

# Mangere Health Centre

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Team Champions:

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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

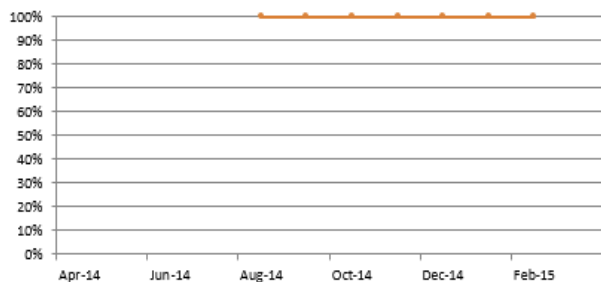
Reinforce education in IT tool usage & adding to current problems

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

# Measures Summary

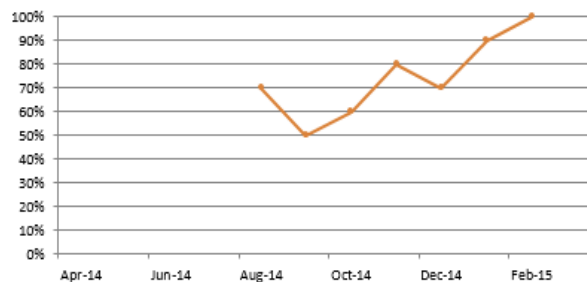
## Use of Guidelines

Please select from drop down list ...



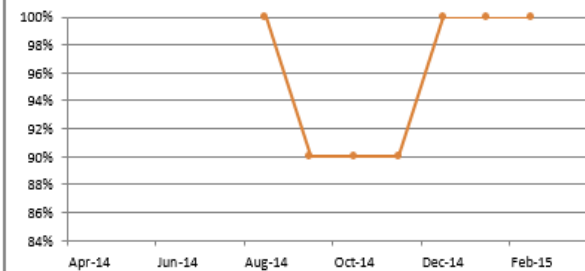
## Target INR and Duration of Treatment

Please select from drop down list ...



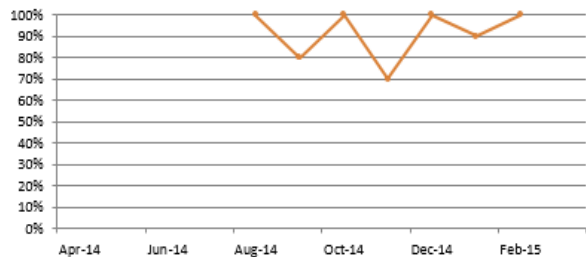
## Patient Adherence

Please select from drop down list ...



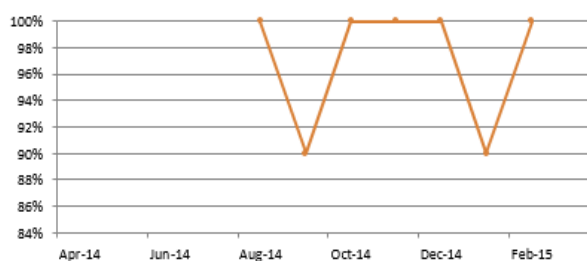
## INR testing adherence

Please select from drop down list ...



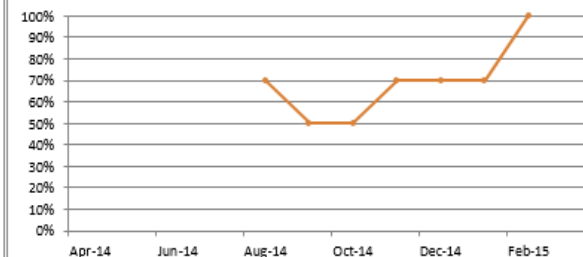
## Patient education

Please select from drop down list ...



## Overall Care Bundle Compliance

Please select from drop down list ...





## 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

# Trigger Tool / Climate Survey

Trigger tool performed Jan 2015:

Surveyed 13 records to find 5 incidents

1 Hypoglycaemia, 1 fall at home

3 Medicine reconciliation (ACE, carbimazole, colc).

Time taken – approx 90mins

Plan:

Discuss findings at peer rv

Rv meds documentation (stopping/starting)

Rv comms with insulin patients

Rpt trigger tool in 6m.