

QI and Lumos - shining a light on general practice data

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Patients want (and deserve):



Access: Urgent and affordable care



Comprehensive: relationship based, chronic condition, mental health, preventative, proactive and high-quality patient centred health care



“Convenient” care



**Our providers
want joy in
work**

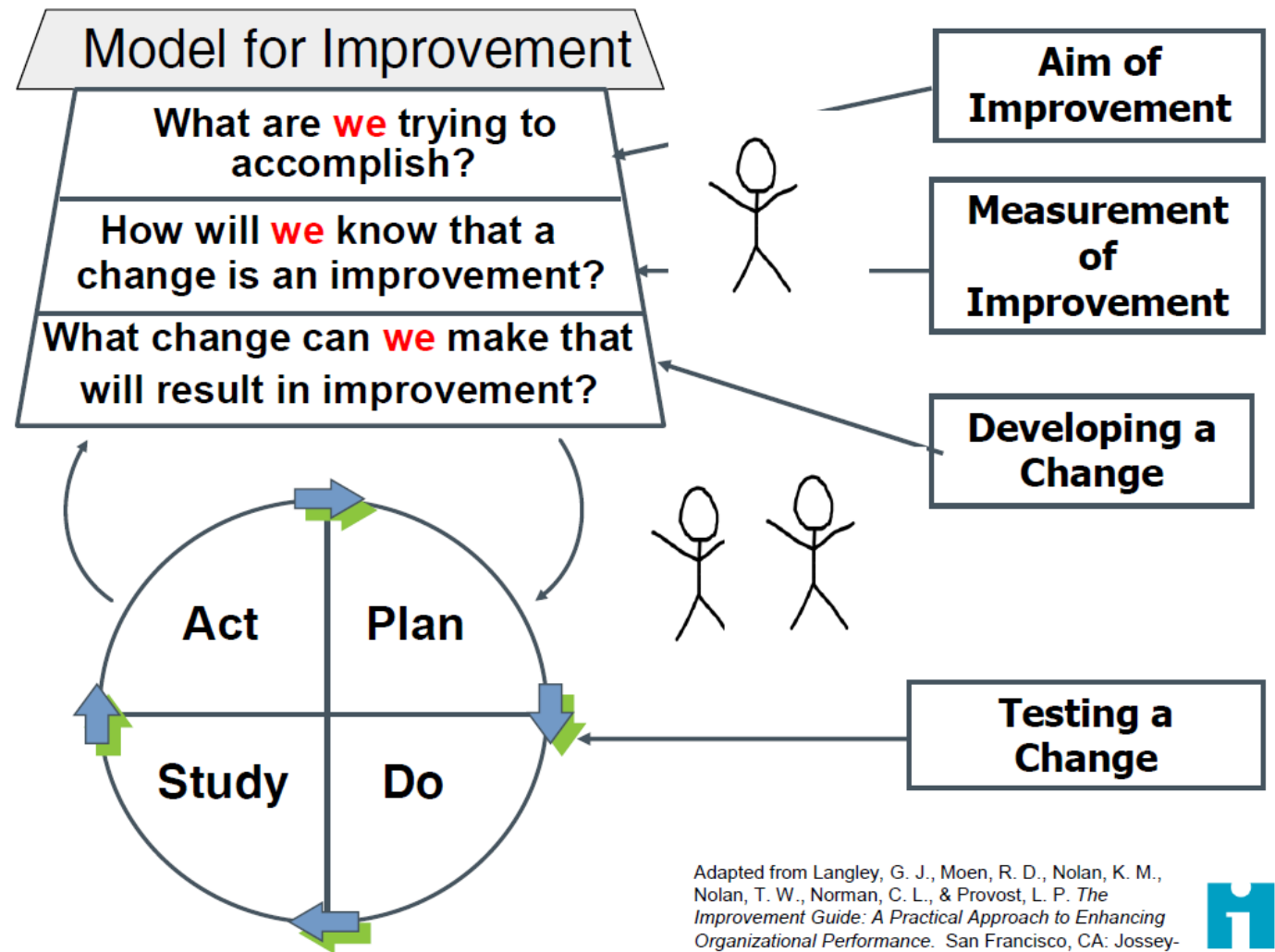
At the heart of our purpose lies continuous improvement

- CQI: **knowing** that we do better today than we did yesterday and that we do better tomorrow than we did today
- **Improvement** and doing the best by our patients is what **drives** us
- Without **information** and data, how could we possibly know?
- Our skill is not increased by having the data, but by asking the **right questions** of it
- Data **Linkage** (LUMOS) is what tells us we are making a systemic difference



Our CQI Culture

- A core CQI team
- Fortnightly meetings
- The model for improvement – data driven methodology
- Test, test again, then scale



Adapted from Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass, 2009.

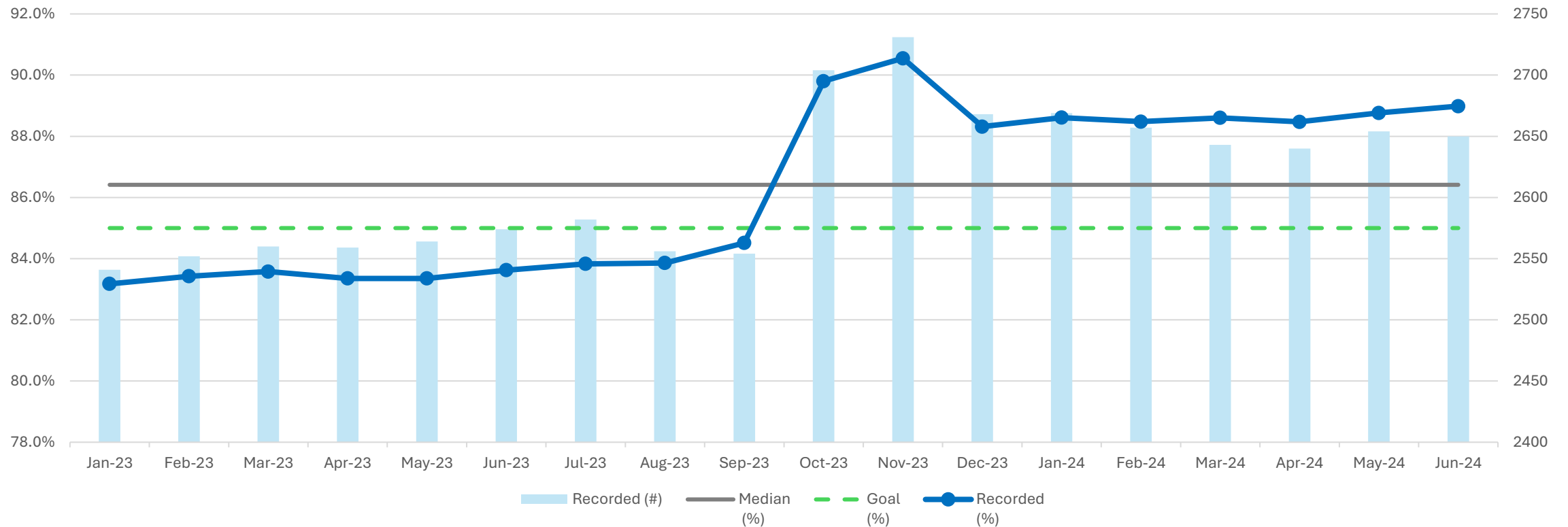




Quality and safety
is a team sport

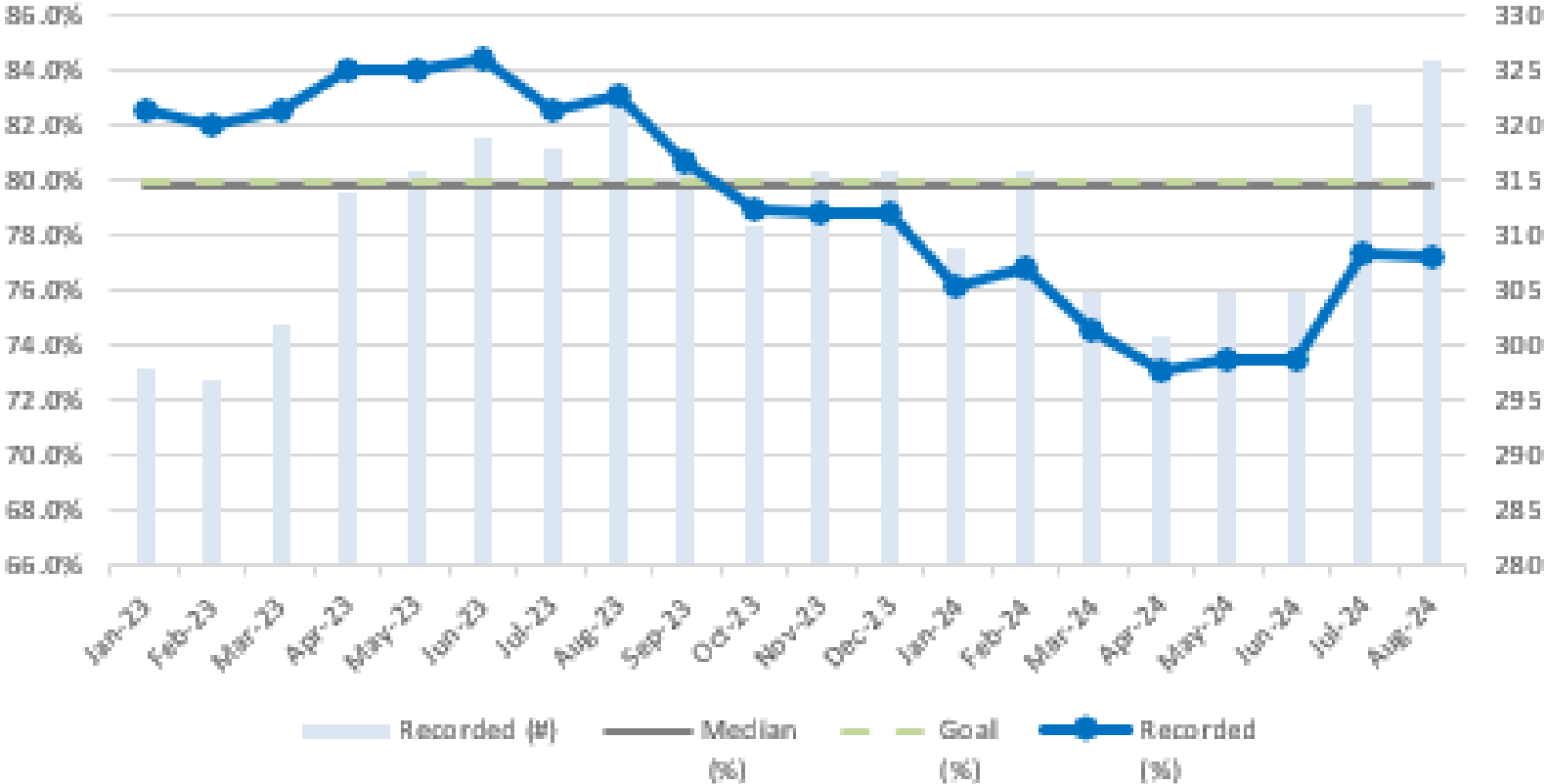
Improvement example.....

Active female patients with an up to date **cervical screening**



Where we could do better...

Active patients with Diabetes with BP recorded <6 months



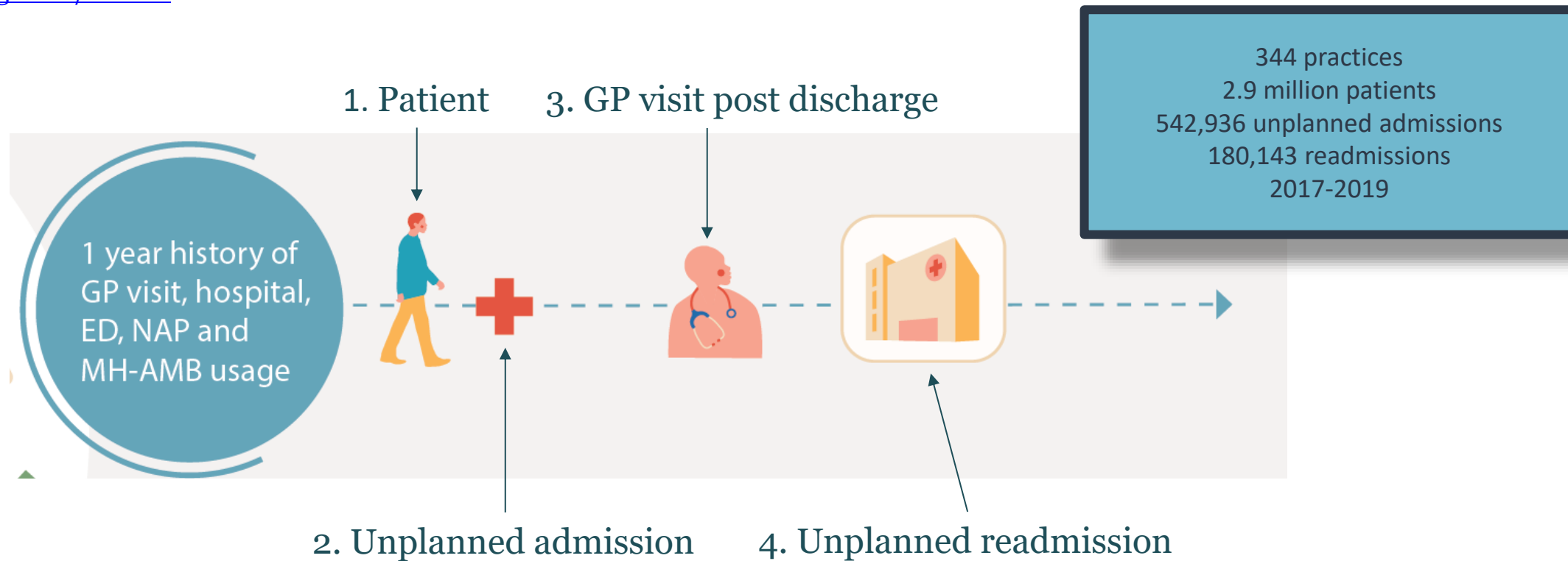
Meet Amy

- 19-year-old
- Seizures - ED
- Cerebral thrombosis
- Kidney disease
- Complicated admission
- Multiple new medications including; blood thinners, anti-seizures, steroids (amongst others)



GP follow-up post discharge

www.health.nsw.gov.au/Lumos



Study 1 8% visited a GP within **two days** and had **33% fewer** readmissions within the first week

Study 2 23% visited a GP in the **first week** and had **7% fewer** readmissions within 28 days

Emergency Department Presentations: Admitted

GP encounters around emergency hospitalisations

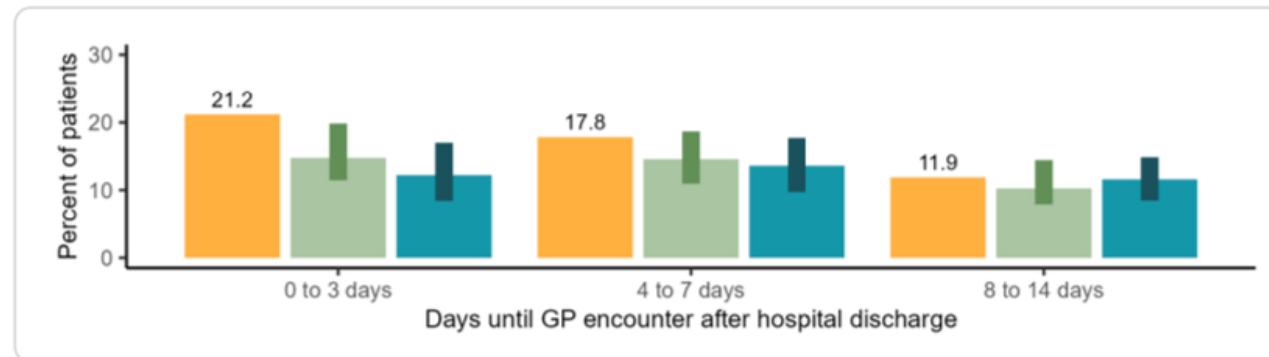
Lumos provides the opportunity to see patient care at the GP after an emergency hospital admission. The information on this page can be used to promote the benefits of getting to a GP as soon as possible after discharge. Note that the data does not convey whether appointments were available.

In some areas, particularly regional localities, it may be difficult for patients to see their GP after an emergency hospital admission. This may explain differences in some practice reports.

GP encounters after discharge from an emergency hospitalisation

During the current reporting period for patients who had a GP encounter at your practice, there were:

192 (56.6%) patients who had a GP encounter within 7 days after discharge from an emergency admission



KEY

Percentage (%) in your Practice

Median % in your PHN

Median % in NSW

Range of percentages for middle 70% of practices in

Your PHN

NSW

Those patients who had encounters with their GP and left hospital on the same day are assumed to have had the encounters with their GP after leaving hospital (within "0-3" days). Emergency admissions were not included in this chart if they occurred within 28 days of the end of the study period, for which follow-up data were unavailable.

We have a dream....



- To move to a model of care where we:
 - Focus on **individuals** as well as our entire **registered** population
 - Use **team-based care** to its full extent
 - Drive a **culture** of continuous quality improvement
 - Have **real time** data and information we need at the **point of care**
 - Have **identifiable** real time linked data for our practice population
 - Use linked system data like **Lumos** to show we can make a real difference
 - Work in a system that rewards **value** rather than **volume**

Thank you and questions