REDESIGN

CHR DOC VERSION: 1 Implementation Report Date:

Project Title : The Sugar Fix

Facility: South Eastern Sydney Medicare Local & South Eastern Sydney Local Health District

ACI NSW Agency for Clinical Innovation

❶ Goal and Objective

CURRENT PERFORMANCE

Only 5% of both Priority and Semi-Urgent referrals are seen within current approved guidelines

EXPECTED OUTCOME

70% of clients referred to the St George Hospital Outpatients Diabetes Clinic are seen within allocated 4-6 weeks for Urgent and 6-12 weeks for Non-Urgent

GAP

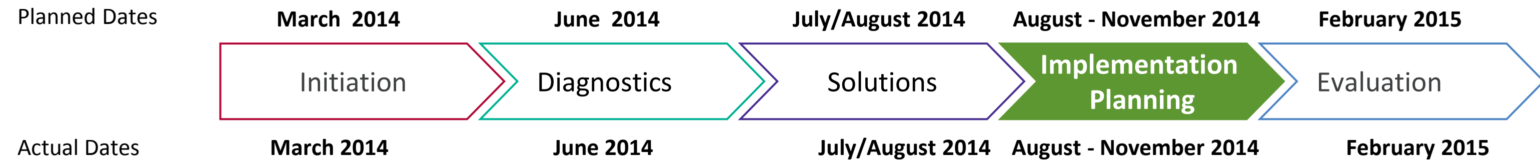
65% of referrals to The St George Hospital Outpatients Diabetes Clinic are not seen within approved guidelines.

Goal: Timely and appropriate navigation of newly diagnosed T2DM clients within the primary healthcare setting.

Primary Objective: Reduce the waiting time for newly diagnosed T2DM clients accessing the Outpatient Diabetes Clinic;

1: Priority clients from 5% seen in 4 - 6 weeks to 30% seen in 4 - 6 weeks by March 2015 (70% by March 2016)

2: Semi-Urgent clients from 5% seen in 6 - 12 weeks to 30% seen in 6 - 12 weeks by March 2015 (70% by March 2016)



❷ Implementation Plan

Solution	1. Process Owner 2. Sponsor	Output Measure: Baseline and Expected	Output Measure: Current	Date: Start	Date: End	Date: Status	Deliverable	Resource SESML Funded
E MR Letter Functionality	1. Daniel Shaw 2. Abbey Clark (OPD A/NUM)	DNA rates Baseline = 30%, Expected = <5% Increased GP Communication Baseline = <10%, Expected = 100% Wait Times Baseline = 16 weeks Expected = 4-6 weeks Urgent 6-12 Non-Urgent	30% <10% 16 weeks	October 2014	June 2015	In Progress	• Decreased wait times • Decreased DNA rates • Increased revenue generation • Increased client outcomes	Chronic Care CNC time = $4,800 Admin staff training = $300 Letter Translation = $2,000 Total = $7,100
GP/ Practice Staff Education	1. Amanda Rattray 2. Andrew Coe	GP Attendance Baseline = 0 Expected = 25% No. of new referral forms used Baseline = 0 Expected = 100% Appropriate referrals Baseline = 20% Expected = 100%	0 0 20%	November 2014	June 2015	In Progress	• Decrease in wait times • Increase in appropriate referrals • Increased GP knowledge regarding service purpose	Education Program Coord. Time = $4,000 PHC Coord time = $15,040 Implementation of education program = $5,000 Total = $24, 040
Referral Form Development	1. Natalie Shipp 2. Michael Russo	Diabetes Outpatient Clinic wait times Baseline = 16 weeks Expected = 4 weeks Appropriate Referrals Baseline =40-50% Expected = 100% No. of GP's using new form Baseline = 0 Expected = 100%	16 weeks 40-50% 0	October 2014	June 2015	In Progress	• Increased communication back to GP's • Improved client health outcomes • Reduction in wait times	Coordinator time = $1,000 GP Council time = $1,860 Total = $2,860
Triage Guidelines & Standards	1. Cecile Eigenmann 2. Tony O'Sullivan	Appropriate Referrals Baseline = 40%-50% Expected = 30% DNA Rates Baseline = 30% Expected = <5% Wait Times Baseline = 16 weeks Expected = 4-6 Urgent, 6-12 Non-Urgent	100% <5% 16 weeks	October 2014	June 2015	In Progress	• Improve client experience • Reduction of DNA rates • Improve GP experience • Reduce inappropriate referrals	Coordinator Time = $1,000 GP Council Time = $1,860 Total = $2,860

❸ Objective Measures

Reduce the waiting period for newly diagnosed T2DM clients accessing the St George Hospital Outpatient Clinic

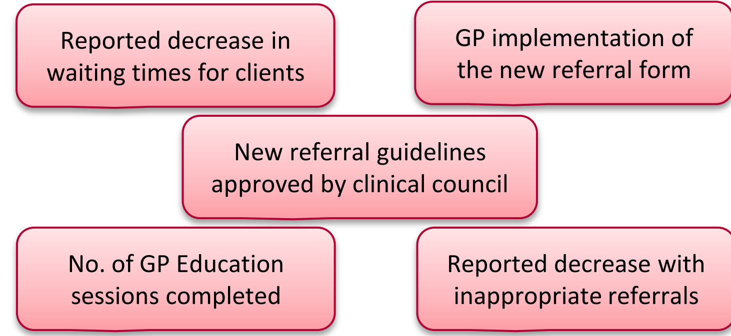
Priority clients from 5% seen in 4 - 6 weeks to 30% seen in 4 - 6 weeks by March 2015

Semi - Urgent clients from 5% seen in 6 - 12 weeks to 30% seen in 6- 12 weeks by March 2015

❹ Main Measures

1. **Standardise Care Pathway**
   - Enhance GP education program
2. **Develop & Implement Referral Pathway**
   - Integrated with GP Clinical Software
3. **Enhance Communication Systems & Process**
   - Standardised protocol

❺ Check Measures



❻ Data Collection Plan

Data	Who	Tool	Frequency
Referral form usage	Michael Russo	Audit	Monthly
Wait times for urgent and non-urgent	NUM OPD	Report	Monthly
Number of inappropriate referrals received	Michael Russo	Audit	Monthly
Number of non attendance	NUM OPD	Report	Monthly
Out Patient staff satisfaction survey	Sugar Fix Team	Survey	After 2 months
Patient satisfaction survey	Sugar Fix Team	Survey	6 monthly
Out patient staff focus group	Sugar Fix Team	Focus Group	3 monthly
GP Satisfaction Survey	SESML	Survey	After 6 weeks

❼ Benefits

- Improved client satisfaction ie. Streamlined and linked up Patient Journey
- Improved individual and population health outcomes for newly diagnosed T2DM clients
- Appropriate navigation for newly diagnosed T2DM
- Stakeholder Collaboration
- Established framework for Outpatient Services

❽ Project Risks and Issues

Description	Rating	Owner	Mitigation
Education calendar 2015	Extreme	Project Team	Discuss work volume with sponsors, delegate tasks
Referral form approval LHD	High	Sponsors	Clear communication re: Project benefits through change process
Engagement in project by GP's.	High	Project Team	Detailed Communication & Marketing plan – multi strategy
Outpatient Unit Manager Resignation	High	Project Team	Early engagement with new manager

❾ Governance

GP Clinical Council
SESML Board
Integrated Diabetes Steering Committee SESLHD

SESML Clinical Governance Council
SESLHD Integrated Chronic Care Integration Unit
The Sugar Fix Steering Committee

Team	Sponsors
Daniel Shaw, Andrew Coe & Michael Russo – The Sugar Fix	Linda Soars & Lynelle Hales