Improvement Team:

Janine Rider – Service Manager
Manu Lewis- Maniapoto – Project Leader
Bev Foster – Nurse Leader
Colleen Dudley – Clinic Coordinator
Lucia Gribble – Nurse Practitioner Intern
Co-opted Members: GHL Staff and Consumers

Background

- Gonville Health is a purpose built general practice located in a high deprivation area of Whanganui

- VLCA practice with approximately 7,000 enrolled patients - 70% are high Needs

- 19% of our patients are registered with Community Mental Health service

- 5.5 per 1,000 have a report of concern (high number of vulnerable children)

- We have a transient and increasing enrolled population

Enrolment Volumes by Quarter and High Needs Status

HighNeeds ● High Needs ● Non HN
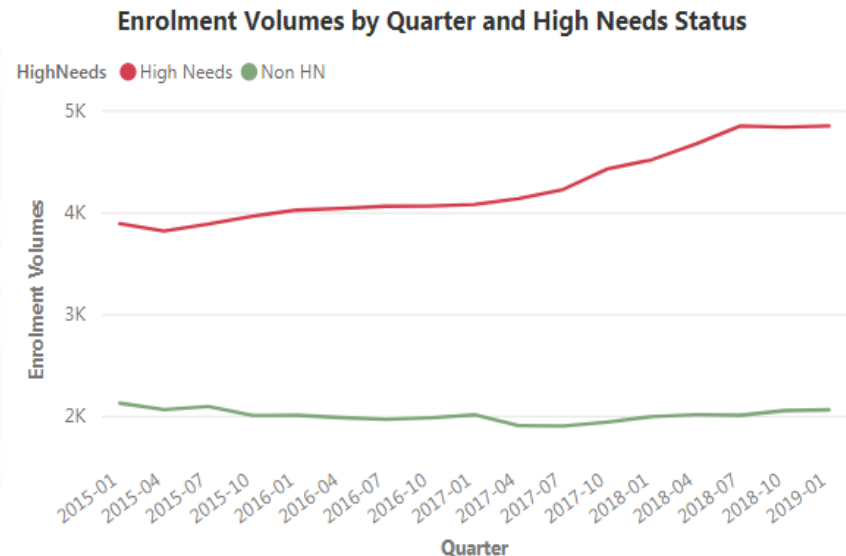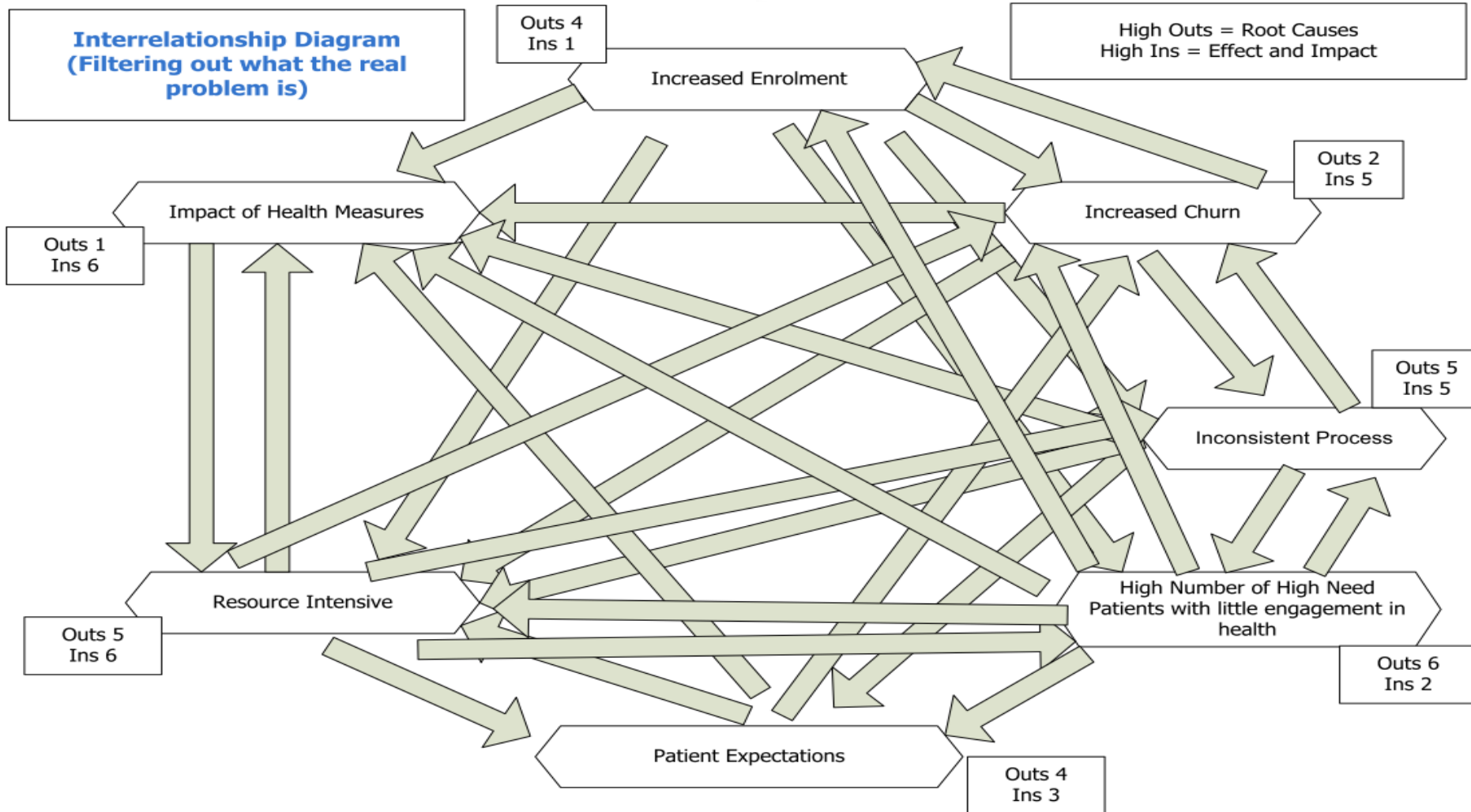
Executive Summary

As a VLCA practice, Gonville Health was feeling overwhelmed by the number of new patient's that we were enrolling and trying to create a therapeutic relationship with.

This storyboard shows our journey of how we went about understanding our problem and creating a process of change and evidencing improvement.

The results have been that the staff have felt more in control, patients have said enrolling is less complicated, patients are more informed and we know more about our patients in a way that helps us partner them towards being more engaged in the practice, their health and self management.

Understanding the Problem

Interrelationship Diagram (Filtering out what the real problem is)

High Outs = Root Causes
High Ins = Effect and Impact

Outs 4 Ins 1
Increased Enrolment
Outs 2 Ins 5
Impact of Health Measures
Increased Churn
Outs 1 Ins 6
Outs 5 Ins 5
Inconsistent Process
Resource Intensive
High Number of High Need Patients with little engagement in health
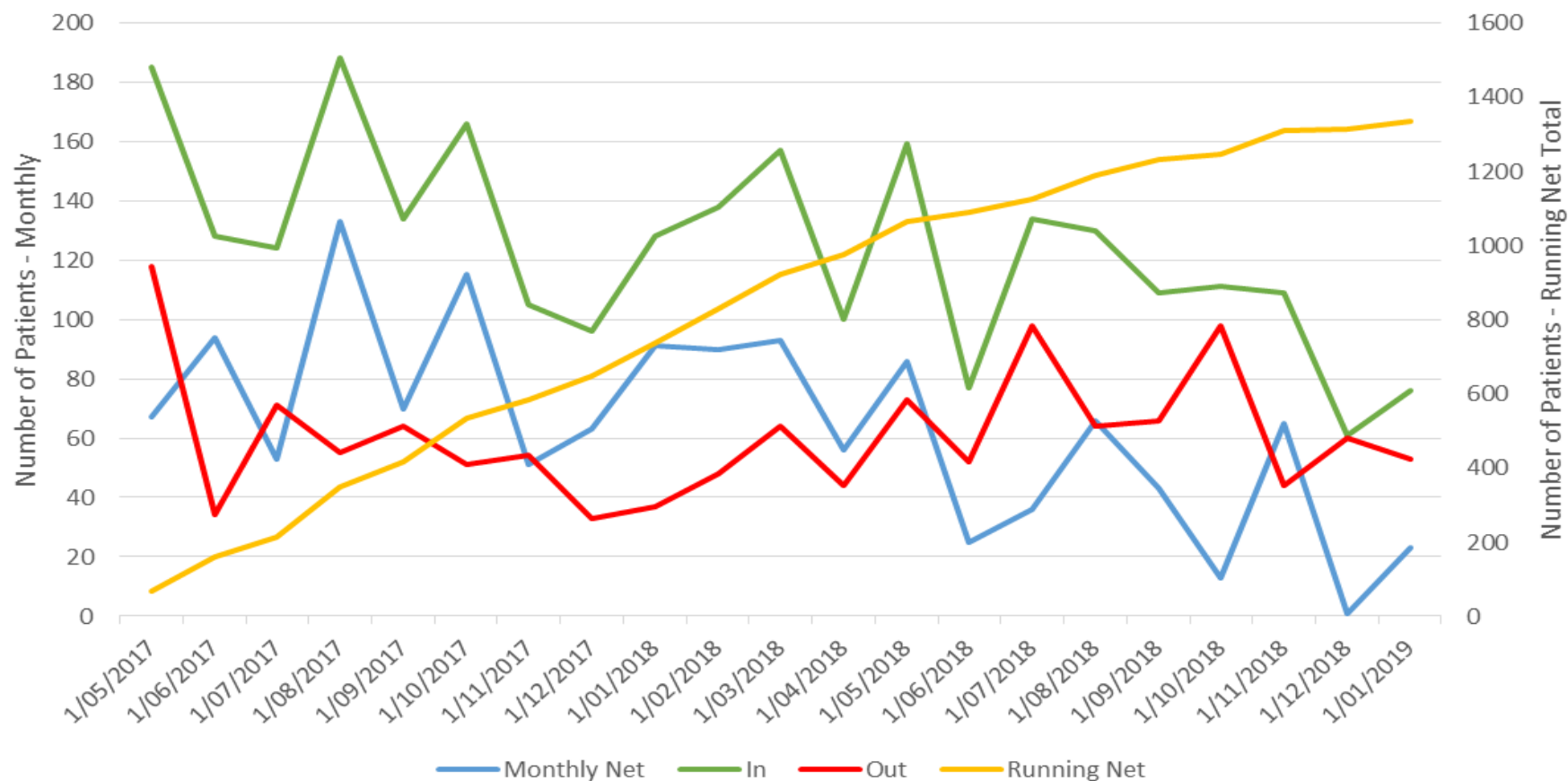Outs 5 Ins 6
Outs 6 Ins 2
Patient Expectations
Outs 4 Ins 3

Understanding the Problem

Patient In-Out & Net Volume by Month with Running Net Total

New Enrolments   **May 2017 – January 2019**   **2,637**
Patient Exits   **May 2017 – January 2019**   **1,301**

Problem Statement

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

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

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KO AWATEA
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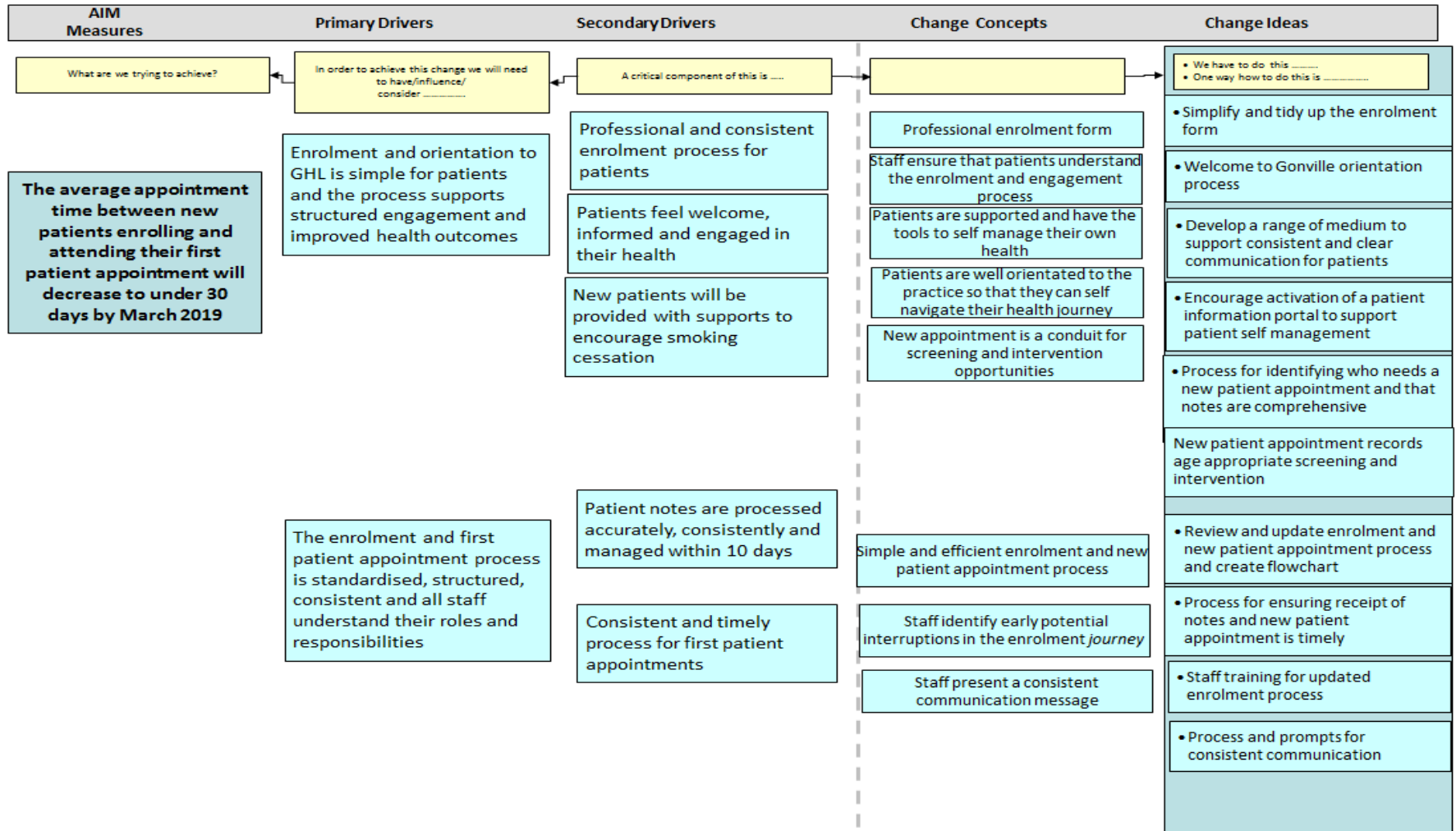# Diagnosis: **Fishbone Diagram**

Diagnosis: Driver Diagram

Version:
Contact Person:
Date Updated:

Driver Diagram: Gonville Whakakotahi 2018

AIM Measures	Primary Drivers	Secondary Drivers	Change Concepts	Change Ideas
What are we trying to achieve?	In order to achieve this change we will need to have/influence/ consider	A critical component of this is		• We have to do this .... • One way how to do this is ....

The average appointment time between new patients enrolling and attending their first patient appointment will decrease to under 30 days by March 2019

Enrolment and orientation to GHL is simple for patients and the process supports structured engagement and improved health outcomes

- Professional and consistent enrolment process for patients
  - Professional enrolment form
    - • Simplify and tidy up the enrolment form
  - Staff ensure that patients understand the enrolment and engagement process
    - • Welcome to Gonville orientation process
- Patients feel welcome, informed and engaged in their health
  - Patients are supported and have the tools to self manage their own health
    - • Develop a range of medium to support consistent and clear communication for patients
  - Patients are well orientated to the practice so that they can self navigate their health journey
    - • Encourage activation of a patient information portal to support patient self management
- New patients will be provided with supports to encourage smoking cessation
  - New appointment is a conduit for screening and intervention opportunities
    - • Process for identifying who needs a new patient appointment and that notes are comprehensive
    - New patient appointment records age appropriate screening and intervention

The enrolment and first patient appointment process is standardised, structured, consistent and all staff understand their roles and responsibilities

- Patient notes are processed accurately, consistently and managed within 10 days
  - Simple and efficient enrolment and new patient appointment process
    - • Review and update enrolment and new patient appointment process and create flowchart
    - • Process for ensuring receipt of notes and new patient appointment is timely
- Consistent and timely process for first patient appointments
  - Staff identify early potential interruptions in the enrolment *journey*
    - • Staff training for updated enrolment process
  - Staff present a consistent communication message
    - • Process and prompts for consistent communication

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Model of Improvement Example: PDSA Summary

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 (TIMWOOD), 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 PDSA cycle

Updated State Map
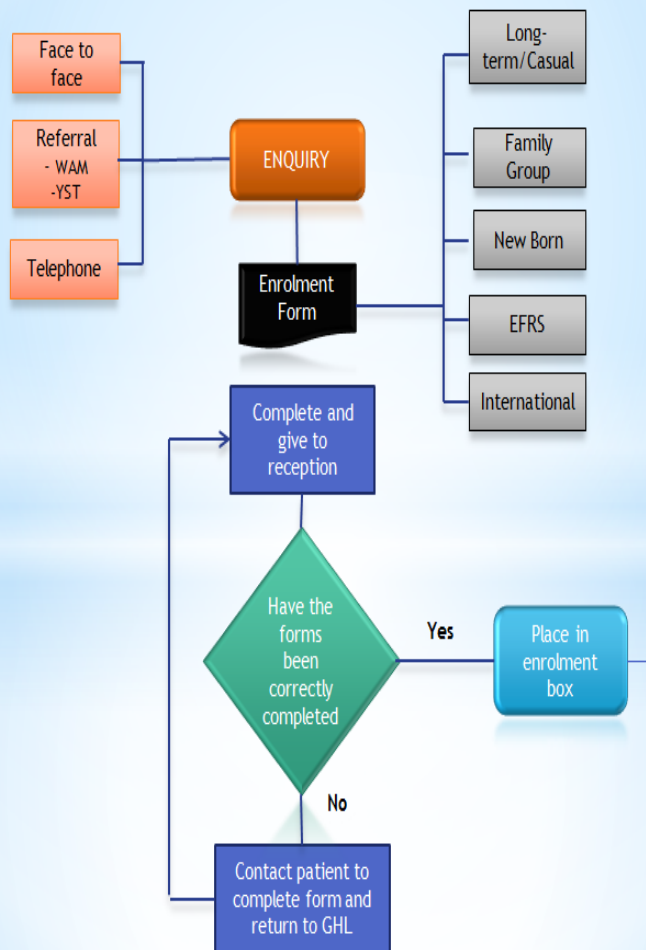
Family of Measures

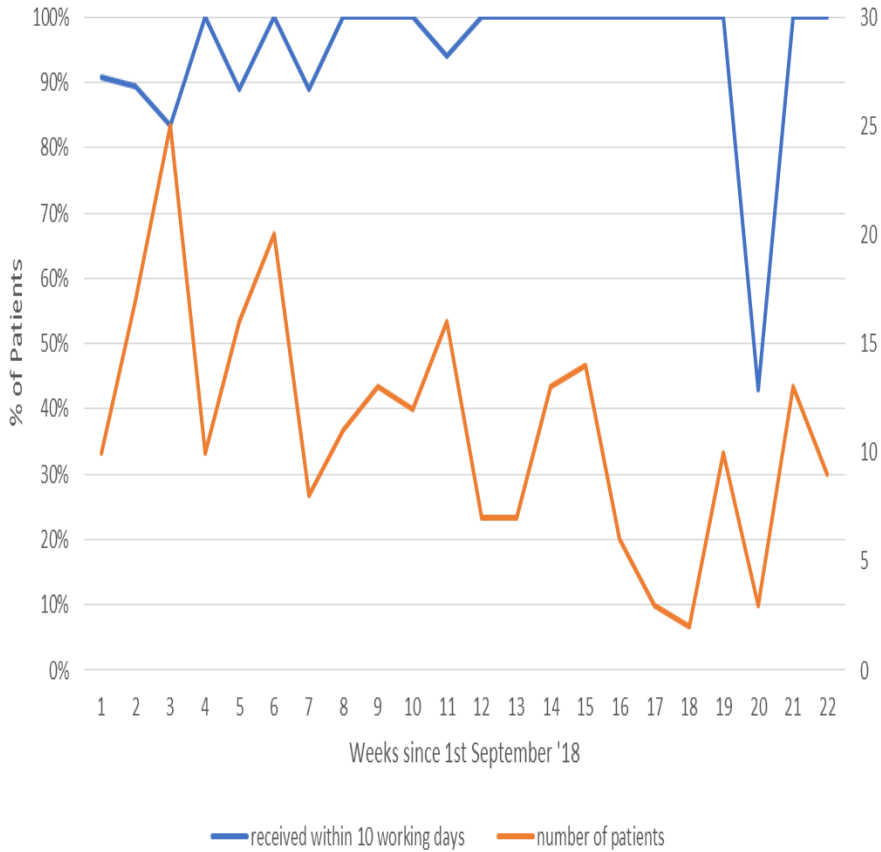|	Description	Measure	Performance at Project Planning Stage	Target performance
Outcome measure	Reduce the time between the patient enrolling in the practice and attending their first appointment to assist with the patient being engaged in the practice and their healthcare journey as soon as possible after enrolment	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	As at July 2018 average time is 30 days. This is decrease to the 75 days average May 2017	Reach 30 average days between the patient enrolling and attending their first patient appointment by March 2019
Process measure	Measure and reduce the time taken between enrolling the patient and receiving their notes	By December 2019, the average time taken between enrolment and patient notes being received will be less than 10 working days	No measurement, no follow up of notes not received	By week 8 100% had been achieved and consistently thereafter
	Patient portal will be adopted by new patients as a support mechanism of self management	By March 2019, 80% of new enrolees will adopt Patient Portal	No Between 4.4 – 4.6% Oct/Nov 2018 and less than 1% prior to rollout of the change	80% of new enrolees by March will also enrol in Patient portal at the same time as enrolling at the practice
Balance measure	Ensure that the change process does not affect staff satisfaction or empowerment	That the indicators of staff feeling in control of the process stay the same or improve over time	In January 2018 indicated that they were a 2 on a scale of 1-5 of feeling in control of the enrolment process	In November 2018 70% of staff stated they were a 4 and 30% a 5 on the scale of control

OUTCOME MEASURE
Average Number of Day between Enrolment and First Patient Appointment over Time
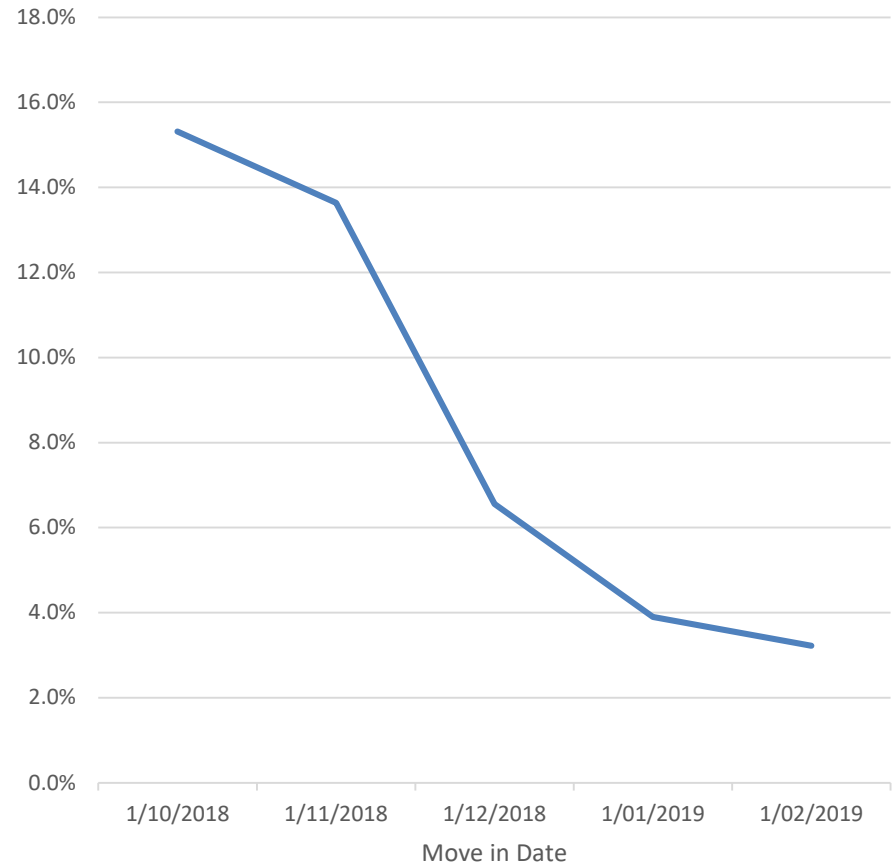
Control Chart for Average Days Until First Appointment - All Ethnicities

Recognised an issue and started measuring and communicating

Submitted for Whakakotahi

Commenced Whakakotahi Project

Process mapping

Remodelled the enrolment form

Flu Season

Adopted changes to new patient appt process

Adopted receipt of notes measurement reporting

Encouraging patient sign up to MMH

UCL
2σ
x̄

Average days to be seen

75
65
55
45
35
25
15

1/05/2017 1/06/2017 1/07/2017 1/08/2017 1/09/2017 1/10/2017 1/11/2017 1/12/2017 1/01/2018 1/02/2018 1/03/2018 1/04/2018 1/05/2018 1/06/2018 1/07/2018 1/08/2018 1/09/2018 1/10/2018 1/11/2018

——— Average days to be seen   ——— Mean   ——— Desired Max   ——— UCL   - - - - Sigma   - - - - 2*sigma

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PROCESS MEASURES

BALANCING MEASURE
Ensuring that the Changes Don't Create Inequities
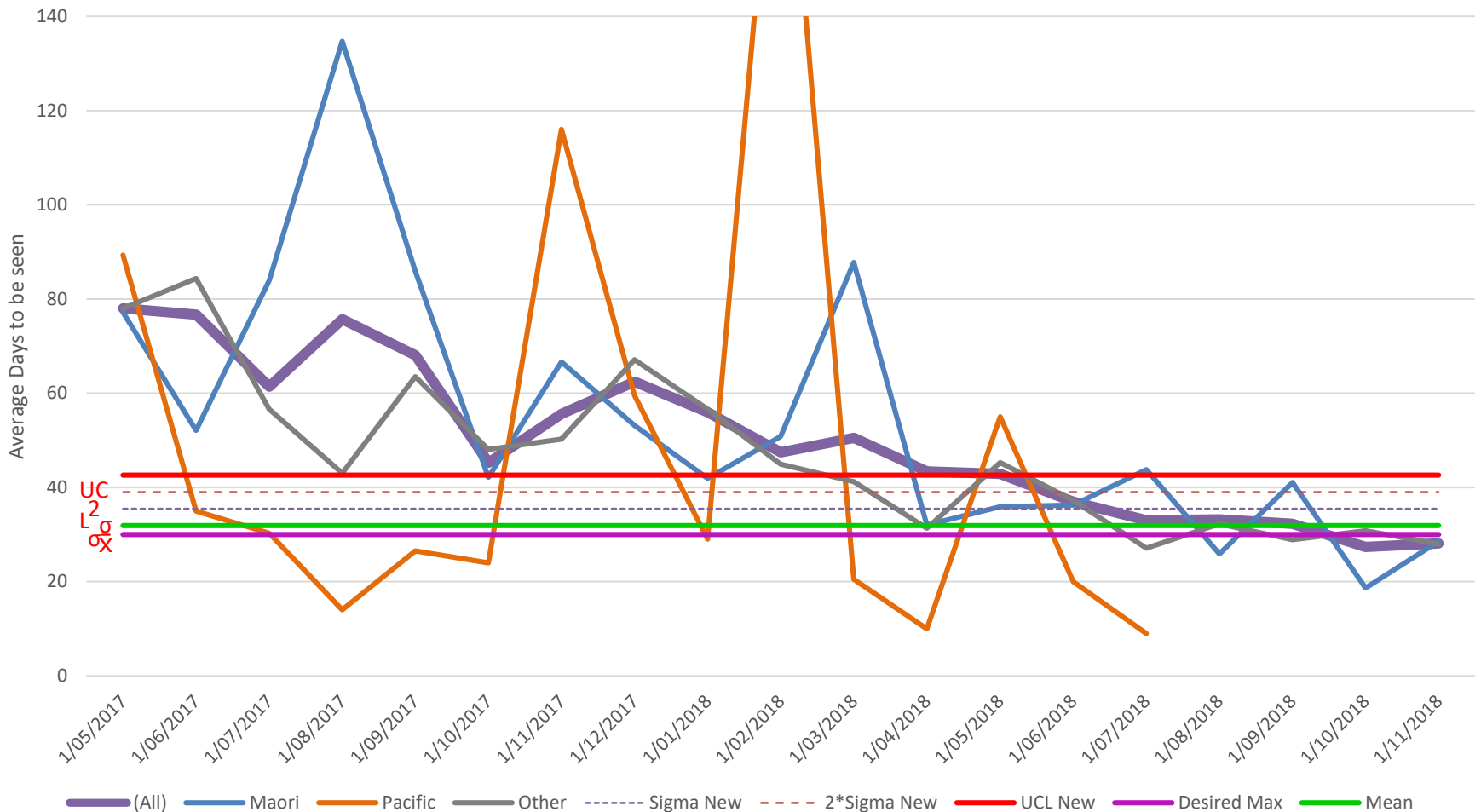
BALANCING MEASURE
Staff Satisfaction

STAFF FEEDBACK
JANUARY 2018

STAFF FEEDBACK
NOVEMBER 2018

NOT IN CONTROL
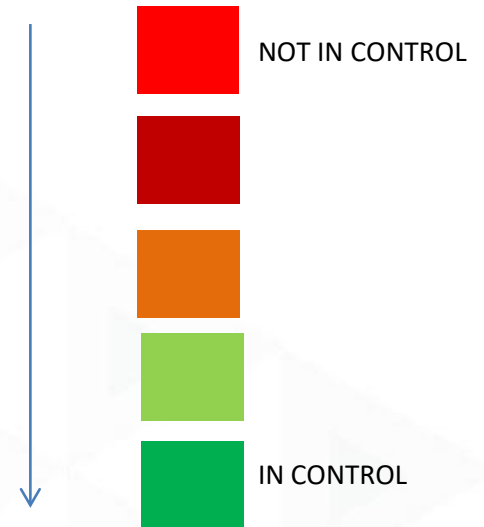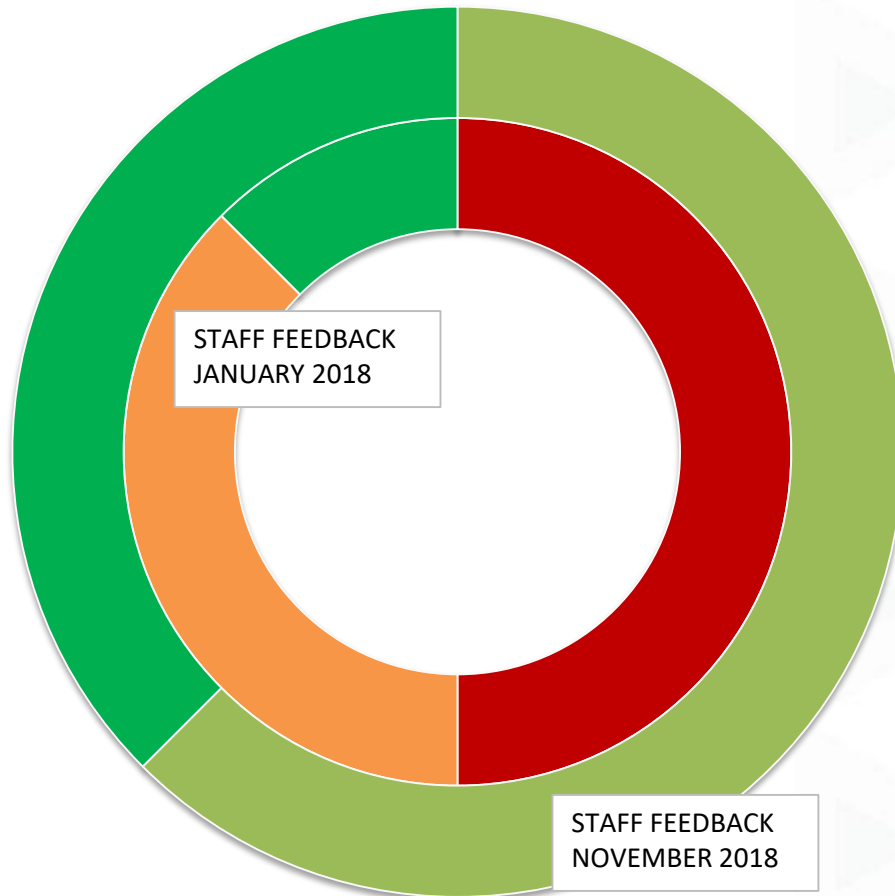
IN CONTROL

Staff Satisfaction Survey

'How in control do you feel of the enrolment process'?

Lessons Learned

- That sustainable change will only come from using quality improvement methods and good measurements provide evidence. As identified in the Outcome Measure Graph we started creating change before we started our quality journey

- What we can see by the graph is that we see improvements from May 2017-Jan 2018 but they are more erratic and there is no evidence that the changes put in place at that time would have continued to improve or even remain

- From Jan 2018 to current we are seeing sustainable and more regular improvement as we put the model of change in place.

Highlights – Lowlights

Highlights

- Increased patient engagement and staff satisfaction
- Knowledge and skills to achieve sustainable improvement
- Working as a team
- Level of calm and satisfaction that has emerged post quality improvement changes
- Data as evidence to validate or determine focus areas
- Side streams of work done due to knowledge gained e.g cancer register
- Using the information and skills gained
- Knowing it will only get better from here

Lowlights

- Finding time and competing priorities
- The urge to reach a solution/conclude without going through a quality process
- Easy to move off track