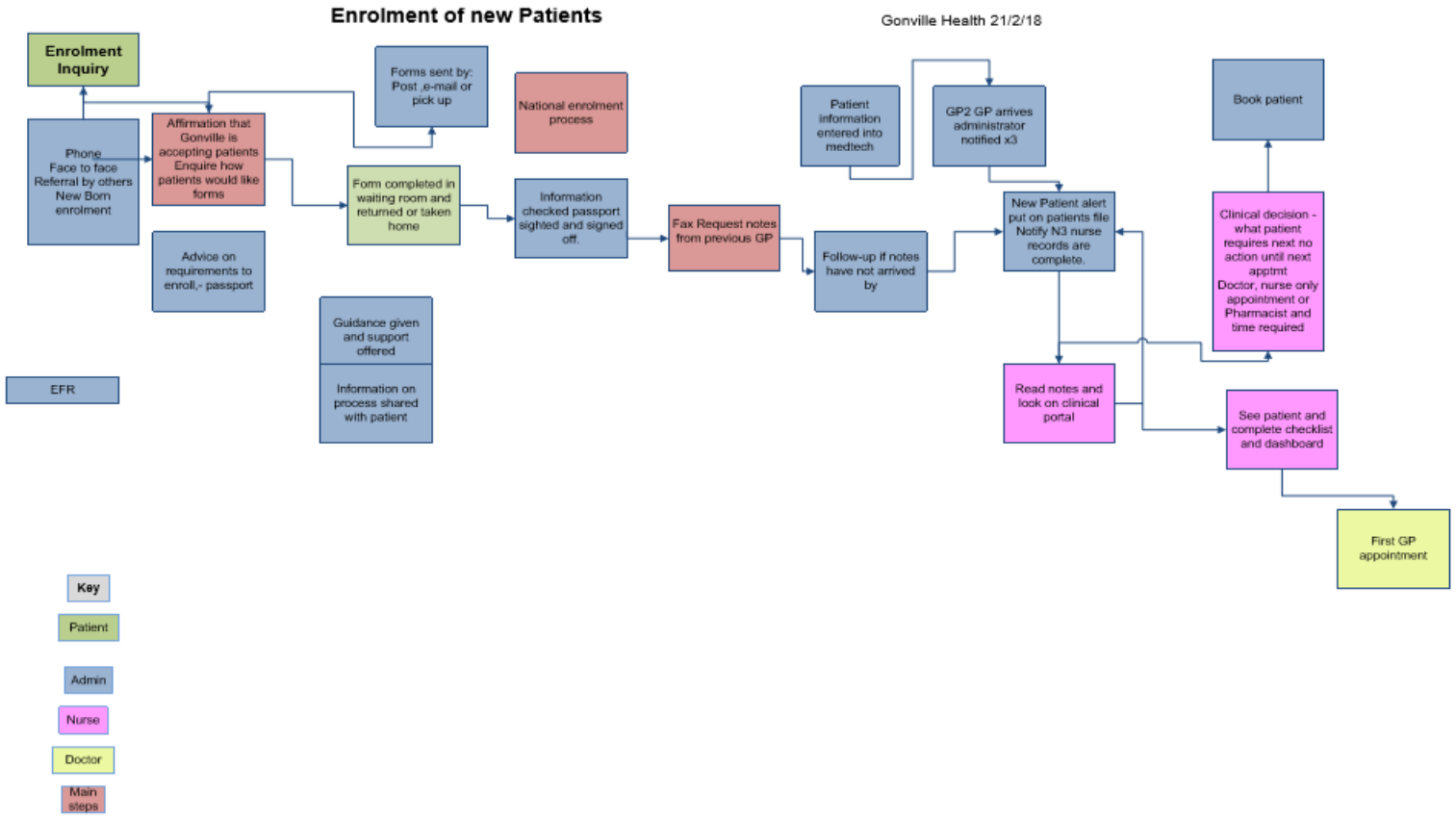
When presented to the staff they indicated the map was what they understood was the process. But that it wasn't what usually happened and that there was always variance.

This resulted in **Observation** and tracking of the Enrolment Process by 2 of the Project team. Four separate patients enrolments were followed.

In summary this showed:

- That there were multiple opportunities throughout the process for the wrong information to be gathered and not checked.
- That the individual administrators had slight variances to how they undertook the process.
- There is no desk file that the admin team used
- Medtech allows for variance

Current State Map



Future State Map

Diagnose the problem – data

- What data is available to help you understand the problem?
- What does it tell you? How can you use it?

Measurements

Capturing the Patient Experience

- Consumer identified but not formally engaged as yet.

Patients feeling part of the practice and empowered in their health!

First coffee – then care!

Stakeholders & Communication

- GHL Board have endorsed the project
- Project Team engaged with the process
- Practice Team participated with two sessions,Project notice board available for staff to put comments on.
- Consumer Group discussed with individually but actually involved yet
- Focus groups for specific PDSA cycles e.g the waiting room and patient booklet.

Highlights/Lowlights

Highlights

- Getting the project team together
- The learning experience
- Understanding more of the detail
- Input

Lowlights

- Not having enough time together as a team.
- Project work is time consuming
- How to demonstrate aim quantitatively

Key Success/barriers

- Data is available but time to consider or adjust what is being asked for is more difficult.
- Level of understanding of improvement science is low within the group but enthusiasm is high.

Lessons Learned

- A project of this size needs committed time
- Consumers need to engaged from the beginning