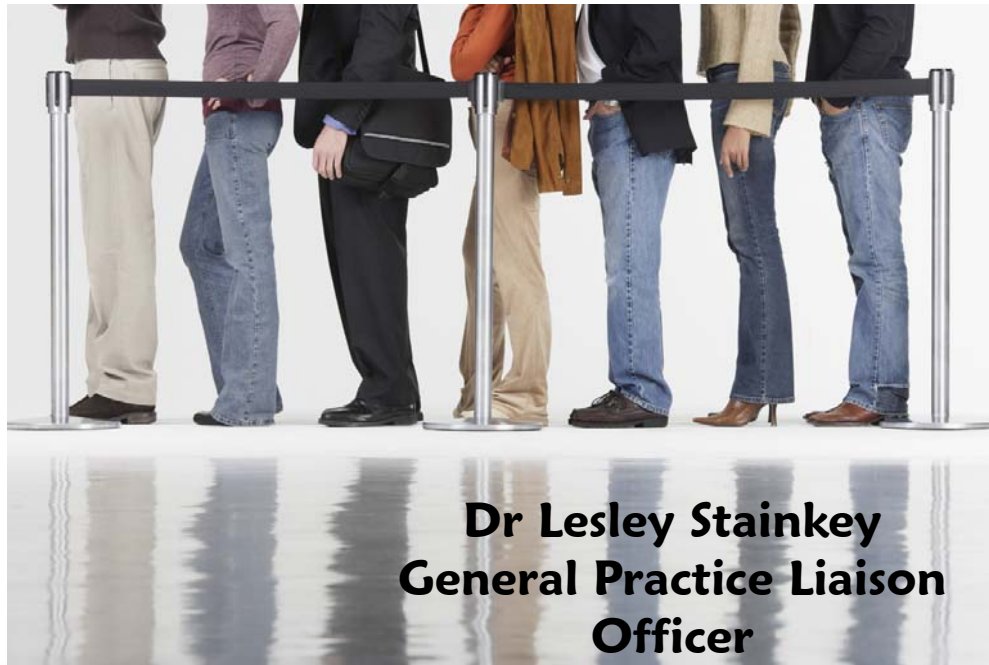




**Townsville General Practice Network**  
Delivering local health solutions  
through general practice

# Beating the Waiting Game



**Dr Lesley Stainkey**  
**General Practice Liaison**  
**Officer**



Funded by the Australian Government Department of Health and Ageing



# **Trial of strategies to reduce 'long wait' referrals to public hospital specialist clinics**



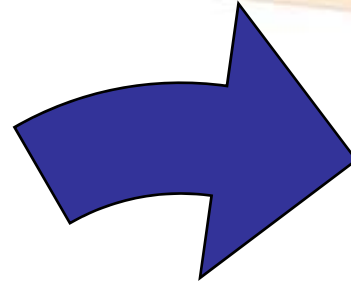
# Strategies Trialled for Long Wait Process

1. GPLO/GP/Hospital Integration Model
2. Patient Engagement
3. Development of Minimum Data Set

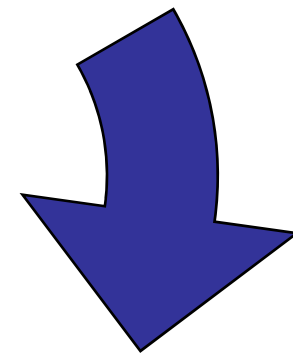
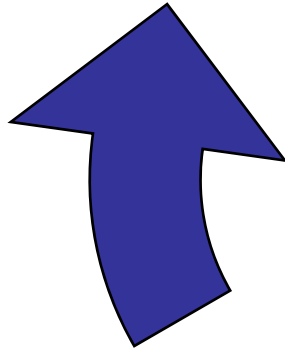




The Townsville Hospital

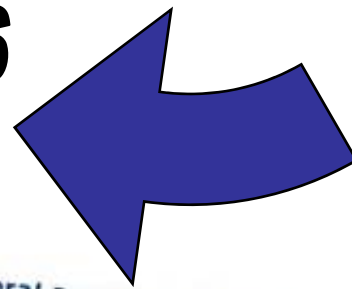


***A shared goal***



Townsville GP Network

***A meeting of minds***



Townsville General Practice Network > Delivering local health



# Letter to Patients with Referrals waiting > 2 years

## Letter to Patient for the Aged Referral Process

Dear \_\_\_\_\_,

Currently we hold a referral dated \_\_\_\_\_ sent on your behalf from Dr \_\_\_\_\_ to the Orthopaedic Special Clinic at The Townsville Hospital.

What we need to know is if you still require an assessment in our Orthopaedic Special Clinic and if so how urgent that assessment needs to be.

### Option A

If your condition has improved and you no longer require the referral:



**TAKE NO FURTHER ACTION**

### Option B

If you still require the referral, please complete BOTH of these steps:

#### **STEP 1**

Present to your GP within the next 3 months for review of your condition and completion of the patient assessment form

#### **STEP 2**

Your GP will then fax the patient assessment form to the Referral Centre on **FAX – 4796 2810**

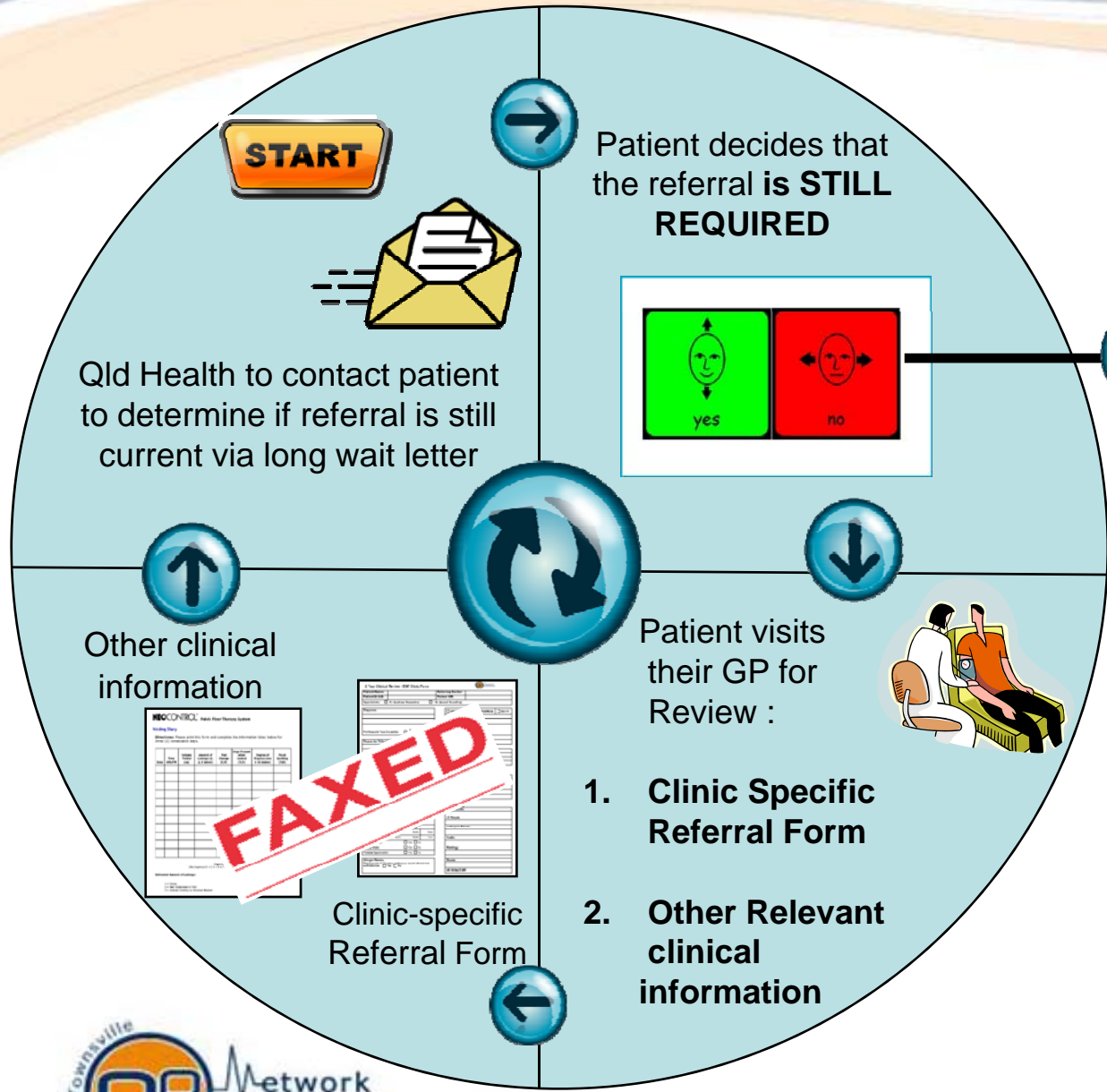
We are keen to ensure our waiting lists are as accurate as possible and that our community efficiently receives the care it requires based on the level of urgency and severity of their problems.

Yours Sincerely,

Dr Andrew Johnson  
**Executive Director of Medical Services**  
*Townsville Health Service District*



Townsville General P

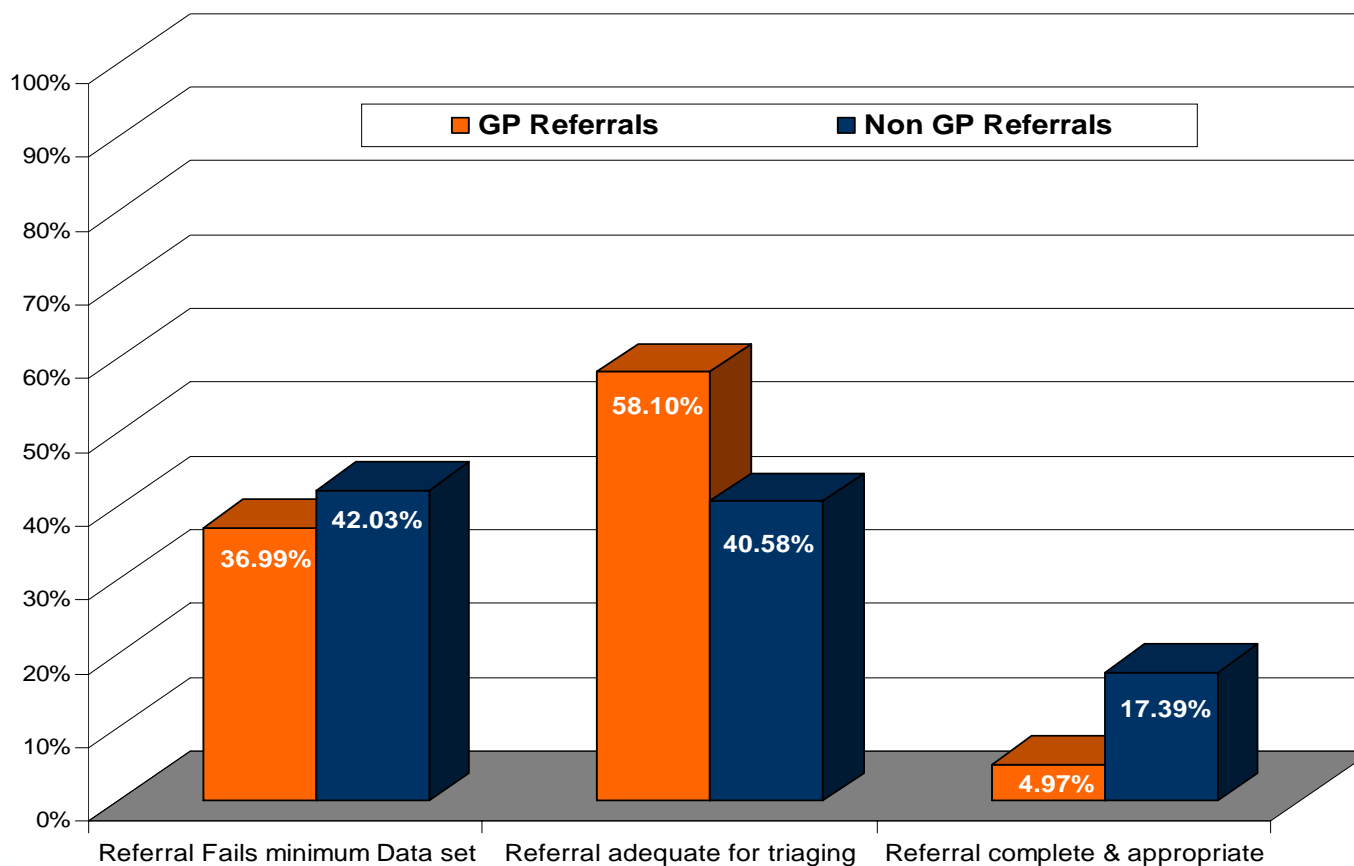


Patient determines the referral is **NO LONGER REQUIRED**

Patient takes **NO ACTION**

# Is Referral Quality an issue?

GP Referrals vs Non GP Referrals  
received at the Orthopaedic Outpatient Clinic  
August 2008 - November 2008



Total: 415 Referrals triaged



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# Clinic-Specific Minimum Data Set

A “one page” clinic specific referral document.

Contents defined by: Hospital Specialist Consultants +  
TGPN-CRG General Practitioners

Three functions:

1. Improve referral quality
2. Educate on Minimum Data Set
3. Meet requirements of named referral



# Producing the Clinic-Specific Minimum Data Set

GPs	Hospital Consultants
<ul style="list-style-type: none"><li>• GP achievable</li><li>• GP acceptable</li></ul>	<ul style="list-style-type: none"><li>• Clinical information</li><li>• Pre-requisite Tests</li></ul>

**Information processed using the Delphi method**

Outcome:

1. Referral Form
2. Referral guidelines



# The Evolution of a Minimum Data Set

2.

1.

Literature Review of Referral Guidelines and production of draft minimum data set



TGPN-CRG and Specialist Consultants review draft against their collective clinical experiences and knowledge.



Clinic Specific Referral Form introduced to the GP Community via the Long Wait referral process, Referral Guidelines and direct access via the TGPN website



Referral Guidelines and direct access via the TGPN website



Edit Minimum Data set as locally appropriate to produce a Clinic-specific Referral Form



3.

4.



# Buckle up for change



# Engagement of Stakeholders

## GP Community

- Survey opinion
- Personal letters
- Newsletters: weekly, monthly
- Evening presentations

Referral Centre Staff  
Liaison

Hospital Consultants  
Liaison

## GP Practices

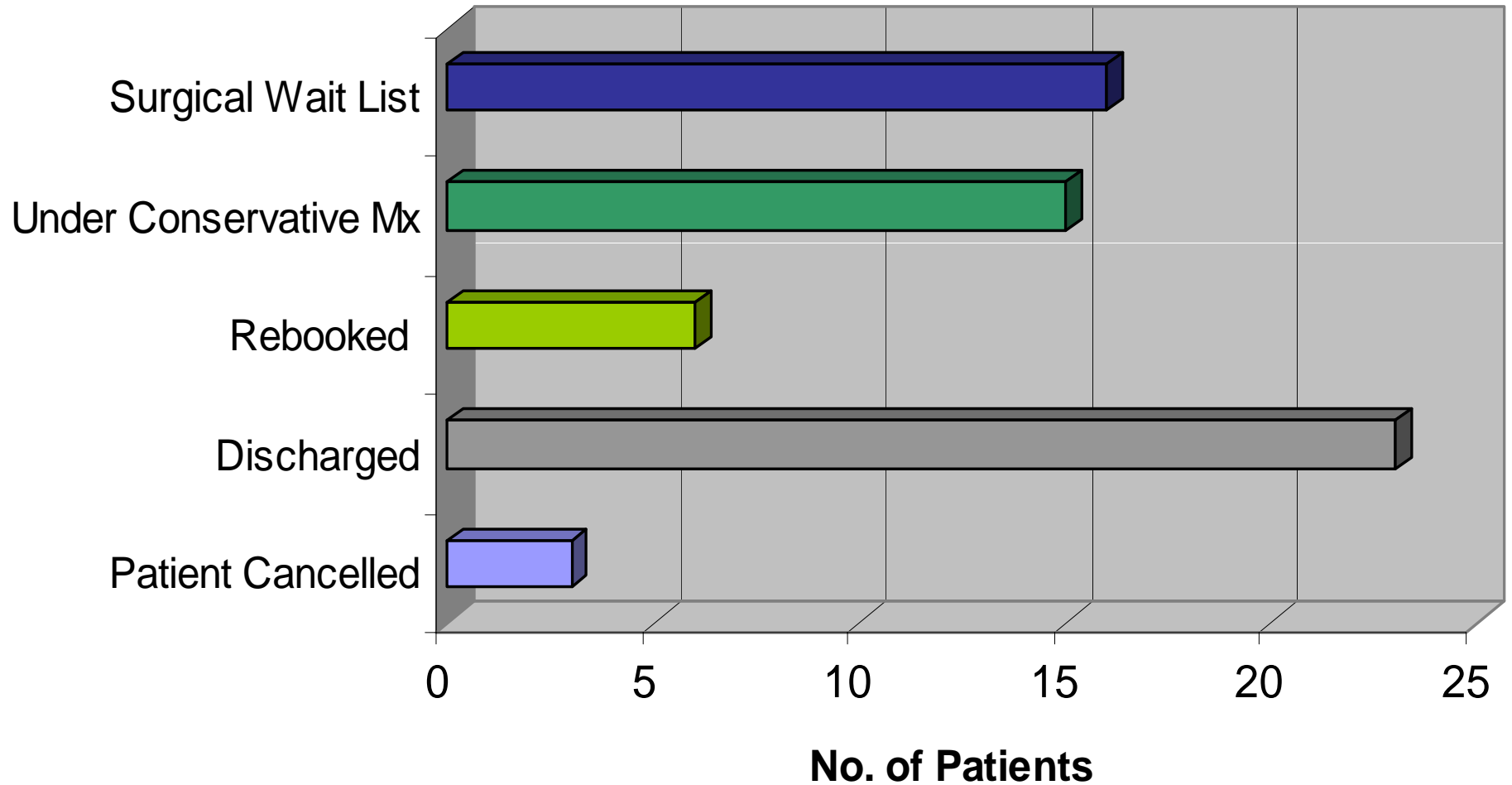
- Evening presentations
- Personal letters
- Newsletters: weekly, monthly

Townsville Community  
Media Release

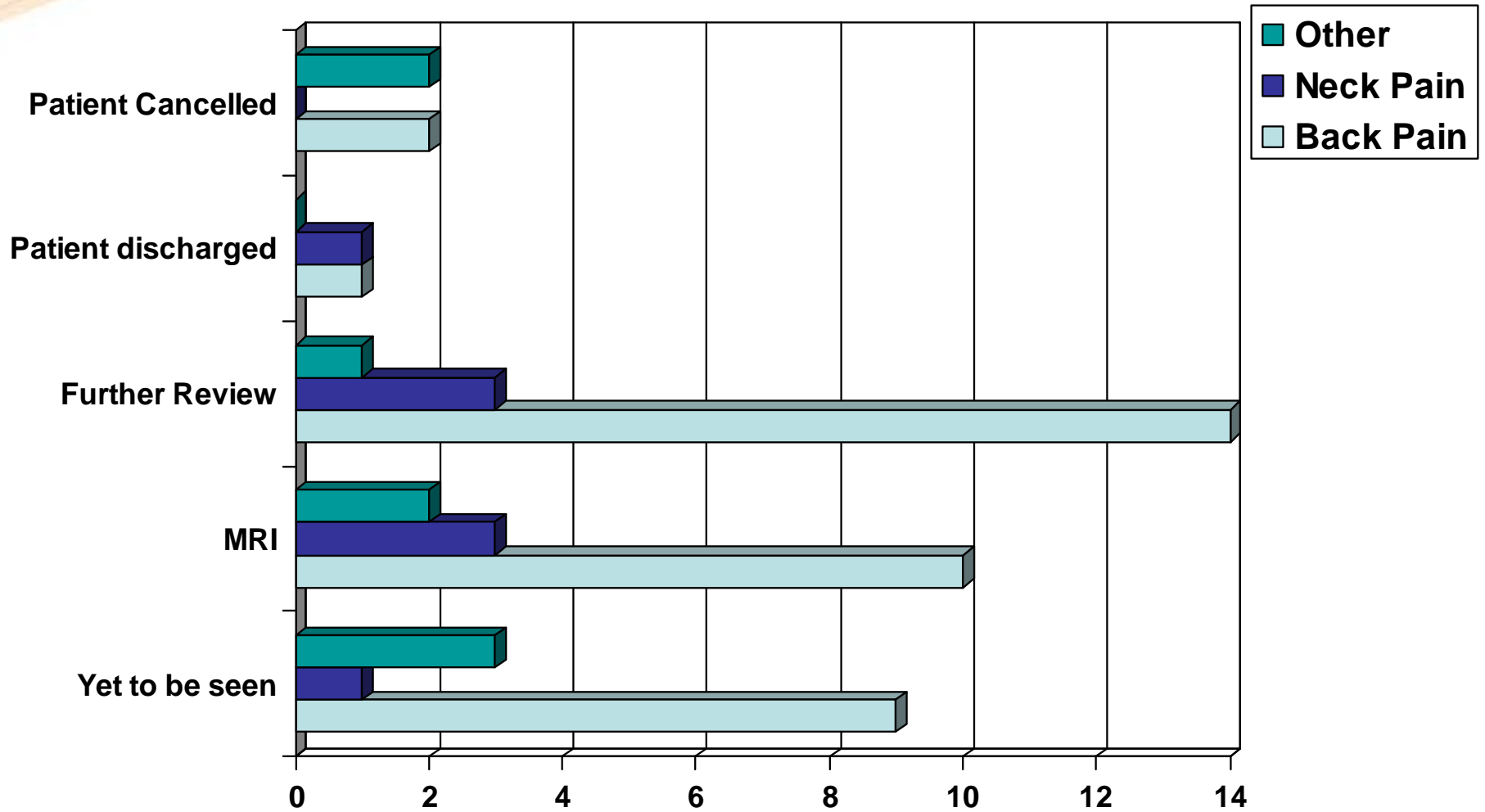
# Results of First Long Wait Process

Specialty Clinic	Letters Sent	Patient Replies	Return to sender	No response	Outcomes
Orthopaedics	872	101	61	710	16 procedures
ENT	1095	63	101	834	16 procedures 23 discharged 3 cancelled 21 under review
Neurosurgery	544	37	62	448	2 discharged 4 cancelled 18 under review 13 to be seen

# Outcomes of ENT Long Wait Process



# Outcomes of Neurosurgery Long Wait Process



(Other: R/U Shunt, FHx aneurysms, PHx Pituitary adenoma, Arachnoid cyst)

# Copy of 2<sup>nd</sup> ENT letter

Patient Name  
Patient Address  
Patient Suburb State Postcode

Date

Dear Patient,

This letter is to confirm that we have not received a response to the letter we sent on \_\_\_\_\_ requesting a clinical update on your condition from your GP.

By not responding you have indicated that you no longer require a Ear Nose and Throat Specialist Clinics appointment.

To assist us in planning to meet the health needs of the community we would be interested to know why you no longer require the appointment.

Please tick the box that explains the reason you no longer require the appointment:

- My condition has improved
- I had to obtain treatment privately
- I had to travel to another QLD Health Hospital for treatment
- Other explanation :Please detail:

---

If you complete the section above please return to:  
The Townsville Hospital Surgical Referral Centre  
Reply Paid  
Townsville QLD 4810

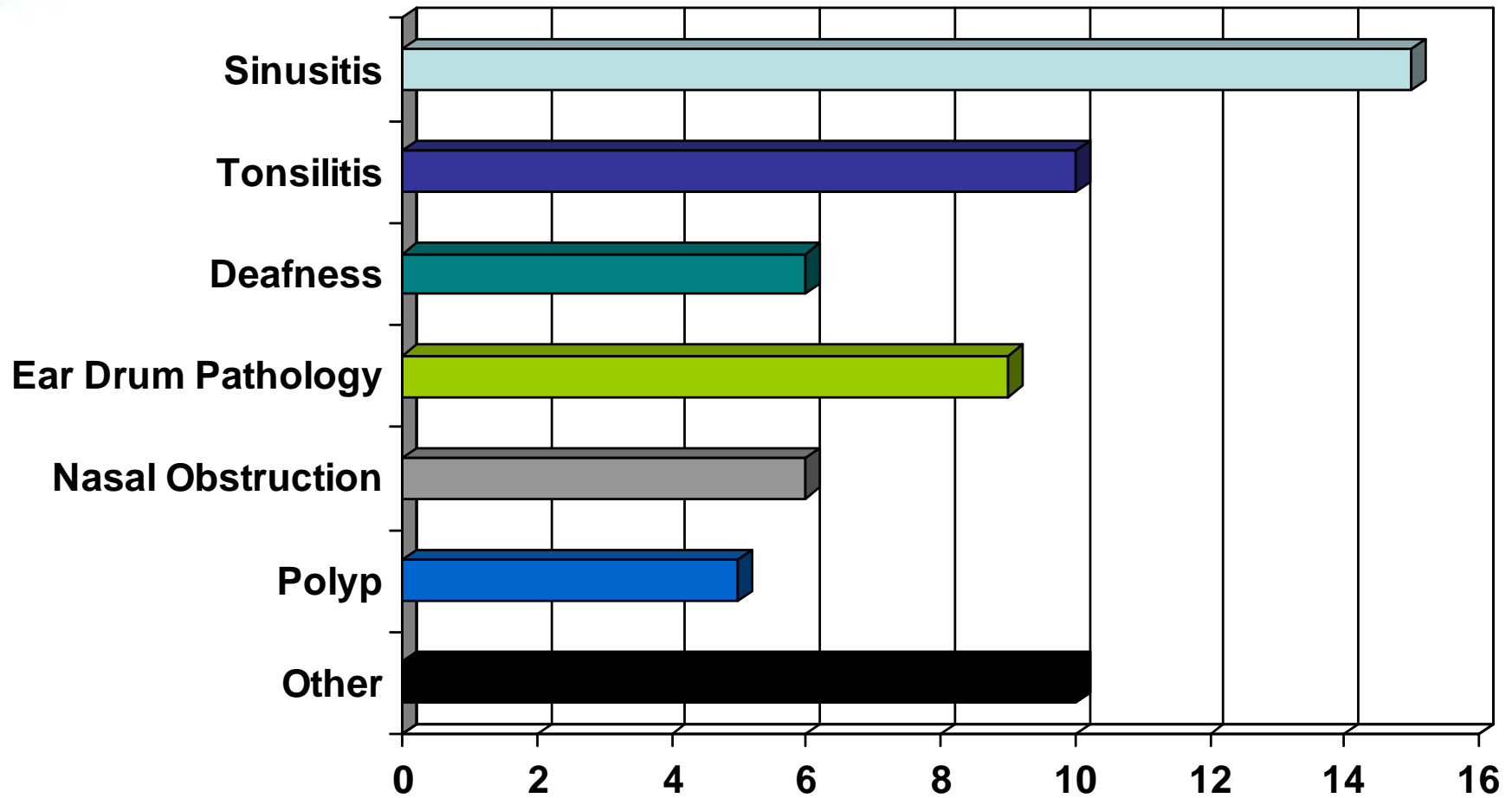
Yours Sincerely,

Dr Andrew Johnson  
Executive Director of Medical Services  
Townsville Health Service District



Townsville General Practitioners

# Outcomes of ENT Long Wait appointments by Condition



(Other includes: Epistaxis, Vertigo, Cough, Tinnitus)



# ENT Clinic Specific Minimum Data Set



Townsville General Practice

## 2 Year Clinical Review - ENT Clinic Form



Patient Name:		Referring Doctor:	
Patient D.O.B:		Patient UR:	
Specialists:	<input checked="" type="checkbox"/> Dr Andrew Swanston	<input checked="" type="checkbox"/> Dr Anand Surulliraj	

Diagnosis:	
Pre-Requisite Tests Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Referral:	
Duration of Symptoms:	
Red Flag Symptoms and Signs:	
<input type="checkbox"/> Cancer actual or high suspicion	
<input type="checkbox"/> Major functional impairment	

<input type="checkbox"/> OTITIS MEDIA	<input type="checkbox"/> TONSILITIS	
<input type="checkbox"/> ADENOIDITIS	<input type="checkbox"/> SINUSITIS	
Frequency of attacks:	Per month <input type="checkbox"/> Per year <input type="checkbox"/>	
Severity & Duration of attacks:		
Hearing Loss	Sleep Apnoea	Swab Result:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> TINNITUS	<input type="checkbox"/> DIZZINESS
<input type="checkbox"/> UNILATERAL HEARING LOSS	
Audiogram Abnormal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset	Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>
Associated URTI:	Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>
Aural Discharge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal Drum:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postural Hypotension:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Allergic Rhinitis
Previous trial of 12 weeks continuous topical steroid and antihistamine: <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> DYSPHAGIA	<input type="checkbox"/> HOARSENESS	<input type="checkbox"/> BOTH
Weight loss:		
Associated URTI:		
CXr normal:		
Ba Swallow:		
Endoscopy:		
Smoker:		

Examinations:	

Conservative Managements Trialled	
Specific Medications:	
Allied Health:	

Investigations
X-Ray Results:
CT Results
Audiogram Results:
Swabs:
Histology:
Bloods:
GP SIGNATURE:

Please Complete & Fax it to 4796 2810, ALONG WITH ALL Results

# Neurosurger y Clinic Specific Minimum Data Set



Townsville General Practice Net

## Neurosurgery – Spinal Clinic Referral Form



<b>Patient Name:</b>	<b>Referring Doctor:</b>
<b>Patient D.O.B:</b>	<b>Patient UR:</b>
<b>Specialists:</b> <input type="checkbox"/> Dr Eric Guazzo <input type="checkbox"/> Dr Gert Tolleson <input type="checkbox"/> Dr Laurence Marshman	

**Diagnosis:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-Requisite Tests Completed  Yes  No

**Reason for Referral:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Duration of Symptoms:**

\_\_\_\_\_

**Red Flag Symptoms and Signs:**

Bladder Dysfunction  Perineal numbness

Decreased anal tone  Upper motor neuron signs

**Compensation Claim Status:**  Resolved  N/A  pending

**Employment affected:**  Permanently  N/A  Temporarily

**OSWESTRY SCORE (back):**

\_\_\_\_\_

**NECK DISABILITY SCORE:**

\_\_\_\_\_

**Previous Spinal Operation:**

Discectomy  Laminectomy  Implant, fusion

**Fitness For Surgery - American Society of Anesthesiologists (ASA) physical status classification**

I.	Healthy patient	<input type="checkbox"/>
II.	Mild systemic disease with no functional limitation - for example, controlled hypertension	<input type="checkbox"/>
III.	Severe systemic disease with definite functional limitation - for example, chronic obstructive pulmonary disease	<input type="checkbox"/>
IV.	Severe systemic disease that is a constant threat to life - for example, unstable angina	<input type="checkbox"/>

**Examinations**

**Walking Distance:** \_\_\_\_\_ **In Mtrs**

**BMI > 30 Referred Dietician:**  Yes  No  
(Surgery risk increases when BMI > 30)

**Back Pain – Examine Hip:**  Normal  Abnormal  
 Consider Xray

**Neck Pain – Examine Shoulder:**  Normal  Abnormal  
 Consider Xray & Steroid injections

**Conservative Managements Trialed**

**Medications**

Analgesia PRN  Regular analgesia

Antidepressants  Regular narcotics

Other:

**Spinal Steroid Injections**

Yes  No

Epidural  Nerve root  Facet/SI joint

Effect: improvement in pain: \_\_\_\_\_ %

Effect: duration of improvement: \_\_\_\_\_

**Allied Health**

**Physiotherapy**  N/A  Incomplete course  Completed course (> 3 months)

Other:

**X-Ray Results:**

\_\_\_\_\_

**CT Results:**

\_\_\_\_\_

**MRI:**

\_\_\_\_\_

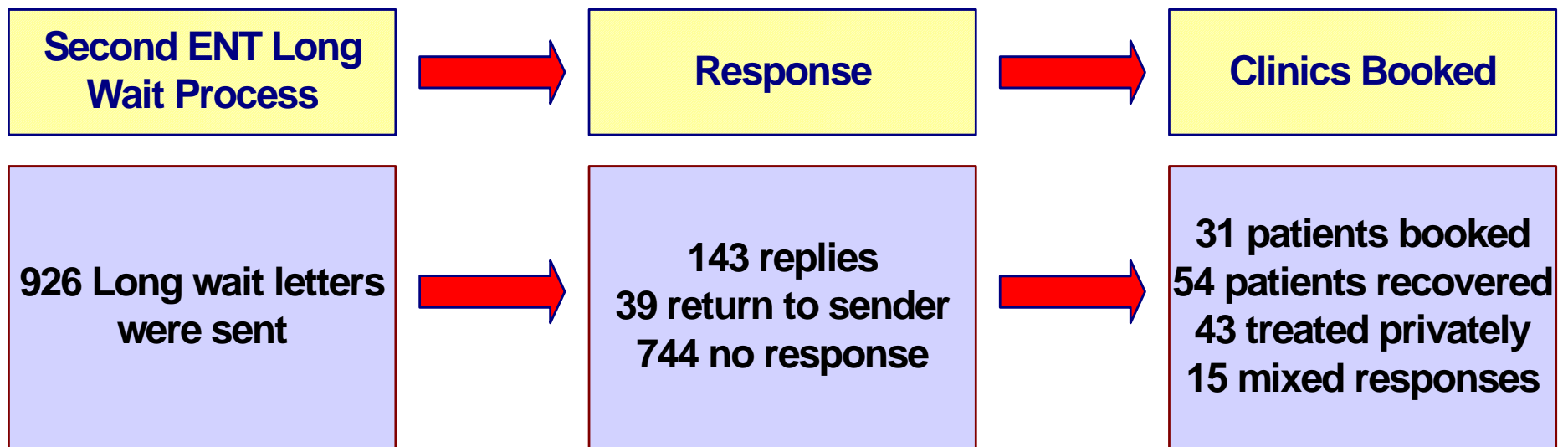
**Nerve Conduction Studies:**

\_\_\_\_\_

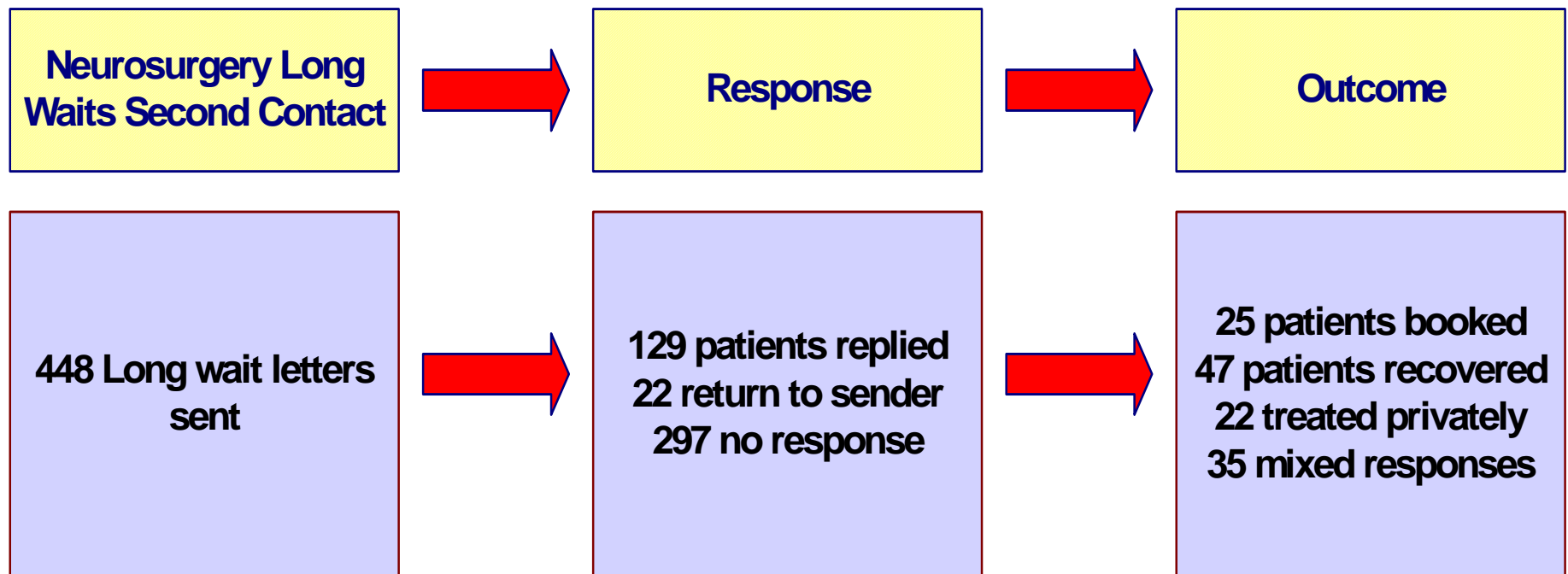
Please complete & Fax to TTH on 4796 2810, ALONG WITH the following: 1. Patient Information Form or Referral Letter  
2. ALL Results

GP Signature:

# Second Contact ENT Long Wait Process Results



# Second Contact Neurosurgery Long Wait Process Results



GPs, GPLO, GP Network,  
Hospital Consultants,  
Referral Centre and  
Specialist Clinic Health  
Professionals working  
together to achieve  
patient outcomes.



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# The End



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