

Mangere Heath Centre

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INR MANAGEMENT BUNDLE

Organisational “Buy - In”

Aim: To ensure consistent INR documentation & management across all clinical staff

Buy-in

Information documentation/management accurate but documented in varying ways.

Offering an IT tool & protocol which would standardise this aspect was enough of an incentive for all clinical staff who may have wasted time searching for the information in different parts of the PMS when on call

Change Ideas

Create a new IT tool within PMS which houses initial reason/disease, duration, target range, results, BPAC dosage regime, comments all in one place.

Ensure all practice teams (7) have information uniformly documented, this makes management much simpler when it is not the patient's preferred GP/nurse providing the care

Monitor usage of tool & ensure it evolves until all encompassing & accurate

What Changes have you tested?

	Change Tested	Outcome
1	All Gp's recording disease/duration & target in same location within PMS	Information recorded in body of notes but only 28% were recorded in new location
2	New IT tool functional late September- what is the usage	Full utilization not able to be calculated due to late installation
3	Findings from tool usage	Where to record special instructions? ie "phone mum to advise results & dosage" Suggestions sought & being reviewed

Most Successful PDSA Cycle(s)

PLAN

Identify any gaps in Warfarin management & documentation

-INR information consistency of documentation location

-create INR IT tool within PMS to facilitate consistency

DO

Seek feedback on proposed content of tool

PDSA continued

Test new IT tool

Implement new tool

STUDY

Compare audits pre & post new tool usage

Disseminate information to clinical staff on
audit findings- low completion (28%) of
adding to current problem

PDSA continued

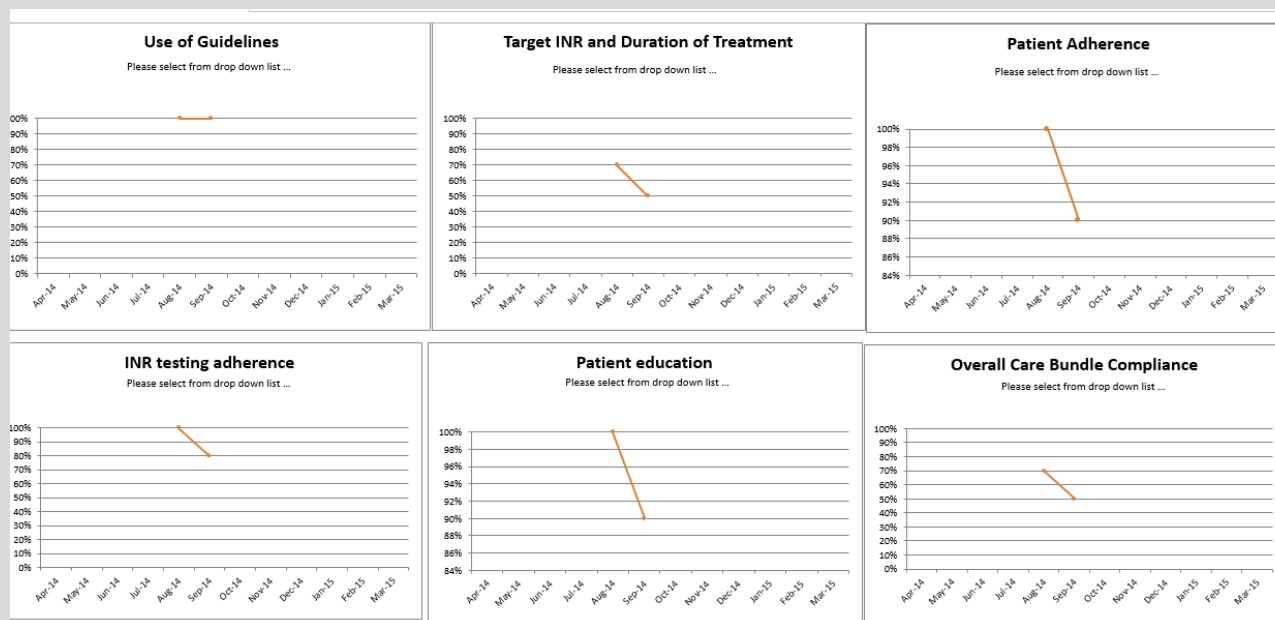
ACT

Reinforce education in IT tool usage & adding to current problems

Complete audit re usage each month & share information to assist in change behaviors

Measures Summary

Briefly describe what you are measuring and how and why? Include your bundle's run charts
Adherence to guidelines, recording of base info upon diagnosis, education



Highlights and Lowlights

- Staff have been thoughtful & incisive in their contributions & suggestions for our new protocol & IT tool & have been keen to implement same
- Staff have demonstrated the need for frequent reinforcement to occur to effect change

Achievements to date

INR management IT tool & new protocol created using practice wide feedback, experience & knowledge.

Tool & protocol tested & open & constructive comments supplied re usage to enable improvements

Initially the changes show a blip in adopting our new protocol, however we are positive this will improve going forward. However it must be recognized that the management is adequate & appropriate, it is the location & mechanism for documentation that is not meeting the new standards.

Other thoughts

No work undertaken on trigger tool yet as waiting for Beven to supply some predetermined directions for MyPractice software as discussed.