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SOUTH EASTERN SYDNEY
Connecting health to meet local needs

The Sugar Fix

Improving navigation for people with newly diagnosed type 2 diabetes

NSW GOVERNMENT Health
South Eastern Sydney Local Health District

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Case for change

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

The Sugar Fix is aiming to drive better health outcomes in local communities by planning, coordinating and helping to integrate primary health care to improve navigation of the system and reduce waiting times for diabetes services.

Goal

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

Objectives

- Increase percentage of urgent clients seen in 4 - 6 weeks from 5% to 30% by March 2015
- Increase percentage of non-urgent clients seen in 6 - 12 weeks from 5% to 30% by March 2015

Method

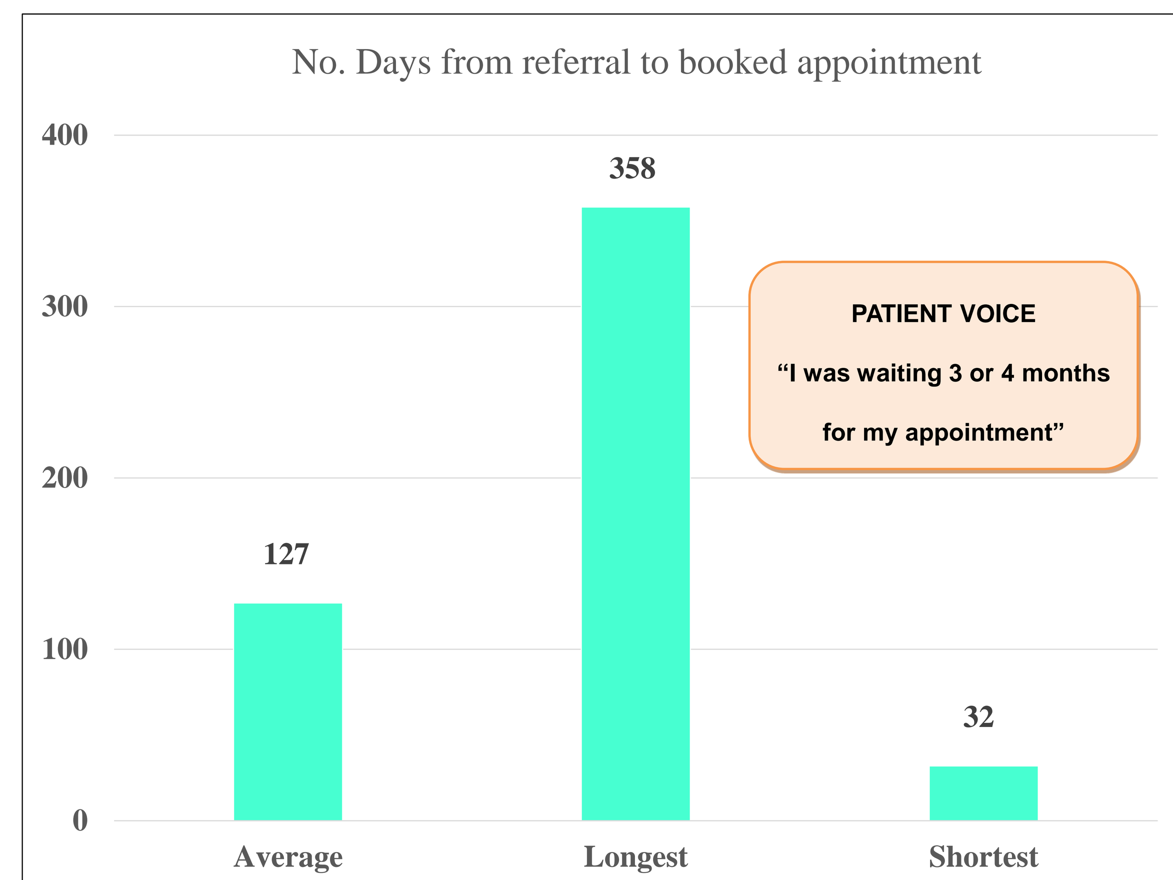
The Sugar Fix commenced in April 2014 used the NSW Health Redesign Methodology.

The diagnostic & solution phase involved:

- Process Mapping
- Specialist Consultation
- Patient Interviews
- GP Interviews
- Data Analysis
- Fishbone

Diagnostics

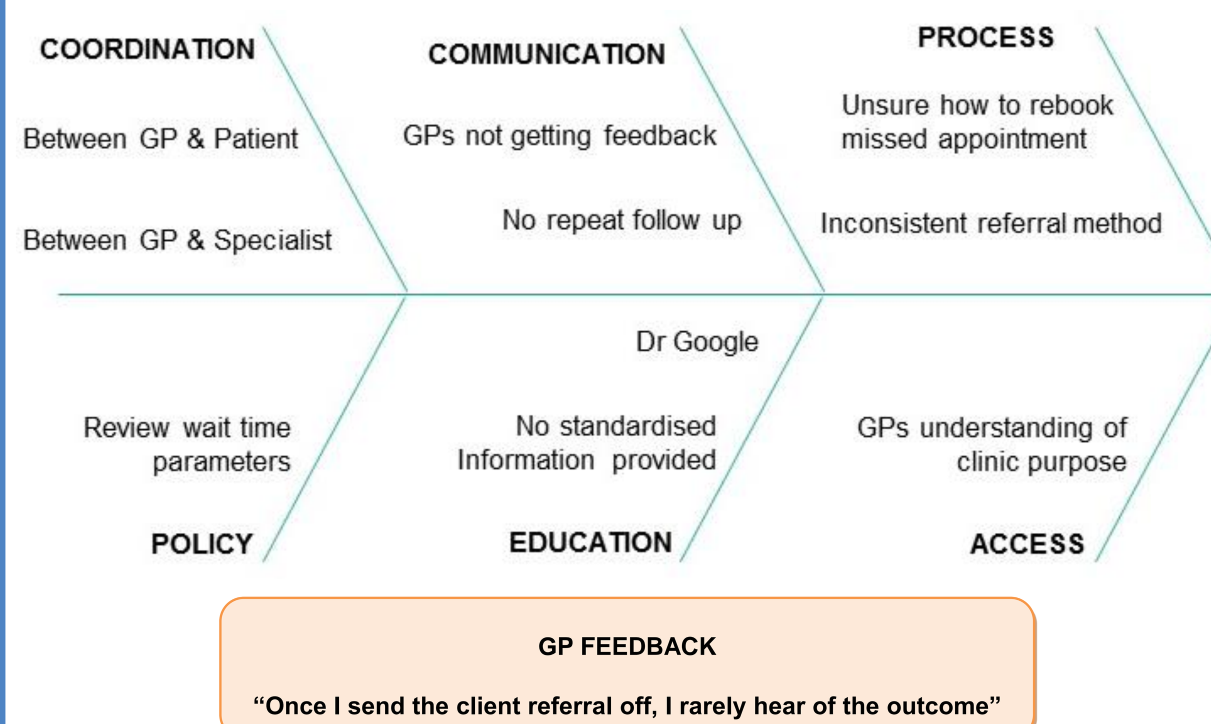
A data analysis was completed to determine the current wait times from the time of referral.



50% of referrals to the clinic DO NOT require specialist consultation.

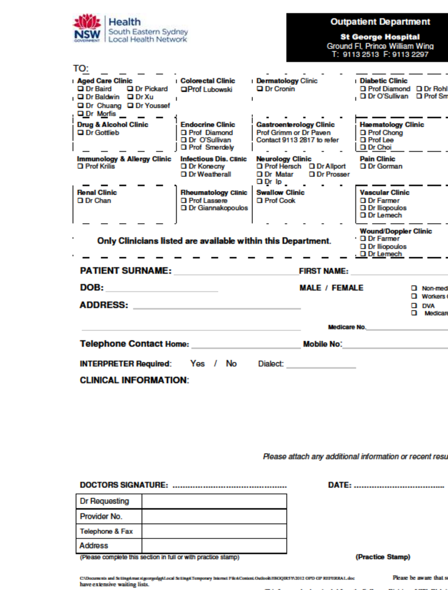
The key issues from the diagnostic phase were categorised into six groups: process, co-ordination, communication, policy, education and access.

Fishbone: Long Wait Times



Key Solutions

Referral Process



GPs who refer to the Outpatient Service will trial functionality of the referral form.

The purpose is to standardise the referral process and ensure appropriate patients are referred.

OUTPATIENT STAFF

Referrals are sometimes poorly written with incorrect patient details

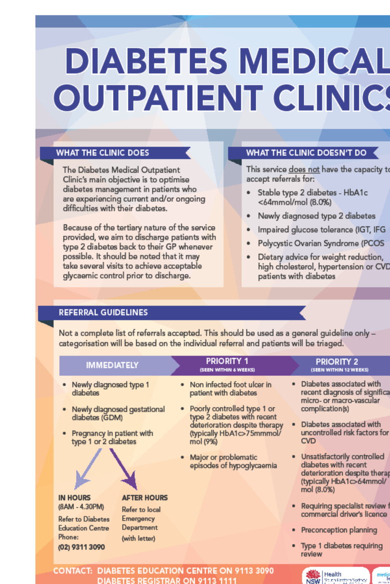
Communication

Establish eMR letter system for feedback to GP's with translation of current letters into top 5 languages in LGA

Clinic Purpose

Education will be implemented in 2015 to Primary Health Care Providers to clarify the clinic purpose and referral criteria.

Guidelines have been developed in consultation with Specialists and Diabetes Educators



Results

All solutions have progressed.

- The referral form will be trialled with 5 GP Practices commencing February 2015.
- GP Education outlining the clinic purpose is scheduled for March 2015.
- Comment on results achieved by OPD i.e. % seen in time frame

Sustaining change

The Sugar Fix is supported by authorising and reinforcing sponsors. The project is valued as an innovative and effective model that can influence other Outpatient Department Services.

The Accelerated Implementation Methodology (AIM) is being utilised to facilitate change through the transitional change management approach: developing champions, dealing with resistance and reinforcing positive change.

Conclusion

A review of the St George Hospital Diabetes Outpatient Service showed that the referral process, communication and understanding of the clinic purpose could be improved.

The Sugar Fix has achieved positive engagement with the implemented solutions and worked collaboratively to raise the awareness of the referral and communication processes to reduce waiting times and most importantly facilitate timely access to high quality, safe care for newly diagnosed type 2 diabetes patients.

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