

Northern Rivers - showing the way

AS WE DRAW closer to LW3 I find myself becoming increasingly excited. It will be a time of celebration of our progress, a time to reflect on the journey so far, and to acknowledge your achievements.

We have practices presenting in each of the three topic areas.

1. Access – Alstonville clinic, Prema House, Nimbin Medical Centre & Meadows
2. CHD – Tintenbar Medical Centre
3. Diabetes – Dharah Gabinj (Casino AMS)

These practices were asked to present because we in the Northern Rivers are among the most advanced practices in the Collaborative in terms of moving through the change principles. This should come as no surprise, as we know that the this is an innovative and progressive area. The achievements of every member of the team are to be celebrated!

'AS GOOD AS IT GETS – OUR COLLABORATIVE JOURNEY'

We will be presenting during the dinner on Friday. Those of you who did not attend WOPPA (except Jacquie who has agreed to replace Judy), will be needed on stage wearing your Hippicratic t-shirts and singing along, at least

with the chorus! There are three songs in the presentation, which takes about 20 minutes. I will print copies for all of us.

We really want to demonstrate the solidarity and team spirit of the Hippicratics, so really need all of us on stage. However if you are really phobic about being on stage, of course no one will force you.

STORY BOARDS – OUR JOURNEY
Since story boards will be on display all Friday for judging and voting, I wonder whether we should wear our T-shirts during Friday also. Let me know what you think, so we can decide before Friday 9th.

TEAM TIME AFTER LUNCH, SATURDAY 10 SEPTEMBER

This is very precious time for the Hippicratics as it is time for us to plan for the next 12 months and decide:

- How often we want to meet, ie. monthly, every six weeks?
- Meet as Wave 1 group only or with Wave 2 practices
- Plan get together with Wave 2 practices – tentative date 15/11/05.

But also to reaffirm our commitment, clarify where we are going and, as always, share ideas and warmth.

Hi Hippicratics,

Here's the last song - commit it to your memories!

Amazing Fate (sung to tune of Amazing Grace)

Amazing Fate how sweet the sound
That saved our practices.
Collaboratives have saved our lives
Were blind but now we see.

We've heard ideas we've never had
Learnt skills to plan and act.
Thank you NPCC for grander vision
And the hour I first believed.

We came to Learning Workshop One
And found we were not alone.
The Hippicratics we became,
A team to lead us home.

(words: Judy, Jacqui & Sandi)

Regards,
Sandi Hill, Program manager

News Briefs

Monthly measures

Next due by 7 September. So you can complete data extraction from Thursday 1st. Do try to submit at least one PDSA in each area, it really is the way to keep moving.

By now most of you have validated your databases so can trust the accuracy of you measures. Don't forget to share the results with your practice team and give praise and credit to the team. Remember any improvement

is good, however small, and helps you to keep on track.

Diabetic Complications and Assessment clinics – Casino AMS

At our last collaboratives meeting at the division, some of you expressed interest in attending a DCAC.

The next clinic is happening on October 5 at Casino AMS and October 26 at Tabulam Outreach. Please contact Jo Cooper (or Mick Roberts) at Dharah Gibinj to make arrangements to attend on 6662 3514.

NEXT MEETING LW3 9-10 September - MELBOURNE

LOCAL COLLABORATIVE MEETING

**Tuesday 18 October 7.00pm at division's offices,
16 Carrington St, Lismore.**

Sample PDSA - Description

To identify the cohort that has both diabetes and CHD and to specifically review how the group is travelling with the target parameters and to target this group for proactive care with the practice nurse.

Cycle	Plan	Do	Study	Act
1	Practice manager to search the database to identify cohort with comorbidities GP to review the identified files and check the parameters Practice nurse to actively recall this group to engage them in a process of motivation and self care.	Executed on 28.07.2005 Practice nurse not available for a further 2 weeks. Proactive care will start on 15.08.2005	17 patients identified with comorbidities of diabetes and CHD 53% had a target HbA1c 29% had a target cholesterol 47% had a target BP (<130/80) 82% were on aspirin 88% were on a statin	BP and cholesterol and HbA1c targets need proactive care. To this end, the practice nurse will recall all 17 patients to start exercise program, dietary review, and set goals for ongoing review. GP will review these patients re their medication management.