

A Success Story...

BUILDING THE PRACTICE TEAM TO BETTER UNDERSTAND ACCESS

Access: Building the practice team

Palm Beach Family Practice - QLD

Palm Beach Family Practice is a small practice which joined Wave 3 of the National Primary Care Collaboratives. They tackled all topic areas with great gusto, exceeded all expectations with the number of PDSAs they completed and were exemplary with completing many cycles within their PDSAs.

Team building was introduced in Wave 2 of the NPCC and while recognised as an integral and important Change Principle, many practices found it difficult to engage the team as effectively as they might have hoped.

Palm Beach's approach to building the practice team was not only successful but daring in some respects and shows their practice team was very supportive of the practice's goals in the Collaborative.



Context

Palm Beach Family Practice is located on the Gold Coast within the Gold Coast Division of General Practice, which is mainly RRMA 2 - a large metropolitan city.



Palm Beach Family Practice

While there are multi-million dollar homes in some areas of Palm Beach, the practice is situated in a moderate socio-economic area close to the beach. It is a well established practice operating for some 20 years in the same location.

Their practice population is approximately 10,000 and their demographics fall into mainly two categories: the elderly, with chronic disease, and young families. They have one Aboriginal and Torres Strait Islander family that they know of.

Currently they have 1.8 FTE GPs, 1.3 FTE receptionists, and 1.2 FTE Practice Nurses.

“The practice was very happy with the results of their team building and saw what good communication and staff commitment can do...”

The Situation

At the start of Wave 3, following the first Learning Workshop, the practice started to look at their demand for appointments and kept accurate data for about ten weeks. This mostly showed that demand outstripped supply, mainly due to holidays by the other part-time doctor. Certain strategies were proposed to enable doctors to have a lunch break, including a new script policy which provided some success.

It was then decided to increase availability of appointments on a Monday so as to reduce demand for appointments later in the week. Most of the staff were involved in the planning of this. The booking schedule was adjusted to open up more 'book on the day' appointments by reducing the availability of pre-booked appointments. The first four appointments for the day were allowed to be booked and the last two.

First impressions were good and all patients wanting to be seen on Monday were seen and everyone was happy. It was unclear how this change would impact on the rest of the week as the doctor was away the second week of the PDSA trial.

Cracks started to appear though as the staff on Friday were using more and more 'book on the day' appointments on Monday and appeared to be trying to sabotage the new model.

A new strategy had to be considered.....

The Change

The patients were informed of the changes to Monday appointments and also reminded about the changes if they called on Fridays and Saturdays. This happened verbally and information was also included in the practice newsletter. Patients were told that if they rang on a Monday they would be seen on a Monday.

This however, became increasingly difficult as the number of appointments available for Monday began to diminish.

It was felt that the staff members working on Fridays perhaps didn't have a real appreciation of the Monday changes and the positive impact these changes were starting to have on the practice and their patients.

The practice discussed the possibility of the staff member who worked on Fridays, changing shifts to work on a few Mondays so that she fully understood the impact her actions were having on the appointment book and the Monday staff. A PDSA relating to this action was undertaken.



*L-R: Dr Stephen & Mrs. Robyn Barry-
Principle and Practice Manager*

"Following the first learning workshop the practice started to look at their demand."



*Practising GPs at Palm Beach Family
Medical Centre*

The Change *continued...*

Two things changed as a result of the Friday staff member working on Mondays:

- She saw the model in action, how well it worked and understood the impact of her actions later in the week.
- It was also decided that the Friday staff member would also allocate the pre-booked appointments herself on Fridays.

This was a great idea, and one that wouldn't be possible in all surgeries. Rosters are sometimes difficult to 'fiddle' with and staff are often not as flexible. However, the commitment of the team made this possible and issues relating to access were sorted out by putting some effort into building the practice team.

The Outcome

The practice was very happy with the result of this team building activity and saw what good communication and staff commitment can do for a practice trying to achieve certain goals. The appointment schedule on Mondays continues to improve and the practice is keen to add more days to this model. Unfortunately, the practice will be losing their 0.8 FTE doctor at the end of September which may hold up further development in the access area. They live in hope of improving the system.

The team building activity has spread to other areas of the practice to include the Practice Nurses, who found it difficult to discuss clinical issues with the doctors.

The principle doctor, Dr Barry embraced the NPCC methodology and decided to take the initiative with the nurses and encourage them to add their ideas about patient care and create more discussions around clinical issues. The doctor took on a coaching role to encourage the nurses to be more assertive and take a greater role in acute care.

The doctors also wanted the patients to be aware that the nurses were a major part of the team and could be approached at any time instead of always making appointments with them or requiring return phone calls about issues that may be able to be dealt with by the nurses. The nurses could be more responsible for triage, blood pressure checks and eventually nurse-led clinics.

Various other appointment rules were initiated including the exclusion of certain appointment types on Mondays like GP Management Plans and excisions.

Overall, the practice has united as a team and they are all generally happy with their progress and achievements. The patients are positive about the Monday appointments and it has freed appointments up toward the end of the week as well. Dr Barry feels his practice is now providing a better service to their practice population.

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