

East Tamaki Healthcare

PHO and Facilitator:

Total Healthcare PHO; Dr Richard Hulme

Team members:

Mt Roskill Medical & Surgical Centre, Ranui,
Glen Innes, Wai Health, Nirvana Health Group



MT ROSKILL Healthcare

FAMILY DO

PLEASE REPORT TO RECEPTION ON ARRIVAL.
Please notify the Receptionist

If you have...

- Breathing Difficulty
- Chest Pain
- Swelling
- Foul Smell

If you are a new patient
Registration / Consent to Care

No eating or drinking in centre

Please turn off your cell phone

*We would appreciate you help to protect your medical confidentiality and privacy.

LIST OF CHARGES

CHARGE	AMOUNT
GENERAL CONSULTATION	\$150
PHYSICIAN VISIT	\$150
PHYSICIAN VISIT (NEW PATIENT)	\$200
PHYSICIAN VISIT (EMERGENCY)	\$300
PHYSICIAN VISIT (URGENT)	\$250
PHYSICIAN VISIT (WALK-IN)	\$180
PHYSICIAN VISIT (TELEPHONE)	\$100
PHYSICIAN VISIT (NIGHT)	\$350
PHYSICIAN VISIT (WEEKEND)	\$350
PHYSICIAN VISIT (HOLIDAY)	\$350
PHYSICIAN VISIT (EVENING)	\$350
PHYSICIAN VISIT (SUNDAY)	\$350
PHYSICIAN VISIT (MONDAY)	\$350
PHYSICIAN VISIT (TUESDAY)	\$350
PHYSICIAN VISIT (WEDNESDAY)	\$350
PHYSICIAN VISIT (THURSDAY)	\$350
PHYSICIAN VISIT (FRIDAY)	\$350
PHYSICIAN VISIT (SATURDAY)	\$350
PHYSICIAN VISIT (SUNDAY)	\$350
PHYSICIAN VISIT (HOLIDAY)	\$350
PHYSICIAN VISIT (EVENING)	\$350
PHYSICIAN VISIT (WEEKEND)	\$350
PHYSICIAN VISIT (HOLIDAY)	\$350
PHYSICIAN VISIT (EVENING)	\$350
PHYSICIAN VISIT (WEEKEND)	\$350
PHYSICIAN VISIT (HOLIDAY)	\$350

WOULD YOU LIKE TO BRING YOUR CHILDREN ARE HEALTHY. FREE REGULAR CONSULTATIONS. MAKE US ONE OF OUR CLINICS TODAY!

MANAGER

Organisational “Buy - In”

Aim:

To achieve an INR in range at least 60% of the time for all patients on Warfarin in all four SiP ETHC practices by 2 November 2015

Buy-in:

- Create awareness of variation in a process & the potential for patient harm as a result
- Provide training on tools to reduce variation
- Provide coaching & regular feedback on the process

Change Ideas

Driver Diagram Change Concepts:

- Primary Drivers – doctors not following guidelines; nurses not asking patients what they were doing
- Provide a summary of the BPAC INR guidelines to doctors & nurses; meet with doctors not following guidelines

Driver Diagram Change Ideas:

- Audit guideline adherence & provide feedback to staff (BQ1)
- Survey nurses on the value of having a summary of the BPAC INR guidelines (BQ1)
- Survey patients on their understanding of Warfarin & INRs (BQ2-4)

What Changes have you tested?

	Change Tested	Outcome
1	Using the INR Advanced Form for all INR results & completing all fields	All four practices using INR Advanced Form for all INR results & completing all fields; (previously 3/4 practices)
2	Providing a summary of the BPAC INR guidelines for doctors & nurses & providing regular feedback on utilization	BQ1
3	Surveying patients about their knowledge of Warfarin & INR testing	BQ2-4

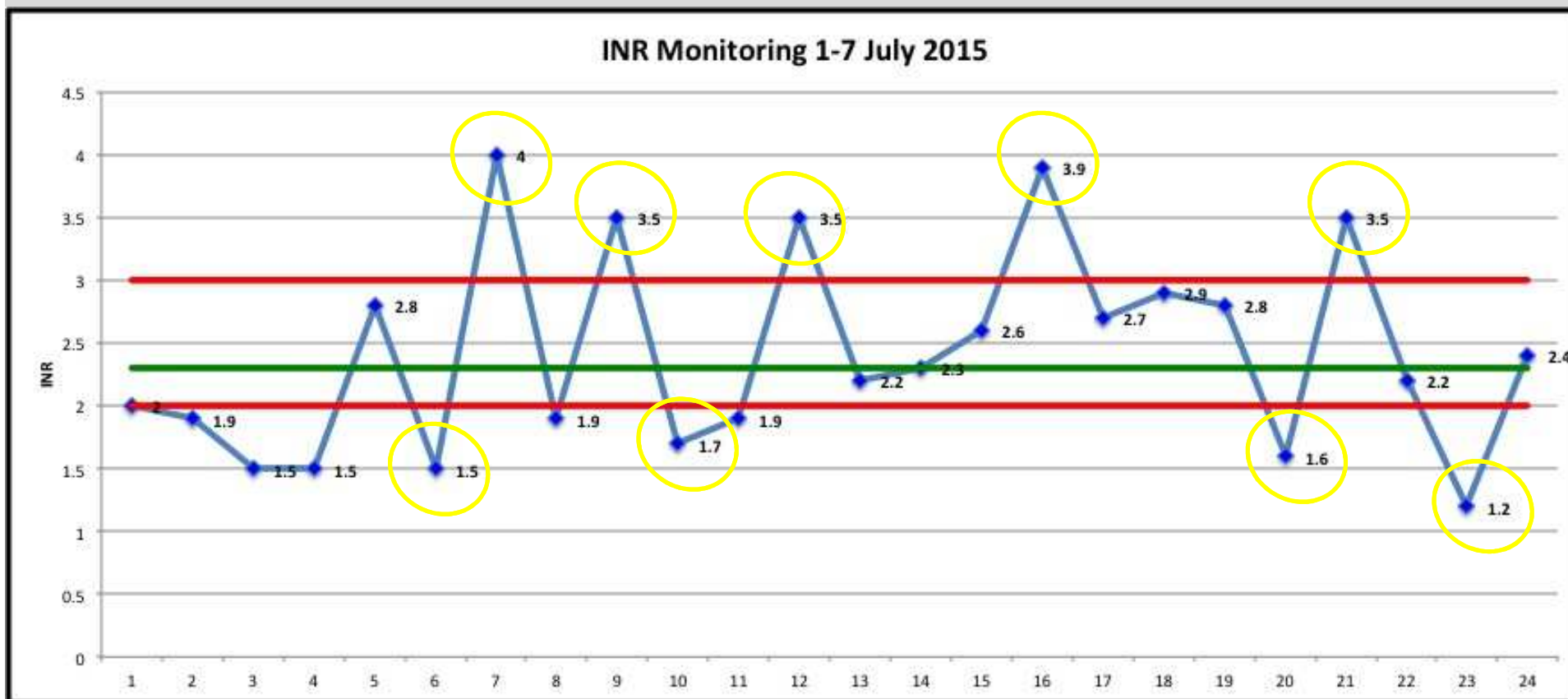
Most Successful PDSA Cycles?

Plan/Aim/Prediction: To provide a training resource & reduce process variation by introducing a summary of the BPAC INR guidelines for clinicians

Do: (1) Nurses used the resource as a checklist when discussing results outside the therapeutic range with patients & reconciling with patients what they were doing. (2) Patients' health literacy improved. (3) Nurses started documenting what patients were doing to guide doctor's in INR management. (4) Doctors were more aligned in INR management.

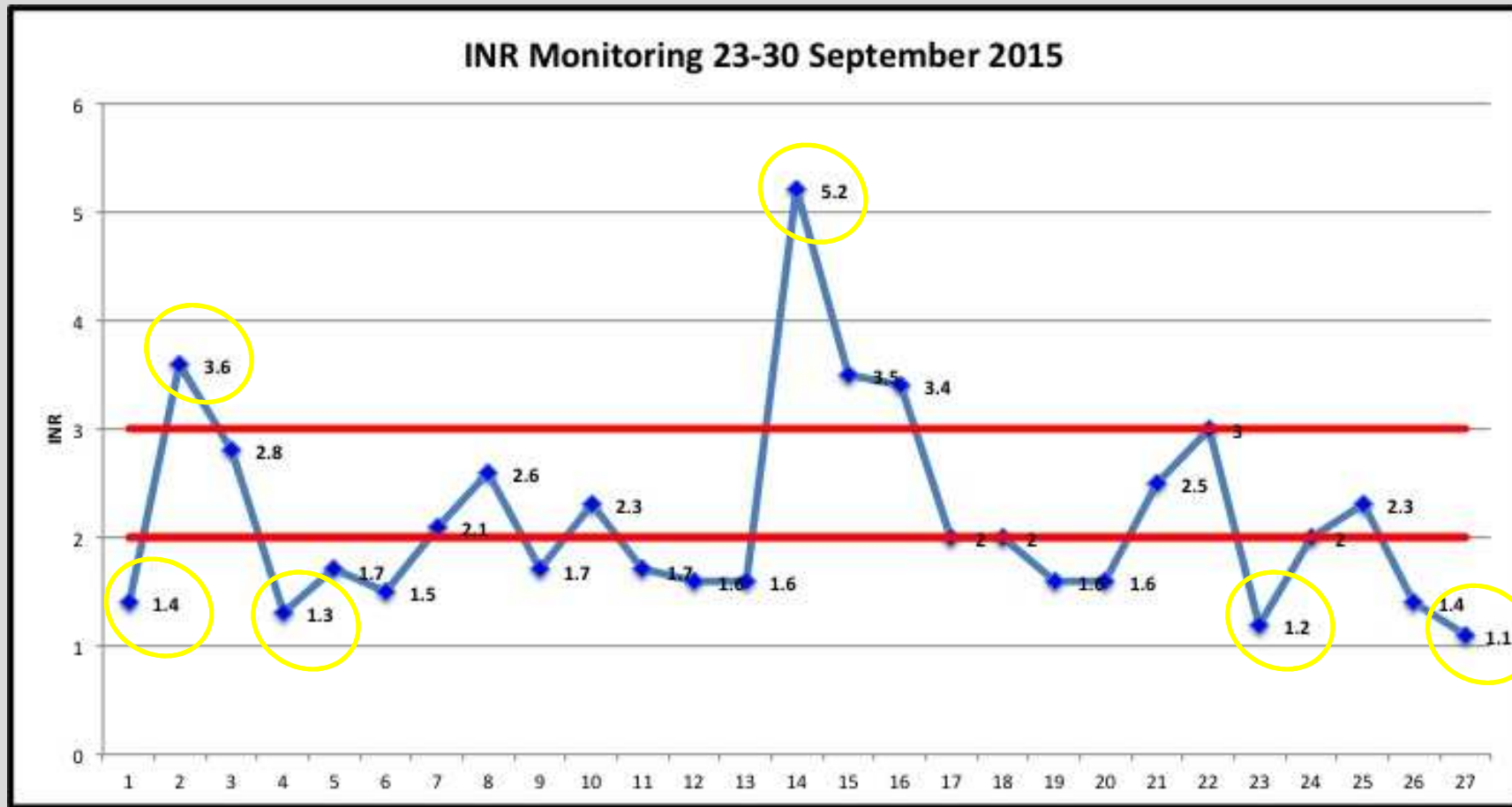
Most Successful PDSA Cycles?

Study: Before



Most Successful PDSA Cycles?

Study: After

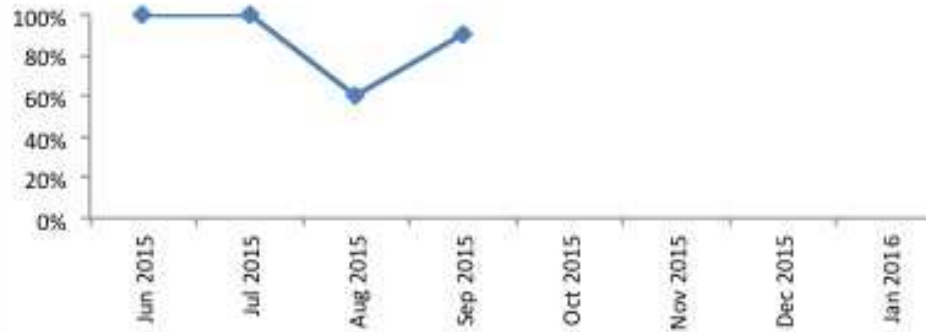


Most Successful PDSA Cycles?

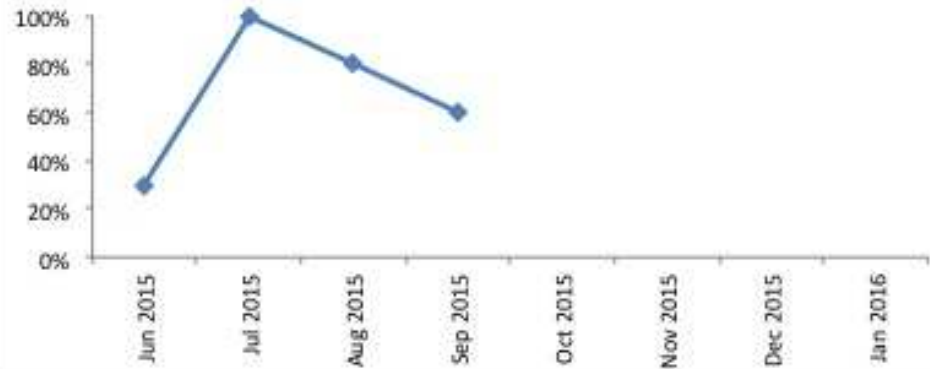
Act: Roll out the summary of the BPAC INR guidelines to clinicians in other practices within the Nirvana Health Group network

Measures Summary

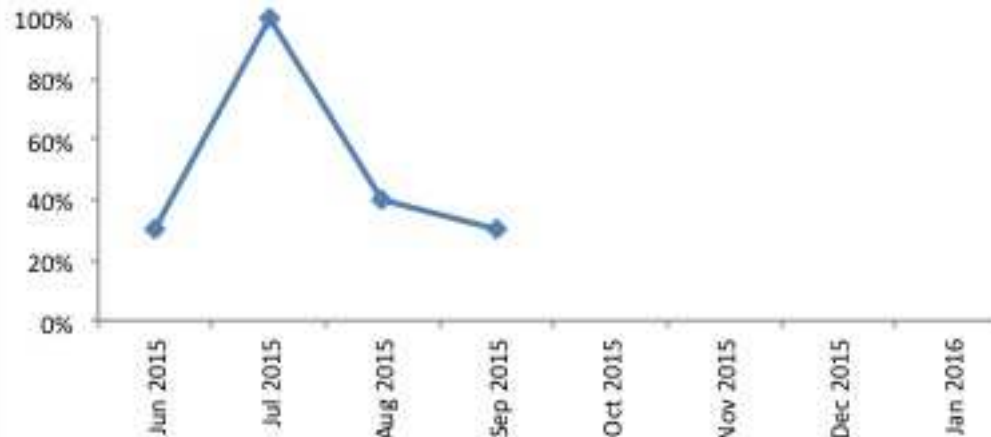
Is there evidence that the last advice on Warfarin dosing given to patient followed current local guidelines or used computer assisted decision making?



Since the last blood test, has the patient been taking the correct dose as ordered by the treating GP?



Warfarin Management Overall Compliance



Highlights and Lowlights

- Experiences of the team
 - General Practitioners
 - Stops random decision making; doctors are more consistent
 - Reduces disagreements between doctors on the appropriate management of INR results
 - Nurses
 - Very good; I use it for patient education
 - Administrative staff
 - Very good; I've heard new grad nurses and the other nurses using the resources when advising patients
 - Patients
 - I have a better understanding of foods to limit or avoid

Achievements to date

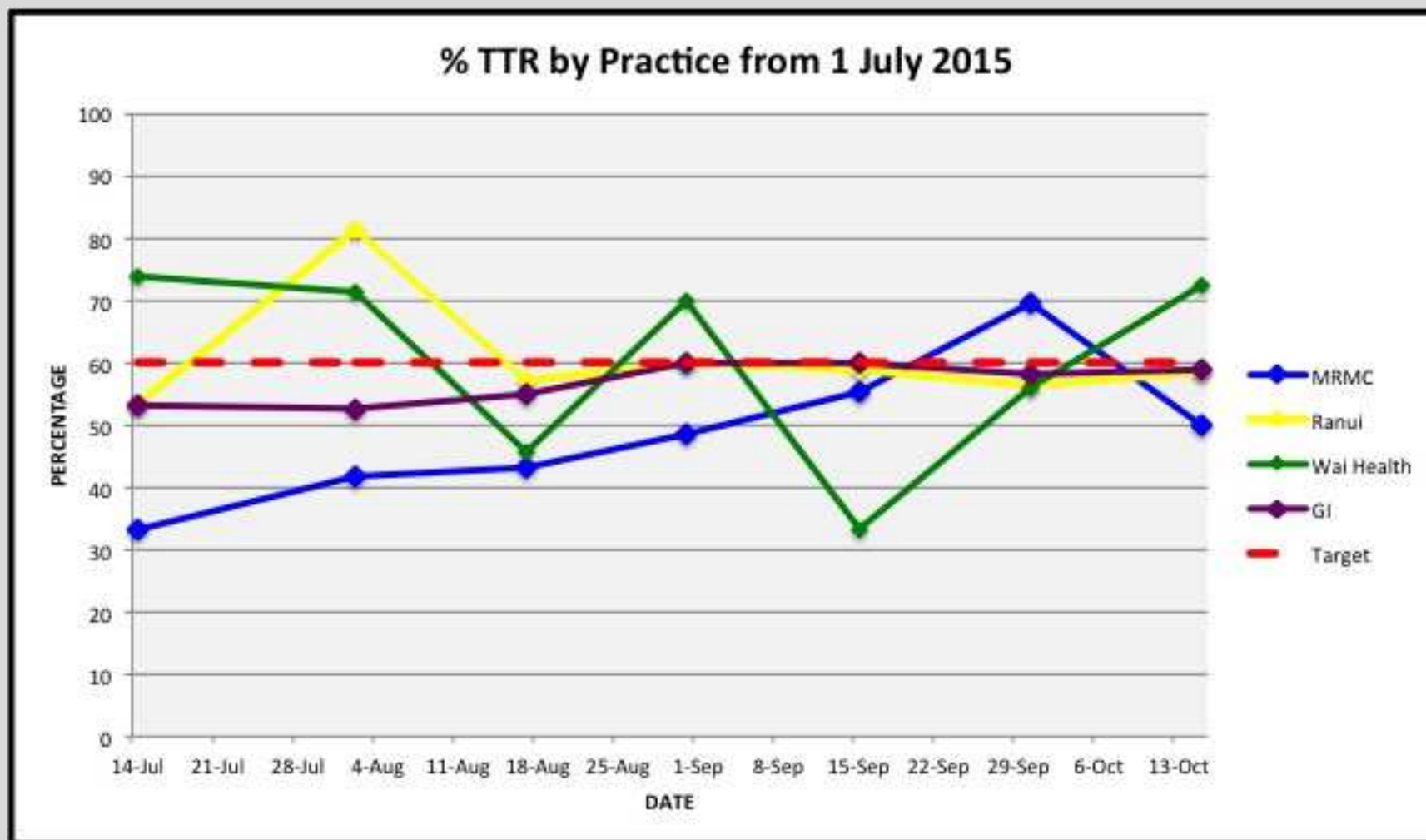
Do you have:

- an agreed aim ✓
- a change package ✓
- a measurement plan ✓

Do people on your team know what their responsibilities are and what is expected of them? ✓

What has changed and what difference have the changes made? The process shows less variation; INR's are in range at least 60% of the time at all practices

Achievements to date



Any other achievements?

Patient survey:

80% patients knew what Warfarin was & why they were taking it.

60% knew the consequences of having too much or too little Warfarin.

60% knew which foods, drinks or medicines interfered with their INR.

40% knew their target INR range.

Any other achievements?

Patient experience:

Val, 66yr old, Maori woman with COPD (ACOS), a penicillin allergy, Type 2 diabetes, OA of her hips and ® knee, and a St Jude's mitral valve replacement in 2011 when she started Warfarin.

Recently she has had two courses of antibiotics (Erythromycin and Cefaclor) for an infective exacerbation of her COPD and cellulitis of her right leg. Her INR's have been elevated on x3 occasions. She doesn't drink alcohol or take NSAIDs for her OA.

