

Coordinating care

for the elderly by multi-professional, cross-organisational teams for better staff and patient outcomes.



Careful



Authors:

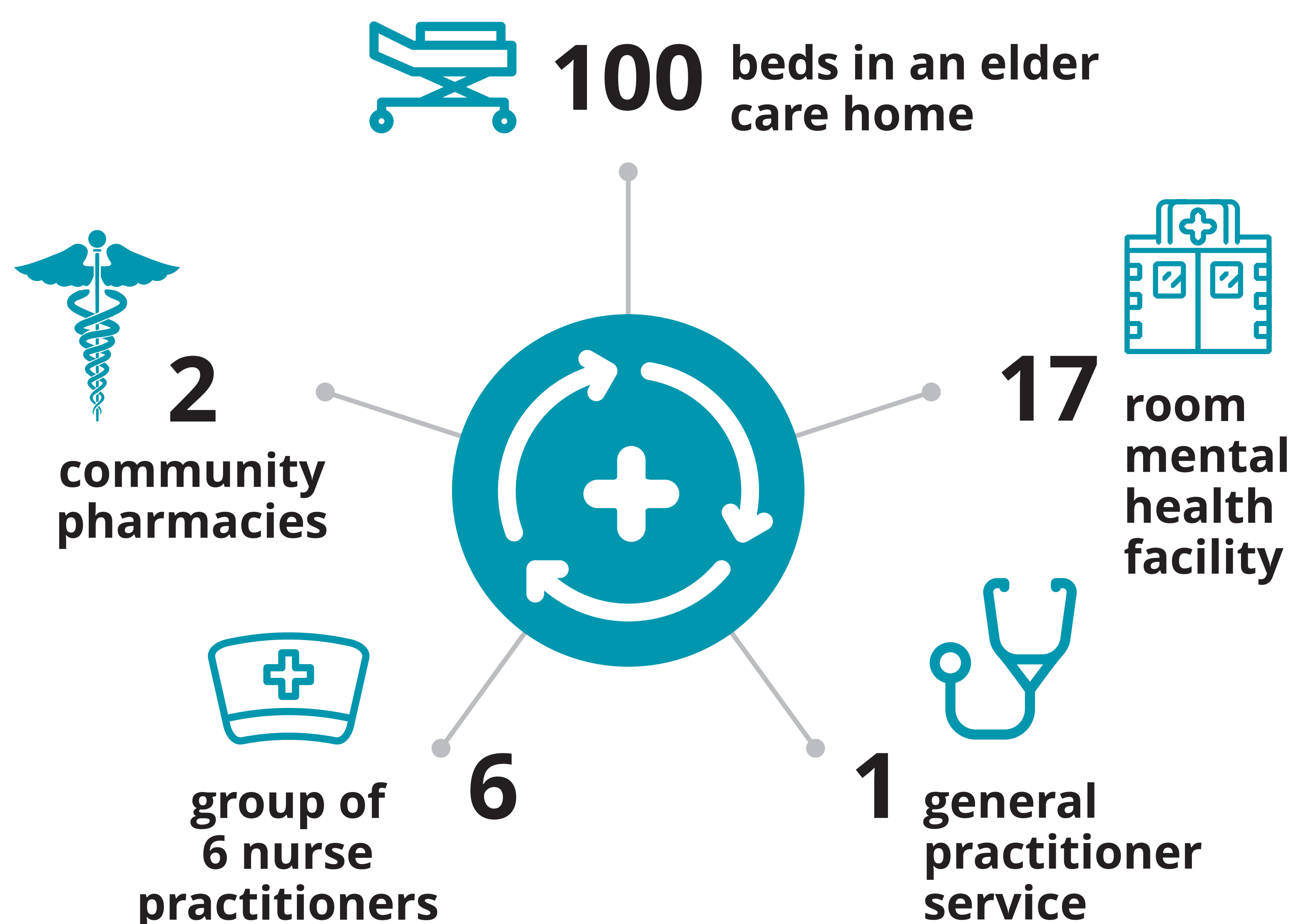
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Purpose

To improve the efficiency of collaboration for faster, better, safer care of elderly patients across five different organisations operating together in Melbourne, Australia.



Background

The project was led by Dr Henry Konopnicki, a GP of 40 years standing. Each of these locations used different systems for coordinating care of patients, including email, SMS, WhatsApp, phone calls to supplement paper and electronic records.

Collaborative care was almost impossible, key staff were unable to work effectively together. Messages would be lost, tasks would be left incomplete, prescriptions unfilled. Time was wasted and there was frustration and professional dissatisfaction for all involved. Patients remained at risk of significant harm.

Talking to staff we found frustration with the inability to communicate effectively with the GP surgery and pharmacy; the GP was often blind to problems with patients; an hour a day of medical time was spent managing requests through different channels, including phone calls and SMS.

Conclusions

- Poor communication systems are a threat to patient safety, especially in complex pathways such as elder and palliative care. Improving these systems can save time for clinicians and improve outcomes for patients.
- This requires the right digital tools and persistence in implementation through leadership and commitment.
- Implementing a system which is easy and intuitive to use provides a route to improving staff morale as well as willingness to become involved in collaborative digital and innovation projects.

Real-time, complex collaborative coordinated care across teams

Methods

The GP service co-designed, configured and adopted CAREFUL, a care coordination platform (www.careful.online) which provides real time and mobile information across boundaries.

The app is mobile-first, simple to use with an intuitive interface.

The lead GP initially trained the local nurse practitioners, followed by the clinical staff at the care home and assisted boarding house. Pharmacy staff were added later. Each team had their own list of patients, confidentially sharing high-level relevant information, as required. Tasks, chat messages and clinical updates could then be easily seen across organisations, allowing seamless communication and collaboration between the staff groups.

Results

- Since implementation, **serious medication and communication errors** have significantly reduced. In a number of instances, significant medication errors were avoided.
- **30–60 minutes** of GP time has been saved per day on average, and even more on weekends and after hours.
- **After 6 months** the platform is fully embedded and CAREFUL has evolved as the favoured means of communication. Tasks, chat messages and relevant, high-level clinical information are now shared on CAREFUL.
- With more effective use of his time, the GP reports he can provide **better and more immediate care** to his patients, because he is no longer chasing - and being chased - for tasks, results and decisions. This has given him substantially **more face-to-face time** with his patients.
- Nursing staff also report **less stress** in communicating medical problems to the GP and are more reassured with the fact that answers come back more quickly and are better and more rapidly documented and audited.

Forward-looking focus to address interoperability with clinical and care systems

91%

of staff report **IMPROVED WORKFLOW**

91%

of staff report **IMPROVED SAFETY**

97%

of nurses report **IMPROVED COMMUNICATION** with doctors