

Manaaki Hauora-Supporting Wellness

Team: Sanjoy Nand

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Owning My Gout (OMG!)

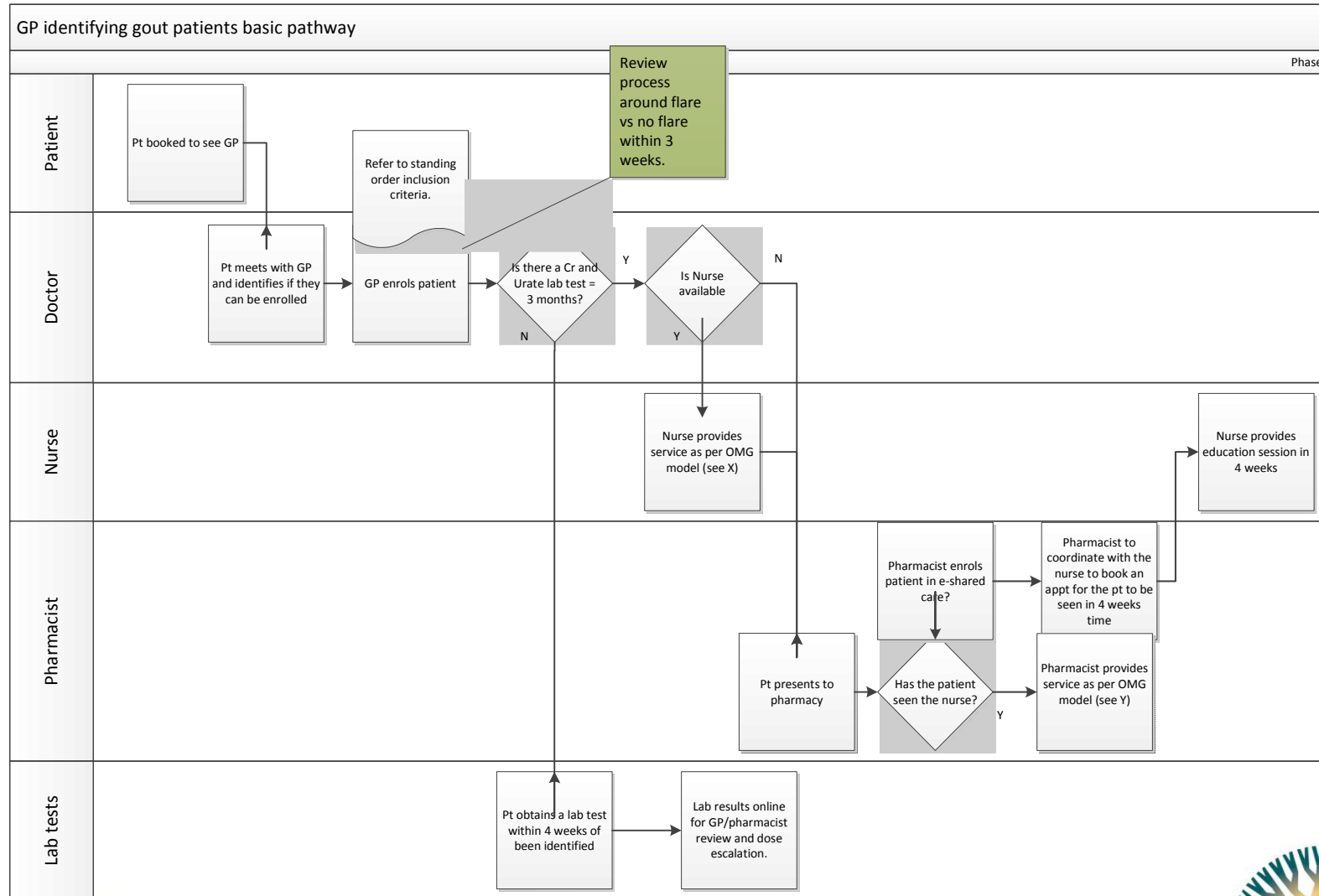


Aim

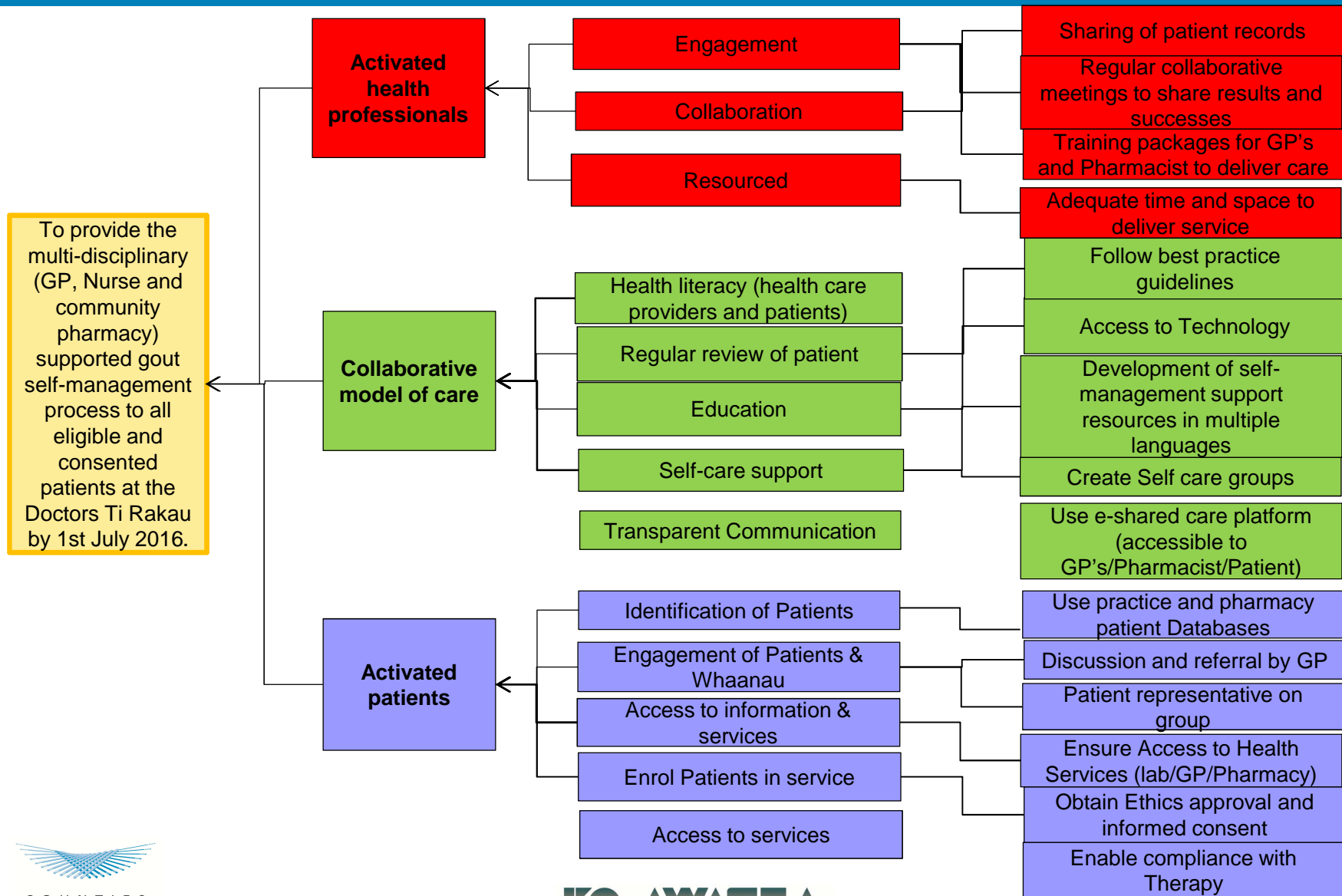
To provide the multi-disciplinary (GP, Nurse and community pharmacy) supported gout self-management process to all eligible and consented patients at the Doctors Ti Rakau by 1st July 2016 and to spread the learnings and process to support all eligible patients at a further two practices by 1st December 2016.



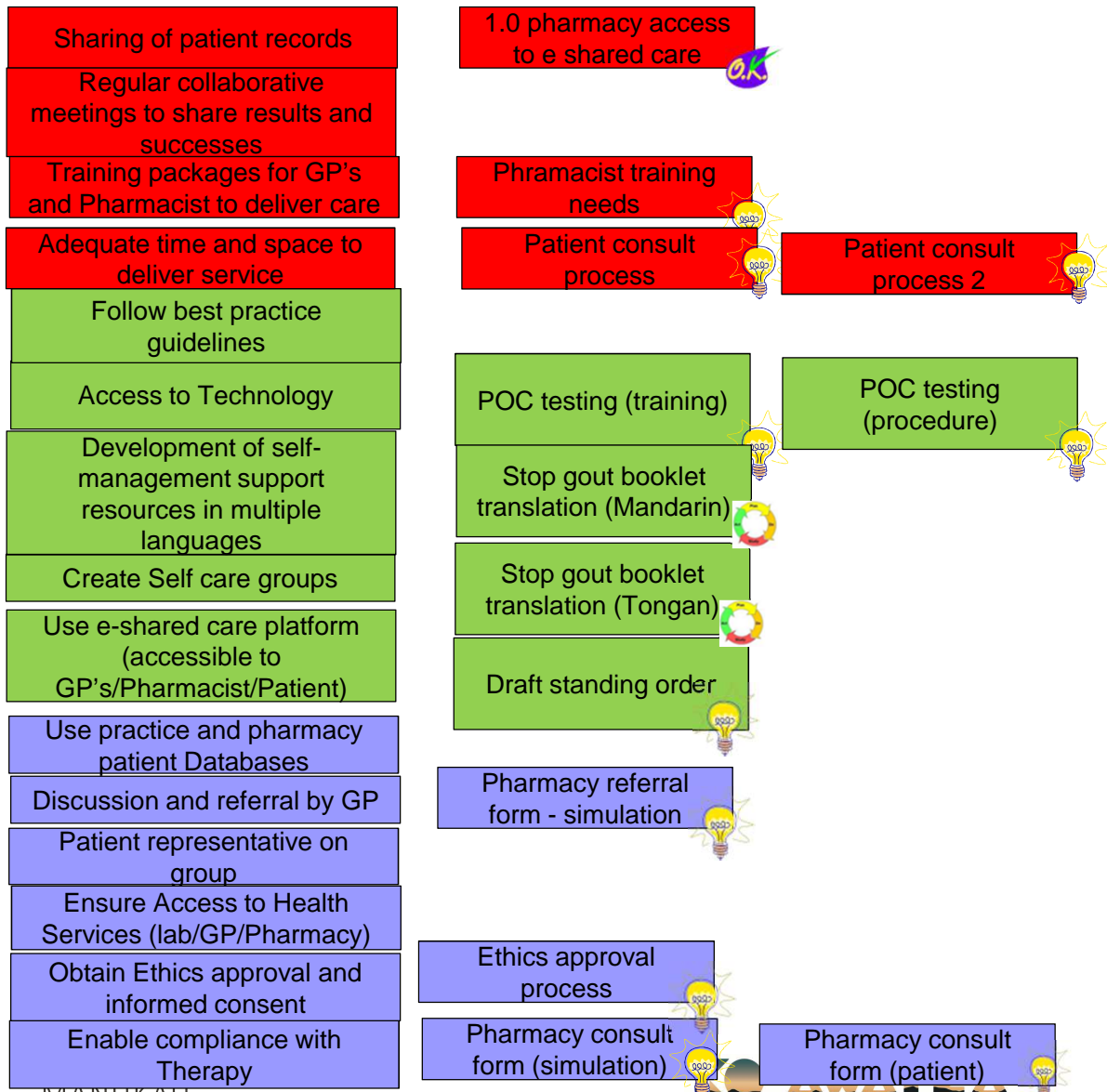
Process Map



Driver Diagram



PDSA Tree (*documented PDSA)



Key

- Adopt
- Adapt
- Abandon
- What next?
- Testing

Change Package

Secondary drivers (Theory of change)	Change concepts & change ideas tested	Evidence of Improvement
<p>Patients – Access to information</p> <p>Health professionals - Resourced</p>	<p>Development of self-management support resources in consultation with:</p> <ul style="list-style-type: none"> • Health literacy experts • Rheumatologists and other health professionals • Patients and whaanau • Translation of Stop Gout Booklet into Tongan, Samoan and Mandarin 	<ul style="list-style-type: none"> • Mixed urate Results – more testing needed. • Positive feedback on service • Some patients have shown improvement, others have not. • Allopurinol titration occurring for some patients • Standing order signed off
<p>Patients - Access to information & services</p> <p>Health professionals – Engagement & Resourced</p> <p>Collaborative Model of Care – Transparent communication</p>	<p>Use e-shared care platform (accessible to GP's/Pharmacist/Nurses/Patient)</p> <ul style="list-style-type: none"> • Enable collaborative patient management • Enable patient self management 	
<p>Health professionals – Collaboration & Resourced</p>	<p>Develop training packages for GP's, pharmacists and nurses to deliver care, including point of care testing, health literacy training.</p> <ul style="list-style-type: none"> • Standardise key messages for patients 	

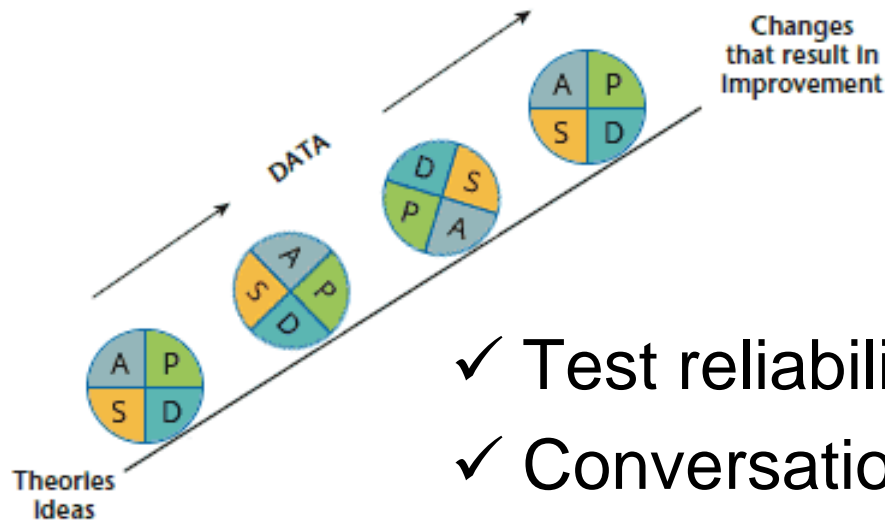
Potential for Spread

- The model of care can be scaled within The Doctors and Unichem, Ti Rakau (~70 patients diagnosed with gout within the practice)
 - Plan – recruit more patients once process is optimised
 - Currently only one GP involved. Other GPs within the practice have expressed interested in being involved.
- The model can be spread to other practices
 - Plan – Spread once model is optimised at current site
 - The Doctors Mangere have expressed interest in providing the service.
- A similar model may be used for conditions which are managed with medicines that require dose titration e.g. diuretics in heart failure

Achievements to Date

- MDT (GP, practice nurse, pharmacist) attended a **Gout Education session** presented by Prof Gow (Rheumatologist)
- MDT attend project meetings
- Patients are enrolled in **ARI**
- **Electronic Shared Care** used to communicate between MDT
- Patients receiving **self management education**
- **Urate point of care testing** in community pharmacy
- **Positive feedback** from patients and MDT

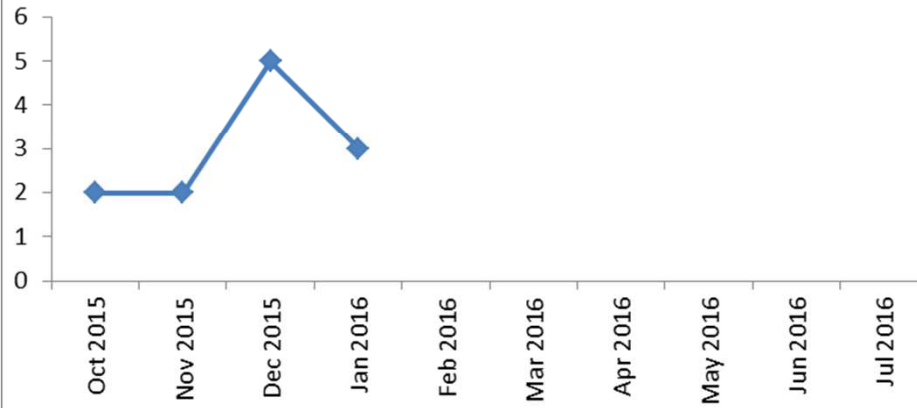
Most successful PDSA cycles



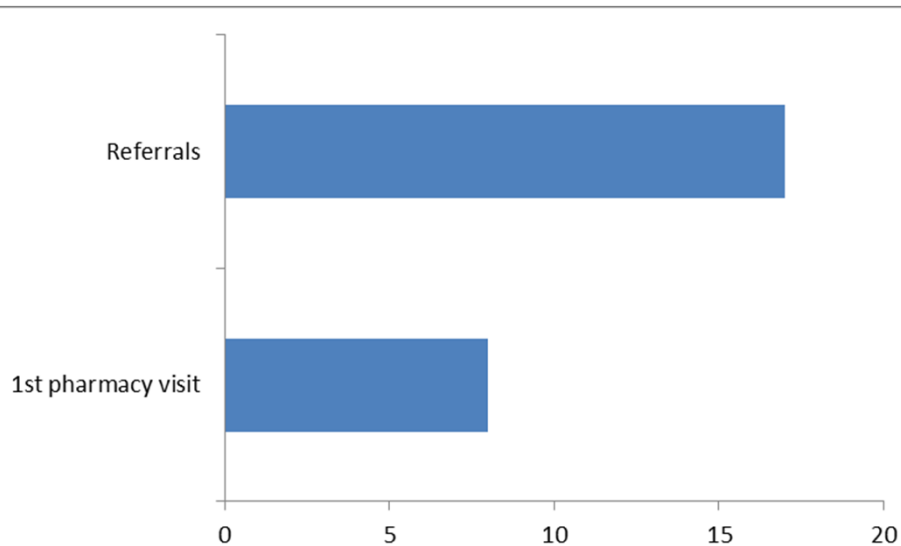
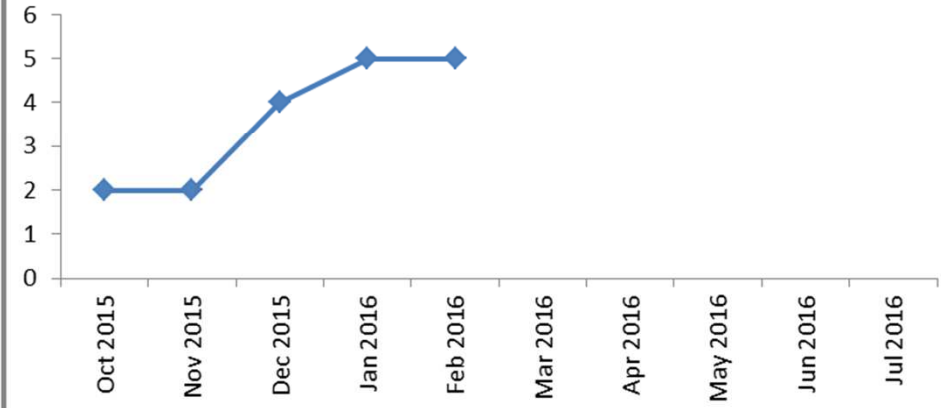
- ✓ Test reliability of Benecheck meter
- ✓ Conversation protocols
- ✓ Questionnaires
- ✓ 7 Patients – lots of learning from each
- ✓ Translated Booklets under testing

Dashboard

Number of pharmacy visits per month

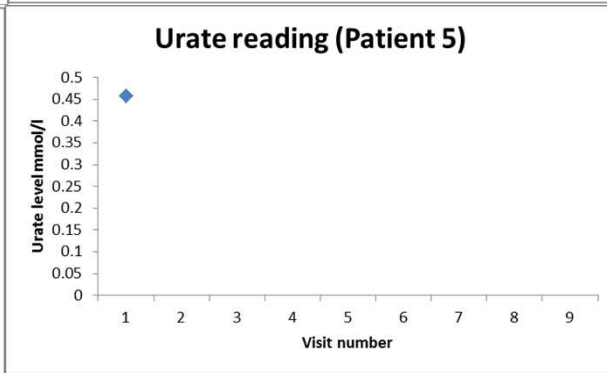
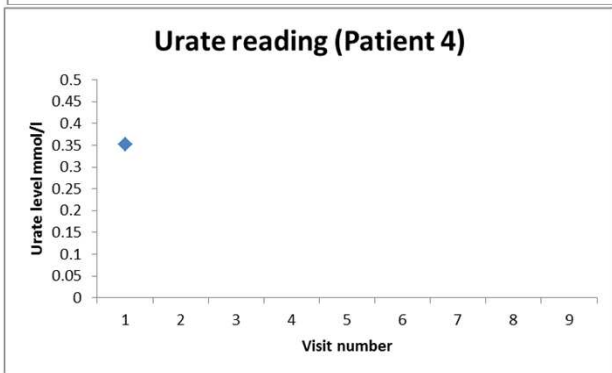
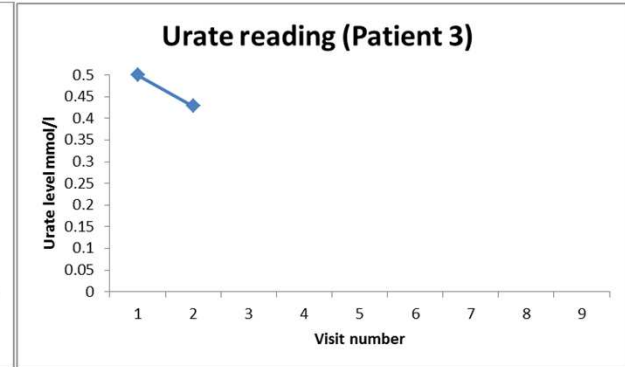
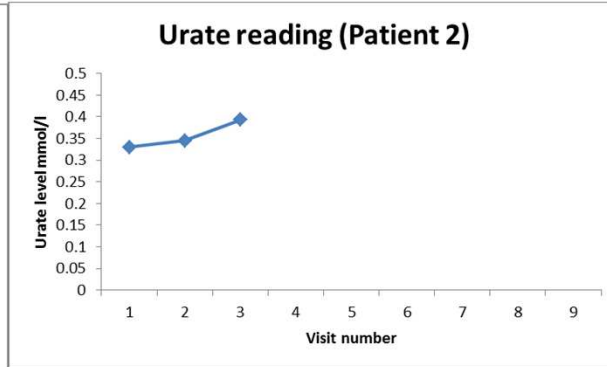
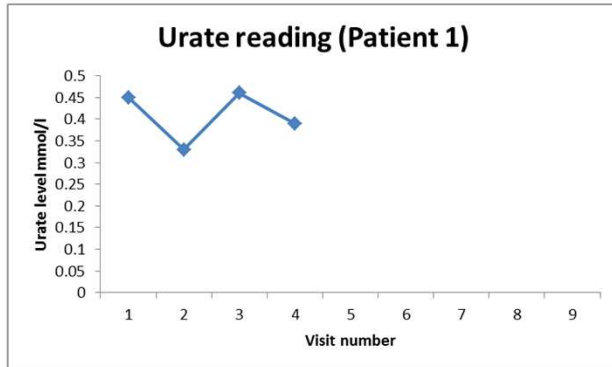


Total number of patients enrolled (cumulative)



Gap between referrals and first visit – current gap analysis, patient using usual pharmacy, patient withdrawn/unsuitable

Individual Urate Level graphs



Highlights and Challenges

Highlights

- Team formation and collaborative approach – right people on board (GP, community pharmacist, practice nurses, working group)
- High level of engagement from MDT
- Several planned/completed PDSA's
- Productive weekly working group meetings
- Patient representative at last learning session
- Ethics approval obtained!!
- Positive MDT and patient feedback

Highlights and Challenges

Challenge	Plan of action
Data mismatch (leakage)	Investigating cause of missing patients (17 referrals vs 8 presenting to pharmacy)
No pharmacy lead	Currently recruiting – need to create a succession plan
Getting other GPs on board	Once new clinical lead working, create closer links to GP practice and engage all GPs
Manual collection of data + lack of system for tracking	Make this task an explicit element of the new lead's role description.
Inflexibility of scheduling for lead role	Dedicated lead with no hospital commitments – ability to spend time at the practice networking
Recruitment (practice and pharmacy short staffed)	Have the funding, but find difficult to find suitable candidates
Non standard practice – ideal process not followed 100%	Deep dive to understand reasons for non adherence to agreed process.

Collaborative Team Members

