



# COMMUNICATION TO THE GENERAL PRACTITIONER

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## PROBLEM

Copenhagen Centre for Cancer and Health (CCCH) offers municipality-based rehabilitation for 1400 cancer patients annually. The overall goal is to improve or stabilize HRQoL. The rehab program is planned due to patients' needs and may include physical training, nutritional counselling, patient courses etc.

During and after rehabilitation, the general practitioner (GP) follows up on e.g. physical training or referring. Proper communication between CCCH and GP is critical to ensure continuity of care. However, the procedure for communication between CCCH and GP is not always followed by CCCH staff, potentially resulting in insufficient rehabilitation which may negatively affect patient outcomes.

## INTERVENTION

Based on a driver diagram the improvement team worked with two primary drivers conducting PDSAs:

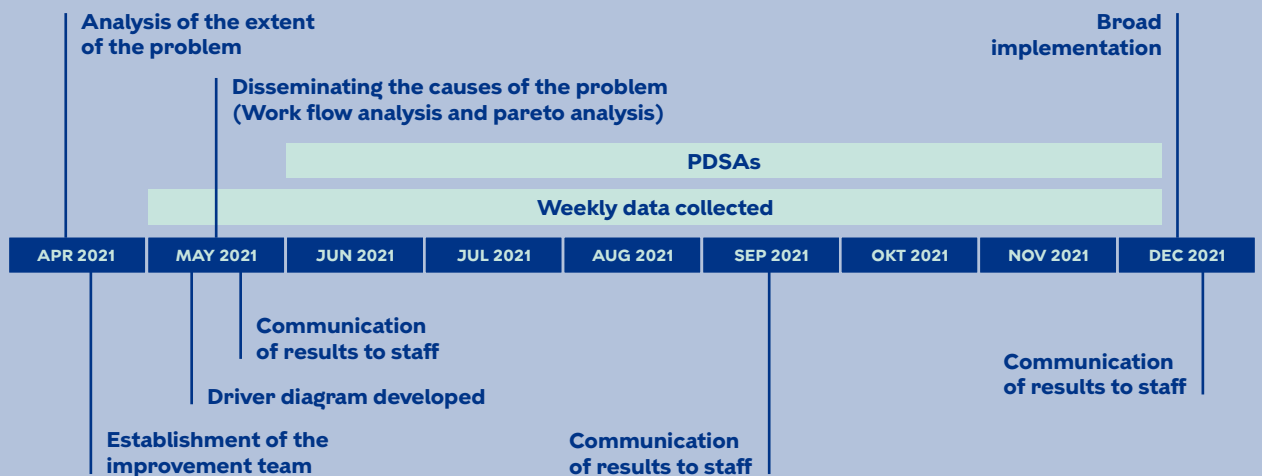
Improved documentation aiming frontline-staff:

- Video with GP
- Short and simple guidelines for initial and follow up consultations
- Documentation expert appointed in each team
- Structured training in documentation practice for newly hired staff
- Re-training in documentation practice of experienced staff

Interest and support from the management team:

- Data was presented repeatedly for the management team and to all staff every three months to show improvements

## STRATEGY FOR CHANGE



## EFFECT OF CHANGE

Data was collected by weekly audits in the CCCH electronic journal system.

- Sent out correspondence letters: The median increased from 42 % (baseline) to 67 % (fig. 1)
- Sent out epicrisis: The median increased from 80 % (baseline) to 88 % (fig. 2)

Fig. 1: Correspondance letter to GP

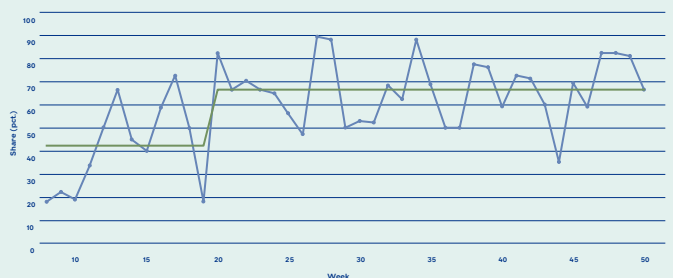


Fig. 2: Epicrisis to GP

