

PLAYING THE LONG QUALITY GAME IMPROVES CHRONIC DISEASE OUTCOMES FOR RURAL PATIENTS

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Background: For the past four years, West Wimmera Health Service (WWHS) has been working with Wimmera Primary Care Partnership (WPCP) in using the Plan, Do, Study, Act (PDSA) quality improvement methodology to better coordinate the care of clients at the WWHS Natimuk campus and to improve communication with the Natimuk/local General Practice. Natimuk is a small rural town in Western Victoria and prior to this work, communication between the General Practice and WWHS was poor, resulting in low rates of referrals. Local clients with chronic conditions were bearing the consequences and had to travel to access allied health services. Due to long travel times, lack of public transport and lack of understanding of intended health benefits, many missed out on a holistic multidisciplinary care.

Methodology: WWHS and WPCP formed a quality improvement team at Natimuk and trialled a suite of GP feedback tools. The service then expanded communication practices with the general practice and over time developed a multi-disciplinary team day when the Diabetes Educator (DE), Podiatrist and Dietitian and GPs are available to provide consultations on the same day. Processes to ensure all qualifying clients have a complete cycle of diabetes care were then implemented, as well as a new model of care using the MBS Schedule.

Results: Improving the communication practice with the GPs has led to a dramatic increase in referrals to WWHS Allied Health services. To address this increase in referral traffic and improve client access, WWHS utilised the MBS schedule to increase Allied Health EFT at Natimuk. This has also allowed the Allied Health professionals to run a multi-disciplinary diabetes clinic on a fortnightly basis and clients are now able to book several appointments on the same day thus reducing extra travel for rural clients. Following the PDSA cycle, further study identified that the GP and the DE could consult in the same room at the same time. Recommendations for treatment regime or medication changes are discussed between the DE, GP and client and then implemented immediately increasing time efficiency as well as effectiveness whilst providing patient centred care. Clients no longer need to travel to access best practice diabetes care and they now have a care plan that maps out their care. Clients' diabetes-related biochemistry results indicate improvements in diabetes management which is likely to have been brought about through improvement in diabetes care provided by the multi-disciplinary team. Also, to accommodate the increase in service, a whole new Allied Health wing is currently under construction at the WWHS Natimuk campus.

Conclusions: This work positively demonstrates the power of the PDSA quality improvement process as a successful way to implement change. Rural clients now have better access to services, improved processes to ensure they receive the care they need, coordinated care and a whole new facility for their care.

Preference: Oral presentation

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