

PRIORITY AREA 4: INTEGRATION

National Objective

Domain	National Objective	Rationale
GPs AND HOSPITALS	Divisions will work with relevant hospitals to improve local service planning, timely and appropriate exchange of patient health information, and integration of care for patients, families and communities.	<p>Divisions and hospitals are major local sources of health care. Their role in the care of individuals is often closely linked, and some health/service problems (e.g. chronic disease care, post acute care, improving access to services) require a coordinated response from the two sectors.</p> <p>This objective reflects two of the four main aims of collaboration between general practice and hospitals:</p> <ul style="list-style-type: none"> Developing a better working relationship between the two parties to improve problem solving Improving transitions of care <p>The other two aims are:</p> <ul style="list-style-type: none"> Providing care in the most appropriate setting Reducing the need for hospitalisation through better prevention <p>These are more variable and less common areas of collaboration, and are not reflected in this indicator set.</p>

National Performance Indicators

Level	Indicator	Results for the reporting period	Explanatory Text
1	N_INT 1.1 Division collaborates with relevant hospitals to facilitate local service planning, timely and appropriate exchange of patient information, and sharing of clinical care for patients, families and communities, involving consumers and other service providers where relevant.	<p>Significant Achievement: Development of standard proformas for referring patients from general practice to hospital clinics, and for return of information</p> <p>Aim: To improve access to hospital clinics for patients, and improve their continuity of care.</p> <p>Actions Taken:</p> <ul style="list-style-type: none"> Participated in a working group with local hospital network to design a standard referral system Reviewed systems in place in other Divisions Developed a draft proforma for patient referral that meets the needs of the regional area Initiated scoping work on linking system to GP clinical management software Trialled referral system in three clinics. <p>Outcomes:</p> <ul style="list-style-type: none"> Increased awareness and interest from numerous general practices and hospital clinics in this project Learnt a lot about other Divisions' systems through the reviewal process Received mixed responses to the draft proforma that will enable us to further streamline the proforma Gained a better understanding of hospital clinic IM/IT problems through the trial of the referral system. Results will feed into next release of system enhancements. 	<p>This became a priority because of the shortage of referral services in the area and GP discontent with multiple referral systems and lack of feedback.</p> <p>We expect to undertake similar work with community health in the future.</p> <p>The trial of the referral system will be followed by a roll out to other clinics and hospitals (depending on success of first trial). We have identified a way of integrating the proformas into Medical Director 2, but not other software.</p>
	N_INT 1.2 An agreed system operates between hospitals and local general practice for the timely and appropriate exchange of patient information for discharge notifications.	<p>Description, no more than one page, of the system.</p> <p>The agreed systems between the hospital and GPs for the communication of patient information are GP referrals, discharge summary/referral, notification of death, notification of unplanned admission and shared care arrangements.</p> <p>The data set for the discharge summary/referral has been defined, and work is underway to define the data set for GP referrals, notification of unplanned admission and share care arrangements.</p>	<p>An earlier survey showed high levels of GP discontent with discharge notification. The hospital had implemented an electronic discharge notification system, but there were bottlenecks with registrar access to computers to prepare the summary and with GPs' ability to receive electronic summaries.</p>

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		<p>At present, information is shared via fax, however, negotiations are underway to allow electronic messaging, and it is planned that electronic exchange of patient information will commence in early 2008.</p> <p>Other Divisions have experienced bottlenecks in electronic discharge notification system due to registrar access to computers to prepare the summary. This issue has been raised with both hospitals in the region, and will be monitored once electronic discharge has commenced.</p> <p>Division works with two hospitals in Division and participates in quarterly meetings to discuss improved communication. Partnership documented in Memorandum of Understanding.</p>	
2	N_INT 2.1 Number and proportion of GPs satisfied with the agreed system for timely and appropriate exchange of patient information for discharge notifications.	<i>Table N_INT 2.1</i>	<i>Table N_INT 2.1</i>
	N_INT 2.2 Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals	<i>Table N_INT 2.2</i>	<i>Table N_INT 2.2</i>

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Table N_INT 2.1 Number and proportion of GPs satisfied with the agreed system for the timely and appropriate exchange of patient information for discharge notifications. Black Division, June 2007

	Satisfied	Unsure	Not satisfied	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number	250	50	100	150	400	550
Percent	62.5%	12.5%	25%	N/A	100	N/A
Explanatory text: We were disappointed in the high number of GPs who did not respond to the survey. We intend to address this issue for future data collection exercises, as part of our communication strategy for the next reporting period. We will also be undertaking further work to decrease the high number of 'not satisfied' clients through consultation with stakeholders						
QA: How were these data obtained? Data obtained from survey of GPs conducted in October 2006 using National Standard Questions						

Table N_INT 2.2(Qa) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for Emergency Departments patients, Black Division, June 2007

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number	250	50	50	50	150	400	550
Percent	62.5%	12.5%	12.5%	12.5%	N/A	100	N/A
Explanatory text: Refer comments under Table N_INT 2.1.							
QA: How were these data obtained? Data obtained from survey of GPs conducted in October 2006 using National Standard Questions							

Table N_INT 2.2(Qb) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for medical patients, Black Division, June 2007

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number	250	52	48	50	150	400	550
Percent	62.5%	13%	12%	12.5%	N/A	100	N/A
Explanatory text: Refer comments under Table N_INT 2.1.							
QA: How were these data obtained? Data obtained from survey of GPs conducted in October 2006 using National Standard Questions							

Table N_INT 2.2(Qc) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for surgical patients, Black Division, June 2007

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number	220	75	55	50	150	400	550
Percent	55%	18.75%	13.75%	12.5%	N/A	100	N/A
Explanatory text: Refer comments under Table N_INT 2.1.							
QA: How were these data obtained? Data obtained from survey of GPs conducted in October 2006 using National Standard Questions							

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Table N_INT 2.2(Qd) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, for obstetric patients, Black Division, June 2007

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number	300	40	10	50	150	400	550
Percent	75%	10%	2.5%	12.5%	N/A	100	N/A
Explanatory text: Refer comments under Table N_INT 2.1.							
QA: How were these data obtained? Data obtained from survey of GPs conducted in October 2006 using National Standard Questions							

Table N_INT 2.2(Qe) Number and proportion of GPs satisfied with arrangements for sharing clinical care between general practice and hospitals, oncology patients, Black Division, June 2007

	Satisfied	Unsure	Not satisfied	Not applicable (not involved in shared care for these patients)	Not known/ missing	Number of GPs for whom data available	Total number of GPs in the Division
Number	200	25	25	150	150	400	550
Percent	50%	6.25%	6.25%	37.5%	N/A	100	N/A
Explanatory text: Refer comments under Table N_INT 2.1.							
QA: How were these data obtained? Data obtained from survey of GPs conducted in October 2006 using National Standard Questions							

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Domain
GPs AND HOSPITALS

Reflection on work towards all objectives within this domain

Notable achievements and key contributing factors	There is a strong commitment from the Division and local hospitals to work together.
Notable challenges and key contributing factors	Progress has slowed a little with the Area Health Service restructure. The plans had been to implement the patient referral system before the end of this financial year. Restructure of Area Health Service has tinged some areas of GP / hospital integration with uncertainty. However, we are focusing on local issues, and working with existing partnerships. We are now making some progress in this area. We are also disappointed in the high number of GPs who did not respond to the survey (27%).
What did the Division learn from the strategic approaches used?	The Division has had good success in the past with the pursuit of high level strategic partnerships to provide direction and support for local targeted programs. We are working with a different structure, and it will take some time to rebuild our partnership strategy.
How were community needs met?	In partnership with the Area Health Service, we have established a community integration committee to develop a consultation strategy to determine the health needs of the community. The committee includes a representative from the Aboriginal Community Controlled Health Service, a carer representative, a general practitioner and a dietician. This committee will plan and outline recommended integration processes as part of the consultation strategy to help us meet community needs.
Recommendations	<ul style="list-style-type: none"> • Continue with approaches to integration that have worked in the past. Liaison committees, opportunity for joint planning, joint programs, and seeking areas of commonality are all central to this. • Ensure we continue to be truly representative of our GP constituents, and represent in our dealings with the Area specific issues they raise as a means of ensuring quality continuity of care. • Work with neighbouring divisions where possible to strengthen our voice. • Develop a strategy to encourage a larger population of GPs in the Division to provide data through surveys etc.