

South Gippsland Diabetes Protocols Project

CASE STUDY:

1. Description of project – key activities undertaken in the project & key results of those activities.

- The project involved developing protocols for the uptake of Chronic Disease Initiative (CDI) for diabetes. The protocols were developed via a small group of GPs and Diabetic Nurse Educators and include flow charts for General Practice, referral to allied health, use of Active Script, the use of Infoxchange Service Directory and the Victorian Statewide Referral Form.
- The protocols also include the use of related Medicare item numbers for diabetes and care planning.

Formulation of Protocols

- A meeting was held with the local Diabetes Nurse Educators to discuss the basis of the protocols. The key points from this meeting were presented to a group of twelve interested GPs at a dinner workshop.
- At the workshop there was a lot interest in streamlining the referral process to diabetic service providers. Discussion was held on when it is appropriate to fill in the SCoTT and possible involvement of Practice Staff in this process.
- As a result of the initial meetings draft protocols were formulated and sent out to all who attended. GPs and Diabetic Nurse Educators had one month to review the protocols and provide feedback to the Project Coordinator.
- The Project Coordinator mapped the service providers involved in the treatment of diabetes and developed a list of contact details based on service provided and location.
- A presentation was given at the Practice Nurse meeting to inform Practice Nurses of the diabetes framework and the potential of their involvement in treatment. This will be further enhanced by a proposed eight hour workshop on Living Well with Diabetes which is open to all Practice Nurses.
- Discussions have been held between the South Coast Health Services Consortium Service Coordination Project Worker and the Diabetes Protocols Project Worker on methods of engaging GPs in the use of the SCoTT. Practice visits have been made with a Division representative and a Consortium representative to discuss use of the SCoTT at each practice. The potential for a GP training workshop later this year has been identified.

2. Using the RE-AIM framework to guide your reflection, please describe the successes and lessons of your project.

• REACH -

- The Protocols working group involved a GP representative from all group practices and included 12 GPs in total. The South Gippsland Division is made up of approximately 75 GPs in twelve practices. The project aimed to reach all practices in the Division therefore information about the project was sent to all practices, however, SCoTT training occurred with all larger practices who are computerized.
- The Diabetes Nurse Educator meeting involved all diabetes educators in South Gippsland who work with all GP practice and major hospitals in the area. The educators were encouraged by the GP interest in diabetes care and standardizing referrals. The educators were also very happy to see funding being directed to South Gippsland and the increased profile of diabetes among GPs.
- The Practice Nurse meeting involved 16 Nurses with a representative from majority of practices. This represents over 90% of Practice Nurses in the Division and has assisted in fostering a professional development relationship between the nurses and the Division.
- Those who were involved in the development of the protocols are already interested in the treatment of diabetes and are willing to look at the way they practice and implement change. The remainder of doctors who were not directly involved in the development of the protocols will receive training on how to use the protocols as part of a continuation grant received by the Division.

EFFECTIVENESS

- The feedback received from doctors on the protocols was very positive as they found them to be comprehensive and reflective of best practice. The protocols have assisted doctors to feel more confident in incorporating specific item numbers relating to diabetes. The adoption of the protocols has been favorably received and doctors acknowledge the need to change their behavior in their daily practice.
- The working relationship between the South Coast Health Services Consortium and the Division has enhanced the ability to develop and implement the protocols as a vehicle for the use of the SCoTT.
- Difficulty was encountered in getting feedback from the GPs as although they were willing to participate their busy schedules prevented them from providing feedback on time. Keeping the GPs enthusiastic in the project was challenging due to the time of year and their general work load.
- The support provided by the Division was enhanced by having a Practice Nurse implement the project as this gave a real world perspective and a day to day understanding of General Practice. The Project Coordinator was able to apply her

clinical knowledge and experience of working in a busy practice. The Project Coordinator was able to address issues of time constraints and encouraging GPs to change the way they practice. This approach facilitated a smoother implementation of the project.

ADOPTION -

- Adoption of the diabetes protocols has been enhanced by receiving a grant from Novo Nordisc to train GPs in the use of the protocols. At the end of the current project it is estimated that 80% of the GPs who participated in the small group discussions will be utilizing the protocols. It is aimed that at the end of the Novo Nordisc project 50% of the whole division will be using the protocols.
- Some practices will take up the protocols more than others depending on their practice nurse systems and their commitment to utilizing enhanced primary care and service incentive item numbers.
- One practice within the division has recently become Practice Incentive Payment Accredited and will take time to implement systems to support the protocols.
- Some practices have accepted Division and PCP staff to give presentations at the Practice Meeting to showcase the protocols and the use of the SCoTT. Other practices were resistant to such meetings and were more comfortable with training in the evening in a more structured method.
- Another method of increasing adoption in the practices was to present the protocols and the SCoTT to the Practice Managers at their monthly divisional meeting. This was also undertaken with the practice nurses at their quarterly meeting.
- The uptake of the protocols was further enhanced by the practice nurse workshops which support the nurses' role in the project.

IMPLEMENTATION –

- The level of uptake varied enormously.
- The training approach was standard, yet the responses were not.
- It became clear that the training package which was used was more than adequate. Much of it was to be used by practice staff with regard to the correct information being entered into Medical Director, therefore being available through the Address Book.
- For the GP's the concerns came not from the effectiveness of the training package for the SCoTT Tool, but from the practicality of the Tool's use. Specifically evidence for need to change practice was not strong enough.
- Current method of referrals satisfactory.
- Hands on practice in using the Tool was time consuming although fairly straight forward. Options were not easily read on screen.
- With regard to the referral process, most GP's feel generally satisfied with their current referral letters.
- Use of the Diabetic Protocols required a low level of support, once explanation and demonstration of Medical Director was achieved.

- I was able to engage some senior GP's at each practice in the use of the Diabetic Protocols, as ever, the challenge remains in encouraging them to change the way they practice.
- The use of the Diabetic Protocols was supported by figures pertaining to South Gippsland Hospital admissions from complications of Diabetes.
- The promotion of patient outcomes and use of service incentive payments, along with care plan remuneration were also incentives to changing practice behavior.

MAINTENANCE

- This Division has obtained further funding to facilitate further training in the use of the Diabetes Protocols and associated referral forms, therefore final figures on the maintenance and compliance with these protocols, and use of referral form, cannot be accurately commented on.
- The use of the SCoTT Tool to date has been hampered largely by attitudes from participating GP's around issues such as:
 - * Waste of resources – paper, time, ink etc.
 - * Duplicity of information within the form.
 - * Irrelevance of information.
 - * Already having a system in place that is user friendly and effective.