

Queensland GPLO Network Annual Report

2016-2017



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Foreword

Dr John Wakefield

Deputy Director-General, Clinical Excellence Division
Queensland Health

June 2017 marks the end of the second year of recurrent Department of Health funding for the General Practice Liaison Officer (GPLO) position in Queensland. The inaugural Queensland GPLO Annual Report 2016-2017 is an opportunity to reflect on this year and the highlights and achievements of the Queensland Health GPLO network.

The Clinical Excellence Division has worked with the GPLO program since its inception, providing statewide support in partnership with CheckUp. Broadly, GPLOs have met their objectives by addressing service gaps at the interface between primary care and specialist outpatient care. These and other outcomes could not have been achieved without our collaborative partnership with general practice, Hospital and Health Services (HHSs), Primary Health Networks (PHNs) and the Queensland Department of Health.

I would like to take this opportunity to thank our partners and all GPLOs for their commitment and contribution to improving patient outcomes through equity of access, reduced duplication, and better coordinated care.

I look forward to seeing many more outstanding achievements made by members of the Queensland Health GPLO Network.

Ann Maree Liddy

Chief Executive Officer
CheckUP

CheckUP has a long history supporting the GPLO program in Queensland, from the time when we were known as General Practice Queensland, through our transition to CheckUP in 2013.

We are very pleased that we have maintained our connection to the GPLO Network as we recognise the immense value that the General Practice Liaison Officers play in ensuring we have a better connected health system.

The value of the GPLO Network is clearly demonstrated through the variety of initiatives described in the 2016-2017 Annual Report. I congratulate each and every GPLO on the efforts they are making to improve the patient's journey through the health system, and ultimately lead to healthier communities.

Dr James Collins

GPLO and GPLO Network Co-Chair,
Metro North Hospital and Health Service

It gives me great pleasure to share the inaugural GPLO network annual report. The report highlights only some of the extensive great work that GP Liaison Officers (GPLOs) from across Queensland are undertaking in partnership with the Hospital and Health Services (HHSs) and Primary Health Networks (PHNs). As the report highlights, the GPLOs are a dedicated group of clinicians who aim to improve the patient journey and experience by focusing on integration between primary and secondary care. The work of the GPLOs supports the key focus areas in the Specialist Outpatient Strategy launched by the Minister of Health in September 2016.

GPLOs work across Queensland and if you need advice or support regarding a primary care related issue, please contact your local GPLO. The stories in this report highlight the work of the GPLOs that has been fundamental to improving integration with primary care across the five focus areas (see page 5).

I'm pleased to say General Practice Liaison across Queensland is going from strength to strength working to improve the patient's health care journey and experience. We look forward to being integral to journey improvements in the future.

GPLO Network

Annual Report
2016-2017

*We respectfully
acknowledge
the Traditional
Custodians of the
land on which
we work and live,
and recognise
their continuing
connection to
land, water and
community.
We pay respect to
Elders past, present
and emerging.*

Queensland GPLO Network

The Queensland GPLO Network commenced in 2008 under the sponsorship of General Practice Queensland (now CheckUP). Queensland Health funded 20 GPLO positions for two years in the 20 largest public hospitals under an election commitment in 2012. The Department of Health funded the positions for a further 12 months and following an evaluation of the GPLO program, recurrently funded these positions.

General Practice Liaison Officers (GPLOs) identify local service gaps with their respective Hospital and Health Service and implement changes to address these service gaps at the interface between primary care and specialist outpatient care.

CheckUP has been contracted by Queensland Health to coordinate the statewide GPLO Network. This involves organising workshops and creating communication channels to facilitate the exchange of information between network members. Membership of the GPLO Network is open to all Queensland GPLOs and support staff working at PHNs or HHSs in Queensland.

The GPLO Network Workplan 2016-2017 demonstrates the GPLO Network's capacity building and shared learnings, and the Annual Report produced each year will showcase achievements made through the GPLO program.

General Practice Liaison Officers (GPLO) identify and address service gaps at the interface between primary care and specialist outpatient care.

General Practice Liaison Officers facilitate:

- appropriate clinical pathways between settings
- transfer of care and discharge from hospital
- better integration of services
- identification of service gaps, especially at the interface between primary and specialist outpatient care.

The objectives of the Queensland Health GPLO Network are to:

- Build the capacity of GPLOs through shared learnings, experience, resources and solutions.
- Identify effective strategies and service delivery models that can be shared across the GPLO Network.
- Reduce duplication and inequity across the health system.
- Provide an opportunity to build supportive and collaborative relationships among the GPLO Network members.
- Inform and endorse the GPLO Network Annual Workplan.
- Showcase achievements by members of the GPLO Network.

The GPLO Workplan for 2016-2017 has five key focus areas:

1. Improve communication between general practice and HHSs (hospitals).
2. Facilitate GP education to improve integration, transfer of care and HealthPathways utilisation.
3. Contribute to improved referral quality.
4. Support the implementation of the Clinical Prioritisation Criteria (CPC) program and development of HealthPathways.
5. Contribute to improved transfer of care to general practice.



This report will illustrate individual project outcomes and achievements that demonstrate the value of the GPLO Network within our health system.



Pictured: Participants at the GPLO Workshop in November 2016



Pictured: Dr Carl de Wet from Gold Coast HHS giving a presentation at a GPLO workshop.

A day in the life of a GPLO...

Dr Debbie Carroll, GPLO and GPLO Network Co-Chair, Darling Downs Hospital and Health Service

I commenced in the role of GP Liaison Officer with the Darling Downs Hospital and Health Service and the Darling Downs South West Queensland Medicare Local in March 2013. The GP Liaison Officer role was developed to improve the communication and collaboration between primary care, specifically general practice, and the public hospital system, particularly in relation to reducing wait times and waiting lists for patients to be seen in specialist outpatients. Timely access to specialist outpatient appointments remains a major part of the role but it has developed and expanded to include involvement in a wide range of primary care and hospital activities.

The Medicare Local has now been replaced by the Darling Downs West Moreton PHN and I continue to work with the PHN in their task of supporting primary care and improving access to care for people in their local communities. I do not see myself as being on the side of the hospital or the side of general practice but more as an advocate for both sides as required. When talking to hospital clinicians, I can provide them with the GP perspective and when talking with GPs, I can provide the hospital perspective and hopefully improve their understanding of each other. Ultimately, I consider the role of GP Liaison to be one of facilitating and encouraging good communication so patients can be seen in the right place by the right person in the right time frame. This is what happens in a "typical" day...



Pictured: Dr Debbie Carroll

8:30AM

- Arrive at work. Will I sit or will I stand? I appreciate the DDHHS' commitment to staff health by providing me with a standing desk. I firstly check my emails, calendar and "to-do" list.
- Next I correlate responses from a recent GP survey regarding the need for inpatient detox for their patients and send the summary to the Clinical Director of Mental Health.

9:30AM

- Review pamphlet for Diabetes Model of Care project and discuss with project manager.
- Review latest draft of newsletter, make corrections and send back to publishing for finalising.
- Review latest draft of GP Information Directory, make corrections and send it back to the publisher for finalising – Will it ever be just right? Sigh!
- Coffee at last!!

11:00AM

- Call HIS to pull patient charts from the bariatric surgery trial.
- Collect charts from Health Information Services and complete spreadsheet of patient outcomes. One has not had discharge summary done – I send an email to the Clinical Director and relevant Registrar to ask for this to be done.
- Must remember to arrange a meeting to discuss the progress of these patients to report back to the Executive.
- Review minutes for Specialist Outpatient Committee meeting next week.

12:30PM

- Working lunch at Theatre Management meeting – information provided re GP Access to the Viewer.
- Tasked to write letter to GP for his letter of appreciation to Endoscopy Unit regarding improved access for his patients – nice to get some positive feedback!

2:00PM

- Discussions with CNC, BPIO Referral Centre re current waiting list numbers, need to have no long waits by 30th June, changes to Gastroenterology clinics to improve capacity, new consultants in Surgery and Medicine.

3:15PM

- Planning with Diabetes Model of Care team.
- GP education
- Videoconferencing with staff endocrinologist
- Loading of USB sticks with PowerPoints from Diabetes Workshop to GPs.
- Preliminary planning for next workshop in September.
- Website development - how are we going to do this?

4:00PM

- Fortuitous corridor chat with the Executive Director of Toowoomba Hospital who knows how to set up a website and gives us a quick lesson.
- Review *Failure to Attend* procedure and send to Documents Committee for final approval so this procedure can be instituted across the HHS.
- Phone call with Operations Manager, PHN regarding primary care liaison team and arrange meeting for next week to discuss further.

5:30PM

- Check emails and "to-do" list – what have I forgotten?
- Tidy desk while trying to find that piece of paper on discharge summaries that I know I had last week – found it!
- Time to call it a day – the discharge summary work can go on tomorrow's "to-do" list. HOME!

GPLOs in the Spotlight

Dr Carl de Wet, GPLO, Gold Coast Hospital and Health Service

My role as a GPLO is all about patients and improving their journeys within Gold Coast health services. I am very fortunate to have the support of a small team, consisting of a program manager and project, administrative and communication officers, who are equally committed to high quality, patient-centred care. Our aims are to improve patient journeys through innovative models-of-care, increasing integration between existing hospital and community services and strengthening collaboration between different clinicians and specialties.

A recent, practical example is the substantial reduction in the number of patients waiting longer than clinically recommended for specialist outpatient appointments because of our '6S program', which included: accelerated implementation of the Queensland Clinical Prioritisation Criteria; peer-review of the quality of external referrals; recruiting General Practitioners with Special Interests (GPwSI); supporting Allied Health models-of-care; and implementing a referral 'redirect' procedure. In addition, we successfully hosted several educational events, dealt with a large number of individual patient-related queries and provided practical support or advice to a wide range of specialties, working groups and committees.

Being a GPLO is an incredibly rewarding and professionally satisfying experience, and one that I am grateful for every day. It is inspiring to meet so many hard-working, passionate and professional individuals, teams and services. These 'unsung heroes' are the backbone around which we aspire to build a world-class health service. While undoubtedly challenging, it is also worthwhile.



Pictured: Dr Carl de Wet

Dr Aaron Chambers, GPLO, Children's Health Queensland

For the last 10 years I have worked as a community GP, working more than full time clinical hours. This involved little time to consider the system within which I worked, and involved enduring many frustrating administrative impositions. After taking a sabbatical to think about my career, health systems, study a Diploma of Child Health and start a new private practice, it became clear that much of our performance as clinicians does not lie in our individual skill: rather, it is enabled by the systems within which we work. A great clinician can flounder in a poor system, and similarly a mediocre clinician can perform at their best when they are well supported by robust health systems.

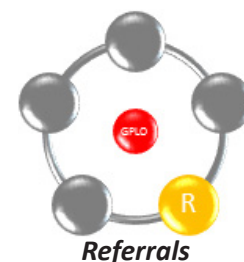
On return to Australia, I was lucky enough to step into the role of GPLO at Children's Health Queensland in the midst of this career transition. From day one, it became obvious that having a GP speaking directly with HHS executive, departmental heads and senior administrators is essential to the improved patient journey. What was even more encouraging was the gusto with which these people seek out input from the GPLO. After only five months in the role, I have already had input into the development of a new children's electronic health record; advised changes to outpatient interactions to reduce administrative burden to patients, GPs and the hospital; commenced the process to deliver Children's Health Queensland HealthPathways; participated in launching a new model of specialist-led tele-mentoring education to GPs; and many other small changes with the ultimate goal of benefiting patients, families and clinicians. Our digital future is exciting, and there is enormous change afoot. Being a GPLO in this environment affords an opportunity to influence change for good.



Pictured: Dr Aaron Chambers

Metro South Referral Hub

Julia Arnold, Team Leader GPLO Program, Metro South Hospital and Health Service



Hub Team AFI List Snapshot						
Referrals in Team AFI Lists			External Hospital Outbox		Referrals Flagged as Urgent	
299			-		33	
Team A	Team B	Team C	Team D	Team E	Mater	NFHP
1	1	267	1	4	25	-
Flagged as Urgent						
-	1	29	1	2	-	-

In 2016, the Central Referral Hub held a series of three open days for GPs, optometrists and practice staff in the Metro South Health area. The hub open days were created as an opportunity for primary care staff to meet the Central Referral Hub team and gain an understanding of how their referrals are processed using our Ambulatory Referral Management System (ARMS).

The open day also provided the opportunity for primary care staff to further engage with the GP Liaison Officers and an open forum for questions and feedback. The open day format consists of a tour of the Central Referral Hub followed by an interactive demonstration of the referral pathway from primary care to the secondary care wait list process.

The management team of the Central Referral Hub was present to provide an opportunity for GPs to ask questions and provide critical feedback. We had an average attendance of 25 at each day with overwhelmingly positive feedback received, leading to plans for more open days in 2017.

The Hub open days assist in facilitating the development of stronger, ongoing relationships with primary care staff and assist in delivering the key messages on the importance of referral quality.



Outcomes

- An average of 66% of respondents stated that they had a better understanding of our processes and 64% believed that the information assisted with their practice.
- Increased awareness of the GP Liaison Program and how we can assist.
- Improved understanding of referral pathway process through the Central Referral Hub including specialist triage and categorisation processes.
- A request for electronic templates for referrals featured highly in feedback and questions (feedback was escalated through appropriate pathways for consideration).
- Increased awareness and understanding around the importance of referral quality and how that can assist in improving patient outcomes.

Achievements

- Clarification, education and support were provided in relation to the Central Referral Hub processes and the referral pathway.
- The establishment and maintenance of communication channels between the HHS, primary care practitioners and key stakeholders.
- Ongoing improvement of referral quality received from primary care practitioners.

Challenges

- Finding a time to hold the hub open days during Central Referral Hub operating hours (7:30am to 4:30pm) that is most suitable to enable primary care practice staff to attend was challenging. Sole practitioners particularly commented that they would have liked to attend but were unable due to staffing constraints. We trialled early morning (7am to 9am) and afternoon (1pm to 5pm) time slots and are now discussing how we can offer an after-hours option.



Pictured left to right: Daniel Wilckens, Michelle Fisher and Mary-Ellen Nielsen at the Open Day

HealthPathways assists healthcare integration in Central Queensland

Dr Vicki Richmond, GPLO, Central Queensland Hospital and Health Service



Central Queensland HealthPathways went live on 30 May 2017. During the nine months prior to the launch the following occurred:

- Development of a project board to engage with key Central Queensland stakeholders across public (Central Queensland Hospital and Health Services – CQHHS), private and primary care sectors (GPs and PHN). This group performs a project governance role.
- GP Clinical Editors met with hospital specialists and private allied health providers to discuss and agree upon clinical pathways.
- HealthPathways team has worked with specialist outpatient services and private providers (specialists, imaging, and allied health) to map out the services available and display this in a way GPs can easily use and keep coming back to.
- Hosted a Cardiology Clinical Work Group in March 2017 – GPs, CQHHS staff, and community providers of cardiac investigations participated. This then informed the cardiology suite of pathways in health pathways and topics for education at the Health Practitioners Network meeting on 30 May.

The Central Queensland HealthPathways launch event was a great success with 60 attendees including a mix of GPs, practice staff, Allied Health, Queensland Health and CQHHS staff. There were introductory presentations by Pattie Hudson (CEO Central Queensland, Wide Bay, Sunshine Coast PHN), Steve Williamson (CQHHS Chief Executive) and Michael Walsh (Director-General Queensland Health) who endorsed the value of HealthPathways and Queensland Health's commitment to the ongoing statewide implementation.

Dr Vicki Richmond, the Clinical Lead for the Central Queensland HealthPathways team then presented on HealthPathways to the group. The event also included a presentation from the Central Queensland Health Service regarding Specialist Outpatient Services and a Cardiology Education Session.

Regions currently involved in the HealthPathways

- Townsville
- Mackay
- Cairns
- Sunshine Coast
- Metro North
- Metro South
- Central Queensland





HealthPathways

Choose your site

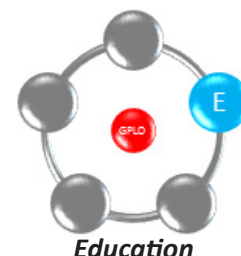
Supported by the Clinical Excellence Division, the implementation of HealthPathways has facilitated a level of engagement, communication and collaboration between primary care, Primary Health Networks and the Hospital and Health Services on a scale that has not occurred in the recent past. The relationships that are resulting from the project are exciting and have the potential to create meaningful change in the provision of healthcare in Queensland.



Pictured left to right: Dr Vicki Richmond (GPLO, CQ HP), Steve Williamson (Chief Executive, CQHHS), Pattie Hudson (CEO, Central Queensland, Wide Bay, Sunshine Coast PHN), Michael Walsh (Director-General, Queensland Health), Andrew Wills (General Manager, Central Queensland PHN).

The Paediatric Optometry Alignment Project

Dr Dana Newcomb, GPLO, Children's Health Queensland



In collaboration with the Clinical Excellence Division, the Paediatric Optometry Alignment Project (POAP) was developed to improve access to high quality eye care for all Queensland children and to deliver care closer to patients' homes. The POAP aims to ensure that community optometrists have the knowledge, skills, continuing education and resources to examine children's eyes confidently and manage common eye conditions.

Having optometrists deliver care to children such as those with stable, treated strabismus and amblyopia would release capacity in specialist outpatients for ophthalmologists to deliver more complex care.

The POAP consists of:

- A full day workshop for community optometrists covering topics such as development of the visual system, paediatric eye examination, refractive errors in children, amblyopia, strabismus, referral guidelines, clinical pathways and evidence-based clinical practice.
- Ongoing access to online resources including archived presentations, videos, guidelines, journal articles and discussion forums.
- Quarterly brief clinical education events.
- Optometrists who attend the workshop and meet eligibility criteria are invited to 'align' with the Lady Cilento Children's Hospital (LCCH).
 - A list of aligned optometrists is available to GPs on the LCCH website
 - Names of aligned optometrists are also provided to families of patients discharged from the LCCH Ophthalmology Department as 'preferred providers' of ongoing care (generally for patients who have a stable, treated eye condition).



Outcomes:

- Inaugural workshop held in Brisbane in 2016 and subsequent workshops held in 2017 in Brisbane and Cairns.
- To date, 159 optometrists have attended workshops and 94 optometrists across the state have aligned with LCCH.
- Since commencement of the POAP project 297 children have been discharged from the Paediatric Ophthalmology Outpatient Service.
- Detailed clinical pathways have been developed for use by optometrists.

Achievements:

- The most significant achievement has been the rapidity of uptake of the program and high attendance rates at the workshops held so far.
- 159 optometrists have been trained which represents more than 15% of all optometrists currently registered in Queensland.
- A lack of paediatric content has been a significant gap in optometry education historically, and POAP is rapidly addressing this.
- Having 94 "aligned" optometrists from across the state means the LCCH Ophthalmology Department has a significant and growing pool of community providers to which they can confidently discharge patients. From a patient and family perspective, children can be seen in their own communities, closer to home, without sacrificing quality of care.

Challenges:

- Once the Ophthalmologists understood the positive impact this project would have in enabling more children with complex eye care needs to access services in a timely manner and closer to home, barriers to project implementation were quickly overcome.
- Overcoming the challenges in inter-professional collaboration between hospital ophthalmologists and community optometrists has enabled more children with complex eye care needs to be successfully managed in the community delivering services in a timely manner and closer to home.



Children's Health Queensland
Hospital and Health Service



Did the GP receive the transfer of care information from the hospital in a timely manner?

Dianne Shkurka, GPLO, Cairns and Hinterland Hospital and Health Service



Following a patient receiving healthcare services at a hospital, General Practice has indicated that they do not receive timely transfer of care information from the hospital. This project aims to improve the quality and timeliness of transfer of care communication with external health providers including general practice through facilitating a service-wide roll-out and implementation of existing secure messaging services. Secure messaging provides the General Practitioner with transfer of care information immediately and maintains the patient's confidentiality by using a more secure, reliable and convenient delivery method for the information.

Additionally, the Cairns and Hinterland Hospital and Health Service will see consequential efficiencies in administrative work processes, and financial savings through decreased use of postage, printing, and stationery.

Workflow analysis recommendations, and a Secure Messaging Implementation Plan were provided to stakeholders for feedback and endorsement.

Staged installation of Secure Web Transfer (SWT) software and Secure File Transfer (SFT) Kiteworks across the health service and the delivery of secure messaging training to internal staff and external recipients is currently being implemented.



Impacts

- **Patients**
Improved continuity of care, increased patient safety and quality of care, better patient outcomes
- **Clinicians**
Improved continuity of care, increased patient safety and quality, reduced time spent requesting information, improved communication, greater visibility of hospital care
- **Cairns and Hinterland Hospital and Health Service**
Strengthened relationship with external providers, greater visibility of services provided in CHHHS
- **Processes**
Reduced manual handling of mail, faster communication, standardised processes
- **Accreditation of Health Services**
Implementation assists meeting EQulP National Guidelines Standard 12, Standard 6
- **Cost reduction in communicating with patients**
Reduction in stationary costs and postal fees, work-flow efficiencies



Current project outcomes

- Secure messaging training delivered to 50% of targeted administration officers.
- Secure message software installation on 25% of relevant administration officer computers.
- 25% of the departments including Day Surgery, Paediatric Outpatients, Allied Health are sending 90% of letters to external health providers via secure messaging.
- 100% increase in outgoing SWT correspondence.
- Reduced postage and stationery costs.
- Improvements in GP communication from CHHHS (to be evaluated via the annual survey).

Achievements

- The Cairns and Hinterland Hospital and Health Service (CHHHS) has moved from the large majority of clinicians within CHHHS being unaware of SWT and a small number of staff within CHHHS using secure messaging in their daily practice, to a whole of department change in some areas, including the introduction and implementation in a number of smaller rural hospitals.
- One site in particular, Mossman Hospital, has embraced the change and have decided that all clinical communications to external health providers will be sent by secure message using Secure Web Transfer and Secure File Transfer. We expect this activity to be completed by July 2017.

Challenges

- The main challenge for this project was addressing the complexities of reinforcing a change in process within a busy outpatient clinic with no interruption to clinic services.
- In a busy outpatients clinic the doctors return to their computers and document the consultation in the patient's electronic records. The challenge for the doctors is to use the secure messaging service to send clinical information rather than dictate or use other ways to scribe. This extra step was seen as time consuming, it also required the doctor to include the GP actions in the encounter. Having a couple of interested clinicians in using Secure Web Transfer had a positive effect as they became champions and will influence change among some of their peers.



Pictured: Staff from Mossman Hospital

Internal Referral Redirect Process: Ensuring patients receive the care they require, delivered in the right place and time by the most appropriate clinicians



Dr Carl de Wet, GPLU, Gold Coast Hospital and Health Service

The Specialist Outpatient Services Implementation Standard (SOSIS) currently recommends that hospitals should only accept internal referrals if the clinical urgency is triaged as category one. In all other instances, patients should be advised to follow up with a GP of their choice instead.

As a result, the Gold Coast General Practice Liaison Unit (GPLU), Gold Coast HHS, Gold Coast PHN and other relevant stakeholders worked in partnership to develop an Internal Referral Redirect Process that incorporates the flexibility to direct referrals to the most appropriate clinicians and service in relation to patient care urgency and requirements. Importantly, the redirect decision is made by the triaging specialist team according to the clinical details provided. As part of this process, a suite of letters were developed explaining the pathway to patients, referrers and GPs. In addition, a communications plan was developed and implemented to raise awareness of the redirect process.



The new Internal Referral Redirect Process became available in May 2017. The process will be audited to assess clinician uptake, to ensure patients receive high-quality safe care and to monitor for unexpected consequences.



Outcomes

- Internal referrals can be re-directed, at the discretion of specialist teams, to the most appropriate service and clinician to deal with their presenting problems.
- The efficiency of outpatient services may increase by allowing for increased appointment slots for urgent referrals.
- Clinician autonomy is preserved within a flexible, yet structured and transparent process.

Achievements

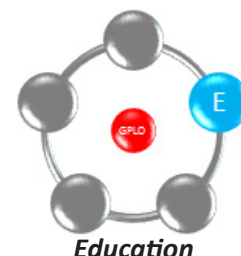
- Reaching a shared understanding and agreement of the main aims of the project, and building consensus about the most appropriate way to implement and monitor the internal redirect process.
- The necessary communications have been developed and approved.

Challenges

Initially, there was a lack of coherence in relation to the purpose and practical implementation of the process. Staff struggled to differentiate the new process from 'business as usual'. The solution was to acknowledge the concerns staff raised about increasing workload, and providing practical demonstrations of how the process could be implemented in the most efficient manner.

Intern Education: Why the GP matters

Dr Debbie Carroll, GPLO and GPLO Network Co-Chair,
Darling Downs Hospital and Health Service



Junior doctors in the public health system are often responsible for communicating to and about their patients. Many junior interns and residents have had little exposure to general practice either as clinicians or as patients. The GP Liaison Officer has knowledge and experience in both the public hospital and primary care sectors so is an ideal person to assist junior doctors in their communications with General Practice.

The GPLO at the Darling Downs Hospital and Health Service presents during the orientation program for interns at the beginning of the year and also provides two formal education sessions during the year as part of the ongoing education program provided to the training doctors. The focus of these education sessions is largely how to communicate with GPs either by phone, letter or most commonly through the discharge summary.

Sessions involve:

- Examples of good and bad communication.
- Role plays of patient scenarios and outcomes when communication is done well or badly.
- Review of discharge summaries.
- Discussion of appropriate discharge summary content.
- Emphasis on the short term acute nature of hospital care as opposed to the long term relationship a patient has with their GP.
- Intern feedback on the barriers they have to good communication.



Outcomes

- Awareness of the importance of good communication with GPs to improve patient outcomes.
- Promote and support the role of the GP and primary care in a patient's overall health care.
- Inform hospital doctors about general practice and how it works.
- Increase confidence on the part of junior doctors in contacting GPs when appropriate.
- GPLO to be able to provide information to senior clinicians to assist them in supporting junior doctors to be good communicators.

Achievements

- Overall positive feedback from participants.
- Increasing contact from interns for advice re their GP communications.
- Anecdotal feedback from GPs on overall improvement in discharge summary frequency and content.
- To see the "wow" look on an intern's face when a true example is provided of when a poor or non-existent discharge summary adversely impacted on a patient's health outcome and increased the doctor's workload.

Challenges

- A major challenge is, even though the doctors have generally provided positive feedback on the sessions, it is difficult to determine whether they really make a difference in discharge summary completion rates and quality. Planning is underway for a project which will focus on discharge summaries:
 - Audit of discharge summary completion rates.
 - Provide results of the audits to interns and heads of department.
 - Encourage GPs to provide specific examples of when the lack of a discharge summary has impacted on patient or GP workloads.
 - Feedback to the relevant clinicians re these specific examples to improve their appreciation of the value of a good, timely discharge summary.

Pioneering the integration of HealthPathways and Clinical Prioritisation Criteria

**Dr Jon Harper, GPLO, Central Queensland Wide Bay Sunshine Coast PHN and
Dr Sandra Peters, GPLO, Sunshine Coast Hospital and Health Service**



In November 2016, a collaboration between Queensland Health, Sunshine Coast Hospital and Health Service and the Central Queensland Wide Bay Sunshine Coast PHN launched HealthPathways for the Sunshine Coast and Gympie community. HealthPathways is a web-based clinical decision tool and service directory aimed at GPs. The Queensland Health Clinical Excellence Division identified HealthPathways as a vehicle to carry and disseminate the newly-developed Clinical Prioritisation Criteria (CPC). CPC are decision support tools to assist with referrals to specialist outpatient services.

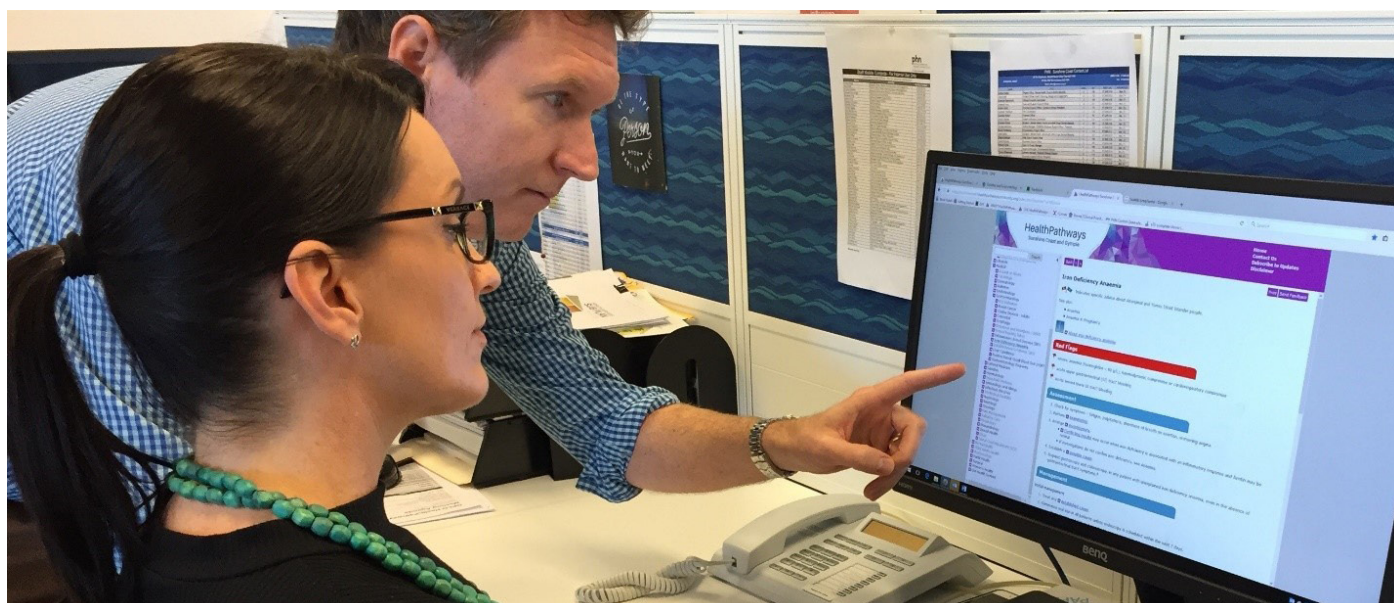
The project involved three spheres of activity: HealthPathways resource development, engagement with general practitioners, and engagement with SCHHS staff.

Although the HealthPathways tool has been successfully implemented in a number of Australian regions, the challenge was to integrate CPC information while still retaining HealthPathways' characteristic usability. The process was carefully developed by close collaboration between the Sunshine Coast HealthPathways team, Streamliners NZ, and the Healthcare Improvement Unit, Clinical Excellence Division.

Given such tight time-frames, the decision was made to deliver an intensive GP engagement strategy. General practices received face to face visits from GP clinical editors to educate GPs about HealthPathways and how to access CPC information therein.

Within the SCHHS, the GP Liaison team met with clinical directors and central referral office staff to outline CPC. Evaluation procedures were put in place to record the effect of CPC on GP referrals and specialist triage. Clinical staff were educated in navigating the HealthPathways website to access CPC information with every computer desktop provided with a shortcut link.

These activities rapidly created interest, and some uncertainty, in HealthPathways which has led to the development of new relationships essential to its further localisation.



Pictured: Dr Jon Harper, GPLO, walks through the HealthPathways website with a practice manager.



phn

CENTRAL QUEENSLAND,
WIDE BAY, SUNSHINE COAST

An Australian Government Initiative

Outcomes

- More than 150 pathways are now live on the HealthPathways website, including all the referral pages to specialty clinics covered by CPC.
- More than 75% of general practices on the Sunshine Coast and in Gympie have been visited by a member of the HealthPathways team.
- More than 1,000 individual users have been logged using HealthPathways.
- The development of relationships between hospital specialists and GP clinical editors has led to discussions of new and innovative service delivery models.
- The proof of concept referral audit demonstrated that GPs were using the CPC information prior to writing referrals to the SCHHS.

Achievements

- The most significant achievement is the successful engagement of general practice to use a new web-based tool for referrals. It was only through intense peer-to-peer engagement that an authentic message of improving referral quality was accepted by general practice.

Challenges

- One of the biggest challenges we faced was adapting the normal local implementation process of HealthPathways to incorporate the statewide Clinical Prioritisation Criteria. The HealthPathways tool was originally developed in New Zealand as part of collaborative process to bring together primary and specialist care to improve patient care. In our scenario, there was a danger of bypassing this local collaboration by substituting statewide clinical advisory groups.
- To overcome this challenge, the Sunshine Coast HealthPathways team developed strong links with local hospital specialists, using every opportunity to seek their input for HealthPathways. When the specialists found any issues with the CPC information they were encouraged to contact the relevant CPC clinical advisory group. We found it essential to emphasise that both CPC and HealthPathways are under constant review and all feedback was very welcome.

CPC/Health Pathways: Mackay Proof of Concept Site

Sue Langdon, GPLO, Mackay Hospital and Health Service



Mackay HHS was selected as a proof of concept site to implement Clinical Prioritisation Criteria, which are clinical decision support tools that will help to ensure patients referred for specialist outpatient services are assessed in order of clinical urgency. Mackay has integrated the Clinical Prioritisation Criteria (CPC) into the established and well-utilised Mackay HealthPathways.

Mackay's solution design plan went beyond this to implement compliance to the Specialist Outpatients Implementation Standard, and recommended the establishment of streamlined referral management processes.

Outcomes:

- HHS categorisation compliance has reached over 75% since January 2017.
- GPs now use CPC embedded in HealthPathways to self categorise referrals and record essential information in the referral. GP categorised referrals experience a significantly lower rate of return due to non-compliance.
- Volume of incoming referrals for CPC specialties has stabilised, with a slight decrease beginning to emerge.
- Implementation of CPC processes and subsequent auditing has led to issue identification and resolution development to improve SOPD business processes for referral management.

Achievements:

- Significant improvement in compliance and improved quality of referrals that allows better wait-list management.
- Number of referrals awaiting additional information have fallen – they are instead returned with exception of category 1 referrals which are immediately followed up to ensure adequate clinical urgency. Other returned referrals and patient outcomes are monitored.
- Due to focused and intensive engagement plan with referring clinicians (internal and GPs) the rate of return for referrals has remained under 6%.

Challenges:

- Work continues with HHS medical specialists to indicate when they have made the decision to clinically override CPC when categorising referrals. The ability for medical specialists to override CPC is a part of the CPC framework. A large volume of manual clinical auditing has been necessary due to the current complex data and administrative systems. However, this aligned and assisted with other SOPD improvement initiatives that seek to streamline referral management and capture a true state of the current demand on Specialist Outpatient Departments.

Addressing the discharge summary backlog

Dr Kate Bayne, GPLO, West Moreton Hospital and Health Service



West Moreton's recent discharge summary completion rates required improvement. We were unsure of the reasons that discharge summaries were not being completed in a timely manner so we analysed our data to inform possible solutions.

Some outcomes of investigations:

- Data not actually representative of outstanding discharge summaries.
- Junior doctors uncertain of required content and not allocated enough time to complete discharge summaries.
- Junior and senior clinicians unaware of outstanding discharge summary rates.

How these issues were addressed:

- Junior doctor education and workshops provided.
- Protected time for junior doctors to complete discharge summaries.
- Development of discharge summary templates for common admissions.
- Addressing the systemic issue of how unconventional admissions are communicated to GPs (e.g. day surgery, dental procedures).

Outcomes

The project is still underway however a few interesting outcomes have already been observed:

- Cultural change regarding the importance of the discharge communication.
- Increased GP satisfaction with the timeliness and content of discharge summaries.
- Increased junior doctor confidence regarding content.

Achievements

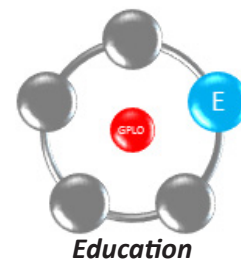
The most important achievement at this stage is opening up the discussion about the importance of the "clinical handover" to community practitioners.

Challenges

The biggest challenge felt was the enormity of the problem and the perceived impossibility of addressing the backlog. Once we had better data that indicated that the backlog was far less than perceived the challenge felt much more manageable.

Metro North GP Alignment Program: Maternity and Gynaecology – pregnancy, birth and beyond

Dr Meg Cairns, Metro North Hospital and Health Services and Brisbane North PHN GPLO Team



A review of referrals to Metro North HHS Maternity and Gynaecology identified that many referrals did not contain sufficient information to enable correct categorisation and triage. GP learning needs were identified in referral processes, pregnancy care, post natal care and commonly referred gynaecological conditions.

The Metro North GP Alignment Program developed Maternity and Gynaecology Workshops to support connected patient-centred care for women and babies. The workshops, hosted by RBWH, Caboolture Hospital and Redcliffe Hospital, are accredited by RACGP for 40 Category one QI and CPD points and for Women's Health Specific Requirements for DRANZCOG. More than 400 GPs have attended Metro North GP Alignment Program - Maternity since its inception in 2014 and 72 GPs attended the inaugural Metro North GP Alignment Program – Gynaecology in 2017. A second Gynaecology Workshop is planned for November 2017.

More than 80% of GPs reported that their learning needs were entirely met and more than 90% of GPs reported that the workshops were entirely relevant to their practice. Specifically, > 80% of GPs reported their learning needs were entirely met in regards to communication with the HHS facilities, referral processes, evidence based care of patients, identifying high risk features and common complications, and locating relevant services in the hospitals and the community.

In conjunction to the workshops, a number of GP resources were developed and are hosted on the Metro North HHS Refer your Patient page: <https://www.health.qld.gov.au/metronorth/refer>

These include the PowerPoint presentations from the workshops as well as a Gynaecology Service Directory, the Maternity GP Shared Care Guideline, and the Antenatal Shared Care Flowchart; a one-page decision support tool.

An online refresher/bridging course has been developed for GPs who have completed GP Alignment Maternity with another maternity service to also align with Metro North HHS.

Outcomes

- Improved quality of referrals.
- GP learning needs met.
- GP resources will inform Maternity and Gynaecology Health Pathways that are in development.
- Partnerships – GPLO working with Metro North HHS and Brisbane North PHN on the GP Alignment Program has lead to system based improvements e.g. referral templates, Pregnancy Health Record, discharge summaries.
- GP Alignment Program Maternity & Gynaecology model has become the benchmark for GP education in other Specialties: Team approach – GPLO, Metro North HHS stream and/or specialty leads, clinician and administration support (HHS and PHN), PHN support with RACGP QI and CPD accreditation, development of clinical content as well as event management including sponsorship, venue, catering, IT etc.

Achievements

- Metro North GP Alignment Program – Maternity was Highly Commended in the 2016 Queensland Health Awards for Excellence in the Category of Connecting Health Care and in the 2015 Metro North HHS Staff Excellence Awards.
- Strengthened partnerships between GPs, Metro North HHS and Brisbane North PHN.
- GP Alignment (branding and approach to development of educational events and educational resources) expansion to include other specialties is being explored.

Challenges

- Metro North GP Alignment Program Maternity and Gynaecology requires significant investment in terms of dedicated time and funding. The program has been fortunate that the GPLO program, Metro North HHS Women's and Children's Stream, and Brisbane North PHN have seen the value in the program and committed support to it.



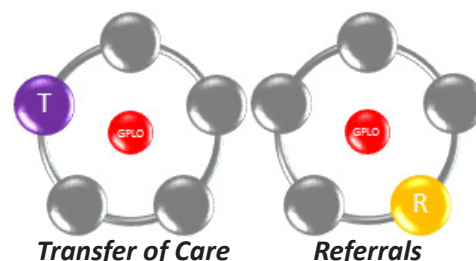
Pictured: Dr Akram Khalil at the Maternity and Gynaecology Workshop



Pictured: Participants at the Maternity and Gynaecology Workshop

A Joint Effort: Driving efficient, patient-oriented resource use through effective multidisciplinary collaboration in rheumatology

Dr James Martin, Metro North Hospital and Health Service and Brisbane North PHN GPLO Team



Clinical streaming is a means of improving stakeholder collaboration in order to enhance patient-centered care. A multidisciplinary sub-stream team can recognise systemic problems, opportunities and resource limitations. The team can then identify ways of addressing these to tackle inequity and improve the patient experience. Convening regular meetings with an unconventionally diverse range of participants in a conducive environment helps achieve this.

The rheumatology sub-stream met initially in late 2014. Eight of the nine public rheumatologists in MNHHS have been actively involved. The group also includes HHS/COSI staff, specialist nurses, allied health practitioners, a clinical pharmacist, a GP/GPLO, nurse managers, PHN staff and Arthritis Queensland representation as well as frequent invitees. Our well-established group has enough key representatives to enable dynamic responses to the changing local healthcare landscape and network collaboration between meetings assists this.

As both GP and GPLO, I am well placed to advise the sub-stream, can help implement many of the actions we decide upon and have access to the contacts I need to progress a broader GPLO agenda.

Outcomes

- Developed, trialled and implemented a resource to improve shared primary/secondary care of patients on low dose methotrexate. This can easily be expanded to other medications in future.
- Identified overuse of Antinuclear Antibodies (ANA) testing in primary care and inappropriate referrals resulting from this which informed the creation of an online resource to help GPs “Choose Wisely” in this area of practice.
- Worked with other specialties to agree and deploy the MNHHS Temporal Artery Biopsy Process to standardise care and improve outcomes for cases of suspected temporal arteritis.
- Liaison with administrative teams in Metro North and other HHSs to promote expansion of regional services and improve the availability of rheumatology care for Queenslanders.
- Ongoing development and delivery of regular, relevant GP education incorporating the demonstration of resources available to support primary care (e.g. Health Pathways/Refer Your Patient website).

Achievements

- The cooperation of all key MNHHS staff across all sites to increase access to rheumatology care through expanded services including a rheumatology nurse (RBWH/CDH), rheumatologists (TPCH) and a clinical pharmacist in rheumatology (RBWH). The MNHHS Rheumatology Sub-stream has allowed the region to pioneer a coordinated, cross-site multidisciplinary approach to rheumatology care.

Challenges

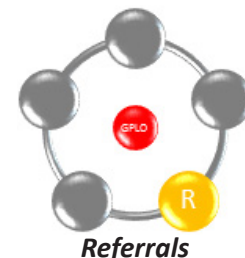
- The main challenge was at sub-stream inception when we encountered widespread difficulties with stakeholder engagement.
- Good leadership in an environment where everyone could be listened to, complimented by the support of administrative decision-makers in between and at meetings, in conjunction with the broad range of clinicians, ensured some early successes and boosted morale.

"Together we can solve issues that are too difficult to tackle individually"

Dr Katherine Poulsen, MNHHS Rheumatologist

Understanding our waits: GPLO outpatient referral reviews

Metro North Hospital and Health Service and Brisbane North PHN GPLO Team



In 2015-16 Metro North Hospital and Health Service (MNHHS) committed to improving access to specialist outpatient services. A key initiative to this commitment was the GP Liaison Officer referral review of specialties with the highest numbers of long wait patients.

Specialties with high numbers of long waits were facing multiple issues - the number of referrals received are steadily increasing, a rising demand for services, and limited visibility of 'referred condition' on wait lists.

The GPLO referral review process was designed to provide specialists with valuable information and supportive advice to manage demand for services and assist in identifying gaps in service delivery.

In consultation with the Specialty Unit/Sub Stream/Network clinical leads, the GPLO team agreed to categorise the referrals as follows:

- Referrals that are appropriate for a specialty where they are currently wait listed.
- Referrals that could be seen on an alternative pathway or by another specialty as evidenced by the information contained in the referral.
- Referrals that are waiting longer than clinically recommended that may not require specialist consultation and could potentially be managed on a primary care pathway.
- Referrals that are "in-time" that may not require specialist consultation and could potentially be managed on a primary care pathway.
- Referrals that have incomplete clinical information or are clinically inappropriate.

Outcomes

- More than 11,000 referrals were reviewed in long wait specialties and identified up to 35% referrals reviewed in certain specialties could potentially be managed by alternative models of care, specialties or GPs.
- The referral review supported the reduction of long wait numbers in specialties where the review was conducted.

Achievements

- Approval for alternative models of care:
 - Peripheral Neuropathy pathway – Neurology
 - Back Pain Project – Establishing a *GP with Special Interest* and MDT clinic
- Public hospital provided GP education sessions increased and focused on need, based on referral deficiencies
 1. Orthopaedics – Knee and Shoulder
 2. Neurology – Headache and Parkinson's
 3. Gynaecology – Prolapse and Chronic Pelvic Pain
- Commencement of GPLO GP practice visits to support and raise awareness amongst general practitioners on guidelines, referral criteria and new services.
- In collaboration with the Clinical Excellence Division, the "Closer to Home" Initiatives – Establishing standardised processes for patient care closer to home for management or screening of patients where a service may occur locally e.g. *A patient referred from outside MNHHS for a headache where clinically appropriate, could be initially seen by a general medicine physician in the patient's home HHS rather than waiting to see a neurologist in MNHHS.*
- Expanded understanding of MNHHS staff specialists about reasonable expectations of care/management GPs can provide in primary care. Their view can be biased based on poor quality referrals.

Challenges

- Alternative care models are possible but require adequate stakeholder engagement to ensure confidence in any new processes.
- GPLOs can provide advice to specialists about what is appropriate to be managed in primary care.

At the table together: Mater Health

Louise O'Reilly, GPLO, Mater Health Services and
Kim Wilson, Director of Operations - Ambulatory & Outpatient Services, Mater Health Services



A lot has changed at Mater Health since the commencement of the GPLO program. Hospitals have closed, new facilities have opened and an entire new governance structure of clinical streams has been implemented. With such great change has come excellent opportunity to advocate for a partnership approach to improve care. The GPLO at Mater Health Services is now a member of the newly-formed Committee for Strategic Community Integration and External Partnerships that reports into the Clinical Council and ensures a collaborative approach to responding in innovative ways to community need.

Outcomes

- Including GPs in the co-design of new initiatives including development of a new Discharge Summary System – 'Communication from Hospital at Transfer' or ChaT.
- Representation and GP advocacy on the Mater Aged Care in an Emergency (MACIAE) Working Group.
- Transparent communication of wait time data direct to GPs to inform expectations of care when referring.
- Realisation of secure messaging for GPs to specialist clinics (electronic referral).

Achievements

- Supporting service access in South East Queensland by delivering care to long wait patients from other HHS sites. This required careful coordination and communication with patients, GPs and transferring facilities.

Challenges

- Limited resource of the part time GPLO role has meant working efficiently has been really important. This has required very strong and clear clinical leadership and close working relationships with clinical, business and operational teams at Mater Health Services. It has also been essential to link in with the Primary Health Network to leverage our common aims of consistent messaging to GPs about improving access.

**For more information about any of the projects described in the
GPLO Annual Report 2016-2017 please contact:**

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