

Royal Women's Hospital

Enhanced Primary Care Demonstration Project

Project Summary

The project seeks to improve the hospital discharge planning process at the Royal Women's Hospital, Melbourne, by facilitating General Practitioner involvement via the use of Enhanced Primary Care MBS item numbers. The units involved in the project are:

- Women's Alcohol and Drug Service (a specialist antenatal service for women with unstable drug and alcohol problems),
- Fetal Management Unit (Statewide service for women who have an abnormality detected in their baby),
- Oncology (Statewide service for women with gynaecological cancer and breast disease),
- Neonates (50 bed neonatal and special care nursery).

Critical Issues

- To have the necessary policies and procedures in place prior to the commencement of the project, such as routine collection GP details in the patient's medical record.
- Support from senior hospital executive
- Consultation and "buy-in" from senior medical staff prior to commencement of the project.
- The realisation that change takes time
- Ensure process of care planning and case conferencing is well understood by all staff
- It is the process, not the personnel, who will determine success. However, at least one "champion" is needed to promote the project in participating units who values the role of the community GP

Success Factors

- Inclusion and education of all levels of staff in participating units
- Planned approach – in both process and implementation
- Flexibility – to tailor documentation to specific needs of each unit.
- The project needs to be "driven", especially in the early implementation phase
- Development of a project team in each participating unit to act as consultants for each participating unit and identify eligible disease states or diagnoses
- Put in place as soon as possible, methods to enable sustainability
- Identification of disease states/diagnoses rather than individual patients for whom care planning or case conferencing is appropriate.

Identified Barriers

- The value of the GP as a community provider for patients with a chronic and complex condition with multidisciplinary care needs
- The difficulties associated with getting relevant people together
- Lack of time for both hospital staff and GPs
- Motivation of hospital staff and changing practice.

Contact Details

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