Focus on child health:

A quality improvement initiative

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Abstract

This is a report of a quality improvement programme implemented in the Waikato.

Aims

The objective of the programme was to assist general practices to take a quality improvement approach to the systems in their practices that affect the care provided to children.

Methods

The programme was based on two workshops, workbooks for use at practice planning meetings, phone call follow-ups and a team approach.

Results

The programme was oversubscribed. Fifteen practices participated in the programme and found the workshops very helpful. Following the workshops practices made an average of three changes each to practice systems so as to ensure that their care was more accessible, continuous, comprehensive, family-centred, co-ordinated, compassionate or culturally effective.

Conclusions

The type of simple quality improvement programme described here can assist practices to make considerable changes to their practice systems that result in improved care for patients.

Key words

Child health, quality improvement, systems approach

Background

A review of PHO Child Health Services in the Waikato[1] was commissioned by the Waikato DHB to evaluate to what extent the 'medical home' was operating for children in the Waikato. The Medical Home concept was developed by the American Academy of Paediatrics[2] based on the belief that the medical care of children should be accessible, continuous, comprehensive, family-centred, co-ordinated, compassionate and culturally effective. The Waikato review showed that overall services were of a high standard with a commitment by providers to caring for the children enrolled in their practices. There were, however, a number of areas of concern that could be addressed, particularly in relation to systems within general practice, rather than the quality of clinical care.

As a result of discussion of the report, Waikato DHB decided to fund a quality improvement programme, with the aim of encouraging practices to enhance health outcomes for children through a systems approach.

In a systems approach to quality improvement one considers inputs, transformations (or conversions) and outputs.[3] If the general practice is seen as a system, then a child needing health care (the input) contacts the practice, the systems within the practice cause some transformation, and this then affects the health status of the child (the output). These transforming activities include the clinical care provided within the consultation, but also include other practice activities such as whether sick children can be seen on the same day, whether the child sees the same GP each time, and whether care is well coordinated with other providers.

This article provides a description of the Waikato programme in the hope that (a) others may also adopt the child health improvement activities made by practices in this project,

Table 1. Summary of new initiatives

Area selected	Examples of new initiatives implemented
Access	Triage system to ensure urgent children are seen using a team approach – receptionist, nurse, GP Slots kept in appointment schedule for urgent sick children No longer mention bad debts when sick children brought in Satellites clinics and help with transport Solving access problems by dealing with town-wide workforce issues
Continuity of care	High needs children have flagged files so that receptionist knows to fit in with usual GP if at all possible Patients educated about importance of continuity of care
Gaps in care – conception to six wks postnatal	Entering a recall at the time of EDD so that congratulations card, immunisation information and reminder re six wk check can be sent at birth. Also check birth notices, WDHB notifications. Providing free GP six week check prior to immunisation (many other practices already doing this)
Communication with midwives	Development of referral letter template for sending to midwife at beginning of pregnancy Face-to-face meeting with local midwives Practice list of midwives developed for patients
Communication with Plunket	Face-to-face meeting with local Plunket nurses
Communication with families	All staff now encourage patients with poor English to bring in a family member or friend to translate, resulting in more effective communication and education Better systems and templates developed for providing medical certificates to parents caring for sick children and for sick school-aged children
Coordination of services	Now referring patients with social problems to Strengthening Families, Family Start etc.
Follow-up	Recalls in system for follow-ups e.g. ear checks after acute otitis media Hospital ED and discharge letters reviewed, follow-up phone calls and education sessions arranged with patients with new diagnoses or medications (e.g. asthma) A&M consultation summaries checked and patients followed up Exploring ways to address lack of information from some A&M centres re patient visits
Outreach immunisations	Development of new service – ensuring forms gather all the necessary data Development of efficient systems for referrals, follow-up and feedback
Well child	Happy birthday card and immunisation reminder to all four-year-olds Ensuring all children have well child checks by following up and providing checks for those who have missed out
Dental care	Recalls at 2.5 years to encourage enrolment with dental services or discussion at 15mth immunisation Health eating information at five mth immunisation

and (b) others may find this programme a useful approach to promote quality improvement, within either child health or other clinical areas, e.g. geriatric care.

Objectives

The objectives of the programme were to:

- Enhance general practice skills in systems development and quality improvement
- Assist practices to review their services for children and look for areas of potential improvement
- Ensure the care of children in general practice is accessible, coordinated, continuous, comprehensive, culturally effective and family-centred
- Allow for flexibility of approach so that practices could select those initiatives of most importance to their practice population.

Description of programme

Following discussion with key people from each Waikato PHO, a notice went out to all Waikato practices via their PHOs, inviting them to participate in the Focus on Child Health programme. Practices were required to send at least two members, including a GP and either a practice nurse or practice manager, so as to encourage a team approach.

Approval was obtained from the RNZCGP for GP participants to receive 30 Quality Improvement MOPS points for participation in two cycles of planning and review.

The initial half day workshop covered:

- how to implement a QI systems approach
- discussion of the issues and possible solutions to problems with continuity of care, communication between primary providers, loss of contact with pregnant and postnatal mothers, and high needs children
- input from the local manager of Strengthening Families and two

tamariki ora nurses from Te Kohao Health on their roles and relationship with general practice
- how to use the workbook to promote changes at the practice level.

Each practice was provided with a Focus on Child Health Workbook which included advice on how to implement the systems approach, a summary of the discussions at the workshop and templates for recording their plans for making systems changes. The templates included the following headings:

- **Topic**
- Date plans made, date reviewed
- The nature of the **problem** being addressed
- The **actions** planned to address the problems (including by whom and by when)
- A **review** of whether the actions had taken place and what difference they had made.

Support was provided to each practice to implement their initiatives by contacting each practice six weeks after the workshop and again prior to the second workshop.

The second workshop covered:

- review of progress and sharing good news stories
- exploration of three more areas: communication with children and their whanau, systems issues in regards to clinical management and caring for transient children
- speakers from Community Social Services, Child Protection Advisory and Support Service, and Family Start discussed their roles and relationship with general practice.

Results

Practice participation

A total of twenty practices from the Pinnacle, Waikato Maori Coalition and Hauraki PHOs applied to participate in the programme, of which the first fifteen were accepted (places were limited due to the need for an interactive format and funding limitations). Thirteen practices attended the second workshop and, of those who did not, one had put in place some new initiatives following the first workshop.

Participant evaluation

Feedback from participants regarding the workshops was very good. On a five point scale ranging from 1 = 'waste of time', to 5 = 'well worth the time', the programme was rated at 4.1.

When asked what the best aspect of the programme was, 63% mentioned the sharing of ideas with colleagues, for example:

'Being able to have time and resources to concentrate on issues of child health and hearing others' ideas, problems and solutions.'

For 32% the best aspect was finding out about the other primary health care providers who could help with care of patients.

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Participants were asked what they would say to a colleague wondering whether to participate in a similar programme. All were positive and encouraging with comments such as:

'Great chance to see what other practices are doing and participate in current topics of discussion to improve the health of children in our community.'

'It will help your practice – and give you opportunity to review what you do.'

One of the contributing speakers wrote a thank you letter for the opportunity to participate, and commented:

'It was heartening to see so many health professionals meeting and discussing the importance of non-clinical fundamentals, such as the emotional wellbeing of patients.'

Practice initiatives

In total 14 of the 15 initial practices used the Quality Improvement systems approach in the workbook to make changes within the practice. In terms of the number of changes reported, the average was three per practice, with the range from one to six.

The initiatives are summarised in Table 1 under content areas.

Results of new initiatives

Many practices were aware that parents sometimes struggled to get an urgent appointment for their sick children and so put in place new triage systems. These involved receptionists (identification of potential need), nurses (phone and face-to-face assessments) and GPs (fit in consultations). The new systems were working well with good feedback from patients. Two practices wrote:

'No more complaints about parents not being able to get urgent appointment'

'Staff feel in more control of the situation, truly urgent pts are seen'

The practice that stopped reminding parents of bad debts when they brought sick children in have noticed that this change has resulted in children being more likely to be brought to the practice when sick rather than being taken to another GP or A&M clinic. Flagging the charts of high needs patients to ensure they are fitted in with the same GP each time has helped continuity of care in larger practices.

There was a common desire to address the problem of patients being lost from general practice contact from time of pregnancy confirmation to end of post natal period, with concerns also about the effect of this on six week immunisation levels. Many practices put in place initiatives to improve communication with midwives and to contact patients at the time of birth to offer congratulations, support and information about the six week check and immunisations. As a result practices noted the following changes:

'We now have a very comfortable working relationship (with local midwives), are able to offer peer support when needed and discuss professional issues re mutual patients.'

'As a result of writing referral letters to them, two midwives are now communicating well at four to six weeks when they discharge patients. Two more are becoming more prompt.'

'First time mothers who haven't attended the practice for many years themselves are now bringing their babies in on time. Positive feedback from patients.'

'So far 100% attendance rate for six week check and immunisations.'

Conclusions

The programme was successful in that more practices were recruited than there was space for in the programme, there was a very low drop out rate and practices enjoyed the workshop sessions and found them helpful.

The programme was also effective in that practices implemented a large number of changes to the way they care for patients in their practices, in line with the principles of the Medical Home concept. The changes made have enhanced health outcomes for patients.

The team approach in requiring at least one GP and nurse to come from each practice appeared to work well in ensuring that there was strong practice commitment to change. When the practices reported back on their activities during the second workshop, they spontaneously all shared their presentations between the GP and the nurse.

It is accepted that this programme called for volunteer practices and therefore attracted those most interested in child health and most prepared to participate in a quality improvement exercise. However any new programme is best implemented, in the first instance, with keen volunteers who can then act as opinion leaders[4] in wider roll out of the programme.

This programme provides a model for a quality improvement programme in general practice that focuses on the quality of the systems of care, rather than the quality of clinical care.

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