

Outpatient improvement and innovation strategy



Jane Measday – program consultant GPV
Frank Aitken – project officer outpatient reform team DHS

Context

- Auditor General's report: '*Access to specialist medical outpatient care*' (June 2006)
- Metropolitan Health Strategy
- *Care in your community* (January 2006)
- Over 1.5 million occasions of service annually and rising



Aim

'To improve the quality and accessibility of specialist clinical services provided to non-admitted patients.'



Stakeholder engagement

- OIIS governance structure
- SCTT revision governance structure
- Specialist Focus Groups
 - Urology
 - Maternity clinical network



OIIS Sub Committee Priorities

Data and performance measurement

- minimum data set
- key performance indicators

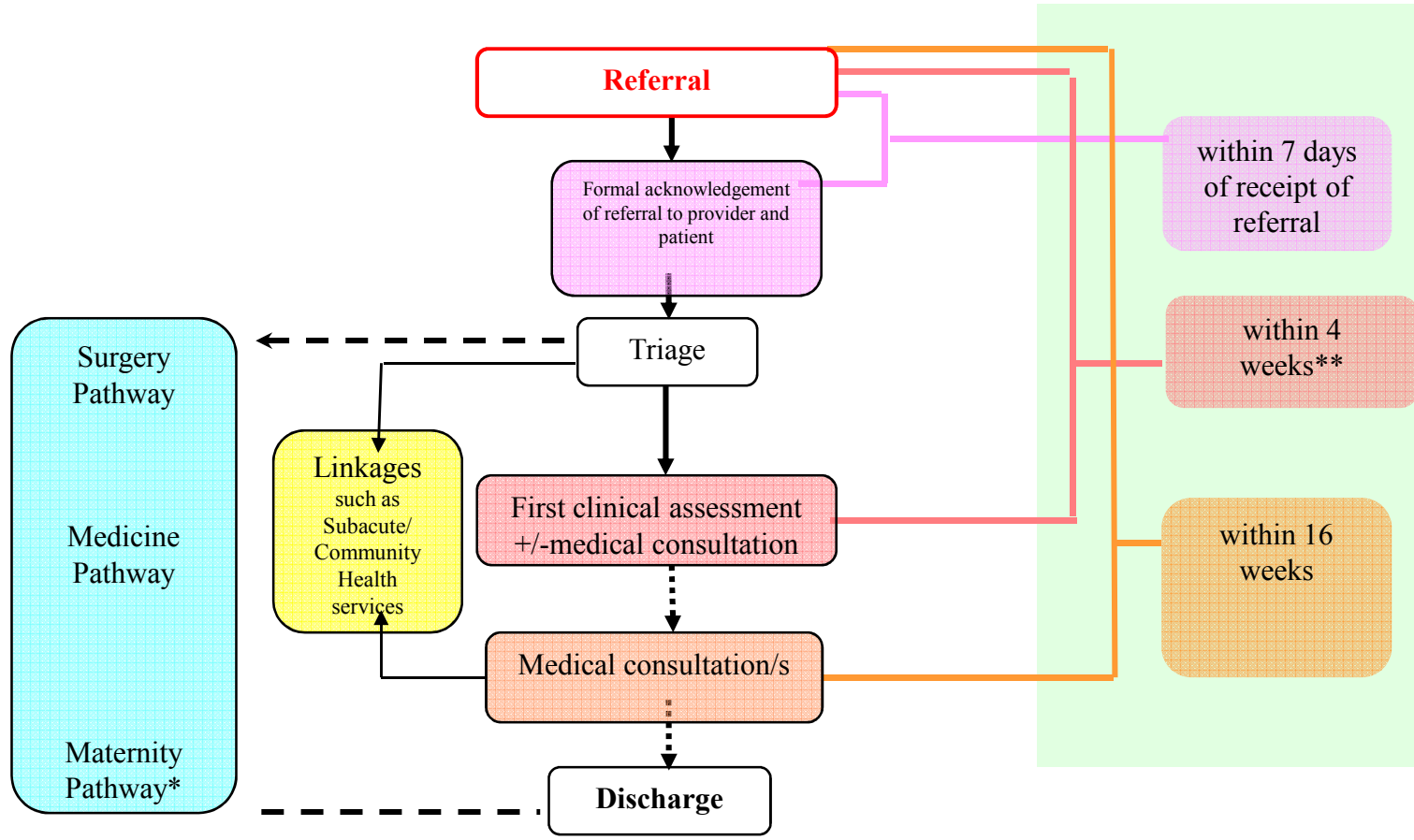
Access and the primary care interface

- access to information about waiting times
- booking systems
- appointment reminder systems
- improved methods of communication e.g. letters





'Whole of journey standard concept'



Link between data and referral

- Areas of high demand:
 - urology, orthopaedics, maternity
- Victorian Statewide Referral Form (VSRF)
- VSRF+





GPV is a QIC
accredited
organisation

VSRF +

Jane Measday
Program Consultant GPV

GPs and Outpatients

- Consultative service
- Streamlined referral pathways
- Access to services for patients
- Quality referral
 - Triage patients
 - Assist in the management
- Referral plus requested work up / results

Aim

- Assess the functionality and practicality of the VSRF + in the general practice setting and public hospital urology and maternity specialist clinics
- The effectiveness of the VSRF+ is reliant on GP *acceptance* and *use*.

GP Acceptance and Use

- The pilot explored GP *acceptance* and *use* in terms of the
 - practicality and functionality of the VSRF + at the GP desktop
 - the difference the VSRF + would make in improving triage and management of patients in the outpatients setting
 - adoption of the referral in routine general practice
 - the benefit of the evidence – based guidelines in future patient management

Outpatient Acceptance and Use

- In the outpatient context the *acceptance* and *use* was explored in terms of
 - triage and urgency assessment
 - enhancement of workflow practices (eg time saved)
 - adoption of referral in health service

General Practice Setting

- Selection of practice types, location and size
- MD
- At the GP desk top
- Mock patient data
- 5 referrals
- 21 GPs

Outpatients

- 30 maternity referrals
- 50 urology referrals
- 10 outpatient clinicians (urology)
- 4 outpatient clinicians (maternity)
- Review, short group discussion and survey

Recommendation

- Functionality with software
- Lay out
- Auto population

Findings

- From a GP perspective the templates:
 - contained appropriate data items
 - would improve patient management
 - efficient
- From the specialist clinics perspective the templates:
 - were legible
 - contained information to assess urgency
 - contained appropriate data items
 - supported efficient triage

Quality GP Referral

- keen interest in quality referral
- 16 GPs provided tips in using their software to produce quality referrals
 - Data cleansing
 - Workflow
 - Quality
- Demographic data

Conclusion

- The project demonstrated that there is agreement that these templates should be developed further, to support GP referral into public hospital urology and maternity clinics.

Questions

