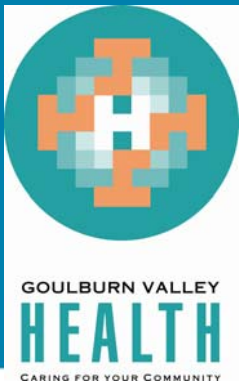


Outpatient improvement and innovation strategy



Presented by: Jackie Dingwall
29th September 2008

Outpatient Improvement Projects Showcase Event:

Project aim and objectives:

- Implementation of an Intake Referral Co-ordinator role to oversee Customer Service Officers (CSO) and manage waiting lists for Specialist Consulting Suite (SCS) at GV Health.
- Assess and monitor referrals received at SCS, with a primary focus on the Orthopaedic stream to ensure quality referrals received.
- Facilitate a central and timely communication link between GV Health and referring agencies.
- Update SCS Referral Criteria Manual.



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Methodology:

- Auditing of orthopaedic wait list
- Auditing of Orthopaedic referral letters for compliance with the **SCS Referral Criteria Manual** (@5 & 9 months post manual launch).
- Site visits to referring agencies – establish a greater understanding of local issues and how we can address/overcome identified problems. (Note: 35 GP Practices in GVGP Division).
- Address communication issues between referring agencies, patients and SCS.
- Increase level of knowledge & awareness of **SCS Referral Criteria Manual**. (Where & how to access).



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Goulburn Valley Health Specialist Consulting Suites Referral Criteria Manual Issue Date: September 2008



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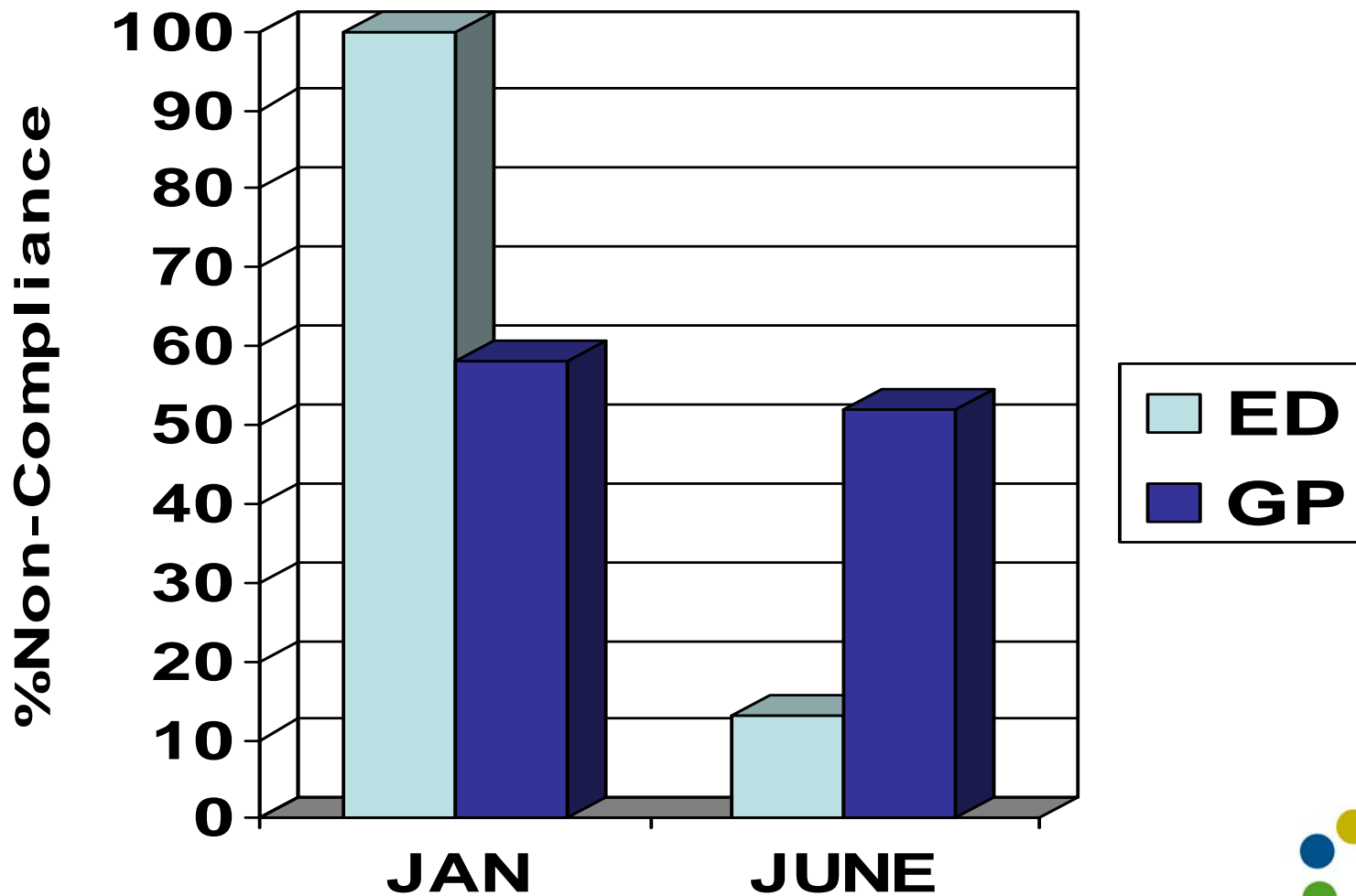
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REFERRING PROBLEM	PRE REFERRAL EVALUATION	PRE REFERRAL MANAGEMENT	GUIDELINES FOR REFERRING TO SPECIALIST CONSULTING SUITES
SHOULDERS			
<ul style="list-style-type: none"> • Rotator Cuff Tendonitis/ Tears 	<ul style="list-style-type: none"> • Standard history and examination particularly neurological examination • X-rays (standard views) • Consider FBC & ESR • Ultrasound 	<ul style="list-style-type: none"> • Anti inflammatory • Physiotherapy • Exercise programme • Consider Cortisone injections 	<p>Refer if patient fails to respond to treatment after three months unless evidence of weakness suggestive of a gross rotator cuff tear which should be referred as Category 2</p>
<ul style="list-style-type: none"> • Pain/stiffness in shoulder. Frozen shoulder 	<ul style="list-style-type: none"> • Standard history and examination particularly neurological examination • X-rays (standard views) • Consider FBC & ESR 	<ul style="list-style-type: none"> • Anti inflammatory • Physiotherapy • Consider Cortisone injections (intra-articular) • Hydrodilatation 	<p>Refer after 3 months – Category 2</p>
<ul style="list-style-type: none"> • AC joint problems 	<ul style="list-style-type: none"> • Standard history and examination particularly neurological examination • X-rays (standard views) • Consider FBC & ESR 	<ul style="list-style-type: none"> • Anti inflammatories • Physiotherapy • Cortisone injections 	<p>Refer after 6 months if persisting symptoms as Category 3</p>
<ul style="list-style-type: none"> • Recurrent dislocation of shoulder / shoulder instability 	<ul style="list-style-type: none"> • Standard history and examination particularly neurological examination • X-rays (standard views) • Consider FBC & ESR 	<ul style="list-style-type: none"> • Advice to avoid dislocation • Shoulder rehabilitation program (Physiotherapy) 	<p>Refer as routine referral (Category 3) if recurrent functional instability and/or pain and has not responded to the rehab program after 3 months. Consider referral after recurrent shoulder dislocation - Category 3.</p>



Compliance with Referral Manual Guidelines 2008



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Outcomes and Findings:

- Two main referring groups (GP's & ED).
- **Poor referrals – 33% compliance rate.**
- Lack of awareness of Referral Criteria Manual (despite availability on hospital network and copies made available to GPs).
- Issues with poor communication between the referring agencies and GV Health.
- Establish a process for return of inappropriate referrals for further information.



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Recommendations:

Internally (ED)

- Inclusion of Referral Criteria Manual in hospital orientation for medical staff.
- Development of “Five Compulsory Principles for Orthopaedic Referrals”.
- Inservice/education on location and access to Referral Criteria Manual.



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Recommendations:

Externally (GP's)

- Notification to patients and referring agencies (letter & email).
- Development of non admitted patient services web page for SCS (accessible only by health practitioners).
- GP dedicated phone line.
- Investigate use of e-referral (currently organisation wide initiative being piloted in Integrated Care Services).
- Development of Fax header for return of inappropriate referrals.

