

Establishing coronary heart disease & diabetes registers

CHANGES PRINCIPLE 1

AS THE NEW WAVE begins to work on establishing a system for creating, validating and updating a register of people with diabetes or CHD, I realise that wave 1 practices would benefit from revisiting the first change principle, for example:

- Have you developed practice specific protocols/guidelines to ensure that there is consistency across your practice in identifying patients with CHD (ischaemic heart disease) and diabetes?
- Are there diagnosis codes and reasons for visits that all the GPs in the practice need to agree upon and consistently use?
- Validating a register is not a one off activity but requires regular maintenance. Maintenance of registers and keeping registers updated on a continuing basis could be a regular PDSA.

- Have you identified who will maintain the register? Could this person be formally recognised as the register manager? Would this person need training? How much protected time is needed to maintain the register?
- How will you identify new cases or changes in diagnosis?
- How will you ensure the information reaches the register manager and is recorded and coded appropriately?
- How will the GPs in your practice notify the register manager of changes to patient information?
- Do you need a system to check routinely the quality of information on the register?
- Do you need to document your system for maintaining the register so things run smoothly when the register manager is away?



Hi Wave Twos & Hippicratics,
To all you wonderful change leaders (Hippicratics and Wave 2 practice change leaders), I wish you a very joyous Christmas and peaceful and prosperous 2006.

Thank you for one of the most rewarding work opportunities in my 30 years of working life. I have loved, and will continue to enjoy, working with you all as you continue to show your commitment to positive outcomes for GPs, staff and patients.

I am so impressed by the progress you have all made as leaders of practice system improvements and their impact on management of the two major chronic diseases of western society - ischaemic heart disease and diabetes, as well as beginning to tackle the more challenging issue of access.

See you all next year.
Regards,
Sandi Hill, Program manager

Wave 2 Learning Workshop 1

ONE STATEMENT THAT I heard in a presentation at Wave 2 learning workshop 1 that really resonated with me was:

“*If we are truly committed to quality, almost any mechanism will work. If we are not, the most elegantly constructed of mechanisms will fail.*”

Wave 2 Learning workshop 1 was an inspiring experience for the new team and they are all fired with enthusiasm. All achieved the five day challenge to begin to use the PDSA methodology to effect positive change in their practices. They submitted at least one PDSA on line within five days of LW1.

Tony Lembke's presentation of his dia-

betes session to the new group was again very well received. In fact, the Northern Rivers team commented that it was the most useful breakout session that they attended.

The DVD of Kingsley Pearson talking about improvements to patient access, made at Prema House as a result of his

involvement in the collaboratives and shown during Andrew Knights Access plenary session on day one, was also very well received. It has already been used by the NPCC team - shown to their board as well as at a Federal government meeting.

We were also very proud of Tony in his role as Wave 2 clinical chair and his closing session gave very useful tips on 'where to from here'.

NEXT MEETING!

Wave 1 & Wave 2 combined LOCAL COLLABORATIVE MEETING

Friday 3rd February 6.30pm for 7pm start
in Lennox Head (venue TBA).