



# Managing Challenges through Collaboration at Balmain Hospital General Practice Casualty (GPC)



Marie Goodwin, Anabel Sheen, Nicole Stromsmoe

marie.goodwin@health.nsw.gov.au, anabel.sheen@health.nsw.gov.au, nicole.stromsmoe@health.nsw.gov.au

## Case for Change

- Balmain Hospital General Practice Casualty (GPC) is an urgent care centre treating patients with minor injuries and illness, every day of the year. The department also operates three outpatient clinics (Fracture Clinic, Hospital in the Home (HITH) clinic and a Wound Clinic).
- GPC has seen a year-on-year increase in presentations to the service over the last five years with a 24% increase in activity since 2017/18 compared to the 2021/22 reporting period. A five-year data analysis also indicates a trajectory of rising acuity with an increase in Triage Category 2, 3 and 4 presentations. Higher acuity presentations require the whole team's effort (which consists of a single doctor and two registered nurses) to complete an immediate assessment and interventions before potential ambulance transfer to other tertiary facilities.
- This has resulted in average wait time of 1hr and 29 min to access care due to the multiple touch points. The volume of patients who Do Not Wait (DNW) for care has doubled in the last 5 years and 60% of historical GPC complaints relate to wait time.
- While staff satisfaction is moderate to high, staff are least satisfied with their ability to learn on the job. The department must address the impact of increasing demands to improve patient and staff satisfaction and maintain high quality patient centred care.

## Goal

To improve the patient experience by providing equitable, responsible, culturally safe, integrated and competent model of care in General Practice Casualty (GPC) department by July 2024.

## Project Objectives

- By 1 July 2024, improve the patient experience with the GPC service as evidenced by an increase from 89% to 95% in positive responses to the question: 'Were you involved as much as you wanted in making decisions about your treatment and care' in the Patient Reported Experience Measures Survey (PREMS) and maintaining a minimum of 94% positive response scores to all other questions in the PREMS.
- By 1 July 2024, reduce the amount of time spent in the department by 25% as evidenced by a reduction in the average length of stay (LOS) from 1hr 29min to 1hr and 7min (or less).
- By 1 July 2024 reduce the number of patients who did not wait for care or left at own risk from 3% to 2% of all presentations to the service.
- By 1 July 2024, improve staff satisfaction within the department as evidenced by a 25% increase in the five lowest scoring items on the Workplace Satisfaction Survey (WSS): (1). Able to learn on the job – increase index score from 69 to 77 (2). Enough time to deliver good care – increase index score from 70 to 78. (3). My work grows more interesting – increase index score from 71 to 78. (4). I have enough support from colleagues – increase index score from 73 to 80. (5). I have enough opportunity to discuss patient problems with colleagues – increase index score from 74 to 81.

## Diagnostics Phase

Several activities were explored to ascertain the current situation of the department. These are in more detail below.

### Workplace Satisfaction Survey

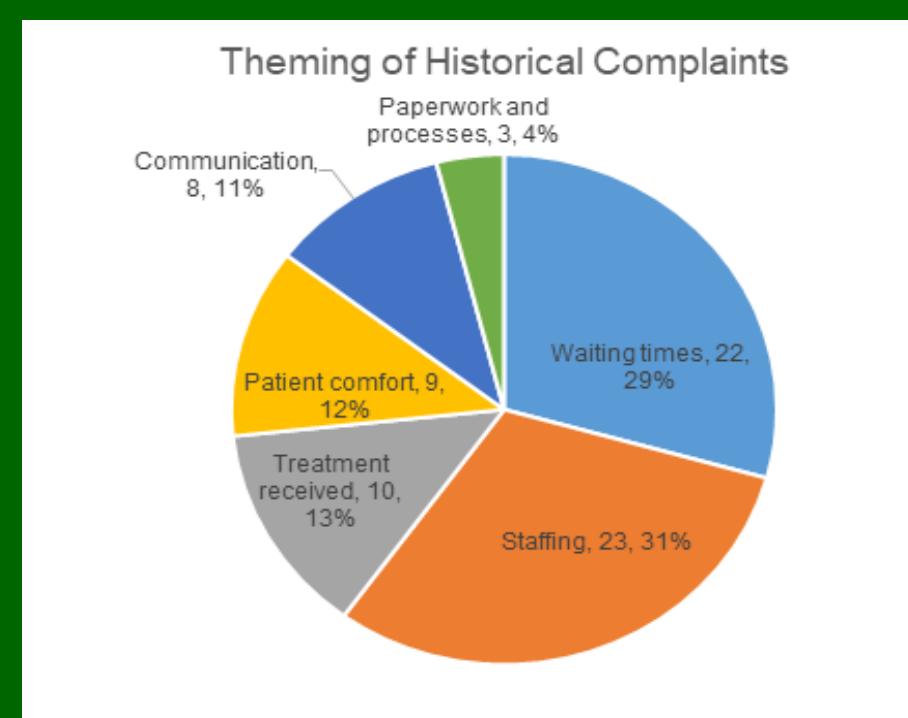
"No nursing educator, no clerical support, unreliable medical roster"

### Patient Reported Experience Measures (PREM)

"Needs more Doctors Only", "We're all waiting for one Doctor", "More doctors, less waiting"

### Time and Motion Studies

Primary **bottle neck** to access care is the single Doctor Model of Care



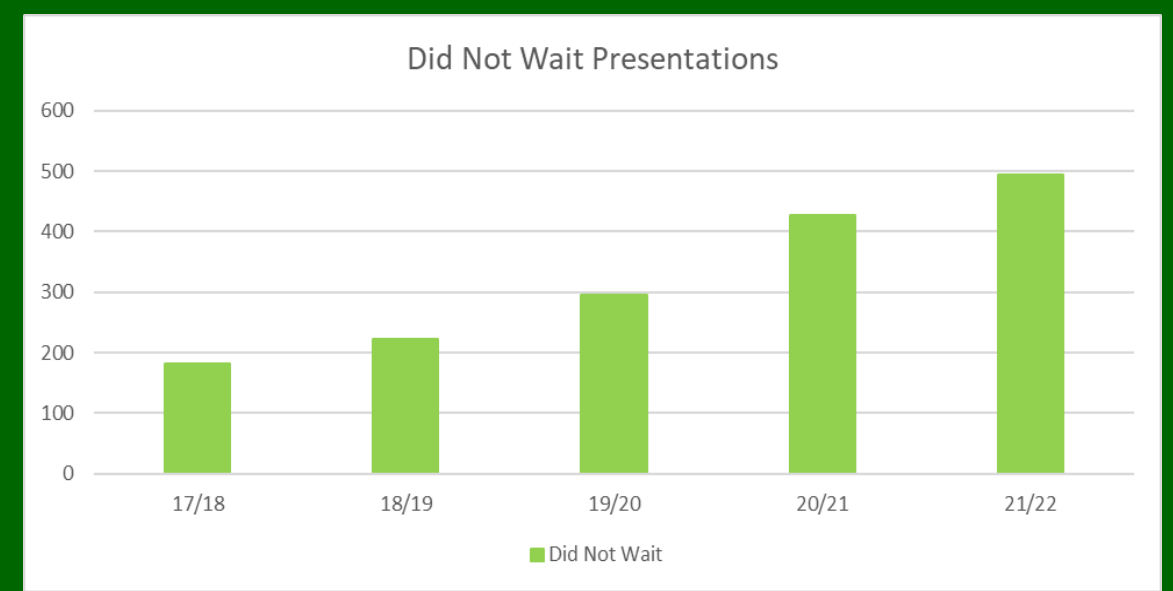
Theming of Historical Complaints

Activity	Method		Results
	Activity	Stakeholders involved	
Staff Interviews (n=18)		Nursing (9), Medical (4), Clerical staff (2), Executive Team (3)	Most frequently mentioned issues were Staffing, Waiting Times, Clinical Management (54%). There were also 9 other issues (46%).
Staff Survey (n=20)		Frontline Medical (3 out of 12), Nursing (16 out of 20) and Clerical Staff (1 out of 6)	19 out of 20 staff provided feedback on the best things about their job with the three most common themes being "The team and colleagues I work with" (10), "The supportive environment" (4) "The variety of work I do" (3). 15 out of 20 respondents provided feedback on the 'worst things' about their job. The top three themes related to Staffing (7) including unequal skill mix, and impact of one rostered doctor, Education (3) and Access to breaks (2).
Patient Surveys (n=104)		GP Casualty emergency presentations, Acute Wound Clinic, Fracture Clinic, Covid Clinic & HITH patients	High degree of satisfaction. 100% felt they were treated with respect & dignity. 5.9% felt their care was less than 'Very Good'. Lowest scoring item was patients did not feel involved with decision making about their care (11.5%).
Patient Interviews (n=12)		GP Casualty walk in, Acute Wound Clinic, Fracture Clinic, Covid Clinic & HITH patients	Patient interviews reinforce that GPC provides a valuable service, highly regarded by the community. Eight dimensions of care were identified where improvements can be made.
Historical Complaints (n=44)		IIMS & IMS+ Data, Patient Feedback and complaints	There were 10 issues that were mentioned in the complaints data. 60% of complaints related to Staffing and Wait Time.
Process Mapping / Time and Motion Studies (n=64)		Project Team & Clinical Team	To examine the impact of departmental activity on triage times, waiting times, discharge times, areas of waste, repetition of workflow, non-automated tasks, process mapping.
Local GP Survey (n=4)		Local General Practitioners	Low response rate. Key feedback includes Discharge Summary difficult to read and delays to receive it. No instruction about how to access pending results. Findings consistent with feedback by GPs on staff.
Department 'Data Workshop Day' – Issue Prioritisation and Root Cause Analysis		Frontline Staff, Project Team and Sponsor.	Rigorous group exploration of issues and theming with all key stakeholders including frontline GPs, RNs, GPC Management, Redesign team and Sponsor. Team review of Issues Log, Affinity Chart, Issue Prioritisation and Root Cause Analysis review.
Purpose built Wait Time Data Analysis Report and eMR data extraction		Project Team	5 year eMR data extraction of presentations to GPC, Fracture Clinic, Wound Clinic, HITH, Covid to measure intervals of Waiting Times; Did Not Waits; Transfers & Peak Activity Times over the last 5 year period.

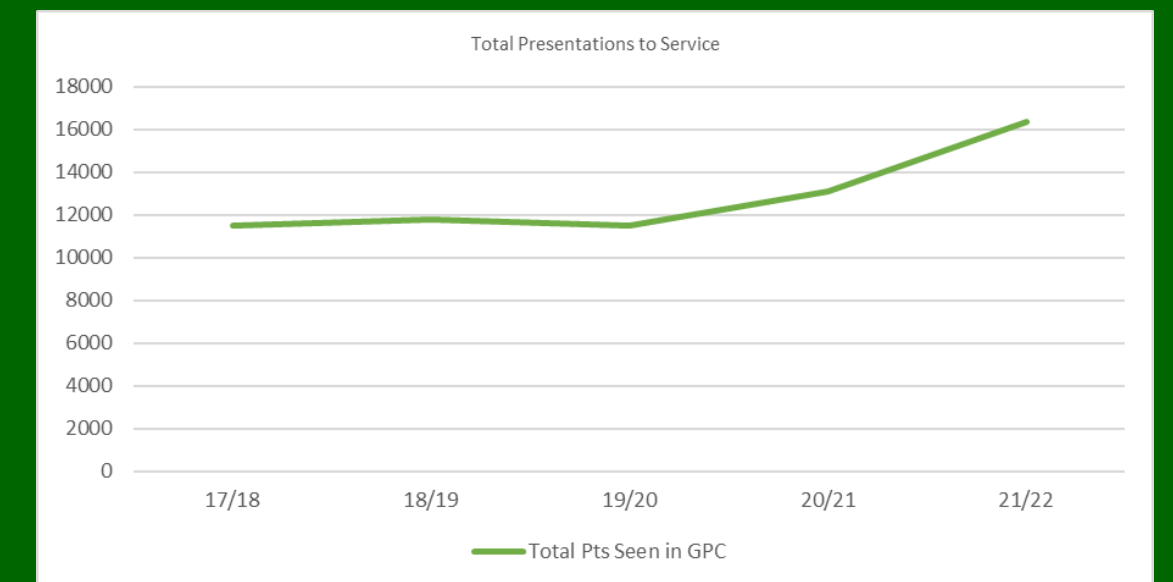
The Clinical Redesign Methodology was used to structure the project.



Eight domains of Patient and Carer Experience



Five year trend of patients who Did Not Wait for care



Five year trend of Total Presentations to Service GPC department

## Solution Design

A total of 137 ideas were generated from the engagement of key stakeholders. Solution design was informed by those providing and receiving care. This was done through brainstorming, peer learnings, literature reviews, scope of practice review, consumer focus group solution review and solution team day.

### Brainstorming

A brainstorming raffle was used to incentivised staff to participate, 1 idea = ticket. A \$200 prize jar of movie tickets, gift vouchers and sweets was positioned in the department. Consumers were also invited to participate. 90 ideas were provided by nursing and medical staff, facility management and patients. All ideas were grouped into themes. A consumer focus group was also held to explore how each solution (including quick wins) could be optimised.

### Peer Learnings

Four services that provide urgent care models were approached for benchmarking purposes. Key Learnings included: multiple autonomous clinicians can achieve a LOS KPI of 30min or less, a targeted media campaign can be effective in reducing out of scope presentations, nurse practitioners can be utilised to treat similar low acuity presentations to GPC, a detailed website can be effective in communicating with consumers and establishing expectations of engagement with service.

### Solution Team Day – Consumer Focus Group and Solution Review

The project team reviewed all ideas collected through brainstorming, peer learnings, literature reviews and those retained from diagnostics to formulate the priority solutions.

Three main solutions were discussed with a group of consumers. Consumers were asked how solutions could be improved to meet needs of patients and consumers. Quick Wins were also discussed and reviewed with consumers to better understand what messages they want to receive and best ways to relay new information to the community.

## Solution 1 eMR Digital Solution Implemented

Local General Practitioners shared that discharge documentation and communication could be improved. Current practices reviewed and identified areas of improvement such as enhancing the readability of the paperwork by utilising another discharge summary PowerForm already available in the eMR, inclusive of HeatNet.

### Current Outcome/s

- Transition to using new form went live February 2023.
- Positive impact on reduced requests for record workflow interruptions.

## Solution 2 Development of an Education Framework In Development

Diagnostic data supported the requirement for a bespoke education framework specific to the needs of an urgent care workforce. To date, the needs analysis has been completed. Implementation includes the creation of platforms that will deliver required knowledge and skillset to maintain best practice and evidence-based care.

### Current Outcome/s

- Needs analysis explored

## Solution 3 Consider the inclusion of a Nurse Practitioner into the Model of Care Under Review

Multiple data sources including patient journeys (n=64), patient complaints, and eMR data extraction, indicated primary bottleneck to access care is the single doctor model of care. The solution proposes to explore the inclusion of a Nurse Practitioner into the model of care to provide an alternate pathway for patients to receive timely clinical care. If endorsed, this is anticipated to have a direct and immediate impact on reducing average LOS / DNW.

## Solution 4 Explore a technical solution to improve transparency of patient acuity between the waiting room and clinical area Under Review

Data collected through staff surveys and interviews demonstrated the lack of data transparency between emergency presentations and clinic activity. The Digital Health & Innovation unit are engaged to review department activity and in the processes of providing digital solutions to increase data transparency providing single view of activity and acuity.

## Sustaining change

- Official implementation of solutions is planned to commence in the latter part of 2023, with evaluation of the project to begin in July 2024.
- The project's Implementation Advisory Group (IAG) will meet bi-monthly to discuss solution and implementation progress. Project objectives and process measures will be continually monitored at this committee.
- Workplace Satisfaction Survey planned for repeating in January and July 2024 to monitor success of project.
- Project outcomes and updates will be reported to the SLHD Patient and Family Centred Care Our Patients Working Group.

## Quick Wins

Quick wins fell into 3 broad themes:

- Communication:** utilisation of tonic TV; improve waiting time signage, updating unit website.
- Resources to enhance patient and staff experience:** Change of single cubicle bathroom signage to be genderless; access to water; education resources.
- Process Improvements:** Relocate Fracture Clinic; access to the Australian Immunisation Register for Nurse Immunisers; improved communication process with Radiology.

## Conclusion

Key learnings from the project include:

- The importance of an engaged and supportive sponsor. The project has great sponsorship and direction which has reinforced a dedicated and collaborative culture.
- Engaging staff and consumers across the service ensures an informed understanding of the full extent of the issues and opportunity to co-design.
- Using creative techniques to capture ideas, such as 'What would X do', the 'Power of 3' and raffles incentivises stakeholders to participate and feel involved.

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## Contact

For more information of this project please contact Balmain Hospital Director of Nursing Tracy Millen - [Tracy.Millen@health.nsw.gov.au](mailto:Tracy.Millen@health.nsw.gov.au)