



Victorian General Practice Liaison (2008-2009)

Annual Report

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Executive Summary

The Victorian General Practice Liaison program consists of 15 GPL units at individual health services and a coordination service delivered by General Practice Victoria. The units consist of GPs and program officers. There are currently 19 GPs and 30 program staff (EFT 23.34) that make up the Victorian General Practice Liaison Network.

The program focuses on systems change and improvement at the interface between hospitals and general practice. The *Framework for the Victorian General Practice Liaison Program*¹ provides the context, roles functions, structure and governance of the program.

The systematic planning and reporting process introduced in 2007 has allowed the General Practice Liaison Network to identify joint work and approaches. The Network is characterized by a high level of collaboration, trust and collegial activity. This in turn has

- progressed state-wide or standardised processes
- provided benchmarking opportunities for health services
- increased GPL staff confidence to action change
- focussed GPL activity and
- assisted in the orientation of new staff into the program.

In 2008 - 2009 GPL main body of work has been in the areas of

- discharge communication
- specialist clinics and
- emergency care

Highlights of 2008 – 2009

1. Ballarat Health Service joined the program in April 2009 and is the first regional health service to be funded by the Department of Health (DH) to deliver general practice liaison services. Planning and governance structures, informed by the work of other units, were established and included the Ballarat and District of General Practice. A GP and Program Manager have been appointed.
2. GPLs hold a unique understanding of the acute and primary care context and can contribute valuable expertise in planning and policy development. Ten GPL units have participated in representation or consultations with DH.
3. 1,713 GPs² have attended education facilitated by GPL Units. This includes 1034 GPs attending education on ‘pregnancy related care’ delivered by health services supporting maternity shared care. Education provided by GPL is delivered under the RACGP QA & CPD framework and often involves collaboration with Divisions. Of particular note:
 1. The GP consultant in the Mercy GPL unit completed online accreditation as an Endorsed Provider for the RACGP QA&CPD program.
 2. The Royal Children’s Hospital has developed the ‘5-part Practical Paediatrics Program’ with their top five referring Divisions.
 3. A workshop for shared maternity care affiliates was delivered by Royal Women’s Hospital, Mercy Hospital for Women, Sunshine Hospital and the Northern Hospital which attracted 105 GPs.

¹ Department of Human Services 2007, Framework for the Victorian General Practice Liaison Program published on www.health.vic.gov.au/emergency

² A GP may attend more than one event

4. Thirteen of the participating health services have a 'GP Access' page on their hospital website. This includes a new site developed by the Royal Victorian Eye and Ear Hospital. In addition, Melbourne Health launched their new page on 3 December 2009 and Ballarat Health Service will launch their site in February 2010. GPL are monitoring the use of the GP Access pages. Alfred Health's GP page receives 1127 hits a month.
5. The General Practice Liaison Network champions the use and quality of the GP data in the Human Service Directory (HSD). Twelve health services utilise the HSD and seven download the HSD into their hospital systems. Of note is the work of Southern Health GPL who coordinated a checking process of the contact data of 700 GPs in the Southern Health catchment.
6. The Maternity GPL Network (MGPLN) commenced in July 2008 and meets quarterly. This group consists of the eight GPL units working in health services that provide maternity services. Achievements to date are
 - mapping and defining the components of a quality shared care program
 - capturing data on the program. The number of accredited shared maternity care affiliates from the participating hospitals is 1123.
 - sharing resources on the accreditation and reaccreditation of shared maternity care affiliates to progress a quality and consistent system. Of particular note is the work of the Royal Women's Hospital and Mercy Hospital for Women GPL units who each reaccredited over 300 GPs.
7. The Discharge Communication working group was established in May 2009 and consists of nine GPL units who meet quarterly to work together on improving the timeliness and quality of discharge communication. This has included the development of a suite of ten broad strategies for improving safe referral to the next setting. St Vincents GPL has illustrated through their work with four medical units that discharge communication/send rates can be improved by providing performance data at the unit or ward level.
8. The audit is a common tool used by GPL to monitor hospital processes, analyse work flow and provide data for improvement. Peninsula Health GPL monitor the GP advice line in ED and conducted an audit of 113 GP referrals to ED. The findings that both the allergy and medication list were completed less than 80% of the time has informed the 2009 – 2010 GPL plan
9. The GPL units provide a point of contact to general practitioners. For instance the Barwon Health GPL staff a GP Helpdesk between 1300-1600 hours Monday –Friday. The Helpdesk logged 760 requests during 2008–09.
10. The GPL units have continued to develop partnerships between health services, divisions and the broader primary health sector. Nine units involve divisions in their governance arrangements and 14 units have consultative processes with the local divisions. Four GPL units work with Primary Care Partnerships. Of note is the work of Austin Health GPL and their work in training and supporting hospital staff in the use of PCP Service Coordination tools.
11. GPL units continue to contribute to the reorientation of the health system. Eastern Health GPL have reviewed the GP credentialling process and developed a single application across all campuses and across the four areas of maternity shared care, Hospital in the Home, Fracture Management, and Mental Health .

1. Introduction

1.1 Background

Victoria's General Practice Liaison (GPL) Program is comprised of

- 15 health service based GPL units (GPLU) funded by the Victorian Department of Health and
- a state-wide coordination service delivered by General Practice Victoria (GPV).

The program focuses on systems change and improvement at the interface between hospitals and general practice.

The *Framework for the Victorian General Practice Liaison Program*³ provides the context, roles functions, structure and governance of the program. In summary the GPL Program has a role in

- improving access to services
- promoting continuity of care across health sectors and services
- building strong working relationships that promote sustainable collaboration and partnerships between services
- improving the quality of health care
- contributing to a reorientation of the health system so that the mix of hospital and community-based services ensures care is provided in the most appropriate setting and minimises the need for acute care
- optimising resource use and the efficiency of care across multiple providers.

The Department of Health has identified priority areas to conduct the above activity. They are

- emergency care
- primary health
- outpatients
- elective surgery
- sub acute care
- mental health
- maternity services.

1.2 Purpose

This report produced by the GPL Coordination Service provides a summary of the statewide activity of Victoria General Practice Liaison Program in (2008-2009). The report is based on 14 GPL unit reports and the collaborative activity of the Victorian General Practice Liaison Network. The report provides

- Data on the characteristics of GPL units
- Evidence of the reach and breadth of GPL activity
- Statewide snap shot of activity and achievements in the DH priority areas
- Examples of collaborative activity and achievements.

³ Department of Human Services 2007, Framework for the Victorian General Practice Liaison Program published on www.health.vic.gov.au/emergency

2. Structure, Governance and Coordination of the Victorian General Practice Liaison Program

2.1 Size of the Program

There are 15 funded general practice liaison units. The participating Health Services are

- Alfred Health
- Austin Health
- Ballarat Health Service
- Barwon Health Service
- Eastern Health
- Melbourne Health
- Mercy Hospital for Women
- The Northern Hospital
- Peninsula Health Services
- Royal Children's Hospital
- Royal Melbourne Hospital
- Royal Victorian Eye and Ear Hospital
- Southern Health
- Royal Women's Hospital
- St Vincents Health Services
- Western Health

Ballarat Health Service (BHS) joined the program in April 2009 and is the first regional health service to be funded by the department of health to deliver general practice liaison services. BHS data is included below.

Health Services are encouraged to employ a team with an appropriate mix of general practitioner and support staff. GP representation is a minimum requirement for all services.

Table 1: Number of Program Staff

Year	2007 - 2008	2008-2009
Number and EFT of GPs	18 (5 EFT)	19 (4.96 EFT)
Number and EFT of Program Staff	30 (17.48 EFT)	30 (18.38 EFT)
Total of staff	48 (22.48 EFT)	49 (23.34 EFT)

In this reporting period, the number of GPs employed in the program has increased, but the EFT has decreased.

2.2 Governance

The *Framework for the Victorian General Practice Liaison Program*⁴ encourages placement of GPL Services within an organisational structure that facilitates

- high level executive support and capacity to develop a profile within and outside the health service
- formal relationships between the health service and key stakeholders in the primary care sector
- involvement in the planning and development of health service information management and technologies.

In 2007- 2008 nine GPL units indicated they were managed by a manager on the hospital executive. This has increased to twelve units in 2008-2009 along with a shift away from the units being managed by Ambulatory Care to the Executive of Medical Services.

⁴ Department of Human Services 2007, Framework for the Victorian General Practice Liaison Program published on www.health.vic.gov.au/emergency

2.3 Linking with Divisions of General Practice

General Practice Liaison Units are encouraged to have formal links with their local divisions of general practice that includes inviting key divisions to endorse annual GPL plans. Nine of the GPL units involve Divisions of General Practice in their governance arrangements and fourteen units have consultative processes to maintain professional relationships with associated divisions.

Following is a case study from the Ballarat Health Services GPLU. This is a new unit that was able to develop governance and consultative processes informed by the work of the GPL Network.

Case Study 1: Ballarat Health Service

The BGPLU is governed by the Ballarat Health Services (BHS) & Ballarat District Division of General Practice (BDDGP) Liaison Advisory Committee (BGPLAC). The committee met monthly for the first three months and will continue to meet bi-monthly. The members are;

- Deputy Director of Medicine (Chair)
- GP Liaison GP Consultant Ballarat Health Services (BHS)
- Chief Executive Officer Ballarat and District Division of General Practice (BDDGP)
- Director of Emergency
- GP representative – BDDGP
- Executive Director, Operational Performance & Organisational Improvement
- HIS Manager BHS
- Director Nursing Outpatients BHS
- Director Nursing – IMS & Critical Care Services
- Director Nursing – Surgical Services
- Women & Children Health
- Director Nursing Sub-acute (Bed Based) Services
- Director Nursing
- BHS Psychiatry Representative

The CEO of the Ballarat Division attends and keeps the CEOs of the neighbouring Divisions informed (West Vic Division and Central Highlands)

To maintain links with the Division members the

- GPLU Manager attends the Practice Nurse meetings.
- GPLU attends staff meetings at the Division (on a monthly basis)
- GPLU attends weekly Lunchtime GP meetings provided by BDDGP.

Following is a list of Divisions of General Practice that are identified in the GPL reports as participating in governance or consultation processes of GPL.

- GP Association of Geelong
- South City GP Services
- Knox
- Melbourne East
- Eastern Ranges
- Northern Division of General Practice
- North East Valley Division of General Practice

- Central Highlands GP Network
- Goulburn Valley
- Otway
- Melbourne
- Central West Gippsland
- North East Victoria
- Impetus
- PivotWest
- Westgate
- Peninsula GP Network
- Monash
- Dandenong and Casey
- Greater Monash
- West Vic Division

2.4 State-wide GPL Program

The Department of Health has funded General Practice Victoria to provide the state-wide GPL program coordination to support health services to provide GPL services. The coordination service facilitates

- a systematic planning and reporting process
- opportunities for collaborative approaches across health services and the program.
- Consultation processes between the department, health services and GPL services on policy matters.

The strategies used are

- the development and maintenance of the Victorian GPL Network. The network is open to any interested health professional. Sixty four people are current members of the Network's email group. A contact list is maintained that includes names, days working and contact details that is available on GPV website
- three workshops a year
- a monthly electronic newsletter
- development and maintenance of GPL resources on the GPV website
- facilitation of working parties and sub groups of the Network.

Strategies to support collaboration

The annual plans and reports have provided the network the opportunity to identify colleagues doing similar activity. In the 2007-2008 report the strategies used to facilitate improvement at the general practice/ hospital interface were identified as change management and continuous quality improvement. A framework to discuss this continuum of activity came from Integrated Health Promotion⁵ that defines the stages as; problem definition, vision setting, solution generation and maintaining and measuring interventions. Each unit can be identified as being on a different place on the continuum for each of the priority areas.

In this reporting period the continuum approach has facilitated the

- opportunity for the GPL units to share tools/ models and approaches to assist units to move further along the continuum
- capture the tools and skills of general practice liaison.

GPV has facilitated the development of two sub groups of the GPL Network, to further collaborative approaches. The groups are the

- GPLNetwork Discharge Working Group and the
- Maternity GPL Network.

⁵ DHS Integrated health promotion: A practice guide for service providers. Available at http://www.health.vic.gov.au/healthpromotion/downloads/ihp_in victoria_4.pdf

The working group strategy combined with the understanding that each Unit is “on a journey” has resulted in the network being able to break down large tasks into agreed steps or building blocks. Each building block is then supported by examples of liaison practice provided by GPL units.

This in turn has

- facilitated collaboration
- progressed state-wide or standardised processes
- provided benchmarking opportunities for health services
- encouraged peer support and mentoring
- increasing GPL staff’s confidence to action change
- targeted GPL activity and
- assisted in the orientation of new staff into the program

3. GPL Network Priorities

In November 2008, the GPL Network identified two priorities that required a whole of program approach for improvement. They were

- Quality and timely discharge communication
- Accurate, and robust and useful GP database.

3.1 GPL Network approach to improving Discharge Communication

The GPL program has goals around developing and maintaining systems for the timely exchange of clinical information between primary and acute and sub-acute services. All GPL units are working on discharge communication from the health service to general practice. This is complex work. There are no mandatory requirements for health services to provide GPs with a summary though it is generally regarded and acknowledged as safe practice. GPV has commitment to improving discharge communication to GPs, with the Board releasing a position statement in February 2009 ([see Appendix A](#)).

To progress the whole of program approach, GPV invited GPL units to participate in a discharge working group that meets quarterly. The purpose of the group is to

- Provide peer support to GPLs working in improving discharge communications
- Provide benchmarking opportunities for health services and the GPL Network
- Foster collaboration and shared learning to identify meaningful and useful discharge data that can be a driver for improvement
- Identify state-wide issues for discussion with DH around discharge communication such as a state-wide quality and safety indicator
- Identify successful interventions and partners for improving discharge communication that can be shared with the Network.

The working group consists of representatives from

- Royal Melbourne Hospital
- Alfred Health
- The Northern
- St Vincents
- Eastern Health
- Mercy Hospital
- Royal Victorian Eye and Ear Hospital
- Royal Children's Hospital.
- Barwon Health

The working group have identified that

- There are currently no specific national/state legislative or regulatory requirements for discharge summaries though the practice is regarded as essential for continuity of care and patient safety⁶
- Hospitals are experiencing high demand and there is an increasing emphasis on early or prompt discharge. This has consequences for patients as well as the general practitioners who are managing patients with complex needs in the community.

⁶ NEHA edischarge summary package <http://www.nehta.gov.au/e-communications-in-practice/edischarge-summaries>

- The current emphasis in health services’ discharge policies is planning. Hospital policy needs to include discharge communication for the safe referral to the next setting.
- In Victoria there are no hospital performance measures for discharge communication; improvement is sought through the quality and safety agenda, in terms of transfer of care and hospital accreditation. The Australian Council on Health Care standards provides standards (1.1.5 and 1.1.6) that directly relate to discharge communication and hospitals
- In this context, it is the responsibility of individual health services to
 - set the target for discharge communication
 - plan to implement the target and
 - mechanisms to monitor their performance

The GPL Discharge Working Group has developed a suite of ten broad strategies for improving safe referral home. The framework provides GPLs with a collaborative approach and activities to progress GP Hospital Communication. The resources can be viewed on GPV’s website www.gpv.org.au

The building blocks are

1. Medical Staff see value in GP role
2. Hospital has policy on discharge that values the GP role
3. Hospital have implementation strategy for discharge policy
4. Patient to nominate a GP for continuing care
5. GP name on patient file
6. Hospital has accurate contact details for GPs at the ward level
7. Hospital has mechanism to notify GP of admission
8. Hospital staff see job includes safe referral home
9. Hospital staff have access to tools that generate a legible and useful summary
10. Hospital staff have access to meaningful data on their unit’s discharge performance rate

3.1.1 GPL Unit work on discharge communication

Following is a table of the GPL activity on improving discharge communication at the local level, using the building blocks described above.

Table 2: GPL activity to improve discharge communication

Building Block	Activity of GPL units
Medical Staff see value in GP role	<p>Junior hospital doctors (HMOs) often have the task of completing discharge summaries. GPLs see educating HMOs on the importance of safe clinical handover as an essential component for building quality discharge communication into hospital work and for the promotion of understanding of the role of General Practice.</p> <p>Eleven GPL units reported work with HMOs;</p> <ul style="list-style-type: none"> • Austin Health GPL successfully advocated for information on discharge communication to be included in HMO handbook and conducted HMO education sessions. • Eastern Health GPL presented at the Intern orientation program • Northern Health GPL provided a series of 8 lectures to HMOs and conducted a GP careers seminar

	<ul style="list-style-type: none"> • Mercy GPL presented at two HMO orientation sessions and contributed to the HMO handbook • Southern GPL presented at the annual intern orientation • Alfred GPL contributes annually to HMO education • St Vincents GPLU present to HMOs at each intake, and include information on the new death notification process. • Royal Children’s Hospital GPLU conducted a Lonely Planet competition for JRMOS • Melbourne Health conducted HMO education sessions • Western held HMO education sessions • Royal Women’s Hospital GPL were involved in HMO orientation twice a year
Hospital has policy on discharge that values the GP role	Royal Women’s Hospital GPLU was involved in the development of the hospital policy on discharge. There is also a system in place that the discharge coordinator regularly monitors the auto faxing system to pick up failed faxes to GPs.
Hospital have implementation strategy for discharge policy	<ul style="list-style-type: none"> • Barwon Health send electronic discharge summaries delivered by secure messaging to local GPs. 80% of practices now receive encrypted email messages from Barwon Health. • Southern Health GPL support discharge communication through the provision of protocols and tools promoted through education, grand round presentations, ED directors and ward visits. Copies of discharge protocols are included in orientation manual on wards. • RCH GPLU combined multiple discharge summary guidelines into one with the CQS Registrar and General Medicine Consultants • St Vincents GPL established an internal discharge working party within the hospital • Western Health has developed specifications for an electronic communication system between Western Health and General Practice, and vendor selection has commenced. • Melbourne Health GPLU convened a series of ward clerk meetings to assist in the development and implement a standard process for transmission of discharge summaries.
Patient to nominate a GP for continuing care	<ul style="list-style-type: none"> • Eastern Health GPL reviewed and updated the “Find yourself a GP resources” to include practice details and opening hours. This resource is available in hospital ED departments. • Peninsula Health launched their “Find your local GP campaign” in April 2009
GP name on patient file	RVEEH GPL conducted audit of patient files attending Orthoptist – led review clinic for presence and accuracy of GP sticker and GP details in patient management system
Hospital has accurate contact details for GPs at the ward level	<p>Alfred GPL conducted a project with ITS to improve accuracy of GP database and provided education to hospital staff regarding the need for updating GP details at patient registration and the use of the Human Service Directory.</p> <p>Western Health changed their patient administration system to an iPM product. This meant significant change to the way GP details are recorded and updated. The GPLU worked extensively with the iPM management to incorporate changes and provided training to clerical staff on the new processes</p>

	<p>RVEEH GPL established a working party to discuss options for improving GP database information including clerical staff training on ensuring GP details on all patient appointment letters.</p> <p>Peninsula Health GPLU investigated the GP listings used within the hospital. The unit identified multiple listings, all individually maintained.</p>
Hospital has mechanism to notify GP of admission	<p>Western Health GPL monitor the daily notifications sent to GPs that include</p> <ul style="list-style-type: none"> • Death • Hospital admission • Hospital discharge • ED attendance • Outpatient appointment • Endoscopy report
Hospital staff have access to tools that generate a legible and useful summary	<ul style="list-style-type: none"> • Eastern Health is the first hospital to implement the HealthSMART clinical system that includes electronic discharge summary. The GPL unit has been assisting with the change management processes in preparation for the implementation. • RCH GPL resolved printer delay issues in a unit with a significant improvement reported hospital wide. The GPLU sourced a printer for General Medical Ward to facilitate discharge summary completion. • Alfred GPLU implemented electronic discharge summary templates across hospital units and commenced work in developing electronic discharge summaries at Caulfield hospital. • Northern Health GPL trialled an electronically generated discharge summary but this was called off due to lack of HMO user acceptability. Paper discharge summary enhanced with more fields (other active diagnosis, past history, changes to medications, follow up) trialled in June 2009 • RVEEH GPL has liaised with the internal HealthSMART development team to assist with the development of the short stay discharge summary. • Austin Hospital Primary Care Liaison unit advocated for change in the electronic discharge summary prompted by concerns raised by GP Liaison Committee.
Hospital staff have access to meaningful data on their unit's discharge performance rate	<ul style="list-style-type: none"> • The RWH GPL Unit has mapped the current system to track outstanding discharge summaries. • Melbourne Health GPL conducted an audit of records across 5 inpatient units to identify <ul style="list-style-type: none"> 99% completion rate 78 % included GP details 66% of discharge summaries were received by GP <p>This was an improvement from 20006/07 when the results were:</p> <ul style="list-style-type: none"> 95% completion rate 86% included GP details 56% of discharge summaries were received by GP • Peninsula Health GPLU collaborated with Clinical Informatics to survey local GPs to identify levels of satisfaction with the quality of electronic discharge summaries.

3.1.2 Key findings from GPL unit level activity

A key lesson from the local GPL unit activity is that discharge communication/send rates *can be improved* by providing performance data at the unit or ward level.

Case Study 2: St Vincents Health Service

Improving the send out rate and timeliness of discharge summaries from 4 medical units

This work was conducted in three general medicine units and the Nephrology Unit at St Vincent's Hospital.

An IT report was developed which collected data on the number of discharge summaries and the percentage sent to GPs. The report was sent to the Head of Unit. This was repeated after 3 months. A significant improvement was demonstrated in all 4 units in the send out rate and the timeliness of discharge summaries.

Collection of data for Nov 08-Jan 09 showed improvements in send out rate

- Gen Med A ↑ from 84% to 90%
- Gen Med B ↑ from 75% to 88%
- Gen Med C ↑ from 67% to 91 %
- Nephrology ↑ from 63% to 86%

The success factors for this work included;

- the persistence and skill of personnel in the Decision Support Unit who developed the reports
- significant input from all stakeholders including health information services, the chief medical officer, junior doctors, the education unit and the decision support unit.
- Participating in the junior doctors' orientation to St Vincent's to emphasise the importance of discharge communication
- engagement of the Heads of Units and other senior medical staff
- including the administration staff to ensure a GP was registered on patient's medical record.

3.2 GPL Network approach to improving the quality and accuracy of the Human Service Directory.

Hospitals having access to accurate GP contact details is essential for the transfer of clinical information from hospitals to GPs. This includes communication such as;

- Notification of admission
- ED presentations
- Death Notifications and
- Discharge summaries

The GPL Network has played a significant role in advocating for health services to utilise the Human Service Directory (HSD) as the state's master-database of GP contact details. The HSD is funded by the Victorian Department of Health managed by Data Consultants

Australia (DCA). The HSD is a directory of health, social, and disability services in Victoria that includes a dataset of contact details of general practitioners.

To be effective and useful the HSD must contain accurate, comprehensive and up to date provider information. GPL plays a key role in ensuring that the general practitioner data is accurate.

3.2.1 HSD Reference Group

Increasingly, the HSD is central to referral and e-Health initiatives. It will be the data source for all HealthSMART sites. In recognition of this emerging role, DH facilitates a reference group that meets quarterly to:

- Provide a framework for the ongoing development and enhancement of HSD
- Assist in promoting the use of the HSD to all stakeholders in the health community
- Provide a forum for identifying potential changes/enhancements/directions of the HSD
- Provide a mechanism for communication between all interested stakeholders

The reference group attendees include;

- DHS CIO or nominee (Chair)
- Representative from Access & Metropolitan Performance Branch
- Director, Planning and Resources, RRHACS (including the Better Health Channel)
- Representative from Office of Health Information Systems
- Representative from Data Consultants Australia (DCA)
- Representative from using HealthSMART P&CMS
- Representative from GPV
- Representative from the State NETHA steering committee
- Representative from Health Service currently using HSD
- Project Manager, Information Systems and Development (DHS Contract Manager)
- Representative from Health Service not currently using HSD
- Representative from Primary Health Branch (including Nurse on Call)

Ms Susan Jury from the GPL Unit of the Royal Children’s Hospital and Ms Rhonda Jennings from Northern Hospital GPL unit are representatives in this meeting along with Lenora Lippmann from GPV.

3.2.2 GPV resource page about the Human Service Directory

GPV, through the GPL Coordination Service, has a web page about the HSD that provides information and resources such as

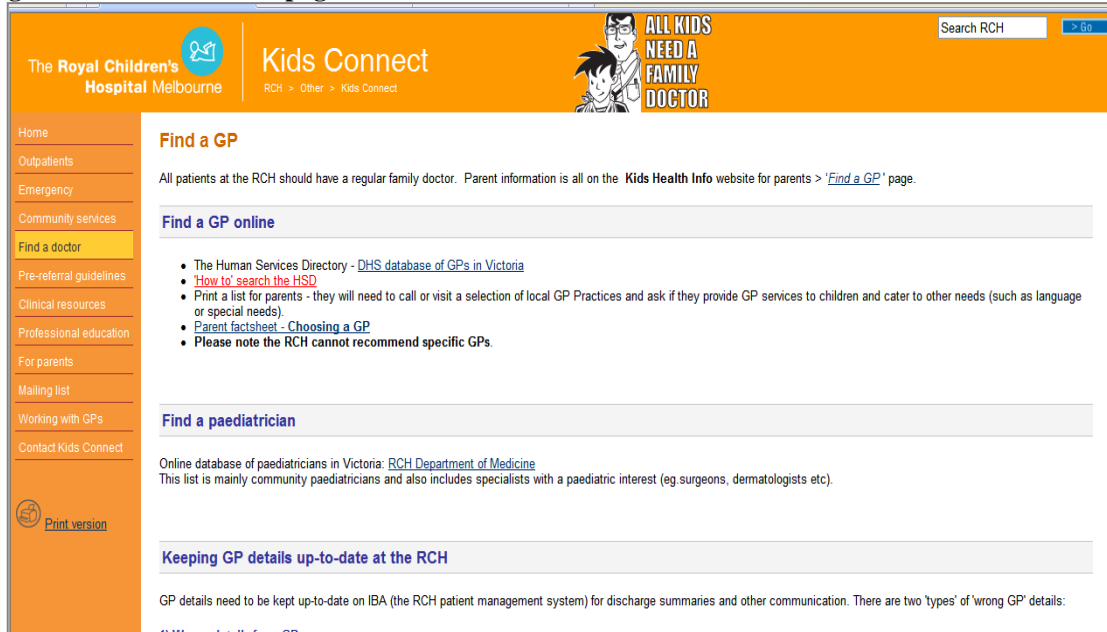
- GPV statement on the HSD ([see Appendix B](#))
- Southern Health GPL “HSD Guide for General Practice”
- Royal Children’s Hospital ‘Find a GP On-line’.

3.2.3 Promotion of the Human Service Directory

Twelve of the fifteen units reported that their health service utilised the Human Service Directory. Seven Health Services download the HSD into the hospital systems. Five health

services have a link to the HSD on their intranet, to encourage hospital staff to search for GP contact details. Health services who maintain their own databases report that they feed data into the HSD when they identify changes.

Figure 1: RCH Find a GP page



The following examples illustrate the work GPL units undertake in facilitating their health services access to GP contact details through championing the HSD

- The Royal Children’s Hospital provides online access to the HSD through their “parents and families” link on the hospital front page. <http://www.rch.org.au>
- The RCH is also working with the DCA to incorporate paediatricians into the HSD.
- St Vincents GPLU made notifications of changes to GP details to the managers of the Human Services Directory
- Southern Health GPLU coordinated a drive to improve the quality and accuracy of the HSD data in the Southern Health catchment. This involved cross checking 700 GPs details.

4. Core Functions of the GPL Program

The role of the GPL Program is to promote an integrated, person-centred health care system providing quality care and better health outcomes for Victorians. The following functions and examples from the field reflect the breadth and reach of GPL.

4.1 Improving access to services

The GPL Program has the goals of providing information and referral systems that facilitate GP access to the health services available in acute and sub-acute sector. Thirteen Units currently have a GP page (See Appendix C for website addresses). Melbourne Health's GP page will start in December 2009 and Ballarat Health Service will launch in February 2010.

Figure 2: Southern Health



Figure 3: Alfred Health 'For GPs' page

The information provided includes

- referral guidelines and tools
- specialist clinics names and times
- specialist directories
- Key phone numbers such as hotlines for ED and Outpatients.
- GP resources
- Contact details for the GPL unit

Case Study 3: Austin Health

The three members of the HPCLU have undertaken training in April 2009 to self author and manage the GP page on the Austin Health website.

In the last twelve months Austin Health GPLU have uploaded the following resources to their web page

- Neurology Outpatient Referral information
- Lymph Node Diagnostic Clinic Referral guidelines
- NEMICS AH/NH prostate cancer handout
- Outpatient Referral form for GPs
- Medical Specialist Directory
- Consultative Outpatient Clinic list
- Outpatient Back and Neck questionnaire

4.1.1 Measuring access to the GP pages

Maintaining the accuracy and currency of the information on the websites is an ongoing task for GPL . As an example Alfred GPLU update the current events banner on the GP page every month. There is increasing evidence that the sites are being accessed.

- Alfred Health are recording 1127 hits a month on the GP page.
- The RCH on line service directory has 1583 external visits and 269 internal visits a month
- Peninsula have 260 hits a month.

4.1.2 Central Point of Contact

The GPL units provide a point of contact as they navigate the complex environment of a large hospital. This final example of GP access page from RVEEH illustrates how GPL present an approachable image, to promote a professional and collegial relationship with GPs. This new GP access page was written by the GPLO with support from the marketing and IT departments.

Figure 4: Royal Victorian Eye and Ear Hospital GP webpage

The Barwon Health GPL have developed a Help Desk service for local GPs.

Case Study 4: Barwon Health

GPL Unit Help Desk

The GP Helpdesk is staffed between 1300-1600 hrs Mon-Fri to provide general practitioners and practice staff with a single point of contact for requesting information and assistance from within Barwon Health. The Helpdesk enables GPs to make one request for multiple pieces of information traditionally provided by individual departments, removing the need for them to contact each department. Enquiries are made to the GP Liaison Unit (GPLU) by telephone, fax or email. All enquiries are handled by the GPLU which gives GPs immediate access to clinical information and has enabled GPs to have a more informed consultation with patients. The Helpdesk logged 760 requests during 2008–09. GPLU has met with several areas within Barwon Health to highlight issues uncovered from calls to the Helpdesk.

4.2 Integration

The GPL Program contributes to the integration of primary, acute and subacute care. This includes systemically developing partnerships between health services, divisions and the broader primary health care sector to improve integration.

Case Study 5: Western Health

Point of contact and integration activities

Western Health GPLU recorded 51 queries

- 35 queries were from GPs
- 8 queries were from WH staff (combination medical staff, nursing and clerical)
- 8 queries were from others (2 practice nurses and 1 private specialist).
- 26 queries were made by phone, 11 by fax, 8 by email and 4 by letter.

Three general themes were identified from the queries: appointment queries (referral follow up), requests for discharge summaries and other correspondence, and patient management queries (usually linked to lack of correspondence.)

The GP Liaison Unit advised the Health Service on quality improvement in a range of areas including

- HARP programs
- iPM implementation
- planning for potential 'Clinicals' IT system at Western Health
- Outpatients improvement initiatives,
- allied health and SACS projects
- capital and service development planning.

The GP Liaison Unit has representation at seven internal committees:

- Health Information Committee
- GP Partners
- Outpatients Reference Group
- Outpatients Design Team
- Junior Medical Staff Education Committee
- Primary Care & Population Health board sub-committee

GPLs work across hospital departments and engage a diverse mix of hospital staff within the departments. To promote change in workflow processes GPL engage administration staff, clinicians and hospital executives. As the GPL program matures, the GPLs are recognizing the need for skills development in

- Change Management
- Influencing skills
- Leadership
- Continuous quality improvement
- Presentation skills
- Communication skills
- Marketing

In the March GPL Network workshop, GPLs participated in a communication skills session conducted by Brett de Hoedt from Hootville Communications⁷. The session was well received by the 37 participants.

⁷ Hootville Communications offer training in media relations, public relations, media skills training for publicists and spokespeople, campaigning and general communications advice to the non profit sector nationally

4.2.1 Representation on DHS Committees and consultations

GPLs hold a unique understanding of the acute and primary care context and can contribute valuable expertise in planning and policy development. Ten units reported that the GP consultant had participated in DH forums or committees.

Table 3: GPL representation at DH committees and forums

Name of GPL Unit	Committee/consultation
Barwon Health	<ul style="list-style-type: none"> • Outpatient Reform Group • NEHTA clinical lead
Alfred Health	<ul style="list-style-type: none"> • DHS GP Access and Primary Care interface Committee • Specialist Clinics Improvement and Innovation Strategy Patient Journey Sub committee
Eastern Health	<ul style="list-style-type: none"> • Yellow Envelope Committee • DHS HITH Working Group • DHS Cardiac Working Group • DHS pandemic planning meetings
Royal Children's Hospital	<ul style="list-style-type: none"> • Human Services Directory Reference Group, chaired by DHS CIO • DHS state-wide paediatric Services feedback forum • DHS funded Victorian Paediatric Orthopaedic Network • GP Education Module Reference Group
Peninsula	<ul style="list-style-type: none"> • Stroke Clinical Network steering Committee • Depression and Anxiety taskforce
Melbourne	<ul style="list-style-type: none"> • DHS Emergency Access Reference Committee (EARC)
Austin	<ul style="list-style-type: none"> • DHS co located After Hours Clinic working group
Western	<ul style="list-style-type: none"> • Outpatients Committee, Access and Primary Care Interface Sub Committee, • VSRF working groups
Mercy	<ul style="list-style-type: none"> • VMR, • CareDIRECT
St Vincents	<ul style="list-style-type: none"> • EARC Primary Care Sub-Committee Outpatient Flow & Workforce Sub-Committee of the Outpatient Innovation and Improvement Committee • Specialist Clinics Improvement and Innovation Advisory Committee

4.3 Service Coordination and Information exchange

The GPL program has goals around developing and maintaining systems for the timely exchange of clinical information between primary and acute and sub-acute services.

All GPL units are working on discharge communication from the health service to general practice. The activity is based around increasing the quality and timeliness of discharge communication. For more information please refer to section 3.1.

4.3.1 eHealth Literacy and the GPL Network

The *Framework for the Victorian General Practice Liaison Program* states that GPL services are to be placed in hospital governance structures that facilitate involvement in the planning and development of health service information and technologies⁸. Technology, clinical and messaging systems are often cited as tools for improved communication between GPs and Hospitals. GPLs have recognized the need for up skilling in the area of ehealth. GPV provided an education session to 35 GPLs titled “ehealth 101”. This provided GPLs with a framework of the ehealth activity at the national, state and local level. The commitment to increasing GPL ehealth literacy is actioned through ehealth being discussed at every GPL Network workshop.

Case Study 6: Northern Health

Northern Health GPLU participates in a number of Northern Health Information Management Working Groups.

- Ed/Primary Care Interface Working Group
- Discharge Summary Working groups (Acute & C/C)
- Seamless Maternity Care Working Group
- Working Together Working Group (ceased May 09)
- PCP Group, Continuing Care (C/C).
- NH Strategic Planning workshop (this is setting the direction for NH for the next triennium)

Northern Health GPL was invited to attend external committees;

- DHS HealthCONNECT steering Committee
- DHS HSD reference Group

4.3.2 Monitoring communication processes

GPLU often have a role in facilitating and monitoring system change. The audit and the findings are often used to monitor and promote improvement.

Case Study 7: St Vincents Health

St Vincents GPL has conducted three audits on the death notification process developed in the last reporting period. The findings show that 50% of GPs are not notified of patient death. As a consequence GPL highlight the new system at each HMO orientation session. A letter has been incorporated into the Patient Administration System that will assist in the notification to GPs of patient’s admission. St Vincent’s GPL have made a request to IT department to develop a report that could audit the send out rates of the letter

4.3.3 Referral Processes

General Practice Liaison has conducted work around GP referral templates for ED and Specialist Clinics. Please see sections 5.2.1 and 5.4.1 of this report.

⁸ Department of Human Services 2007, Framework for the Victorian General Practice Liaison Program published on www.health.vic.gov.au/emergency

Case Study 8: Northern Health

CareDIRECT Project

NH was one of three health services to receive funding from DHS to undertake a HealthSMART CareDIRECT scoping project. The project aimed to describe the referral and feedback processes from a GP to an Outpatients Department using iPM, in order to confirm the functional requirements for both HealthSMART PCMS and GP clinical software.

The project outputs were a CareDIRECT Project Report for DHS and a strategic background briefing paper for NH IM & ICT Executive sub committee (refer to B.2.4).

Outcomes

1. For the first time there is a complete and comprehensive picture of the referral activity into NH. The CareDIRECT Project Report has subsequently been used to inform the work of other NH projects/programs such as Redesigning Care, ACCESS, HIS & the NH Service Planning project.
2. Positioned NH for being e-referral trial site for enhanced iPM software⁹
3. Contributed to a process of deeper reflection within NH on the idea of cross sector secure e-messaging as a preliminary step until the e-referral system is in place. A report titled *e-Referral at Northern Health Background Briefing Report*¹⁰, which outlined the current external environment for assessing and considering secure e-referral for NH. This enabled a high level, targeted dialogue within NH. Similar discussions with some of the local divisions has led to the planning of a Strategic e-Connectivity Forum in partnership with GPV with the aim of developing a 'road map' for driving e-communication between local GPs and NH.¹¹

Other examples of GPL activity in this area

- St Vincents GPLU are contributing to the development of new reporting format to GPs for patients from SVH transplant Clinic
- Northern Health admission and discharge letters now being auto faxed from acute. This includes 10 units, including specialist services. ED remains the only department not auto faxing because of technical issues.
- Austin Hospital Primary Care Liaison Unit has worked with the North Eastern Metropolitan Integrated Cancer Service (NEMICS) to provide input on referral pathways
- Melbourne Health GPL have commenced work with pathology and radiology to modify request forms to include a CC box to GPs or other doctors/providers

⁹ The specifications are scheduled for the next change cycle of iPM & are likely to be ready for field-testing in 18 months time provided DHS has secured a GP clinical software partner.

¹⁰ Prepared by the Project Consultant

¹¹ This Forum brought together the CEOs of the 4 local divisions & NH Executive (IT & Ambulatory Services)

4.4 Quality Health Care

The GPL Program has the goal of contributing to quality improvement initiatives involving the primary and acute care interface. The number of GPL units work included in their hospitals Quality of Care Report has increased from seven to eight.

The strategies and tools utilised by GPL are those associated with quality

Table 4: Strategic Approaches of GPL

Continuum of Activity	Strategy and Approaches
Problem definition	Consultation with Divisions and GPs Engagement of health exec, unit managers and clinical champions. Targeting of work, “getting real” Clarification of problems, 5 whys, PDSA Enlisting peer and cross hospital support Whole team approach within hospital
Vision setting	Involving key people for ownership Agreement on interventions/changes Sustainable changes that match workflow Benchmarking, identifying successful solutions in other health services Clinical Leadership Credibility and evidence, professionalism, Patience, sharing of resources
Solution Generation	Protocols, Proformas, Pilots and evaluation, GP education, MOUs, Evidence and responsiveness, PDSA, whole program approaches (building blocks and working groups) collaboration, confidence
Maintenance and Measuring interventions	GP surveys, audits, monitoring hot lines, evaluation, Audits Establishment of organisation owned KPIs, KPI reported to internal committee, sustaining the activity, monitoring

The GPL Network has identified the need for more skills in this area. These include;

- Research skills – Basic research methodology and data analysis
- Conducting audits
- Evaluation skills training including practical survey design , program evaluation
- Lean thinking skills and methodology
- Change Management
- Leadership
- Continuous quality improvement

At the June GPL Network workshop the network had the opportunity to here about DH hospital redesign program and the lean thinking methodology. This is an area of GPL professional development that could be progressed further.

4.4.1 GP Complaints

Many GPL units offer a central point of contact that includes receiving GP complaints. The point of contact role provides a mechanism to monitor health service systems and a legitimacy to raise quality issues with hospital staff. This work has included

- establishing complaints strategies with other staff members
- development of tools to register complaints and monitor the units' response to complaints.

Those who have developed response targets aim to respond to GPs within 48 hours of receipt of complaint.

Case Study 9: Austin Health

Austin Hospital Primary Care Liaison Unit (HPCLU) document episodes of GP contact with the HPCLU for period July 08 – June 09 in an excel spreadsheet .

- 50 GP queries were documented
- 82% = questions/requests for information,
- 2% = contacts providing feedback and
- 1% = specific complaints about patient care.

All contacts were followed up by providing GPs with the requested information, directing the GP to the appropriate area of Austin, or referring the complaint to the Austin Patient Representative.

Case Study 10: Alfred Health

The Alfred GPLU has a target of responding to complaints within 48 hours of receipt

Outcomes have included:

- Increased uptake of electronically generated discharge communication
- Project to improve the accuracy of GP details in hospital electronic record systems
- Outpatient outcomes letters to improve outpatient communication
- Establishment of a GP 'hotline' in the Outpatient Department
- Other outpatient department communication - appointment notification, acknowledgement of receipt of referral
- Clinic information listings on Alfred Health website

4.5 Reorientation of the Health System

The GPL program has the goal of participating in the development and maintenance of GP related health service programs and services that involve

- the transition between primary and acute care sectors
- preventing the need for acute care
- shared care.

GPL work has been in

- maternity shared care. Please refer to section 5.8 of this report
- Providing GP perspective in the ongoing development of models of care
- Review and expansion of GP credentialling

Austin Hospital Primary Care Liaison has a continued role the ongoing development of the North East After Hours GP clinic by

- Attending AH governance meetings
- Providing advice and support regarding the activities of the GP Clinic
- Providing input to GP Clinic evaluation activities
- Participating in DHS GP Clinic Governance Committee meetings

Eastern Health has conducted significant work in this area in regards to

- Credentialing of GPs
- Hospital in the Home Program (HITH)

Case Study 11: Eastern Health

The Eastern Health GPL team are committed to working towards effective GP credentialing as an ideal strategy for improving GP-hospital communications and shared responsibility for patients. The GPL Unit has

- reviewed current credentialing processes at Health Services across Victoria,
- analysed the challenges and successes of GP credentialing at other services and
- created and compiled documentation for GPs to complete to become credentialed with Eastern Health.

The outcome of this work is a single application for GP credentialing at Eastern Health across four areas and across campuses:

- Maternity Shared Care,
- Hospital in the Home,
- Fracture Management and
- Mental Health

Eastern Health GP Liaison team has established a structure for managing the GP credentialing workload - one GP Liaison Officer is dedicated to each area of credentialing. This helps share responsibility for GP credentialing across the GPL program, and GPLOs are able to develop an area of expertise in their work. The application and processes will be implemented in 2009-2010

Through a simplified credentialing process, the GPLU anticipates GPs will feel a stronger part of the Eastern Health Services.

The work in GP credentialing has been supported by the current Eastern Health Chief Medical Officer, Dr Colin Feekrey who states

“GP credentialing enables GPs to become more a part of the Eastern Health GP Liaison program. More GPs should be in the hospital setting for training and up skilling, and the credentialing process creates a seamless continuum for patient care”

Case Study 12: Eastern Health

Eastern Health GPLU has reviewed the Hospital in the Home Program (HiTH). This has included revising and streamlining the Angliss HITH program guidelines. Paperwork now includes:

- Application forms for GPs to register as a HiTH provider
- Referral form to admit a patient to the service
- Clinical pathways for the most common conditions referred to the HiTH program.

This paperwork is currently being revised further with the move to GPs being credentialed to provide services across Eastern Health rather than a specific site and the expansion of the HiTH program to encompass Maroondah and Box Hill sites.

Currently 15 GPs are accredited with Angliss HITH, with approximately 90 admissions to the program per month, 10 of which come from accredited GPs. GPLU are developing an Active Learning (ALM) for GPs on the types of conditions regularly admitted to HITH. GPs who undertake this training will be eligible to become credentialed with Eastern Health

4.6 Optimising Resource Usage

The GPL program has the goal of developing and providing educational opportunities for

- health staff to promote understanding and respect for general practice
- GPs and practice staff to build practices' capacity to manage patients in the community

4.6.1 Working with HMOs

GPL have the unique opportunity in the hospital setting of promoting general practice as a speciality, a valid career choice for junior doctors. This involves establishing relationships with the training Supervisors, medical education committees and individual HMOs. The activities include

- Providing career advice to HMOs wishing to explore a career in general practice
- Participate in the intern/HMO interview process
- Conduct education sessions for HMOs
- Attending and promoting General Practice Training program at HMOs career expo

More information on GPL working with HMOS can be found in section 3.1.1 of this report

4.6.2 GP Education

Following is a table of the reach and breadth of GP education facilitated by general practice liaison. Of note, is that the education provided is delivered under the RACGP Quality Assurance & Continuing Professional Development (RACGP QA &CPD) program, meaning that the education is based on GPs learning needs.

Table 5: GP education delivered by GPL

Health Service	Topic (number of sessions)	Number of GPs
Northern	Geriatrics Program	42
Western Health	HARP education series (5)	84
Melbourne Health	Aged care	10
Southern Health	Emergency Management Forums (2)	60
Eastern Health	Emergency Management Forum	24
	Fracture Management ALM	25
Mercy	Gynaecology Education Series (2)	88
Austin	Emergency Department forum	34
	Toxicology Forum April 2008	Not reported
RCH	5 part ‘practical Paediatrics Program’ <ul style="list-style-type: none"> • Childhood respiratory • Childhood allergy • The overweight child and associated disorders • “I can’t cope with my child” child behaviour • Eczema 	72 48 31 53 54
St Vincents	Skin cancer workshop may 2009	30
	Rheumatology may 2009	24
	Trauma update July 2008	Not reported
TOTAL		679

This total combined with the number of GP education sessions provided to maternity shared care affiliates (detailed in section 5.7.4) equals 1713 GPs receiving education through the GPL program in 2008-2009.

Case Study 13: Royal Children’s Hospital

Working with Divisions

RCH GPL formed an alliance with the top five referring Divisions of General Practice to develop a 5-part “‘Practical Paediatrics Program’. The program was based on mutual need

- GP-identified learning need,
- Division-identified priorities and
- Access issues at the RCH. The topics were identified according to RCH waiting lists, types of referrals and ED presentations.

The topics were; Eczema, Allergy, ENT, Respiratory, and Child Behaviour.

RCH acknowledge that developing an education program is impossible to do alone. Divisions have provided expertise and advice on RACGP QA &CPD needs/requirements, promotion, and sponsorship. Each Division takes a lead role for a CPD session. Hospital departments are involved in the coordination of clinic placements as part of the Active Learning Module (ALM). They pull together the educational ‘package’ and pre-referral guidelines, parent information and pre-reading /additional resources. GP participation numbers have been very high, with 40-50 GPs attending per session.

4.6.3 Pre-Vocational General Practice Placement Program (PGPPP)

The objective of the PGPPP is to provide professional, well supervised and educational general practice placements for junior doctors to

- Build junior doctor confidence, exposure and interest in general practice
- Increase understanding of the integration between primary and secondary health care
- Provide an experience that may encourage junior doctors to take up general practice.

Austin, Northern and Western GPL have assisted in the delivery of 16 PGPPP placements Northern Health GPL reported that of the nine PGPPP placements, four had entered into the GP training program and a further two were expected to join in the next 12 months.

5. GPL Activity in Departmental Priority Areas

5.1 Priority Areas

The GPL program functions and roles are delivered in seven departmental priority areas.

Table 5: Number of GPL units in DHS Priority Areas

DHS Priority Areas	Number of GPL units reporting on activity 2007-2008	Number of GPL units reporting on activity 2008-2009
emergency care	11	13
primary health	14	14
Specialist Clinics	14	14
elective surgery	2	1
sub acute care	6	7
mental health	6	6
maternity services	7	8

General Practice Liaison continues to mainly work in specialist clinics (outpatients) and emergency. The number of GPL units working in primary care mainly reflects their work with divisions of general practice. The variance in the number of GPL units working across the priorities is influenced by

- the alignment of health service and Division priorities.
- GPL capacity
- the number of health services providing specific services such as maternity and
- existing momentum for improvement such as that provided by the Outpatients Improvement Strategy.

5.2 Emergency Care

General Practice Liaison interfaces with Emergency Care in the area of information exchange and in ensuring that care can be provided in the most appropriate setting. Thirteen GPL units reported in this area. The main strategic approaches have been the development of

- GP referral templates
- GP access to services
- Discharge communication from ED to general practice
- “Find a GP” campaigns
- Up skilling of GPs

5.2.1 Development of GP referral to ED

- Barwon Health GPLU contributes to a working group aiming to improve the appropriateness and quality of referrals from GPs.
- Eastern Health and Southern Health has identified the VSRF is the appropriate referral to ED and are promoting the VSRF to GPs.
- Peninsula Health has undertaken an audit of all referrals listed as GP to ED. Generally, GP referrals to ED were of a high standard. Results are as follows;
 - 113 referrals audited

- 16% of presentations had no referral
 - Poorly completed criteria: Medicare Number (24%) and Investigations (40%)
 - Both Allergy and Medication List were completed less than 80% of the time.
- This may contribute to medication errors.

Overall results were comparable to audits using the same criteria in 2005. Results of the audit will form part of the 2009-2010 work plan. In particular GPLU aims to target completion rates of allergies and medications.

5.2.2 Access to Services

GPL has a role in promoting the GP hotline for ED for five units (St Vincents, Peninsula, Mercy, Northern and Southern). Northern GPL promotes the ED Hotline through bi monthly advertising in the weekly e-news of the four local divisions. Southern Health maintains the Emergency services section on the GP access page of the website. The GPLU also promote the process that GPs phone ED before referral.

5.2.3 Discharge Communication from ED

- St Vincent's GPL have been involved with the development of discharge summaries from ED to GPs via auto fax and are working towards an audit tool and process to monitor this process.
- Southern Health has implemented a new IT system across the three Southern Health Emergency Departments. The system provides an electronically collated discharge summary. The summary has to be manually delivered ie faxed or handed to the patient. Further work is required by GPL to ensure that the summary is faxed to GPs.
- Melbourne Health GPL has developed a GP friendly discharge letter template for the new ED clinical system.
- Peninsula Health GPL unit has contributed to discussions on electronic discharge from ED
- RVEEH GPL has continued the ED letter project that has included
 - Establishment of working group
 - Completion of two rapid PDSA with computerized letter version on the PiMS
 - Developed a hard copy word version for general use
 - Three mini audits of discharge letters. The findings showed an improved rate of letters being sent. The rate was 40% of non-review patients compared to 2% in first audit.

5.2.4. Find a GP campaign

- St Vincent GPL support the ED clerks to consistently identify a GP for every patient
- The Peninsula Health 'Find your local GP' campaign was launched in April 2009 at Frankston ED

5.2.5. Up skilling GPs

- Eastern Health GPL conducted an Emergency Management Event at Angliss. 24 GPs were taken through three clinical scenarios (chest pain, DVT and acute exasperation of COPD). GPs were also able to update their CPR skills. The success

of this event has resulted in plans to run the event at the Angliss, Box Hill Hospital and Yarra Ranges Health.

- Southern Health provided two forums on management of emergencies in general practice with a total of 60 attendees. The forums were attended by ED management and Physicians to strengthen relationships with GPs.
- Austin Health delivered an Emergency Department forum which 34 GPs attended.

5.3 Primary Care

GPL interfaces with primary health strategic directions through their work with established integration mechanisms such as Primary Care Partnerships (PCPs) and Divisions of General Practice. All GPL units are working with Divisions of General Practice. Please see section 2.3 for more information on GPL and divisions.

Four units have relationships with their local PCPs. This includes being members of steering committees or attending/presenting at PCP events. As examples

- Melbourne Health GPL is a member of the Moonee Valley, Melbourne and Hume Moreland PCP diabetes task force and contributes to the development of processes for collaborative integrated service planning across two PCP catchments.
- Southern Health GPL has attended a GP reference group that involves the South East PCP to discuss GP demand for improved discharge communication.
- The three divisions in the Eastern Health GPL program actively participate with the Inner and Outer East Primary Care Partnerships on a broad range of projects Outer East Health and Community Service Alliance Meeting
 - Integrated Health Promotion Committee
 - Eastern Metropolitan Region Chronic Disease Meetings
 - Outer East PCP planning meeting
- Austin Health GPL participates in 3 PCPs in management group meetings, service coordination working groups and planning days. They have participated in a range of forums including Mental Health, Self Management, and Privacy and Consent. Other partnerships include membership of the Darebin City Council Health steering committee and GPL contribution to the Banyule City Council Municipal Health planning process

Case Study 14: Austin Health

Uptake of Service Coordination Reforms with Austin Health

HPCLU is involved in promoting and clarifying use of SCTT tools within Austin Health. HPCLU convenes a bi monthly Austin Health Primary Care Coordination (PCC) group where S2S referral is a standing agenda item. Representatives from HARP and the local PCPs attend.

The unit provide staff with resources and information on their intranet. The latest resource “Quick Reference Guide to S2S referral” has been well received. This was produced by HPCLU with input from existing Austin users, the Primary Care Coordination (PCC) group and with initial contact with Infoxchange and Banyule Nillumbik Primary Care Alliance (BNPCA).

New and refresher user training has been arranged with S2S referral vendor Infoxchange. Much of the training in areas routinely using S2S referral now use a train the trainer approach.

5.4 Specialist Clinics

Eleven GPL units are working in the priority area of specialist clinics (also known as outpatient clinics). General Practice Liaison can interface with multiple hospital activities generated by special clinics reform agenda as illustrated by the following case study from Austin hospital.

Case Study 15: Austin Health

HPCLU and Outpatients

HPCLU staff attended internal Outpatient Steering Committee meetings and contributed to issues concerning GPs.

HPCLU staff have contributed to a number of outpatient department projects by ensuring that GPs' needs are taken into account. HPCLU also assisted with information dissemination to GPs. HPCLU staff have participated in the following projects:

- After Hours Access telephone line for referrals & enquiries - aimed to improve GP access to Outpatients by extending the hours of operation.
- Neurology project - to improve access for patients with Neurological conditions by developing referral guidelines and discharge pathways
- Back pain project – improve access for patients with neck and lower back pain by developing referral pathways and a triage referral tool for GP use.
- Osteoarthritis Hip & Knee project – aiming to improve GP skills and confidence in the early management of patients with osteoarthritis and other strategies to ensure that the orthopaedic waiting list is accurately maintained.

HPCLU assisted outpatients in improving compliance with MBS clinic requirements by advising GPs to include referral information needed.

The GPL activity in specialist clinics can be discussed under three broad strategies.

- Improving the quality of GP referral to specialist services
- Improving general practice access to information on specialist services
- Improving communication from specialist services to general practitioners

5.4.1 Improving the quality of GP referral to specialist clinics.

The GPL Network has identified the following.

The *quality* of GP referrals to outpatients remains an issue for busy outpatient departments. The issues include

- incomplete information
- unclear reason for referral

The *appropriateness* of some GP referrals also remains a concern. This includes referral for issues that could be dealt with in the community.

The issue of appropriate and quality GP referral is common to specialist clinics but more investigation is required to determine the

1. size (percentage) of inadequate and inappropriate referrals and
2. characteristics of the GPs making these referrals

3. reasons that GPs are referring to outpatients.

GPL units are progressing quality of GP referrals through

- Promoting referral templates that result in electronically generated, legible referrals that encourage GPs to include relevant information that assist in the triage and management of patients in specialist clinics. The GPL Network promotes the Victorian State-wide Referral Form(VSRF). Many of the hospital GP Access pages link to the GPV website that houses the latest information on the VSRF and the VSRF plus for Maternity, Urology, and Hip and Knee.
- Provision of pre – referral guidelines on the GP Access pages. The GPL Network has identified the need for a whole of system approach to referral guidelines that includes a communication and education strategy for GPs.

Examples of referral template work at the local level are;

- Barwon Health GPL has developed twenty referral templates that are available on the “*Linking with Health Professionals*” page on their website. The referrals are available for three GP clinical software systems (Medical Director, Best Practice and Zedmed). Sixty percent (60%) of outpatient referrals are received on these templates.
- Alfred GPL reported that despite a steady increase in the number of referrals received spot audit results show a reduction in illegible referrals, an increase in the utilisation of electronically generated referrals, and an increase in the number of referrals which include medication listings and investigation results.
- Royal Women’s Hospital provide an electronic template on their website and >20% of referrals to RWH are on the template.
- Peninsula Health GP Liaison page provides a link to the VSRF information to encourage GPs to use this form for outpatient referrals
- RVEEH have referral templates on their website the can be used in Medical Director and Best Practice.
- Alfred GPL have referral guidelines for all the clinics and are on the GP page
- St Vincents have developed referral guidelines on
 - Gastroenterology
 - Orthopaedics
 - Urology
 - Neurology.These have been disseminated to divisions and GPs and are available on St Vincents GP Access page.
- Mercy Hospital GP page provides a link to the VSRF + Maternity as well as a Fast Fax referral form.
- Southern Health GPL maintain clinic descriptions, pre-referral guidelines and referral pathways on the website.
- RCH has conducted a mini audit of referrals to outpatients to identify referrals that were inappropriate or could have been managed in general practice. Referral patterns were reviewed by Divisions of General Practice working with the RCH to note changes in referral patterns. An increase in referrals of 2%-23% was noted from all division catchments.
- Austin Hospital Primary Care Liaison Unit have been involved in the
 - development of outpatient guidelines for referral
 - updating of the medical specialist directory and
 - updating of the Outpatient Consultative List.
- Eastern Health GPL has conducted an audit of 100 GP referrals to the two specialist clinics departments.

- Northern Health GPLU successfully applied for funding under the Specialist Clinics Improvement and Innovations Strategy. The project titled *Best Access First Go: Improving GP referrals to Specialist Clinics* will allow NH to employ a project officer to review and revise referral guidelines and to purchase required web page consultancy advice and development time.
- Melbourne Health GPLU are working with Melbourne Division of General Practice to promote the VSRF to GPs for referral to outpatients

5.4.2 Improving GP access to information on specialist clinics.

Examples of Access

- Southern Health maintain a private specialist directory on the “GP Access” page on the website
- Peninsula Health has compiled a list of specialists and will add this to the GP Access page.
- RCH have planned GP education based on referral patterns and outpatient department waiting lists and have an on line directory of services that is managed by the outpatient department
- Mercy GPL advertise the Outpatients GP Hotline number on the website
- Alfred GPL has developed specialist clinic listings detailing clinicians’ details (to satisfy MBS referral requirements). Alfred now has 15 MBS clinics.

5.4.3 Improving communication from specialist services to general practitioners

GPL units are working to improve communication from outpatients in the areas of

- Notifications of referral and appointment
- Discharge communication

This work involves working in the area of workflow and work practice redesign.

Case study 16: Royal Victorian Eye and Ear Hospital

RVEEH GPL joined Phase 2 of the redesigning hospital care project and participated in work focused on improving the workflow process between receipt and registering of referrals in outpatients. The work identified large areas of re-work around incomplete information on referrals, and other processes involved in registering and triaging outpatient referrals. Measures were set as “first time resolution” for referrals and a daily measure has been set and is recorded. The referral processes have been streamlined so that less information is required from the referrer and therefore less rework and delays with registering referrals. Therefore, most referrals can be processed straight away and same day work is done the same day. It has been estimated that the cost savings for this small change alone, amount to about \$3000 saving on phone calls and \$60,000 saving on staff time/wages per annum. There has been an improvement in staff morale and satisfaction in staff working within the Outpatient Booking Unit.

A common strategy to improve discharge communication has been to develop templates, and guidelines to assist in work flow. GPL often play a role in monitoring systems that

include routine or automated communication to GPs. The monitoring facilitates further quality improvement in this area.

Case study 17: Royal Melbourne Hospital

Pilot of Structured Specialist Clinic Letters

Melbourne Health GPL developed a specialist letter template based on the results of an audit of specialist letters. The template was piloted and an audit conducted to measure compliance. The project won an award during Melbourne Health Research week 2009 for “Best quality of care – Poster presentation”.

Compliance with the template was measured for 328 letters

- 61% complied completely or in part
- 39% did not use the template

A smaller sample (49 letters) were assessed using the SAIL instrument

- Structured letters scored 8.5/10
- Unstructured letters scored 6.4/10

The GPL unit have recommended that MH adopts the structured letter template for all letters going to GPs

Case Study 18: Alfred Health

Orthopaedic Outcomes Letter

The GP Liaison team, in collaboration with the Orthopaedic Head of Unit and input from the Unit consultants, undertook the design and implementation a 'tick the box' form for specialists to complete after review in the Orthopaedic clinic, which also serves as the required clerical appointment request, progress letter for the patient's GP and discharge letter.

The implementation of this 'Orthopaedic Outcomes Letter' aimed to

- improve communication between the Orthopaedic clinic and referring GPs
- minimise additional paperwork for the clinicians.
- facilitate discharge from the specialist clinic back to GP care
- improve access in high demand clinics.

Three months after implementation of the new form an audit was conducted. This demonstrated difficulties with filing the correspondence, some sections not being completed, and difficulties with the delivery of the letter to the patient's GP. However, the GPs who had received the letters were mostly satisfied with the correspondence received. This led to a refinement of the content of the form. Clerical staff were educated about the usage and filing of the correspondence.

The GP feedback was given to the Unit members, who agreed to continue to utilize the form. After further refining of the form, another audit was completed. GP satisfaction was very high, but poor receipt of the letter persisted due to the delivery method utilised. Consultant feedback was again sought through unit meetings, which showed improved acceptance of the letter. The forms have been refined further and are being approved for 'MR' status, to allow the letter to double as a progress note, to reduce duplication of paperwork.

The method of delivery (ie the letter is given to the patient to give to their GP) remains a significant block to the success of the communication. Work flow issues are being examined to address the issue, as well as improved accuracy of GP details. Further audits to examine receipt by GPs will be conducted.

Case Study 19: Northern Health

KPI's for specialist clinics' letter dispatch

Northern Health GPL has developed communication targets for specialist letters to be sent to GPs. The KPIs have been sourced from the Victorian Chief HIM Group. Reports have been developed to measure base line, and improvement strategies will be developed with HIS. The results were

- TNH (including Craigieburn & PANCH) average= 11.4 days. This is a variance of 4.4 days over the KPI of 7 days
- BECC average = 13.0 days. This is a variance of 6 over the KPI.
- BHS average = 10.0 days. This is a variance of 3 days over the KPI

5.5 Sub – Acute

The strategic directions that support sub-acute care that are relevant to GPL include; GP voice on hospital committees, access to services, information exchange and professional development for GPs. Seven GPL Units reported on their activity in Sub Acute.

5.5.1 Information exchange

Northern Health have progressed the project work on the interim drug chart to improve medication management at the acute /residential interface. This project, funded by the Wicking Foundation was the outcome of a collaborative partnership formed with the Austin Hospital Pharmacy, North East Valley Division General Practice (NEVDGP), Northern Division of General Practice Aged Care Panels, BECC Medical Services and GPL unit. The pre intervention data indicated that 20% of residents had their medications missed or significantly delayed due to a lack of access to drug administration chart, medications or conflicting drug information.

St Vincents GPL has worked with the GP working group to improve the referral processes to aged care services. Multiple forms have been replaced with one form that has been approved. This is currently being developed as template for medical director.

Peninsula Health have mapped current processes for GPs to make direct admissions to Community & Continuing Care Services and have provided useful information on Sub acute ambulatory Services (SAAS) via the local division and through the website.

The local Divisions working in Eastern Health General Practice Liaison circulate an Aged Care Newsletter with their division newsletters.

Northern Health GPL has increased GP engagement with HARP & Community Services & CTS (C/C) patients through greater use of EPC items. Care Plans were revised to meet HIP Guidelines whilst enabling the GP to claim the relevant MBS EPC item. The evaluation results for the HARP Care Plans are

- Improved care coordination with 91% of cases having a care plan sent to GPs (improvement of 14%).
- 58% of HARP clinicians received no feedback from GPs
- However, 40% of GPs did provide feedback primarily by way of a signature. This is considered a significant improvement in communication from the GP.

Minor modifications have been made to the forms which are now in general use.

5.5.2 GP education

Northern Health GPL offers GPs education on Geriatric Care in partnership with the Northern Division of General Practice. The ‘Geriatrics for GPs’ series included the topics of palliative care, wound management, and falls management. Forty two GPs attended the education sessions. Two GPs also participated in clinical attachments at the health service.

Western Health GPL worked with their local Division (PivotWest) to deliver the HARP education series. This included sourcing five speakers for the five sessions and assisting with the formulation of learning needs to meet RACGP QA &CPD requirements. The total number of attendees was 139 which included 84 GPs.

Melbourne Health GPL developed and delivered an aged care session for GPs and residential aged care facility staff in collaboration with Melbourne General Practice Network. Thirty participants attended including 10 GPs.

5.5.3 GP voice on hospital committees/programs

SVGPL, Peninsula and Melbourne participate in the reference group for the aged care in-reach Project.

Melbourne Health GP consultant is the medical representative on HARP Partnerships in Health Executive committee.

Eastern Health has established a bi- monthly Peter James Centre/Wantirna Health GPL committee to focus on Aged, Mental Health and Palliative care issues. The meeting is attended by a range of stakeholders from the two sites as well as staff from HARP and Divisions of General Practice.

RCH GPL continues to provide input into the Community Eczema Clinic.

5.6 Mental Health

The activities that support mental health care and interface with GPL are information exchange, access to services and support to GPs to manage patients with mental illness.

Six GPL units reported on activity in the area. The main strategies have been

- Partnership development
- Provision of GP advice to hospital committees
- Improving GP access to mental health service information
- Assisting with referral and system pathways
- Looking for opportunities to up skill and support GPs in the management of patients with mental illness.

Peninsula Health GPL has established relationships with headspace and the GP Consultant attends the Depression and Anxiety Taskforce meetings. Service information has been put on the GP Access webpage.

Eastern Health GPLU attend the Eastern Health Adult Mental Health GP working group. In conjunction with Knox Division of General Practice, and the primary mental health team, the working group has developed a tool designed to assist health professionals to navigate the different levels of services available to patients with mental illness. The GPL unit was successful in securing a grant to fund GP supervised clinical attachments in Eastern Health Mental Health and Drug and Alcohol Services.

The St Vincents GP consultant has attended and provided a GP perspective to the

- St Vincents Health Shared Care Committee
- Working group improving physical health of patients with chronic mental illness.

Austin Health HPCLU has been a champion of the service coordination tools and has endeavoured to engage mental health services in the process. This has included mental health services piloting the SCTT as a faxed referral to the North East Dietetics program.

The unit continues to work with BNPCA mental health project that will result in a mental health services directory.

Royal Children's Hospital GPL has identified the need to involve GPs in mental health early screening and is looking for funding to action this.

5.7 Maternity Services

5.7.1 Maternity Shared Care.

General Practice Liaison plays a significant role in supporting maternity shared care, including GP engagement, accreditation, reaccréditation and education of maternity shared care affiliates. In the context of high demands on specialist clinics, maternity shared care can be viewed as a successful model of

- shifting care to the primary care setting
- reducing demands on outpatient services and
- providing women with choice.

There is no state wide coordination of maternity shared care in Victoria and no state-wide data on shared care GPs. Maternity Shared Care is the separate responsibility of each hospital as detailed in the statement from the Joint Consultative committee on Obstetrics (JCCO) The statement sets out the requirements for GPs to participate in a shared care programs and states that the "coordinating body" of the maternity shared care program (the individual health services) are responsible for the coordination, standards and evaluation of the program. This means that individual health services ask GPs to complete separate paper work for each hospital.

5.7.2 Maternity General Practice Liaison Network.

The GPL units of the health services that provide maternity services have formed a group called the Maternity GPL Network to further their work in maternity shared care.

The purpose of the Maternity GPL is to

- Champion shared maternity care and the involvement of GPs in the provision of maternity care
- Provide inspiration and support to GPLs working in maternity services
- Provide a forum for collaboration and the sharing of ideas and learnings, exploration of issues and the development of policy and processes to promote, support and enhance the quality provision of shared maternity care
- Provide benchmarking opportunities for health services
- Identify state-wide issues for discussion with DHS maternity services
- Provide a professional meeting to develop relationship between GPL and DHS maternity services and other identified agencies such as RACGP
- Foster an environment to share lessons around adverse events relating to GP Hospital communication and shared maternity care.

Central to the success of this group is the willingness of the Shared Maternity Collaborative (SMCC) to share their expertise and resources. The SMCC consists of

- The Royal Women's Hospital
- Mercy Hospital for Women
- Sunshine Hospital

- The Northern Hospital

The collaborative have signed a MOU that has resulted in agreed accreditation and reaccreditation criteria and processes that facilitate standard application process for GPs that can be accredited once for any of the four hospitals.

In this reporting period the SMCC have contributed to the MGPPLN by

- defining and sharing the accreditation and reaccreditation criteria for the 2011 – 2013 triennium
- sharing the accreditation and reaccreditation forms with other health services
- keeping the Maternity GPL Network informed on project work led by RWH on the revision of the shared care affiliate guidelines
- reporting on the work of RACGP in developing online learning modules on pregnancy related care.

The Maternity GPL Network (MGPLN) has also provided an opportunity for DH Maternity services to disseminate information and seek input on initiatives such as the Victorian Maternity Record.

5.7.3 The number of Shared Maternity Care Affiliates.

Outcomes from the group include capturing a snapshot of the number of GPs accredited in the participating health services. The following table identifies the number of GPs and the sites where they are accredited. The data highlights GPs' commitment to shared care and the significant body of work that GPL undertake to engage and support this workforce in the provision of shared care. GPL report that it takes an hour to accredit a GP and there is a significant administration load in reaccrediting the GPs.

Table 6: The number of shared care GPs and where they are accredited

Accreditation sites	Number of Accredited GPs June 2009
RW/ Mercy/Sunshine/Northern	400
RW/Mercy/Sunshine	211
RW/Sunshine/Northern	13
Mercy	27
RW/Sunshine	37
Mercy/Northern	24
Northern	14
Southern	250
Sandringham	120
Eastern	27
Total	1123

5.7.4 Education Events.

Shared Care Affiliates are required to complete professional education to maintain their accreditation. Over the triennium this has been mainly through completing either

- 10 RACGP Group 2 CPD points from activities directly related to pregnancy care, pre pregnancy care, postnatal period and neonatal CPD activities; or

- a Supervised Antenatal Session

Below is a table of the education facilitated by the GPL for shared care affiliates. GPs could attend more than one event over the year.

Table 7: Shared Maternity Care Education

Health Service	Event details	Number GPs attending education
Southern	Feb 2009	42
	June 2009	39
Mercy	August 2008	52
	October 2008	36
	March 2009	23
	May 2009	27
Joint workshop Sunshine, Mercy, Northern and RWH	August 2008	105
Northern	October and November 2008	49
	Obstetrics attachments	6
Eastern Health	ALM activity	55
	Cat 2 activity	5
Royal Women's	Aug- Dec 2008	75
	4 events 2009	500
	Antenatal attachments	20
Total		1034

GP education for shared care accreditation, for obvious reasons, is focused on pregnancy care, pre pregnancy care, postnatal period and neonatal issues. The RWH has worked with RACGP to develop GP learning modules that are appropriate for reaccreditation and are available to GPs on line. Unfortunately "pregnancy related care" is not a recognized RACGP education category and this places an administrative burden on the GPLs. The Maternity GPL Network (MGPLN) is increasingly providing an opportunity discussion with RACGP and RANZCOG around meeting GPs' education needs.

5.7.5 Building Blocks for Shared Maternity Care Program

The MGPLN mapped their local models for providing shared care to assist in understanding the various hospital contexts and to identify the elements of a successful program. This information was used to develop building blocks and indicators for a mature program. The group have used the indicators to benchmark their programs and advocate for improvements within their health service.

Table 8: Components of a Shared Maternity Care Program

	Building block	Description	Indicators
1.	Health Service Commitment to Maternity Shared Care	This includes health executive support, head of unit, Medical Director Midwives, and Staff obstetricians. Documented policy	1. Written shared care policy 2. Identified Senior Executive responsible for program
2	GP and Hospital commitment	GP willingness to participate in shared care program and meet accreditation and education requirements. Ensuring appropriate clinical information is shared	3. Health Service list of shared care GPs 4. A pregnancy record 5. Documentation of program for GPs and women 6. Information on Health Service website 7. Health Service has the ability to track the number of shared care registrations and is able to feedback this information to the organisation
3	Capacity to Manage and Coordinate program	Point of contact for the program GP recruitment Provision of GP education Recruitment of women into the program	8. Identified worker responsible for the coordination and management of maternity shared care 9. Calendar of GP education 10. GP and women have a point of contact around shared care
4	Processes	Accreditation, reaccreditation, Referral processes from hospital to shared care. Promotion of model to women	11. Documented accreditation and reaccreditation processes 12. Documented information for women on shared care 13. Documented processes for “sharing” patient care

The collaboration of the MGPLN has provided GPL with knowledge, tools and confidence to assist their local service to progress improvements in maternity shared care.

Case Study 20: Peninsula Health

Review of Shared Maternity Care Program (SMCP) at PH

Peninsula GPLU has undertaken an extensive review of SMCP. This review included investigation and mapping of program administration and care delivery in the outpatient setting. As a result of this investigation a working party has been set up to implement changes to the program. This working party is run by the GPLU, meets monthly and includes an Executive Director, Operations Director, Unit Managers, Administrative Staff and GPLU. The challenges have been in identifying and bringing together the diverse personnel who need to agree on the changes required for the development of the SMCP, especially when so many are time poor. Having access to information and documentation from the other hospitals was useful as the GPL was more confident to advocate for changes that were feasible and common practice in other health services. Executive participation was crucial to the success of the implementation. All disciplines involved in administration and running of the program were included and their views taken into account. To keep the improvement work progressing, the GPLU facilitates meetings and offers time and assistance to do some of the ground work as needed.

5.7.6 Summary of GPL work in maternity services at the local level

Eastern Health

- Promoted the Victorian Medical Record through local Division newsletters
- Maternity Clinics' descriptions uploaded on the Eastern Health website
- Active Learning Module (7.5 hours) has been developed by the GPL unit and Birralee Maternity Unit. There have been 68 expressions of interest from GPs to complete this.
- Independent Imaging (radiology provider for Box Hill) has contracted a consultant to provide specialist imaging services that support maternity specialist clinic services

Southern Health

- Regular communication to shared care affiliates and website maintained
- Chair of GP sub committee as point of contact to respond to any GP issues/ concerns
- Establishment of GP Obstetrician Referral Clinic at Casey Hospital in 2009
- Successful establishment of clinical attachment program to support credentialing process
- Joint lobbying activity with Dandenong and Casey General Practice Network for additional antenatal clinic within the Dandenong area.

Mercy Hospital for Women

- Processed 321 reaccreditation of shared care GPs
- 26 new affiliates accredited
- Extensive liaising with internal IT leaders and project team to have SMCA bought across from old system to the new Patient and Client management system (iPM)
- Antenatal clinical attendance approved as Category 2 activity in the RACGP QA & CPD program.

Royal Women's Hospital

- Shared care information incorporated into “having a baby at the Women’s” and “Things to know in Early Pregnancy’ Information Book.
- 23 new affiliates joined the program
- Processed reaccreditation for 400 shared care affiliates
- Delivered an extensive CPD program
- Processes in place including
 - all GPs receive information on shared care and appropriate testing when receive women’s appointment information
 - all women receive information on shared care when they receive appointment information
 - incorporation of support for shared care in position descriptions of clinic coordinators
 - improved access to clinical advice for shared care GPs who are advised on how to access advice through written correspondence when they are registered as shared care GPs.

6. Concluding Comments

The GPL program in 2008-2009 is characterised by a high level of collaboration and collegial activity. This has been made possible by

- systematic planning and reporting processes at the unit level and
- a whole of program approach actioned through the Victorian General Practice Liaison Network.

This is the second report for the program and there is increasing evidence of the reach and breadth of the program. This has been especially evident in the education provided to GPs, and the number of accredited shared maternity care affiliates.

The GPV coordination service will continue to work with the Network to identify meaningful data on outcomes of the program.

As the Network matures there is more understanding of the skills required to deliver the program. Access to professional development remains a challenge for GPs and program staff in the general practice liaison program.

As a whole program the Network will continue to work on

- improving the quality and timeliness of discharge communication
- developing the Human Services Directory to meet communication transfer needs
- clarification of issues and strategies for improvement at the GP/Specialist Clinics interface.

Appendix A



Position Statement
February 2009

The need for timely legible discharge summaries to GPs

It is absolutely fundamental to patient care and safety that GPs receive a legible discharge summary within 24 - 48 hours of patient discharge for all patients, except those on chemotherapy or dialysis where multiple treatments are required.

A timely legible discharge summary

1. is the first step to avoiding readmission
2. is essential to avoid medical mishap, particularly in regard to medication
3. enables relevant effective primary health support to be provided
4. prevents duplication of tests and management plans, and so saves time and money
5. reduces confusion for the patient
6. ensures management is followed through
7. ensures the patient follows up on necessary steps
8. provides a timely opportunity to rectify drug errors/interactions

It is desirable that a copy is given to the patient and sent to the GP.

This message is affirmed by the Australian Institute of Health and Welfare in their report recommending 40 performance indicators for the Australian health system.¹²

¹² Australian Institute of Health and Welfare (2008): A set of performance indicators across the health and aged care system included the indicator 'Hospital patient with a discharge summary transmitted electronically within one day of discharge'. The report gave the following rationale 'High quality care requires integration of care across different health and aged care sectors and different professionals. Without such integration the patient may suffer unnecessary adverse events like medication interactions, there is potential for duplication of tests and procedures and delays, and this is not a patient centred approach. Complex chronic conditions require the skills of many health professionals to manage well and without integration the results for the patient will be less than optimal. The time after discharge from hospital is particularly crucial for good quality care. If a discharge summary is not provided quickly to the service provider who will manage the patient care in the community then the potential for adverse events and in particular pharmaceutical adverse events, is high.'

Appendix B



Human Services Directory and divisions

April 2009

Role of the HSD

The Human Services Directory (HSD) is the master directory of health, social and disability services in Victoria and includes a dataset of contact details for General Practitioners.

The HSD provides service providers with access to accurate and up-to-date information about services in Victoria. This information is used to inform consumers and to assist communication between services. The HSD is funded by DHS and managed under contract by Data Consultants Australia (DCA).

Hospitals can access regular updates of the GP dataset for **the restricted purpose** of transferring information from the hospital to general practitioners about individual patient care. Examples of this communication are:

- notification of admission
- notification of presentation at Emergency Departments
- discharge summaries.

The GP contact information is provided to hospitals in an electronic format that matches their IT systems. Some hospitals have integrated the GP downloads into their patient administration software (PAS) so that GP contact details can be accessed at various entry points into the hospital such as outpatients and emergency. Hospitals are also encouraging patients to identify or find a GP and the GP dataset can assist in this process.

Increasingly, the HSD is central to referral and e-Health initiatives. It will be the data source for all HealthSMART sites. In recognition of this emerging role, DHS facilitates a reference group that meets quarterly to:

- Provide a framework for the ongoing development and enhancement of HSD
- Assist in the promoting of the use HSD to all stakeholders in the Health Community to further its usage
- Provide a forum for identifying potential changes/enhancements/directions of the HSD
- Provide a mechanism for communication between all interested stakeholders

Lenora Lippmann is the GPV representative at these meetings.

Over time the use of the HSD has expanded. It is now used as a resource for Nurse On Call, Better Health Channel, Disability Online and HealthSMART. DHS and the contractor have continued to make improvements to meet emerging needs and are funded to continue to do so.

To be effective and useful the HSD must contain accurate, comprehensive and up to date provider information. Divisions of general practice have a key role in ensuring general practice data in the HSD is accurate.

Current GP information in the HSD

The HSD contains the most comprehensive dataset of GP contact details in Victoria with about 5,600 GPs listed. It is kept up to date by a number of means:

- Hospitals notify DCA of new GP information they ascertain;
- Divisions notify DCA of new practices;
- Individual practices and practitioners notify DCA of changes;
- DCA complete a six monthly audit of GP contact details by contacting practices with a faxback and follow up phone call.

General practitioners provide their details to DCA with the understanding that they can choose to restrict access so that this information is only used for communication between hospitals and general practices. Alternatively GPs can permit their basic contact data (such as that available in a telephone directory) to also go onto the public access component of the HSD.

Divisions' role with the HSD

Divisions of general practice are listed as agencies in the service directory. Each division has a log-in that allows them to update their organisation's contact details but not their GP member details.

Divisions can assist the HSD in maintaining accurate GP data by:

- informing DCA about new practices and/or changes in GP contact details. This can be done through emailing DCA hsd.admin@data.com.au or phoning the HSD help desk on 9320 9070. DCA will seek permission from the practice to validate and/or add GP information to the HSD.
- keeping GPs, practices and key hospital personnel informed about the purpose of the HSD.
- encouraging practice participation in the six month DCA fax back by promoting it in bulletins, newsletters etc.

Informing DCA about new practices is the highest priority as it is difficult for DCA to find out this information in a timely manner.

Further Information

To view the HSD go to <http://humanservicesdirectory.vic.gov.au/>

For any queries about the GP dataset in the HSD please contact Jane Measday, GP Liaison Coordinator at GPV at j.measday@gpv.org.au or phone 9341 5200.

For eHealth/HSD enquiries, please contact the GPV IM & Health team

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Appendix C

List of GPL Health Services and the GP pages on health service websites December 2009

HEALTH SERVICE	WEBSITE
Alfred Health	www.alfred.org.au Click on For GPs http://www.baysidehealth.org.au/for_gps/
Austin Health	www.austin.org.au click on For Health Providers and then GP Access http://www.austin.org.au/Page.aspx?ID=441
Ballarat Health Services	http://gp.bhs.org.au
Barwon Health	www.barwonhealth.org.au click on Linking with Health Professionals www.barwonhealth.org.au/linkingwithgps/default.aspx
Eastern Health	www.easternhealth.org.au Click on GP Portal
Epworth Richmond	www.epworth.org.au Click on Health Professionals and then General Practice
Mercy Hospital for Women	www.mercy.com.au Click on Health Services Select Mercy Hospital for Women (Heidelberg) Click on For Health Professionals Select GP and Shared Maternity Care Affiliates
Northern Health	www.nh.org.au Click on GP Access
Peter MacCallum Cancer Centre	www.petermac.org Click on Health Professionals
Peninsula Health	www.peninsulahealth.org.au Click on Health Professionals Select GP Liaison
Royal Children's Hospital	www.rch.org.au/kidsconnect
Royal Melbourne Hospital	www.mh.org.au Click on GP Access
Royal Victorian Eye and Ear Hospital	www.eyearandear.org.au Click on Information for Health Professionals
Southern Health	http://www.southernhealth.org.au/ Click on GPs

Royal Women's Hospital	www.rwh.org.au Click on Health Professionals and then Shared Maternity and Affiliates
St Vincent's Health	www.svhm.org.au click on Health Professionals and GPs
Western Health	www.wh.org.au Click on GP Liaison