

Learning Session 4

Crawford Medical Centre Results Handling

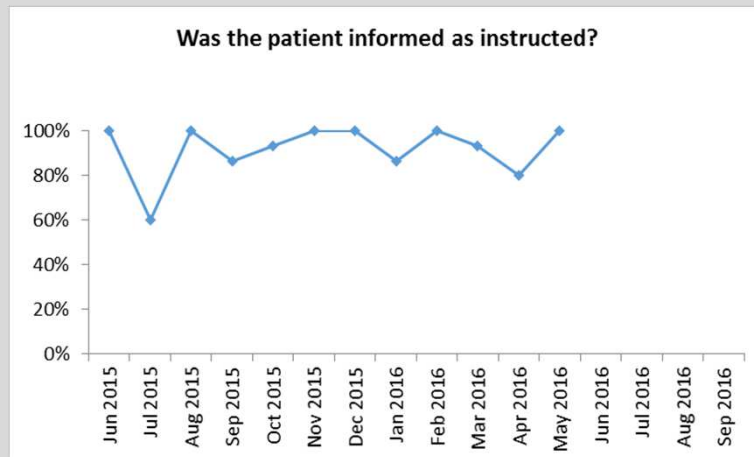
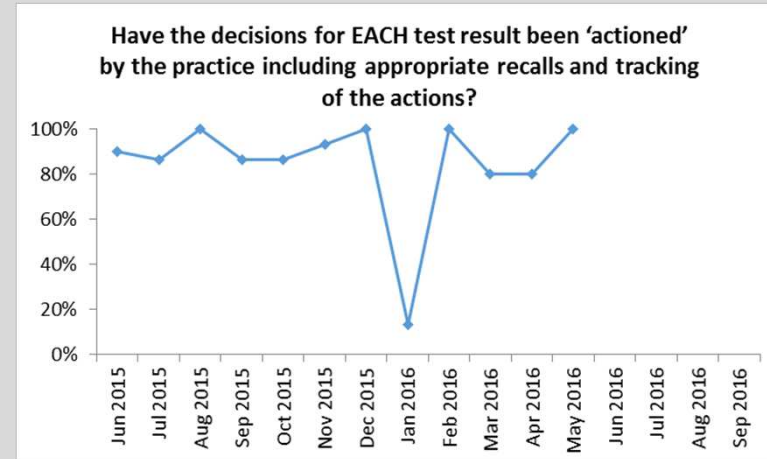
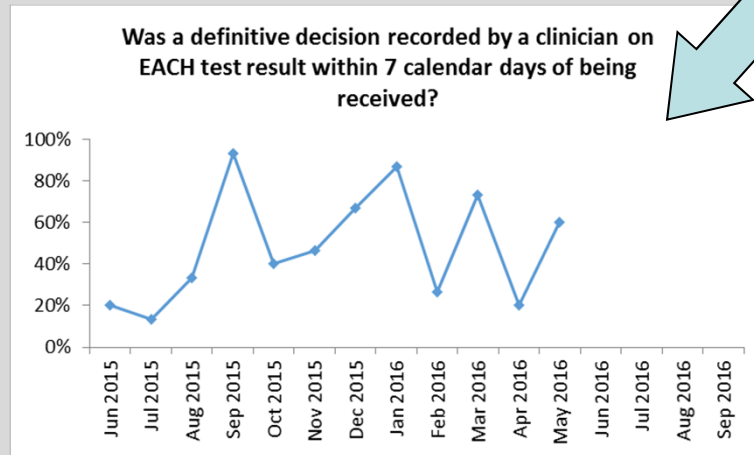
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PHO: East Health Trust

Facilitator: David Harrison

Measures Summary

**This was our hardest to crack!
Trying to get a comment & not just a signed result**



Learnings & Change Package

- Best Change Idea
 - Create quick keys for the range of comments you want and even better one for each dr to use for normal results, eg.
 - .m = Normal CM
- Helpful to know
 - We suggest you select another test other than FBC. There were too many normal results – Obviously this might also be an issue but better to choose a test that will be more likely to yield an abnormal result that needs to be communicated to patients.

Trigger Tool

1. Search Criteria

Patients who had an INR measurement over 3 month period.

2. Harm found:

Private hospital patient's death not notified to the practice admin, remained as active patient. Also not noted as deceased on Concerto.

3. Solution recommended/implemented

Reminded staff of admin person to be notified of a death. Discussed a protocol for private hospitals/resthomes to advise practice of a death of an enrolled patient to be actioned by clinical director.

4. Incidental findings

There were several patients for who potential drug interactions could be expected while on warfarin but no adjustment made to INR recall. A few on NSAID's and warfarin- potential risks may outweigh benefit.

5. Experience of tool

It felt a bit daunting to start off, but once you get going it's pretty easy. Great to identify unexpected potential harms.

Safety Climate Survey

1. What percentage of your practice completed the survey?

About 60% (large practice)

1. Did you have a feedback session with the team?

Just initial session with the doctors so far.

3. Was the tool well received?

Yes

4. What changes have you made or plan to make as a result of the tool?

We felt impaired by excessive workload.

Reasons: high expectation patient demographic, remuneration structure, division of work

Changes considered: asking reception to not leave messages to the doctors to call back patients – to speak to nurse instead to avoid phone consult syndrome. Using a generic address on email replies to avoid giving individual email addresses.

Patient Experience

1. How do you currently determine patient experience?

Feedback forms and dropbox on the reception counter.

Periodic patient questionnaire.

2. Do you have any tips for people wanting to engage their patients and whanau?

Patient engagement is pretty good in the community in which we work.

3. What would you like do more of in regard to patient experience?

It would be good to know the level of patient interest in patient portals and what interactions they would like to have via a portal.

Other Thoughts

Practice staff involvement in Safety in Practice has been more difficult over the past year;

- *reduction in hours of two clinicians*
- *some of the motivation for this project was because of the anticipation of getting patient portals but this has not yet happened.*
- *Less staff were involved in the audits. Spreading the audit process amongst staff the previous year was more effective at getting general engagement.*