

IMPROVING THE CARE OF HOUSEBOUND PATIENTS IN PRIMARY CARE

Dr Michelle Downer, GP, Blackhall Medical Centre

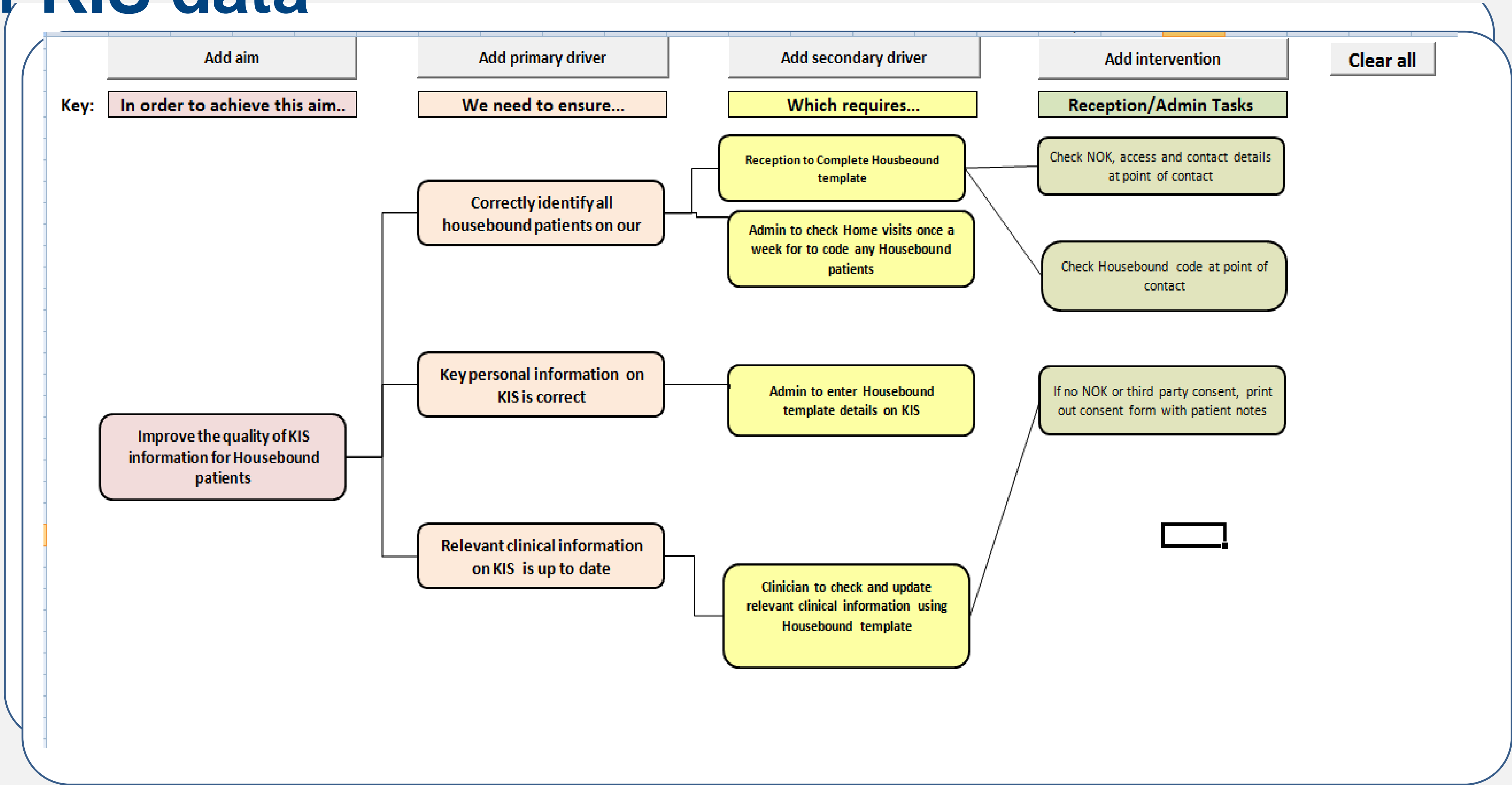
As a practice of 6500 patients there are nearly 100 housebound patients and these numbers are rising due to an aging population. These patients often have complex co-morbidities with a high frailty index and co-ordinating their care with different agencies (primary care, secondary care, social care, SAS, OOH, district nursing team) can be challenging due to difficulties in communication and sharing information. This project aims to improve this pathway to ensure that these vulnerable patients are effectively managed in the community by improving the quality of information gathered in primary care and shared on the Key Information Summary (KIS)

Aim statement

To improve the quality of information shared of KIS for housebound patients at our practice

Measuring quality of KIS data

Introduction of housebound template to use by clinicians
Measurement of initial KIS data



Tests of change

- After initial process mapping
- After 1 month
- After 3 months
- After 6 months

Tools

- Processing map
- Pareto chart
- Balancing measures – GP & receptionist questionnaire

Effects of change

All housebound patients coded effectively with the key information in the KIS
Ongoing process for checking and updating this information on a regular basis

Lessons learned and message for others

The importance of engaging all staff in the process – in the case of primary care clinicians and administrative have shared responsibility in gathering and updating information