

Bakerfield Accident and Medical Centre

PHO and Facilitator: Waiana Collier

Team members:

Audrey Cassidy - General Manager

Dr Ali Numan - Director,

Sandra Hewlett Charge Nurse

Organisational “Buy - In”

Aim:

To Create a more “robust” results handling system, so that patients are informed/treated in a timely manner.

Buy-in:

Discussion at Doctors meeting monthly meetings.

Discussion at Nurses Meeting

Explained the necessity of auditing our systems for quality control..

Change Ideas

Driver Diagram:

Need to have a more robust reporting system.

Doctors must sign a form and identify who will monitor results when they are not in clinic.

Copy then goes to GM, Admin and Charge Nurse so everyone is in the loop.

Locum or weekend doctors results are to be monitored by Lead Clinician.

What Changes have you tested?

	Change Tested	Outcome
1	Allocating other doctors to monitor inbox of absent or locum doctors.	Tested by auditing of inboxes by absence of doctors. This system worked well and all results were dealt with in appropriate time manner
2	Locum doctors inbox auditing	Lead Clinician audited inboxes/results daily of any locum doctors, especially weekend staff.
3	Monthly audit carried out by Nursing Staff	Random patients results selected as part of patient "Safety in Practice" programme

Most Successful PDSA Cycles?

Plan: Create robust results handling system.

Do: Informed all relevant staff of process and need for this to happen.

Study: Audits were carried out regularly.

Act: Put in place – Form to be filled by each doctor for nomination of a doctor to monitor their results when on leave or away from clinic.

Audit Process: Nursing staff to conduct random checks monthly.
Lead Clinician to audit doctors compliance
General Manager to keep records of staff and leave applications.

Measures Summary

Briefly describe what you are measuring and how and why? Include Dashboard

- How quickly results are dated up.
- How quickly patients are informed
- Locum doctors results on audit daily by Lead Clinician
- The reason for this is to: minimize the time between results/treatment
- Reduce the number of patients phoning the clinic for results.
- Ensuring that results are not missed.

Highlights and Lowlights

- What has been the experience of the team (General Practitioners, nursing and administrative staff and patients) in terms of their involvement in the improvements that have been made
- Medical staff now check inboxes prior to leaving for the day and during the day as appropriate.
- Some doctors are able access from home to check their results.
- Alerts and recalls are being set when repeat tests are necessary.
- Patients are being informed of results earlier than before.
- Doctors sending more task to nursing staff to follow up.

Achievements to date

Do you have an

- agreed aim

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

- All the nursing staff have had an Education session.
- All Doctors have been informed by Lead Clinician.

What has changed and what difference have the changes made?

- The most significant change has been the speed with which results are handled. Doctors who only work on weekends now have results interpreted as soon as they are available by Lead Clinician.

Any other achievements?

Add any thing else you'd like to share here:

- Experiences with trigger tool
- How the work has impacted your team
- Anything else you think might be useful to share