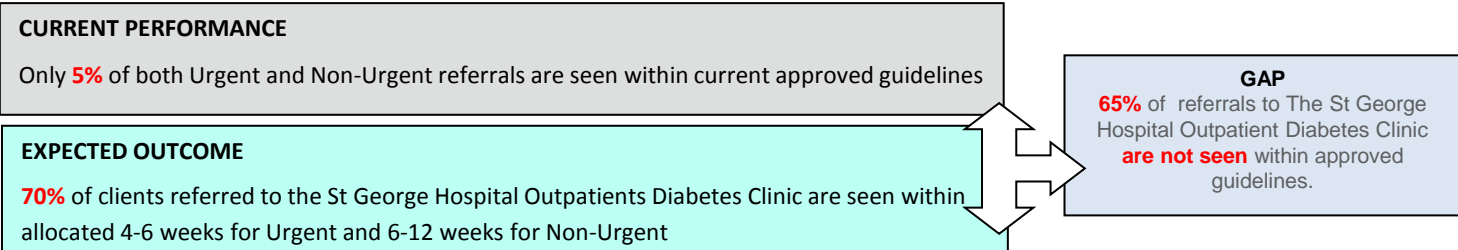


1 Goal and Objective



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

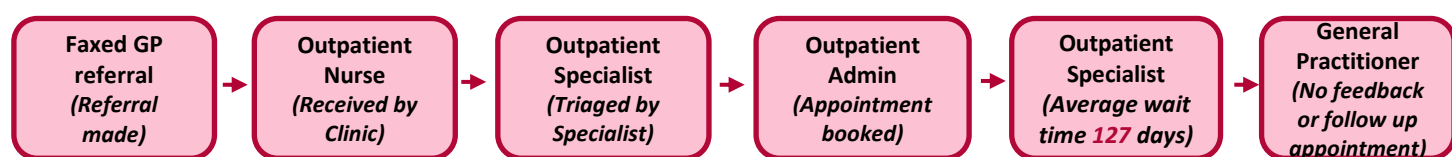
Primary Objective: Reduce the waiting time for newly diagnosed T2DM clients accessing the Outpatient Diabetes Clinic;

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

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

2 Vision

Pre-Implementation



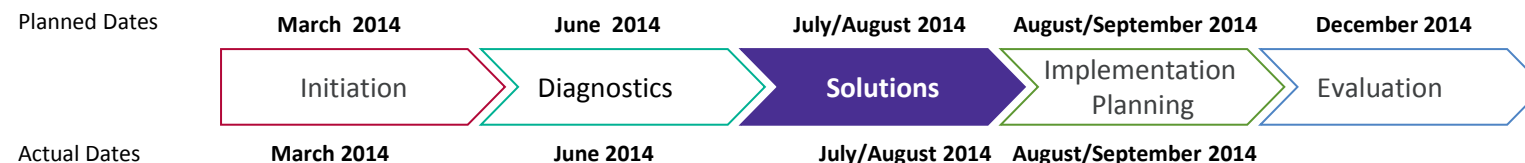
Post Implementation



3 Key Solutions

Issue / Focus Area	#	Root causes	Solution	Ability to Influence	Impact	Priority	Output / Measure
1 Referral	1	<ul style="list-style-type: none"> No clinic defined clinic purpose Referral criteria unknown Lack of GP education regarding how to refer 	<ul style="list-style-type: none"> Redesign referral template and have form placed into GP software with alert boxes regarding details of required documents to be sent. Start with highest referring GP's. 	H	H	H	Audit of referrals
2 Communication	2	<ul style="list-style-type: none"> No established communication loop/feedback system Fragmented communications pathways Disjointed communication systems between GP's and OPD 	<ul style="list-style-type: none"> Establish eMR letter system for feedback to GP's with translation of current letters into top 5 languages in LGA 	H	M	H	Survey GP's
3 Clinic Purpose	3	<ul style="list-style-type: none"> Outdated triage guidelines No specific referral criteria GP's unaware of delays, clinic purpose and scope 	<ul style="list-style-type: none"> Development of triage guidelines and standards for referrals and provide GP education at small group learning sessions regarding clinic scope, purpose and capacity. 	H	H	H	Survey GP's & Endocrinologists, audit referrals

Team: Dan Shaw, Andrew Coe, Michael Russo – The Sugar Fix	Sponsors: Linda Soars & Lynelle Hales
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4 Quick Wins

- Triage guidelines currently under development. Implemented as part of The Sugar Fix with adherence to guidelines measured by audit of referrals
- Electronic referral form under revision and nearing implementation into GP/IT systems, implemented as part of The Sugar Fix – GP Surveys and referral audits to measure compliance
- GP Education on clinic scope, referral process and purpose. Sessions already running. Survey GP's to ensure meeting needs/feedback on solutions.

5 Solutions Testing

- Electronic referral form will be required to be piloted for ease of use by a small number of GP's before rolling out.
- E MR Letter Functionality in translated languages will require testing to ensure meets needs of client, OPD staff and GP's.
- Ensuring referrals that meet new triage/referral guidelines are accepted with clinical pathways in place for inappropriate referrals.

6 Check Measures

- GP Survey to assess form and referral guidelines/pathways meet their needs
- Audit of referrals to ensure they meet criteria and are on the correct form
- GP's to be surveyed on satisfaction of new process and referral audit to be conducted.

7 Solutions Activities

Activity	People engaged	Comments / Results
OPD Staff Focus Group – Brainstorming activities	OPD staff (n=4) Project Team (n=4)	Met with OPD staff to discuss issues from previous issues focus group- Staff presented with each issues and asked to write down one solution per post it note. Staff were asked to be as creative as possible and to write one issues per post it note. The solutions were then grouped with the guidance of the staff into three main categories.
GP Focus Group	SESML Staff (n=2) GP (n=3) SESLHD Staff (n=6) Endocrinologist (n=1) Consumer (n=1) Project Team (n=3)	GP focus group held during the evening with an update on current oral hypoglycaemic treatments by Professor Tony O'Sullivan. GP's provided with issues from GP interviews and asked to think creatively and discuss possible solutions.
Multi Voting via email	GP (n=1) SESLHD Staff (n=4) SESML Staff (n=1)	Generated solutions from GP workshop group under three headings by project team. Email sent to all attendees of focus group describing voting process and staff asked to place 10 votes alongside the solutions they felt would have the most impact, staff could allocate any number of their 10 allocated votes to the solutions.

8 Project Risks and Issues

Description	Rating	Owner	Mitigation
High work volume of Project Team and ability to meet Project & ACI deliverables	Extreme	Project Team	Regular meetings with team to discuss competing workloads. Regular sponsor meetings to escalate issues with individual workloads and delegation of tasks to members of the project team
Significant organisational change in SESML and SESLHD	High	Sponsors	Clear communication to senior managers of project benefits through process of change
Engagement of GP's and OPD staff during implementation	High	Project Team	Clear, consistent and appropriate communication with GP's and OPD staff linking case for change to patient outcomes

9 Variance to Scope

Nil variance to scope.