

"Emotionally draining, six months I have had to do it for...very isolating sitting around home...not knowing if it will happen again...Nurses are good - there is a problem though...everyone has a different opinion...there is a lack of consistency"

Case for change

Our Case for change throughout our Diagnostics phase has been confirmed. Through our collation of a range of data we have confirmed that patients will have a better patient experience through Primary care.

We know we can save \$190 per encounter, looking at the figures we have got there is a minimum saving of \$366,320 which is not considering additional savings on consumables/dressings or the costs for Intravenous Antibiotics.



"I don't like hospital they never listen....My GP told me to go fishing to deal with my depression....Sometimes I felt like I was crying in the wilderness alone... Teach them teamwork there is no "I" in team"

Goal

To improve the wound care for people in the Nambucca Valley, through primary health wound clinics, reducing the demand on Macksville Emergency for wound dressings and suture removals. Primary Care treatment reduces the cost of care per person and provides a safer avenue of care for the community

Objectives

- To decrease presentations for wound dressings and suture removal to Macksville ED by 50% by June 2017 and
- To increase referrals to the community wound clinic by 40% by June 2017.

Methodology

Information gained during the diagnostics phase through our Emergency staff process mapping exercise, patient interviews (5), patient tagalongs (6), documentation audit and collation of outpatient level data confirmed that we are not providing patients with the best service. This has been validated using the triangulation of data method. Our objectives represent this by getting patients out of Emergency for wound care and into a more suitable Primary Health service for treatment.



Luisa Eckhardt and Renee Gardiner Project Officers, Nambucca Valley Integrated Care Initiative, MNCLHD

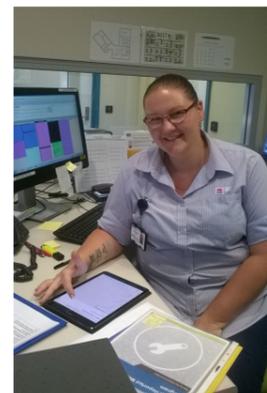
Results

Our original patient co-designed solutions for this project have been delayed due a high level of resistance throughout the life of the project, therefore impacting on the implementation process. We are in the practice now of collecting improvement data by implementing the Patient Reported Measures Program (PRM) to the Community Wound Clinic at Nambucca Heads HealthOne to assess the patients experience and perception of their health care. In particular, hearing from the patients themselves, what is important regarding quality of life and outcomes to improve care.

- Improve patient centred care
- Provide patients a mechanism to provide feedback about outcomes that matter to them
- Engage patients as partners in their healthcare
- Improve shared decision making between clinicians and patients – keeping patients in primary based care reducing costs associated with Emergency Department presentation.
- Provide opportunities for quality improvement to meet accreditation standards, through the routine collection and use of Patient reported Experience Measures.

By participating in the PRM program it will enable patients to be partners in their healthcare, it will enable clinicians to better understand what is important to a patient, and furthermore it will allow the Nambucca HealthOne Wound Clinic to track and trend patient outcomes over time to see if the patients are achieving their desired goals.

The program went live on the 22 June 2017.



Administrative Officer Frances Talbot registering Wound Clinic patients for the PRMs program.



Nambucca Heads HealthOne



Process map developed by Wound Clinic staff.

Acknowledgements

Consumer Representative: Rosemarie Penney, Wound CNC: Ann Fowler, Primary Care Patient Liaison Officer: Di Cook, Renal NUM: Leanne Kelly, A/Community Health Manager: Troy McKenna

Our Patients/Consumers: Kaye and Kerry Edwards, Beverlyn Johnston, Lindsay Cooper, Jeanette Wilson, Michael and Carol Hunt

Sponsor: Tracy Baker & Redesign Leader: Christoph Groger

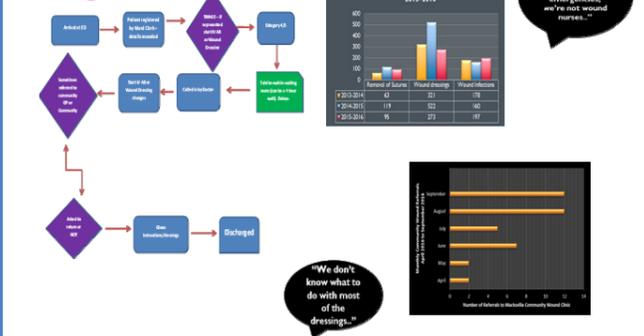
ACI Course Manager: Bronwyn Paton

Contact

Luisa.Eckhardt@ncahs.health.nsw.gov.au

Renee.Gardiner@ncahs.health.nsw.gov.au

Diagnostics



Sustaining change

Patient-centred models of care such as PRMs are helping patients to better engage with their health providers and receive the information they need.

The PRM Wound Clinic project aligns with the MNCLHD Strategic Directions and the NSW Health Integrated Care Strategy by patients feel more confident to navigate the system, are better connected with services, and have increased capacity to self-manage. Models of care/services meet the needs of community and ensure appropriate and timely access to services as close to home as possible. And to reduce duplication and gaps in system and increased opportunities for collaboration.

Conclusion

People need to understand change well. Opinion leaders and Change champions need to work together to support and drive implementation, to develop new ways of working and to embed sustainable improvement initiatives.

It is important to ensure that everyone is on-board, group change can often be determined by individual acceptance of change. Good communication/updates and regular meetings are key to build on opportunities to communicate the reason for the change or innovation, how it will take place and how it will affect people individually.

The SWIS project and the implementation of the PRM program to the Wound Clinic has gained interest and the attention of the Bellingen District Hospital to potentially develop a similar model to be implemented. Meetings with Integrated Primary Care Project Officer the Agency for Clinical Innovation and the Bellingen Hospital Discharge Planner took place on the 28th July 2017.