

# A Success Story...

## THE PERFECT SLALOM

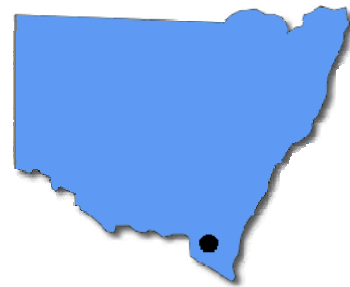
Access : Match the capacity of the practice to the reshaped demand

### Nuggets Crossing Family Practice - NSW

**N**uggets Crossing Family Practice is the only practice in the small country town of Jindabyne in the Snowy Mountains of NSW. Nugget Crossing Family Practice has been inspired since joining the Collaboratives in June 2006.

The Collaboratives has assisted the practice's process of review of change through the PDSA approach. Since becoming a part of the Collaboratives the practice has employed a Practice Nurse to assist in the management of patients with diabetes. They also plan to expand this to become Primary Health Care Clinics and include over 75 years health assessments, asthma and coronary heart disease.

One small change implemented by the practice was to the appointment system to allow for the huge influx of tourists and seasonal workers during the ski season. This small change made a significant impact on the practice and patients in the first year with the decision to continue with this through the remainder of the year. After reviewing the process and making a few changes to the appointment system Nuggets Crossing has successfully worked through a second year of seasonal influx.



### Context

**J**indabyne is a small country town in the Snowy Mountains of NSW and is part of the South East New South Wales Division of General Practice. Jindabyne is a RRMA 5 and has a stable population of 4,000. During the winter ski season the population explodes with an extra 30,000 people including 5,000 seasonal workers. Nuggets Crossing Family Practice is the only medical practice in town. Cooma hospital is 65 km away. Two small practices operate in the ski resorts of Thredbo and Perisher during the ski season.



*Snowy Mountains around Jindabyne*

The practice has three FTE doctors with a Practice Manager, two nurses and four receptionists. The Practice Nurse assists in the management of patients with diabetes and running of primary health clinics. A clinical psychologist and sports physician visit weekly. During the winter months the sports physician increases visits. Two locums are employed and a radiographer is contracted. Tourist income is vital to the viability of Nuggets Crossing Family Practice.

"The change made was an amazing success in the first year and therefore continued the following season"

## The Situation

**T**he issue for Nuggets Crossing was the seasonal demand on the practice. The huge influx of tourists during the winter months included acute, chronic and casualty patients

The aim was to see all patients presenting to the practice including visitors in a timely manner, and to achieve a balance of local patients and tourists for both locum and regular doctors.

Throughout the ski season the local GP was booked ahead with patients who were local, chronic and time consuming. The locums regularly treated the acute and casualty patients.



L-R: The practice team at Nuggets Crossing Family Practice

There was a need to achieve a balanced share between the local doctors and locums of acute and chronic patients as well as acute injury and fracture management patients. This would thereby achieve appropriate income levels for local doctors and locums. There was also a need to reduce the demand by locals on the principal doctor and assist patients in developing their confidence in other doctors through experience.

Any changes needed to ensure that doctors would remain in control of their time, waiting times for booked patients were improved and that the appropriate patients were waiting i.e. walk-ins and a good triage system was maintained to make sure ill patients were not delayed unnecessarily. It was also important to maintain receptionist sanity and control at the front desk!

## The Change

**A** practice meeting was called to discuss a strategy on how to achieve near perfection during the busiest time of the year. It was decided to 'Plan'

- Reserve appointments on the hour every hour for all doctors
- A Walk-In patients column in the booking system
- That patients be triaged at the front desk
- That the patient name would be placed in the Walk-In column with a brief description of the reason for visit

The Doctor or Nurse would apply their initials after the patients name to indicate that they had taken the patient into their care. If the patient was seen by the nurse in the treatment room, the doctor would be aware. Patients were made aware of this by way of notices around the surgery.

Barriers included one doctor refusing to see walk-ins and locals aware of the walk-in slots and using them for chronic illness.

Occasionally receptionists became stressed by some patients having to wait for extended periods of time. Primary health clinics ceased during the 12 week ski season to make appointments available for walk-ins.

"The issue was seasonal demand on the practice... including acute, chronic and casualty patients"

## The Outcome

**T**he change made was an amazing success in the first year and therefore continued the following season. There was a formal review process which included staff and GP input. It was noted that receptionists were concerned about some patients having to wait extended time to be seen by either a GP or nurse.

It was decided to increase the number of allocated walk-in appointments the following season. This was carried out during the 2007 season and resulted in less waiting time for patients.

### Personal benefits for the doctor included:

- Share of acute appointments
- Increased income
- Feeling in control of own time
- Breaking of local patient dependence
- Ability to keep consults short knowing they were a walk-in patient

### Benefits to the practice included:

- Happy doctors and staff
- Patients knowing that they can be seen
- Patients grateful to be seen
- Not losing patients due to lack of appointments
- Improvement in terms of inappropriate doctor dependence
- Increased income in a difficult season.

### Where to from here?

- More of the same...continue the process throughout year

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*Published November 2007*

