Marsden Medical

Safety in Practice
Results Handling

Jim Lello, Monique Pearce, Lyn Smith

4th November 2014

Is it worth it to our clinical practice?

- Full practice SIP introductory meeting
- Orientation of staff and trainee (registrars and nurses)
- Explicit process (for all of clinical staff and patients)

- Key facilitators of the SIP initiative at the practice:
  - Dr Jim Lello (Medical Director)
  - Monique Pearce (PN)
  - Lyn Smith (Admin)

What has the process highlighted?

1. Review time (timeliness)
2. Clinical Decision time < 7 days recorded
3. Clinical action done
4. Patient informed
5. Checking for results not returned to the practice

Observations from the Audit Process

Question 1:

Were the test results reviewed by a clinician within 1 working day of being received?

Question 2:

Was a definitive decision recorded by a clinician on ALL test results within 7 calendar days of being received?

Percentage Compliance

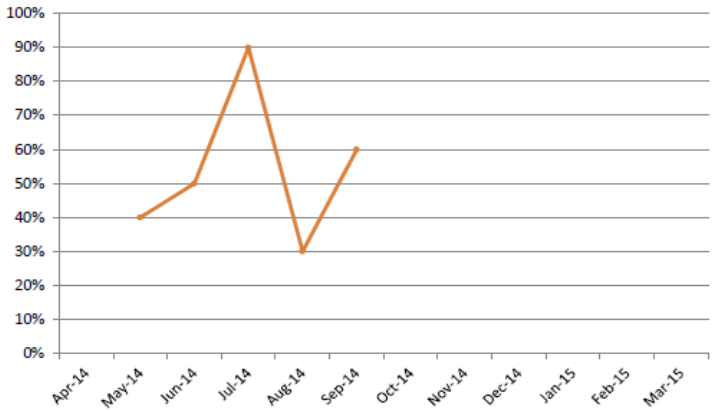
	May	June	July	August	September
Question 1	***40%***	***50%***	***90%***	***30%***	***60%***
Question 2	***90%***	***100%***	***100%***	***100%***	***100%***

Observations from the Audit Process

- alphabetical order of review – those whose names were further on → experience longer delays
- Part time practitioners → longer review timeframes
- 100% compliance achieved with questions 3 & 4 – decisions actioned & patients informed

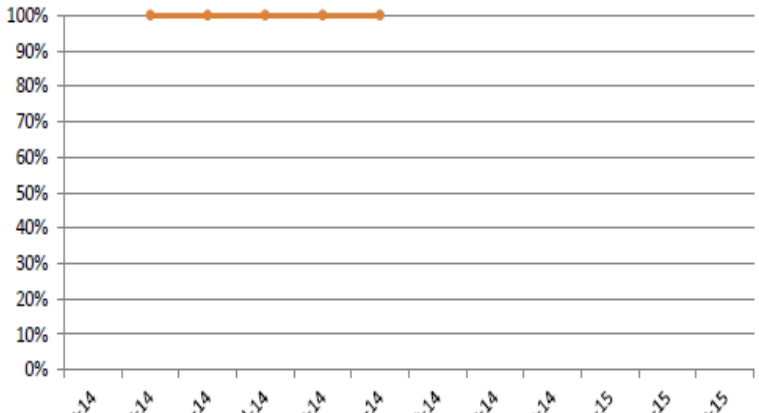
Clinician review within 1 day

Marsden Medical Practice



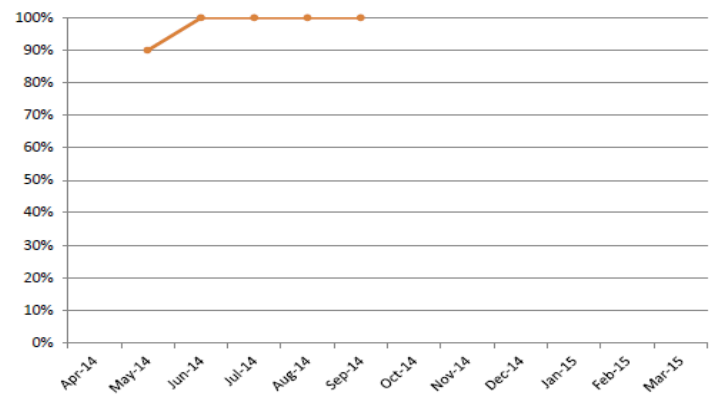
Decisions Actioned

Marsden Medical Practice



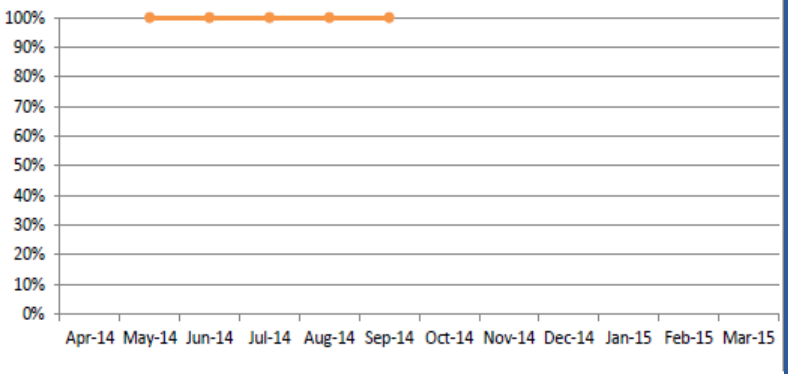
Decision recorded

Marsden Medical Practice



Patient informed

Marsden Medical Practice



Results Handling – Improvements Implemented

- Looked at process of clinical reviewing, and altered some simple things – e.g. alphabetical order of review so that patients with surnames starting later in the alphabet weren't always left until last
- Instituted annotation of all results – even negative / normal tests
- Flagging follow-up tests more assiduously
- Gave consideration to recall system for all tests ordered
- Making explicit professionalism of the testing process – you order it you personally check it or manage for the test to be seen by an appropriate clinician. E.g. DVT testing , acute MI testing and understanding the role of the laboratory in this (mobile numbers)
- Remote access of clinical staff to the system after hours discussed

Screening patients records to detect potential or actual patient harm

Observations from the Trigger Review?

- introduction of process to peer review group (5 GP Principals)
- Discussion of concept within allocated practice meeting devoted exclusively to clinical review (GP principal, GP associate, GP registrar, clinical nurse-manager, practice nurse, and clinic reception admin staff)

Selection and discussion of four patient 'harms' identified by some of the eight triggers highlighted in the NZMJ article by Eggleton and Dovey

-adverse drug reaction documented in record
->=2 consultations with GP in the practice within a week
- medication ceased
- >6 medications prescribed at the same time
- Attending ED or A&M within 2 weeks of seeing GP