Improvement Team:

Janine Rider – Service Manager
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Bev Foster – Nurse Leader
Colleen Dudley – Clinic Coordinator
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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
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)

Outs 4
Ins 1

Increased Enrolment

Outs 2
Ins 5

Increased Churn

Outs 5
Ins 6

Resource Intensive

Inconsistent Process

High Outs = Root Causes
High Ins = Effect and Impact

Outs 6
Ins 2

High Number of High Need Patients with little engagement in health

Outs 4
Ins 3

Patient Expectations
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.
Diagnosis: Driver Diagram

**AIM Measures**

What are we trying to achieve?

**Primary Drivers**

- Enrolment and orientation to GHL is simple for patients and the process supports structured engagement and improved health outcomes.
- Patients feel welcome, informed and engaged in their health.
- New patients will be provided with supports to encourage smoking cessation.

**Secondary Drivers**

- Professional and consistent enrolment process for patients.
- Patients are supported and have the tools to self-manage their own health.

**Change Concepts**

- Professional enrolment form
- Staff ensure that patients understand the enrolment and engagement process
- Patients are well orientated to the practice so that they can self-navigate their health journey.
- New appointment is a conduit for screening and intervention opportunities

**Change Ideas**

- Simplify and tidy up the enrolment form
- Welcome to Gonville orientation process
- Develop a range of medium to support consistent and clear communication for patients
- Encourage activation of a patient information portal to support patient self-management
- Process for identifying who needs a new patient appointment and that notes are comprehensive
- New patient appointment records age appropriate screening and intervention
- Review and update enrolment and new patient appointment process and create flowchart
- Process for ensuring receipt of notes and new patient appointment is timely
- Staff training for updated enrolment process
- Process and prompts for consistent communication

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

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.

Consistent and timely process for first patient appointments.

Simple and efficient enrolment and new patient appointment process.

Staff identify early potential interruptions in the enrolment journey.

Staff present a consistent communication message.
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
## Family of Measures

<table>
<thead>
<tr>
<th>Description</th>
<th>Measure</th>
<th>Performance at Project Planning Stage</th>
<th>Target performance</th>
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</thead>
<tbody>
<tr>
<td><strong>Outcome measure</strong></td>
<td>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</td>
<td>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</td>
<td>Reach 30 average days between the patient enrolling and attending their first patient appointment by March 2019</td>
</tr>
<tr>
<td><strong>Process measure</strong></td>
<td>Measure and reduce the time taken between enrolling the patient and receiving their notes</td>
<td>By December 2019, the average time taken between enrolment and patient notes being received will be less than 10 working days</td>
<td>By week 8 100% had been achieved and consistently thereafter</td>
</tr>
<tr>
<td></td>
<td>Patient portal will be adopted by new patients as a support mechanism of self management</td>
<td>By March 2019, 80% of new enrolees will adopt Patient Portal</td>
<td>80% of new enrolees by March will also enrol in Patient portal at the same time as enrolling at the practice</td>
</tr>
<tr>
<td><strong>Balance measure</strong></td>
<td>Ensure that the change process does not affect staff satisfaction or empowerment</td>
<td>That the indicators of staff feeling in control of the process stay the same or improve over time</td>
<td>In November 2018 70% of staff stated they were a 4 and 30% a 5 on the scale of control</td>
</tr>
</tbody>
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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 app process
- Encouraging patient sign up to MMH
- Adopted receipt of notes measurement reporting
- Measurement reporting

Average days to be seen

- Mean
- Desired Max
- Upper Control Limit (UCL)
- Sigma
- ±2 sigma

Dates:
- 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
PROCESS MEASURES

% of GP2GP Received within 10 Business Days

% of New Enrollments added to MMH

- Blue line: received within 10 working days
- Orange line: number of patients

Move in Date:
- 1/10/2018
- 1/11/2018
- 1/12/2018
- 1/01/2019
- 1/02/2019
BALANCING MEASURE
Ensuring that the Changes Don’t Create Inequities

Average Days for First Appointment vs Patients Enrolled by Month
BALANCING MEASURE
Staff Satisfaction

STAFF FEEDBACK
JANUARY 2018

STAFF FEEDBACK
NOVEMBER 2018

'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

- 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