Geriatrics Referrals Improvement Project (GRIP)

Aim Statement:
Within 12 months, all the referrals to Aged Care meet the minimal referral information requirements

Background to problem worth solving
Semi-formalised process for referral to the aged care service. Inadequate knowledge of the referrer in terms of appropriateness of the referral, the referral process, requirements of information, the capacity and the role of the aged care unit. This has resulted in referrals being sent to multiple channels, inadequate information received, increased time and effort to gather the correct information and ultimately led to a delay in the decision-making process and increased the medico-legal risk faced by the organisation.

Team members
Sponsors/Guidance team
- Dr Stephen Hampton (Executive Medical Director)
Project Team
- Dr Welkee Sim (Geriatrician, Long Bay Hospital)
- Linda Malusa (Nurse Practitioner, State-wide, Aged Care)
- Cindy Stoupas (Clinical Nurse Consultant, Specialist Mental Health Service for Older People, Long Bay Hospital)
- Elizabeth Trowney (Nurse Unit Manager, Aged Care & Rehabilitation Unit, Long Bay Hospital)
- Dr Andrew Watt (Psychiatrist, Long Bay Hospital)

Driver Diagram

Primary Drivers
- Improve information on referral documentation
- Not using appropriate screening tools

Secondary Drivers
- Collateral history - not provided
- Lack of access to other health professionals
- Lack of interpreters
- Employment of more staffs

Change Ideas
- Develop referral guidelines
- Develop referral assessment tool to be more comprehensive
- Develop referral process as variable (entry points), processes of referral

Priority Change Ideas
- HIgh Impact: High Implementation: Easy
- HIgh Impact: High Implementation: Hard
- Medium Impact: Medium Implementation: Easy
- Medium Impact: Medium Implementation: Hard
- Low Impact: Low Implementation: Easy
- Low Impact: Low Implementation: Hard

Results: Outcome Measures

Overall Outcome of Project:
- We were able to achieve our stretch goal, despite change of staff halfway through the project.
- Current study only targeted several referral sources and overall number of referrals was small
- We were able to pick the two most important change ideas to implement
- The challenge in the future is to maintain the gain.

Plans to sustain change
- Regular information sessions for staffs
- Continue to collect data on a regular basis and perform yearly audits
- Recruit more staff – Nurse Practitioner
- Obtain feedback from staffs

Plans to spread/share change
- Submitted to the ACI Innovation Exchange

Link to National Standards
Standard 6 - Clinical Handover

Planning PDSA Cycles to test Change Ideas

PDSA Cycle: Referral Guidelines

PDSA Cycle: Single Referral Point

Results – Impact of the Change Ideas tested via PDSA

Results – Outcome Measures

Number of Referrals Reviewed

All Referrals Were Reviewed

Outcome Measures:
- Decrease in the number of referrals and referrals with complete information
- Increase in the number of referrals and referrals with complete information
- Number of referrals with complete information

Within 12 months, all the referrals to Aged Care meet the minimal referral information requirements