

APOLLO MEDICAL

Staff Monthly Report

November 2015

Mary Baldwin

The monthly report provides a single document incorporating the various reports and information which is tracked each month and is thought to be of interest to the staff. Questions are invited from all staff on the information presented in the report. Answers to any questions will be published in the following month report. In addition staff are able to request additional information to be included in the report through discussion with their team leader or Mary.

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Our Mission- You Matter, We Make it Happen

We are committed health professionals who adhere to, and are supported in achieving the finest professional standards in delivering consumer focused primary health care of the highest quality to our community.

Our services are seamless, proactive, responsive, integrated, and timely, and are delivered either directly or in partnership with other health professionals.

Our values

We act with:

- Integrity
- Commitment
- Skill

We treat people with:

- Compassion
- Respect
- Fairness

We are:

- Accountable
- Reflective and Inquiring
- Striving for excellence

The five pillars' strategic goals are:

1. Finance-Create a profitable sustainable business
 - Increase revenue
 - Hold costs
2. Growth-Grow the business
 - Increase the number of enrolled patients by 1,000 per annum
 - Retain our enrolled patients by increasing their satisfaction with the service
 - Recruit new patients through the reputation of the service we provide our enrolled patients
 - Secure more aged residential facilities
3. Services-Provide patients timely access to highly competent personalised services- always
4. Quality-Develop a reflective and responsive quality improvement culture amongst all staff
5. People- Engage each member of staff to deliver the strategic imperatives

Staff- Engage each member of staff to deliver on the Apollo point of difference “You Matter, we make it happen”

Staff changes in November

We welcomed	We farewelled
Anjolie Giri	Registrar Lisa Hillgan

Staff Education

Provided in November	To be provided in December
CPR training HDC training Triage Training	Triage Training

Stop light Report from Rounding



Things which are working well
Receptionists are booking well, they are thinking ahead, Excellent job!
MAs are very willing to help, The MAs are becoming very useful
The Fairview team work is excellent, the monthly meetings are very helpful

	Issues brought up in rounding	We can't do this suggestion now and here is why:
		Nil
		We are working on improving this issue
	The amount of paperwork for the doctors is overwhelming	A survey has been circulated to the GPs to inform the template setup for each GP with their preference within the constraints of the practice A number of inbox documents have been identified for MA or Nurse management
	There is a privacy issue with the additional computer at the desk in Urgent Care	The nurses and MAs have been coached in logging out of Medtech prior to leaving computer; this risk will continue to be monitored.
	Difficulty finding a nurse with the new system (MAs and the nurses templates are booked)	The nurses templates have been change to 20 minute appointment slots to increase the appointments and provide sufficient time for the consultation The MAs will help arrange an appointment with the nurse. The nurse appointment templates also have 5 minute slots marked telephone consults- GPs can drop patient names into these slots and indicate in the Patients Medtech daily record what is required.
	Book on day appointment slot used by patients other than those enrolled with doctor	It's a good idea to teach your pts how to book with you (in advance for routine) and advise them of the book on day appointments for urgent needs. When appropriate we can advise the reception to keep the appointments for patients enrolled with the GP. But we are balancing providing patients with a GP appointment and booking the patients with their own GP- it is a tricky manoeuvre
	Medtech freezes when completing CVD risk assessments	Medtech will freeze if you click the mouse when it is in the process of loading data into the online form. So hold off on the clicking
	The computers are slow	We are moving to a new platform.

		The staff using the test environment report significant improvement in the speed of Medtech. Migration to the new platform will be completed next week.
	There needs to be two doctors in UC to 8 pm	I will monitor the workload over the summer months and will amend the staffing cover in response if the workload is sustained
	The number of telephone calls we receive is getting greater and greater	Analysis of phone contacts and review of staffing allocated to peak call times. Weekly monitoring of calls We are in the process of implementing a new and more user-friendly patient portal, which will allow patients greater access electronically and will reduce the number of phone calls
	There is no time in the consult for the doctors to sign patients up to the portal	The receptionists and MAs are very happy to sign the patients up. Just ask the patients to discuss with the receptionists on the way out.
	The communication process through Health 365 is not clear	We will work on this issue in the coming weeks
	The communication pathway to the nurse is not clear	Communication pathway printed and placed in clinic rooms but if uncertain talk with nurse or MA
	Communication between management and staff needs to be improved	Meetings <ul style="list-style-type: none"> • Monthly Full Practice Quality Improvement Meeting • Monthly General Practice and Urgent Care Team-leader meetings • Monthly Reception team meeting • Monthly Nurse team meeting • Bi-monthly doctor team meeting Rounding monthly by Manager/Team-leader Staff Report- published monthly The Staff Intranet is now launched, please contribute with any information you want sharing
	Access to GP appointments	I acknowledge it is very difficult for patients and receptionists to make satisfactory bookings at present. In addition December is traditionally a very stressful month for everyone. I recommend encouraging patients to sign up to the Health 365 and using the online facilities when possible. We have closed the medical centre to new enrolments until the two new doctors start in Jan 2016. This is to avoid irritating new patients by enrolling them but then not being able to give them an appointment.
	The receptionist would like more training	Training requests for <ul style="list-style-type: none"> • Health 365 • De-escalation • The scanning process These training needs will be addressed in the new year or individually
		We have fixed it!
	Medical Administration	The medical administrators are widely appreciated and sorely missed when absent
	Pressure on GPs from large enrolled numbers	Being able to close to new enrolments has reduced the pressure

Health and Safety

Risk log

Risk	Eliminate, Isolate or Minimise? E, I, M	Action taken to manage hazard	Last review	Next Review
Risk of Staff being exposed to aggression or abuse	M	Policy and Procedure Manual Zero tolerance to aggression or violence Policy-	Jun-15	Jun-16
Risk Staff are exposed to physical risk from patients or members of the public	M	Security Management- Apollo Policy and Procedures	Apr-14	Due
		Staff training in de-escalation techniques	October/Nov2015	
Risk Staff are exposed to infections and diseases	M	Policy and Procedure Manual Infection control Manual	2014	Due
		Employee Handbook Vaccinations to staff, free or subsidized <ul style="list-style-type: none"> • Flu • Pertussis • Shingles 	2014	Due
Visitors are exposed to infections and diseases	M	Infection control policy Clean children toys weekly Provide masks and advice in waiting room Provide hand sanitiser at reception	2014	
Staff are exposed to the risk of developing Occupational Over-use Syndromes	M	Application of ACC Guideline for using Computers	Jun-15	Jun-16
Staff and visitors are at risk of tripping or falling Spills Floor hazards- children's toys Changes in levels between outside and inside	M	Clean spills promptly, place sign warning of wet floor Keep children's play area tidy Signage to alert of changing level		
Staff are at risk of needle stick	M	Policy and Procedure Manual Needle stick -sharps	Jul-14	2015

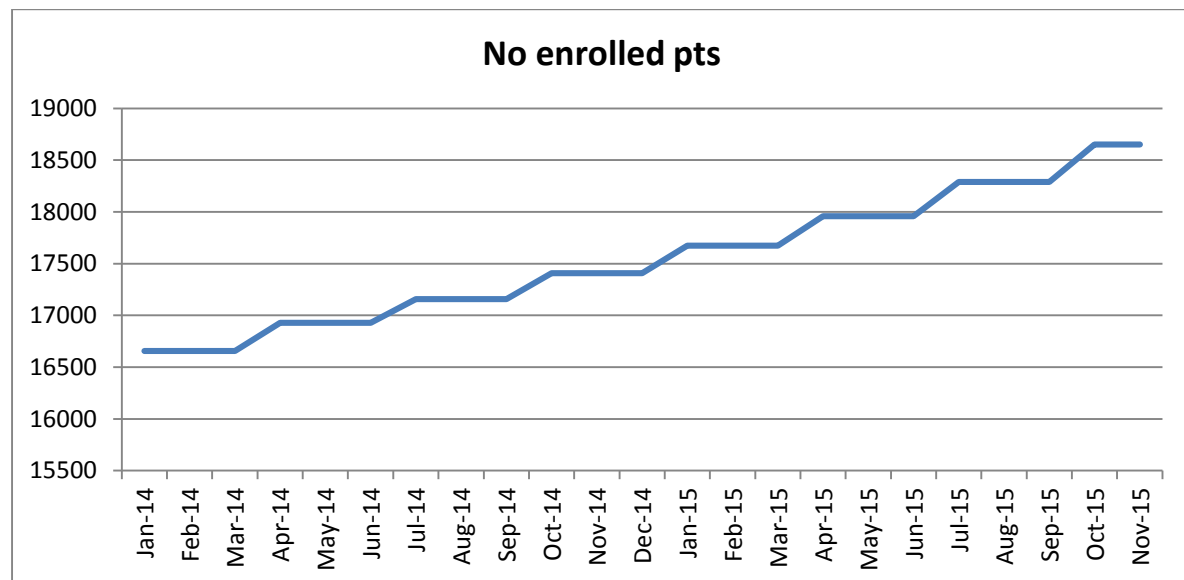
injury		injury. Sharps disposal containers in the consult and treatment areas.		
Staff and visitors are exposed to vehicle risks in the car park	M	Mirror placed on corner of drive way	Nov-15	
Staff are exposed to security risks when leaving the building at night.	M	Policy and Procedure Manual Security Management	Apr-12	
Staff are at risk of electrical shock when using the defib	M	Safe use of defib in CPR training	ongoing	
Oxygen tanks at risk of falling over	M	Bungy ties in place	Nov-15	
standing in one place tiring	M	mats under standing desks	Nov-15	
No hot water in specialist suite nurse room	E	Water luke warm, piping needs reorganising	Nov-15	Resolved Dec 115
Risk of burn from Liquid nitrogen	M	Training of staff in use	Nov-15	
		Availability of Protective equipment		

Risks reported in November (0)

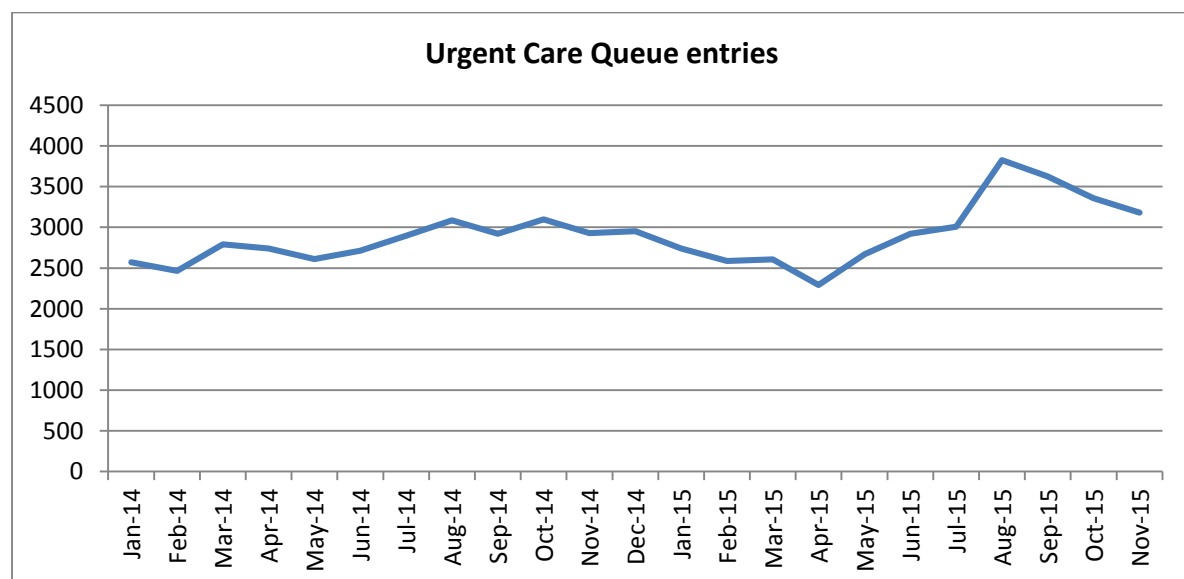
Growth: Grow the Core Business- Integrated Family Health Care through General Practice and Urgent Care

Growth in enrolled population

The practice data base is analysed and reconciled by Ministry of Health every three months. The number of enrolled patients is then used for the funding allocation for the following three months.



Growth in Attendees to Urgent Care



Service: Provide patients timely access to highly competent personalised services- always

New services- Wound clinic

The nurse Wound Clinic (template code WC)

Aim-

- To provide consistent management of wounds
- Manage the presentation of patients into UC for wound care

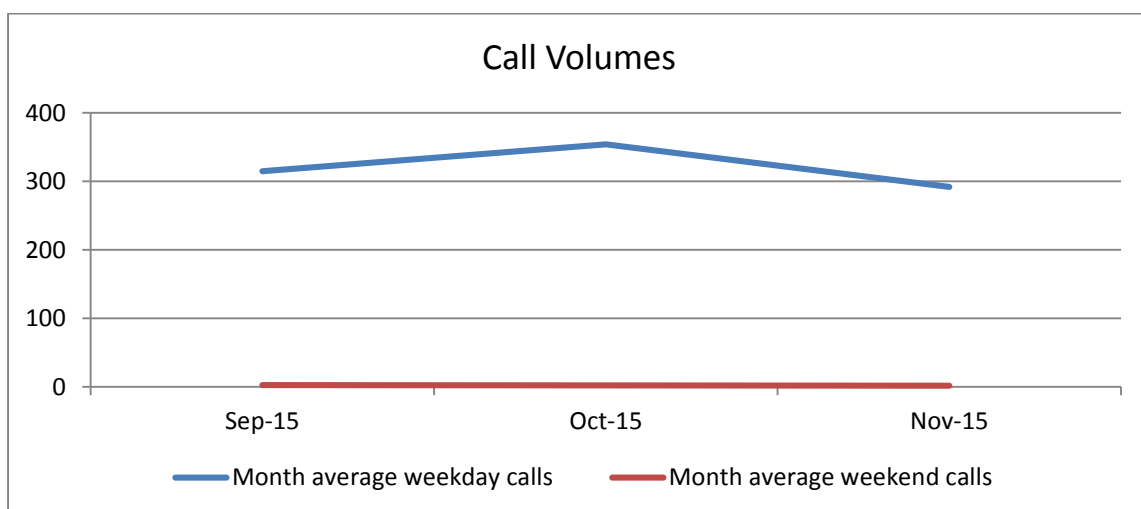
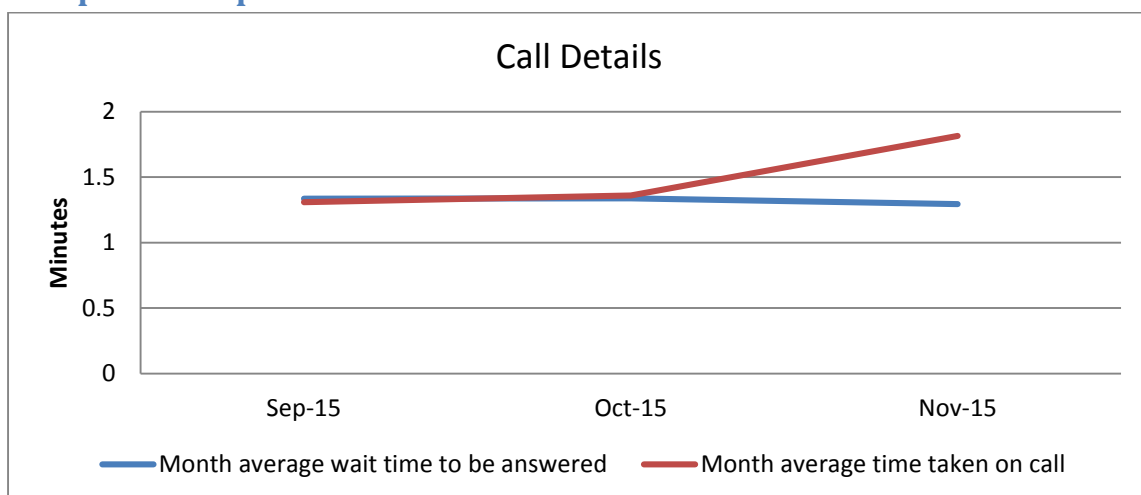
Frequency

Three days per week, Mon, Weds, and Friday

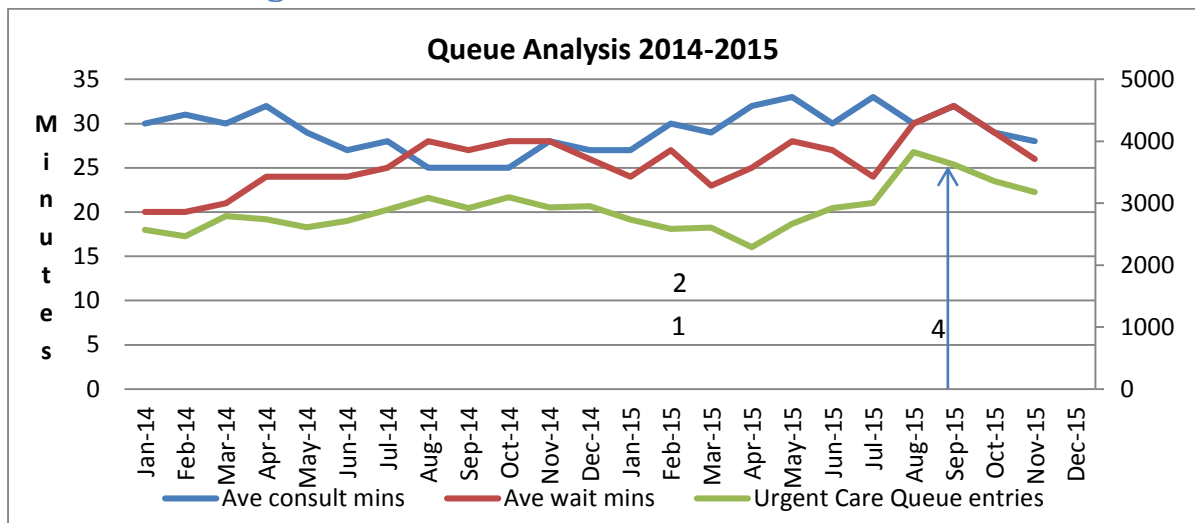
Nurses

Alice, Veronica, and Vanessa

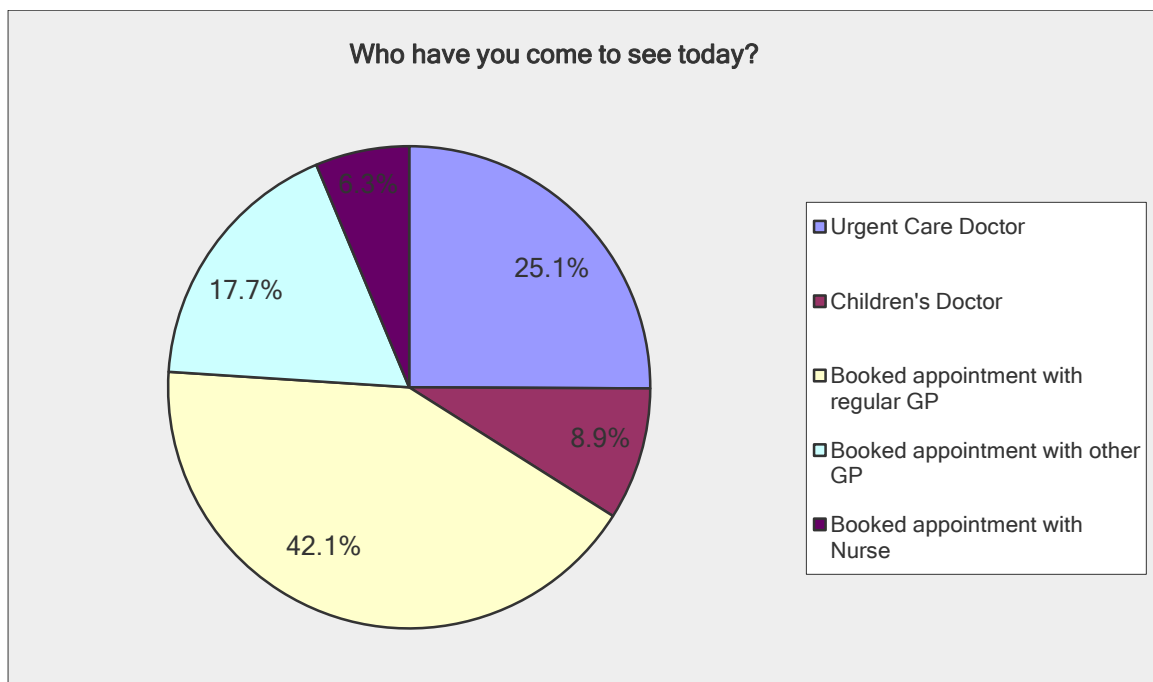
Telephone response



Patient Flow- Urgent Care



Access to Preferred GP



Patient Feedback

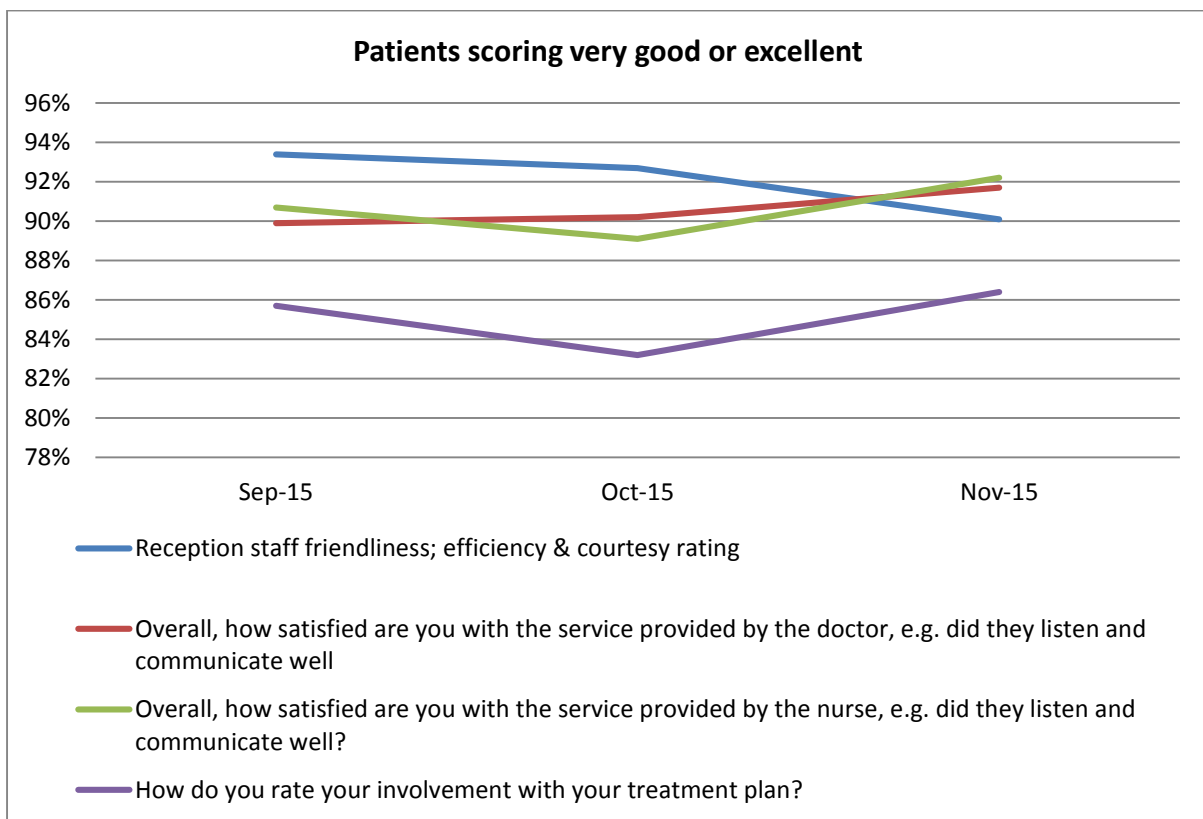
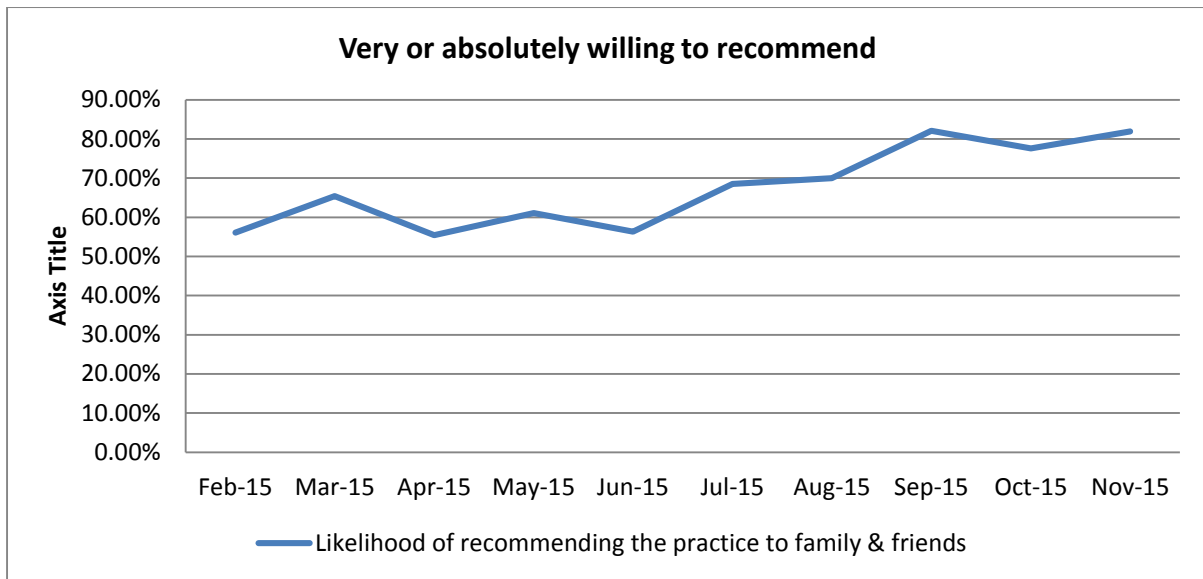
Complaints

Patient complaints in November (5)

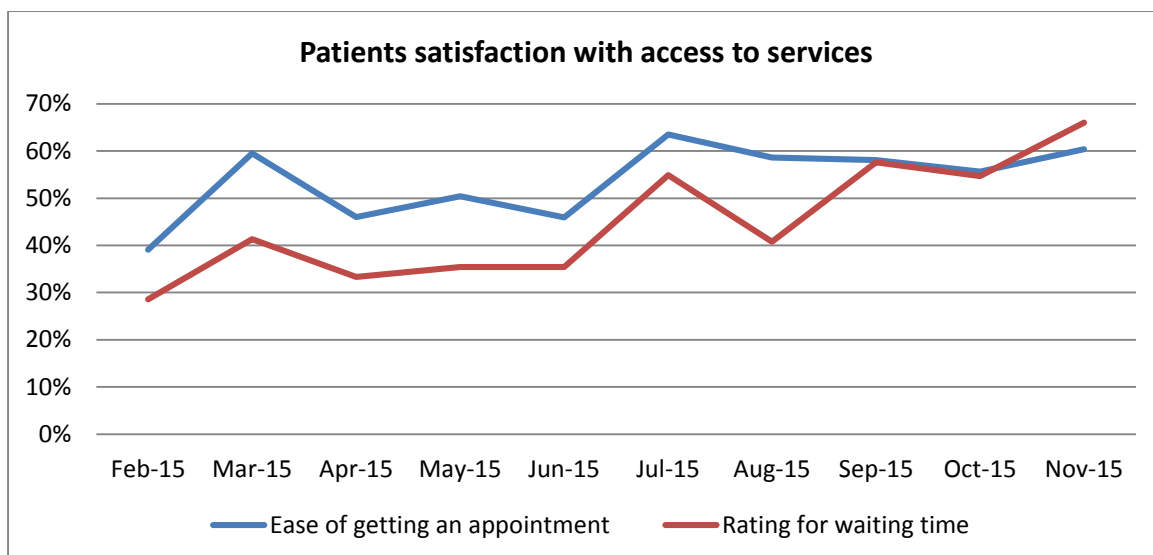
Patient complaint	Our learnings
Mother felt nurse was rude and uncaring to daughter, and appeared not know how to fit a moon boot	All of these complaints are problems with communication. Each of the staff members had a different perception to the patient on the interaction. Effective communication is key. Recommended reading <i>Have you really addressed your patients concerns?</i> Attached
Communication in the consult pt carer felt patronised and ashamed (English was a barrier)	
Unsatisfactory consult in UC, very brief, no communication with patient. She had no confidence in the diagnosis, no explanation on why reasoning for the diagnosis, manner non participatory and did not instill confidence	
Nurse insensitive to patients discomfort, staff not upheld the usual level of compassion and sensitivity	
Advice to calling for an appointment to enrol that she could not have an appointment as she is not enrolled patient	
Prescribed Amoxil when allergic to penicillin's- resulted in missing her elective orthopaedic procedure	Reminder to check alerts and drug warnings when prescribing

Patient Satisfaction Survey

The following graphs track the percentage of patients who score “*very or extremely satisfied or highly likely or absolutely willing to recommend*”. The patient satisfaction scores are very high with 90% + respondents scoring their satisfaction with staff as very good or excellent. . They indicate a consistently high level of patient focused care by every one of you. Thank you.



The patients' satisfaction with access to services and waiting time continued to improve in November despite the pressure on the booked GP appointments and the demand through Urgent Care. 60 and 66% of patients reported very or extremely satisfied on these two indicators in November.



Patient comments (verbatim)

Positive feedback	Mixed feedback	Critical feedback
20 patients left positive comments, they appreciated the: <ul style="list-style-type: none"> • Caring doctors • Nurses • Receptionists • Overall service 	5 left mixed comments	18 patients left negative comments, they mostly were concerned with the: <ul style="list-style-type: none"> • Waiting time • Access to booked appointments • Telephone communication
Patients suggested <ul style="list-style-type: none"> • Additional reading material in the waiting room • A clock in the waiting room • More training on the use of Health 365 		

Quality- Provide evidenced based primary care for every patient, every time

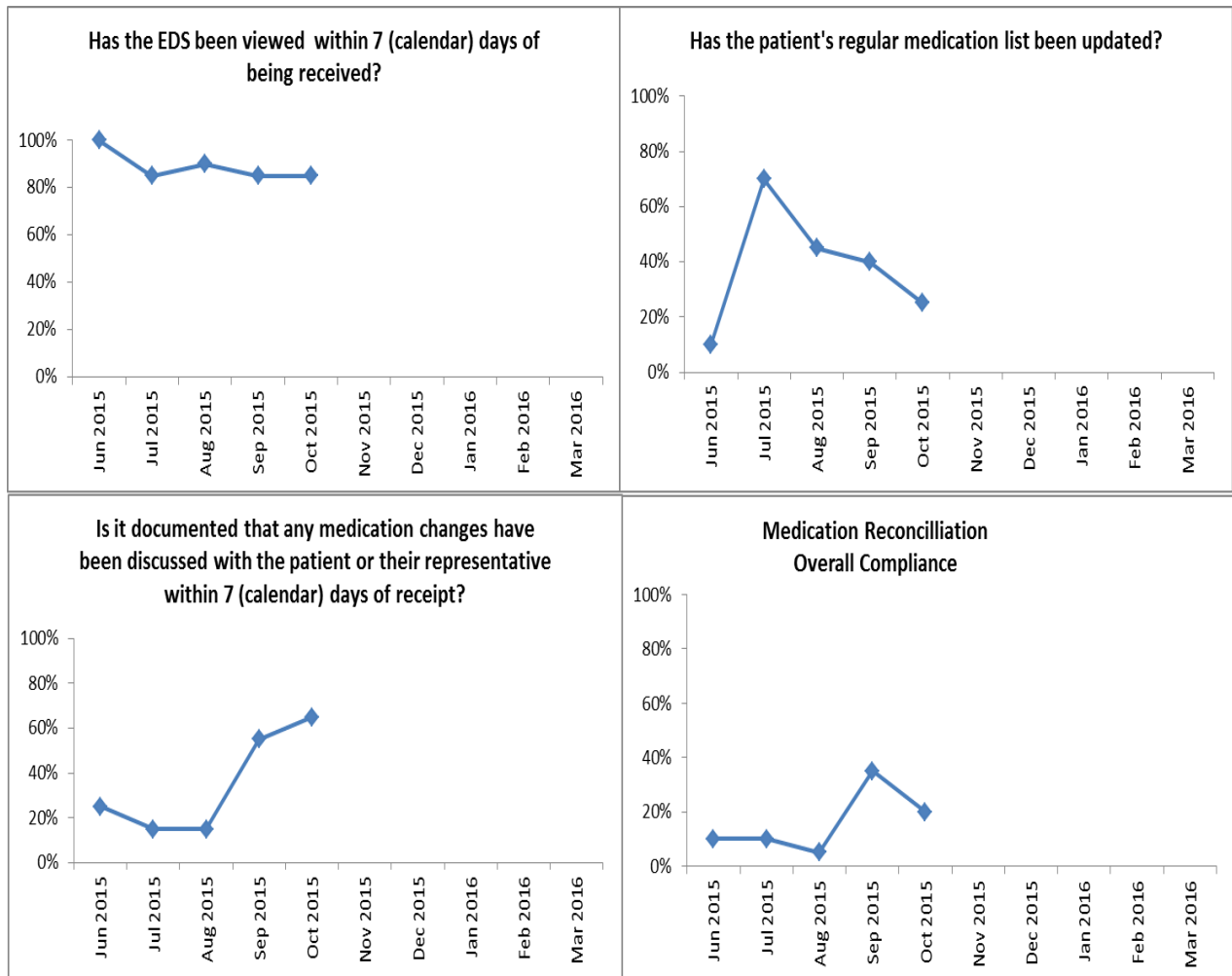
Quality Improvement Activities

Safety in Practice Medication Reconciliation process

Medication Reconciliation Bundle:

1. Doctor views EDS and identifies any long term medication changes
2. Reconciles drug list and updates prescription
3. Links to a classification
4. Hotkey inserted to comment box in EDS

5. Medication change discussed with patient
6. Whole process to be completed within 7 days



The major reason preventing full compliance is the medication is not linked to a classification. Derek will meet with all GPs individually to check everyone knows this process.

GP process for Medication Reconciliation for outpatient clinic, ED and hospital discharge, and specialist letters

1. Update Medtech record on any long term medication introduction or change
Enter into the comment box the appropriate comment hot key
 - ◆ **.chna**—change in long term medication no action required
 - ◆ **.htci**—change in long term medication patient to come in
 - ◆ **.chph**—change in long term medication, patient phoned
 - ◆ **.nch**—no change in long term medication
2. Complete action by tasking to MA or Nurse to followup

Learnings from Incidents

Reported Incidents in November (1)

Incident	Issues	Response
<p>Receipt for the HSV/VZC swab commented on as normal and filed, patient accessed results via portal and thought her test was negative.</p> <p>When the test came back and she was informed was very upset as she had understood it was negative- had told her partner etc</p>	<p>Patients who are enrolled in Health 365 can now see their results when filed.</p>	<p>Clarification The use of the hot keys provides a standardised comment response but they do not cover all situations.</p> <p>Use free txt in the comment box if appropriate</p>

Performance against IPIF targets

2014-2015 Quality Goals	Indicator- Unit of measure From IPIF Reports	As at 30 Nov 2015	Rating Target	As at Sept 2015
Reduce the incidence of smoking	% of patients who smoke and have received smoking intervention	91%	>90%	81%
Reduce the incidence of CVD	% of eligible pts who have a CVD risk assessment	86%	>90%	88%
Reduce the incidence of cervical cancer	% of eligible patients are up to date with cx screening	70%	>80%	69%
Protect the population from infectious diseases	% 2 year old immunisation completed	92%	95%	93%
	% 8 month immunisation coverage	96%	95%	97%

Achieving the smoking intervention target is fantastic- special thanks to Aimee Caudwell for her determined effort in helping our patients quit.

Opportunistic health care

The graphs below track the number of people who attended the medical centre, who needed a CVDRA, smoking update or brief intervention and did not get it. You will see significant improvement in the provision of smoking interventions. Opportunistic CVDRA however needs to be

improved.

