Quality Feedback: A Key Component to Facilitating General Practice / Primary Care Multi-disciplinary Systems Integration

CENTRAL VICTORIAN HEALTH ALLIANCE

Aim….

- To improve health outcomes for patients through enhanced feedback systems.

Objectives….

- To improve the frequency and quality of feedback to GPs
- To develop quality feedback systems
- To improve relationships between GPs and other primary care practitioners.

Key Activities….

- Develop inter-agency agreements about how, when and what to feedback:
  - The *CVHA Feedback Protocols*
  - "Quality" indicators or standards
- Develop & trial a functional feedback system eg
  - A Feedback Pathway
  - Communication systems
  - A Feedback Form

How?…

- Pre & post consultations:
  - General Practices in Mount Alexander Shire
  - District Nurses, HACC Service and ACAS
  - 2 DGP Consumer Reference groups
- Information sessions for participating staff
- 2 month trial - 122 GP feedbacks sent
- Evaluation: Functional? Quality?
- Refine Protocols, Pathways & tools

Feedback definition…

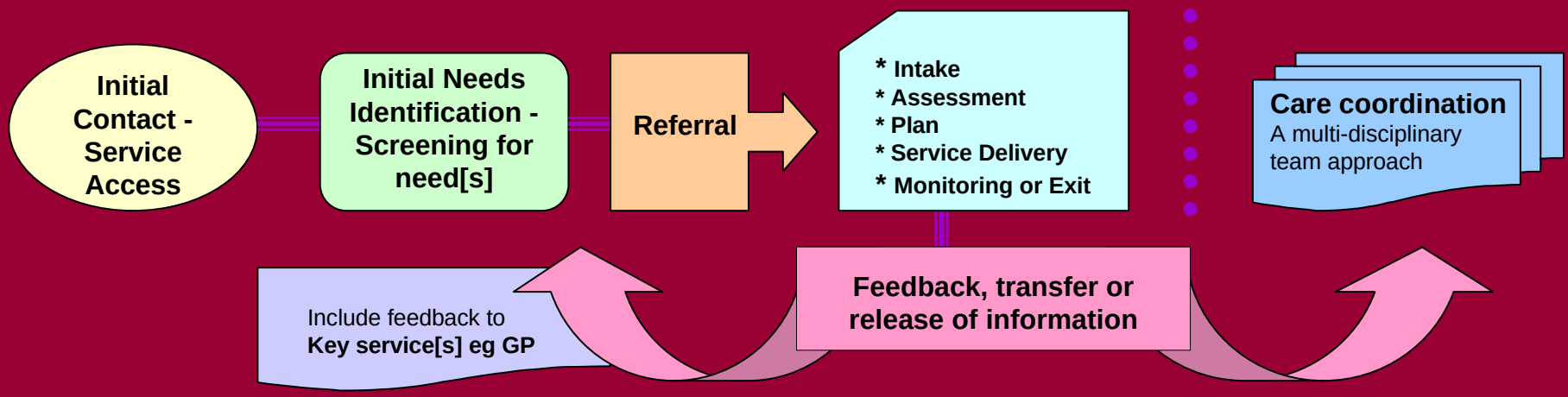
Feedback is an information exchange that is in response to any **new** or **changed** personal, health and care information.

Feedback is any exchange of shareable consumer information from across the spectrum of care that is not a referral and not multidisciplinary care plan.

Feedback includes…

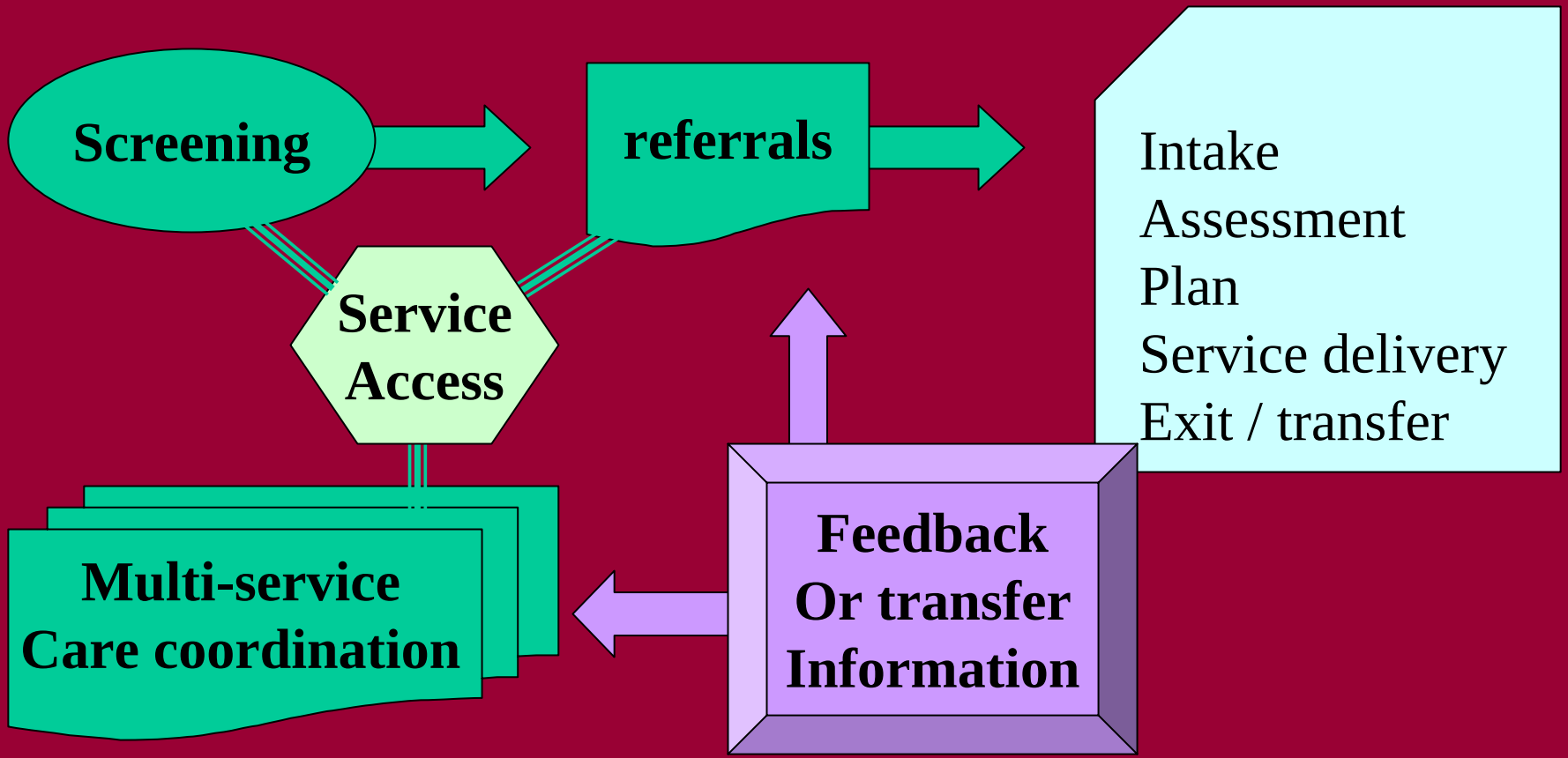
- New or changed consumer demographic information
- New or changed risks or alert information
- New or changed screening outcomes
- Referral and intake outcomes
- Assessments and planned care outcomes
- Exit or discharge or transfer information

Service Coordination Model



The common feature to these processes is **information:** consumer **information exchange** or service and health / care **information provision**

Key components of inter-agency activities

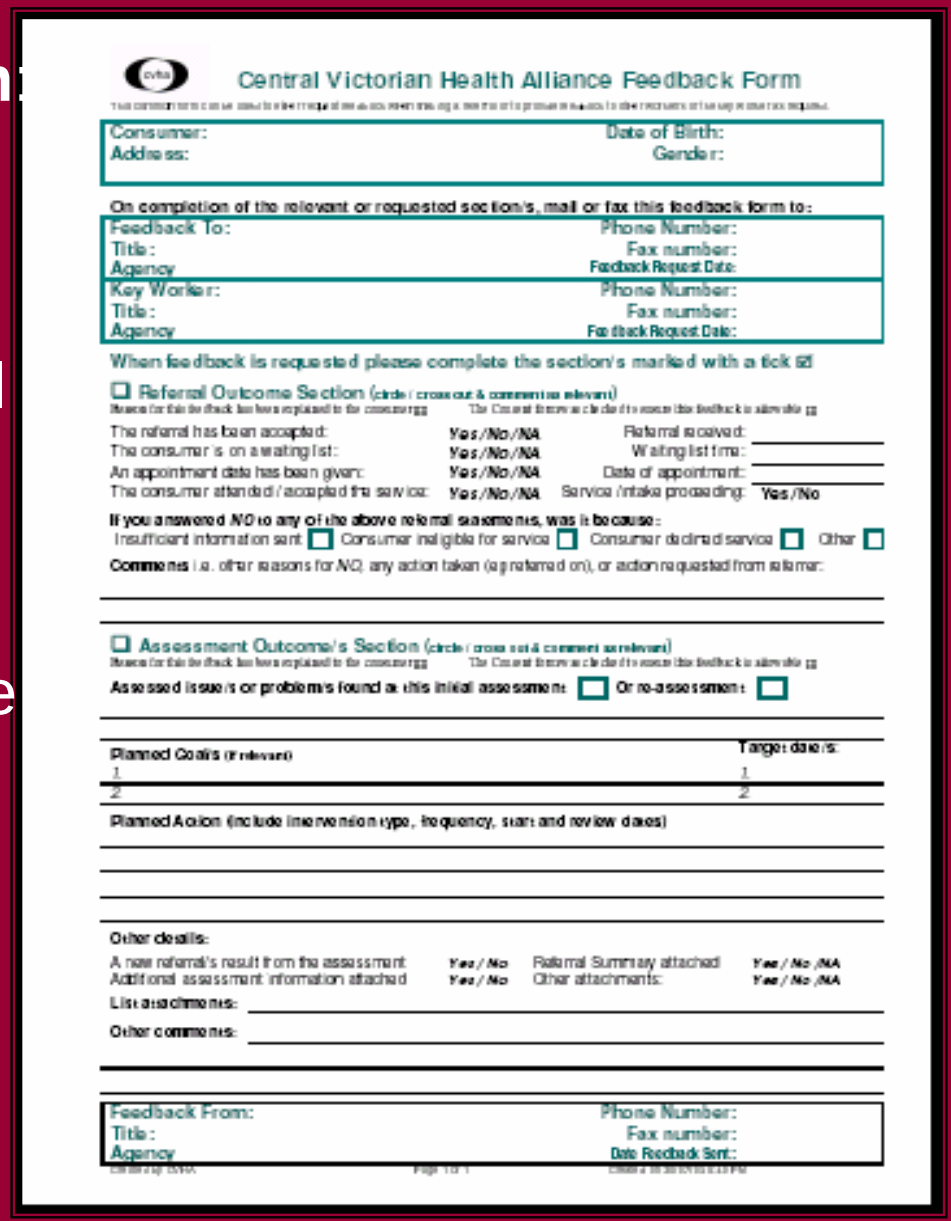


Quality feedback practices = providing meaningful feedback …

- Send as soon as possible, depending on urgency
  - If **urgent phone** and talk directly to the Service Provider
  - Otherwise within 7 days.
- Tailor the feedback information (content) to the needs of the receiving service
- Ensure legible, jargon free information
- Keep details succinct
- Keep a consistent format e.g. CVHA Feedback Form
  - Problem/s; goal/s; goal date/s; action/s; additional info
- Build on information over time

The CVHA Feedback Form:

- Promotes feedback of referral and / or **assessment** outcomes
- Can be initiated at referral or by Intake or the **Assessment Service**
- Has Privacy checkboxes
- Can be used to exchange **information required for multidisciplinary care planning**
- Has data that fits with:
  - **DHS Service Coordination Care Plan**
  - Existing GP Feedback Forms
  - Existing referral feedback forms and MDS requirements.



Central Victorian Health Alliance Feedback Form

Consumer: Date of Birth:
Address: Gender:

On completion of the relevant or requested section/s, mail or fax this feedback form to:

Feedback To: Phone Number:
Title: Fax number:
Agency Feedback Request Date:

Key Worker: Phone Number:
Title: Fax number:
Agency Feedback Request Date:

When feedback is requested please complete the section/s marked with a tick ☑

☐ Referral Outcome Section (circle / cross out & comment as relevant)

The referral has been accepted: Yes / No / NA Referral received:
The consumer is on a waiting list: Yes / No / NA Waiting list time:
An appointment date has been given: Yes / No / NA Date of appointment:
The consumer attended / accepted the service: Yes / No / NA Service /intake proceeding: Yes / No

If you answered *NO* to any of the above referral assessments, was it because:
Insufficient information sent ☐ Consumer ineligible for service ☐ Consumer declined service ☐ Other ☐

Comments i.e. other reasons for NO; any action taken (eg referred on), or action requested from referrer:

☐ Assessment Outcome/s Section (circle / cross out & comment as relevant)

Assessed issue/s or problem/s found at this initial assessment: ☐ Or re-assessment: ☐

Planned Goal/s (if relevant) Target date/s:
1 1
2 2

Planned Action (include intervention type, frequency, start and review dates)

Other details:
A new referral's result from the assessment Yes / No Referral Summary attached Yes / No / NA
Additional assessment information attached Yes / No Other attachments: Yes / No / NA
List attachments:
Other comments:

Feedback From: Phone Number:
Title: Fax number:
Agency Date Feedback Sent:

What did they like? …

The GPs liked

- Being kept informed
- An “easy to scan” form; “only takes a minute”
- Form that has “Got the right headings”:
  Problem; goal & date; actions
- Details kept succinct – “not reading an essay”
- Able to use details “at the patient’s next visit”
- Tool for care-plan teams.

Service Providers liked

- 1 system to inform all
- Pre-formatted – didn’t have to construct a letter
- Brief but individualized
- “Easy to fill in” form
- Not having to chase GPs for non-urgent feedback
- Being informed by others
- Written copy of message – not relying on others.

Sustainability ?…

For GPs

- **Don't over feedback** – condense processes
- Don't send "glib" info for the sake of filling in a form
- Feedback **assessment outcomes, changes, or when action** is needed
- **Link** to GP care systems
- Review and support the Practice's internal processes for receiving & giving feedback.

For Service Providers

- Keep feedback **systems** as **uniform** as possible
- Allow **time for training**
  - Focus on **quality** practices– not the form
  - Include discussion on local **implementation**
- Review or develop Policies and Procedures for receiving and sending feedback – met Protocols
- Build on existing systems

Since the trial….

- All services involved in the trial continue to use the CVHA Feedback form and process to inform GPs of referral and initial assessment outcomes.
- One participating Service Provider informs other service providers and GPs involved in a persons care of any relevant changes to care at any time.
- Other Service Providers in the CVHA catchment are reviewing and changing their Feedback Processes to align with the CVHA Protocols. This is a slow incremental process.

General Practice / Primary Care Agencies Systems Integration Framework: A Patient Centred Approach

Premise: **Goal is to improve patient/consumer health outcomes**

Terminology: *General Practice not just GPs *Systems integration not just engagement
*Respect language differences *Multi-disciplinary care - not just care planning

Patient Centred Approach
*Common Goals *Enablers & Barriers
*Commonalities and Priorities

Systems
*Micro - individual patient treatment systems
*Intra & Inter agency systems *Macro systems

Identifying and Understanding of the Benefits for the Patient at a:
*Micro/patient treatment level; *Intra agency/practice level; *Inter agency level; * Macro level

Ease Of Information Flow
*Easy, quick, meaningfully patient /service info flow
* Supported or impacted on by IM systems/ tools; Links to software; Relationships and culture.

Understanding of Requirements
* Documentation *Eligibility; *Funding

Positive Relationships are:
* Inclusive of all relevant persons
* Meaningful, Respectful, Trust based
* Promoting of ongoing contact and connections.
* Consider understanding of cultures.

Good Communication
* Meaningful and adequate; * Easy
* Supported or impacted on by IM systems/ tools; Links to software; Relationships and culture

Sustainability
- View General Practices as a member of the inter agency system, not as outsiders
- Ensure work is collaboratively driven & owned; focused & targeted; builds on existing work.