

WA, SA, NT Learning workshop 1

## **IDEAS FACTORY - *A problem shared is a problem solved***

### **Q. "How do we work around a workforce shortage of GPs?"**

- Know your staff capabilities well and use them
- Use of Practice Nurse (PN) and other Health workers
- Pap smears by PN
- Patient history taken by other staff
- Share PNs with other practices
- Use overseas trained doctors
- Use allied health workers
- Use registrars/pathways
- Use Nurse practitioners
- Collaborate with other practices
- Policy shift
- Lifestyle choices
- Division support
- Amalgamate
- Know your business
- Manage return visits policy
- Use shortcuts to documenting consults (i.e. tick lists/prompts)

### **Q. " How do we encourage patients to see the same GP at each visit?"**

- Ask "who is their usual GP?" at first point of contact
- Check in system who patient last saw and book in with that GP again
- GPs encourage patients to have regular GP
- Encourage floaters to nominate preferred GP
- Educate the patient - explain to patients why it is important to see same GP each time
- Educate the receptionist/s to ask "who do you normally see?"
- Ask why they don't want same GP each time
- Flyer at reception explaining why same GP each time is preferred
- GPs to be flexible with pre-booking appts
- Ask patient about problem/condition so staff can direct to best GP to work with this patient/condition
- Understand nature of visit
- Forward planning
- Communication between doctors
- Introductions to GPs for familiarity
- Must feel comfortable with the TEAM

- Access issues
- Collaboration
- Staff to assess - are they doctor shopping?
- Poster in waiting room – ‘Plan for your care’
- Buddy up system
- Implement systems/policy
- Remove options
- See nurse first – nurse to educate patient
- Nominate 2 for sick days etc
- Promote specialist
- Drs can get co-dependency

**Q. How do we improve engagement in understanding of diabetes in our (non-english speaking) Aboriginal Populations?**

- Home visits with good food ideas (i.e. basket of fruit)
- Cooking sessions
- Home visits – Looking through peoples pantry to identify ‘good’ and ‘bad’ foods
- Shopping sessions to point out ‘good’ and ‘bad’ foods
- Look at resources within clinic and community and find ways to disseminate information (eg. Radio show)
- Find a GP who has already engaged and use them
- Themed camps, use allied health and clinic staff (i.e. Diabetes camp)
- Educate kids to make healthy choices
- Educate kids at school to make healthy choices
- Flinders model of Chronic Disease – start with their goal i.e. “I want to be able to go hunting”
- Get a dietician to review the school lunch program
- Engage the reliable GP in the community to educate the rest of the community
- Type II DM risk assessment tool
- Health promotion boards – Risk factors, Short catchphrases from Diabetes website
- Show bag of goodies to get people into the clinic and raise awareness of diabetes
- Lunch + info session
- Utilise AHWs
- Identify key people to lead change
- Engage the elders/ community leaders
- Train up AHWs/CSWs as diabetic educators
- Contact other AMSs to see what they are doing
- Apply for grants to get different programs going
- Hold info sessions out of the clinic and in a more traditional place (around a fire, in the community etc) and have a key member of that community deliver some of the information, show ‘good’ and ‘bad’ examples of food from shop
- Chart within a range of blood sugar levels correlating to different level of health and feeling good

**Q. How do we encourage all our GPS to code correctly?**

Set up meeting to explain importance – how better coding will help practice generate more income (SIPs & PIPs), better monitored results, save time in the medium to long term

Be clear about what is expected

Agree within the practice group of a code list – what do you want coded? How are you going to code?

Agree that all GPS will code in the same manner

Check list on PC

One on One meetings if required

Create a list for only chronic disease

Get GP to engage other GPs

Practice nurse to go through and check codes

Reminders to code – sticky notes on GPs monitors (change colors/shapes weekly)

List from pathology labs

Sign on GPs monitor “have you coded correctly”

Induction process for GPs

Training session for GPs

Orientation sheet for locums & existing GPs (cheat sheet)

Agree within the practice “how are we going to achieve this? Set timelines and reassess

Laminate a code list and place on desks

When doctor hands over billing item to admin they also include code on slip

Appeal to GPS competitive nature and graph coding for all to see

Provide feedback to practice group about success of coding

Give some protected time to update

Provide evidence/data that coding helps manage patients more effectively

Can't have a good register unless patients are correctly coded

Show the link between correct coding and registers

Highlight clinical significance relating to clinical care

All new patients were flagged up front for a history of diabetes or heart disease

Embed coding on practice policy

Create a feeling of ownership about APCC issues – regular meetings, poster in tea room

Limit the number of diagnoses available for GPs to code

Put the onus on non-compliant GPs to suggest alternative solution to create effective registers & optimal chronic disease care

Show GPs the data/evidence of their own patients

**Q. How do we motivate all the practice team in improvement?**

Culture change come from the top – CEO to ‘buy in’

Find out why unmotivated/resisting behaviours are happening and address

Work with peoples strengths and build on them “each individual is an important member of the team and your strengths and skills are needed” etc

Bring in outside company to do some process mapping  
Clear job descriptions/ role definitions/ responsibilities  
Open up lines of communication  
Encourage open & honest communication at team meetings  
Look at practice mission statement  
Motivate team with incentives (money, awards, recognition, movie passes, time off etc)  
Concentrate on the team members who are 'on side'  
Dot point summary sent out to the team about team building  
Sell on improved job satisfaction, happier workplace, better working environment  
Clear lines of delegation  
Take small steps (particularly if team has been 'broken' for a long time)  
Take small steps and set achievable goals, communicate results/achievements  
Different people at different stages is OK  
Show benefits of change, needs to be non-threatening  
Relate to other aspects of life to gain interest  
Acknowledge that fear of change is normal – then help overcome it  
Display APCC material in tea room, including graphs, to highlight improvements and motivate further  
Use lots of encouragement and praise  
Information is everything  
Motivate team with the things they are interested in "What should we try first/ what data would you like to look at?"  
Encourage ownership of the process  
Consider the system, not the people  
Provides GPs with regular time out (remote locations in NT)  
Make it fun  
When the practice owns the problem, you can assist them in solving the problem  
Encourage/reward good leadership  
Value all team members

**Q. How do we convert from written files to a paperless practice?**

Get everyone 'on board' to commit to change  
Upskill GPs in MD3 and general PC training  
Promote the need to code as a starting point  
Tell pathology only to deliver results electronically  
Get division staff to break down tasks into chunks  
Receptionists have 'front office' level of access to MD3 to access blood results details  
Develop a 12 month plan – 1. Blood results, 2. Scripts, 3. Training on MD3, 4. Start to include past medical history (MD3 is very good at putting this information into a letter, 5. Get receptionists to attempt 'small chunk' paper to electronic file updates e.g smoking status  
Practice principal to decide a date to stop writing notes

- Employ a practice nurse to gradually transfer relevant info to electronic file
- Buy a scanner
- Use Divisions and seek advice from other paperless practices
- Get students to help with scanning files

**Q. We are a new practice, all staff are new and software is new. Where do we start with our team?**

- Patients see nurse first to put medical details on new database
- Software training for all staff, GPs
- Encourage open and honest communication
- Spend time with the team to engage them
- Someone to drive the team, decide on outcomes
- Time for reflection
- Specific job description/ roles
- Flexibility within the team
- Set team goals
- Allow time to communicate and allocate responsibilities
- Allow staff to develop professionally
- Offer extra training
- Strategic planning each 3 months
- Specific clinics for patients
- Refresher training
- Understand patient demographics and the needs of the patients
- Allocate admin dedicated time
- Use the resources available to you
- Clean slate, great opportunity
- Gauge staff interests, strengths and work with these
- Meet with allied health staff
- Give staff ownership and KPIs to work to
- Rewards for staff
- Develop a mission statement
- Create a business plan
- Use external consultants
- Collaborate with other practices in a similar situation
- Social functions (BBQ at Doctors house)
- Get support from the Division
- Weekly meetings - quick informal
- Christmas, birthday gifts for staff

**Q. How can my practice find protected time?**

- Allocate half hour each morning and one afternoon each week
- Plan protected time well in advance
- Manage protected time slots and coordinate other staff around this
- Allocate roles
- Capacity and demand study – measuring
- Train nursing staff to cover reception etc
- Block off appts for GPs
- Use end of day or morning slots
- Discuss as a team – so everyone gives ‘permission’ to leave you alone Let other staff know you will not be taking call, and will return calls at a later time
- Educate staff on why protected time is required
- Physically remove yourself
- Wear a ‘protected time’ sash, hat, badge so staff recognise not to bother you
- Have a lunch/dinner staff meeting, practice to provide meal
- Have a staff meeting last thing on a Friday and close practice

**Q. How can we manage the balance between acute and booked appointments?**

- Block off appts
- Survey demand for a particular GP who blocks off appts, check with GP before filling
- Review what GP is doing, can others in the practice do the same
- Increase PN numbers
- Triage, scripts, use nurse for screening
- Use AGPAL triage list
- Lengthening time intervals so patient can obtain scrips before being seen
- Review as a business model
- Review follow up appt scheduling
- Book follow-ups on ‘quiet’ days, not literally 1 week etc
- Educate patients
- GPs check for long term medication – is repeat in one month?
- Charge more for scripts
- Patient consistently losing a script – leave at pharmacy
- Charge for DNAs
- People wait in reception for missed appts
- Prioritise appts, Emergency 1<sup>st</sup>, Booked 2<sup>nd</sup>, Walk-in 3<sup>rd</sup>
- ‘Goldstar’ patient – always given a priority appt, no need to explain to reception
- No one gets booked more than 2 weeks in advance
- Identify frequent DNAs
- Use MD2 - SMS messaging
- No appts for nurse first hour in the morning & triage