

Learning Session 4

Results Handling Bundle



Team members:

Orna McGinn – GP/ Project Lead

Jocelyn Meynell - Nurse Leader

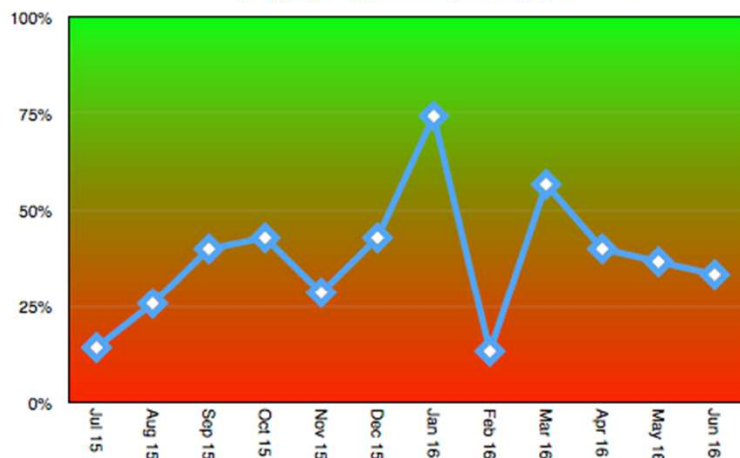
Phillipa Taylor - Nurse

Bronwyn Mansfield - Practice Manager

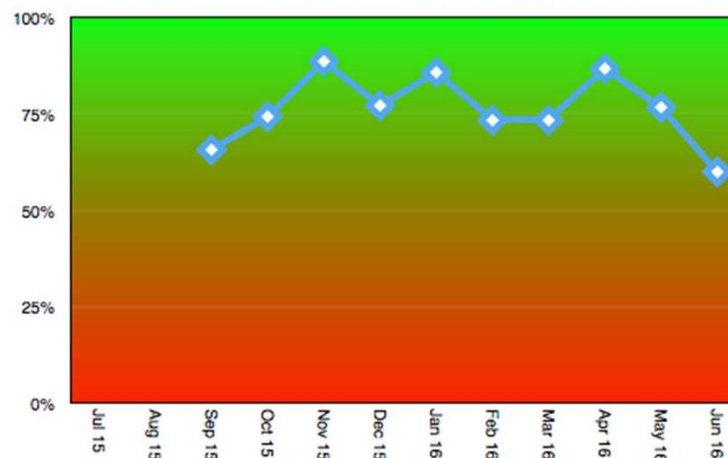
PHO and Facilitator: EastHealth - David Harrison

Measures Summary

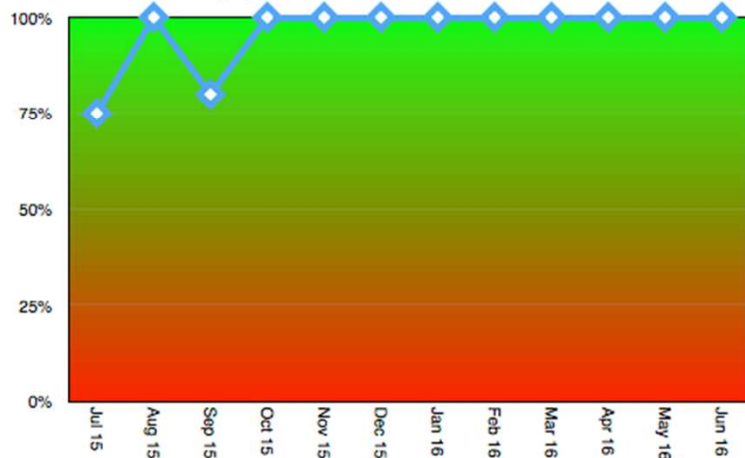
Was a definitive decision recorded by a clinician on EACH abnormal test result within 7 calendar days of being received?



The HP Medical Additional Question: Was a definitive decision recorded by a clinician on EACH test result within 7 calendar days of being received or referred to on annotations related to this set of tests?



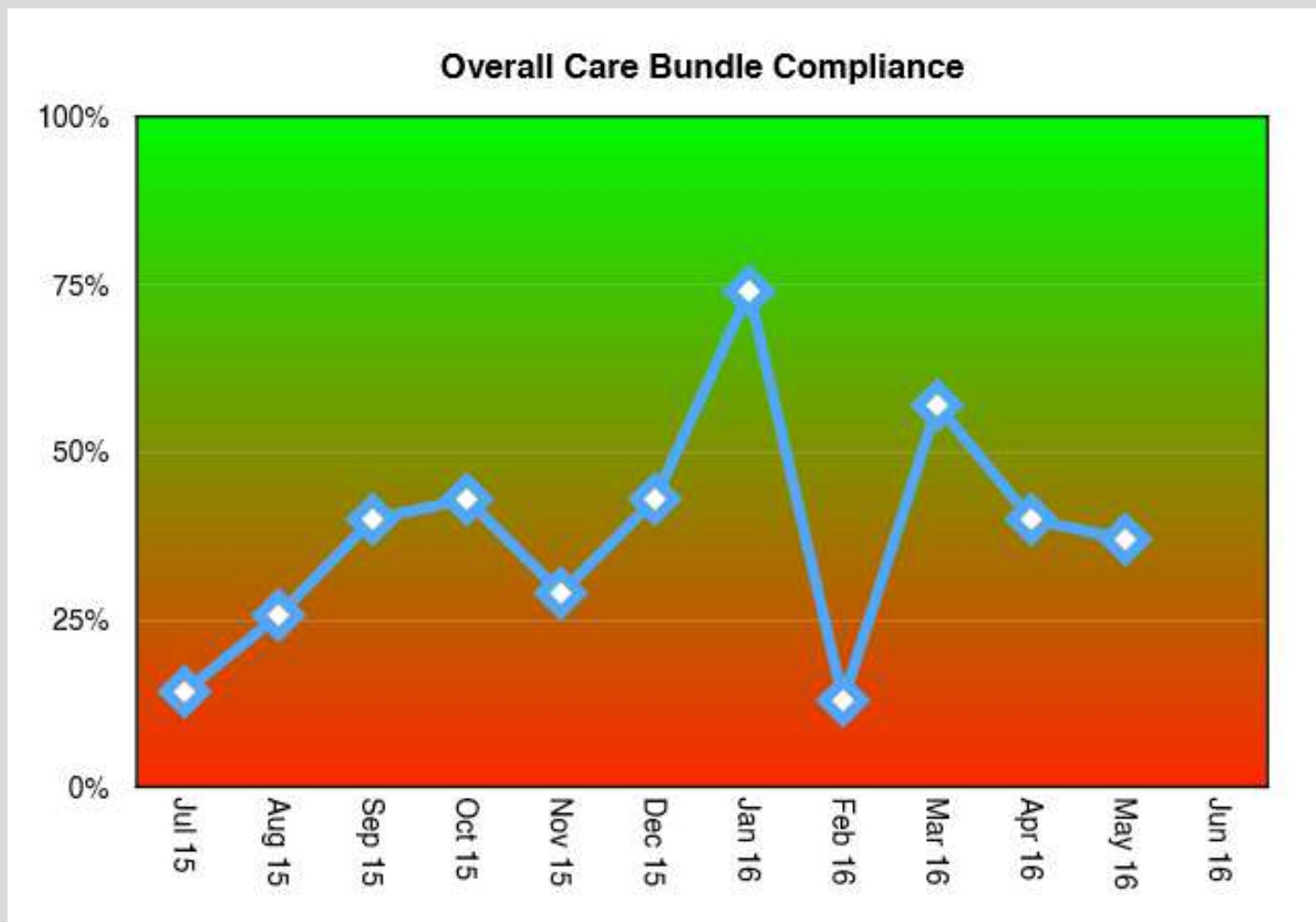
Have the decisions for EACH test result been 'actioned' by the practice including appropriate recalls and tracking of the actions?



Was the patient informed as instructed?



Measures Summary



Learnings & Change Package

- **Best Change Ideas**

- We developed a set of 'drop down' annotations in the results to standardise procedure of results processing across the medical team
- We updated the PMS to ensure the patients '*preferred*' contact is loaded (i.e. email/ text/ phone). This has significantly reduced missed calls and increased processing time of results.

- **Helpful to know**

Our final list of 'drop down options'

1. Contact patient: Results all OK
 - 1b. Normal, no further action required
 - 1c. Patient contacted
- 2a. Patient due in soon
 - 2b. Contact for URGENT appointment
 - 2c. Contact for NON-URGENT appointment
- 3a. This result is not significant
- 3b. This result is acceptable
- 3c. This result is stable
- 4a. Treated
- 4b. Needs treatment. Script at front desk
- 5a. Update recall/Notify patient
- 5b. Update recall
8. Under Specialist Care
- 9a. Noted eGFR low - no action needs to be taken at this time

Trigger Tool

1. Search Criteria

Patients >65 years recently discharged from hospital – although this is one trigger factor we felt this was a group of patients that we could serve better

2. Potential harm found

Medication change not updated in PMS script list

3. Solution recommended/implemented

We have initiated a Clinical Pharmacist who reviews all discharge summaries and updated PMS script lists and notifies GP of medication changes. We have a nurse also check discharge lists to ensure patients are followed up appropriately by the practice

4. Incidental findings

Identified several patients who could benefit from support of ARI programme and we have been able to initiate this for them

5. Experience of tool

Lengthy process until you are familiar with using tool and are familiar with ‘trigger’ so watching for these during the notes review.

Safety Climate Survey

1. What percentage of your practice completed the survey? **100%**
2. Did you have a feedback session with the team?

The outcomes of this survey were presented and discussed with the team at the full practice team meeting

3. Was the tool well received?

YES – the team felt heard after using the survey tool and having the opportunity to discuss items raised in a non confrontational team approach manner. The ‘double negative’ questions still cause issues with interpretation of the questions and results.

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

Nurses and GP teams have separate **fortnightly meetings** to ensure prompt communication among the team.

We have employed a **new nurse** to cover the identified shortfall of nursing hours

Patient Experience

1. How do you currently determine patient experience?
 - Paper survey at front desk every 1-2 years
 - Facebook page gets feed back
 - Suggestion box on the front counter
2. Do you have any tips for people wanting to engage their patients and whanau?
 - A Facebook page has been very successful at disseminating information
3. What would you like do more of in regard to patient experience?
 - We are constantly working on improving the patient experience. Ensuring our practice is of the highest standards and Cornerstone Accredited

Highlights and Lowlights

LOWLIGHTS

- There are still some differences between team members annotating on a *group of results*, but we have agreed that this is sufficient to ensure that results are handled in a prompt manner.

HIGHLIGHTS

- **Nurse Driven Change within the practice**

The nurses have been able to openly discuss their concerns that ABNORMAL results were being filed with no comments. This was identified as a 'potential safety risk' to patients.

- Increased confidence in nursing team on reporting of abnormal results back to patients. As results have been seen, clearly and uniformly annotated on and signed off by the requesting GP.
- Reduced 'doubling handling' of results and back and forth communication between GP and Nursing team
- Timely processing of results has been constantly high 100% over the last 8 months despite the team being very stretched for resource at times. We believe this is to do with consistency of the message and the GP team being able to contact patients directly from the results page in the PMS.
- Further implementation of PMS *direct patient communication* (via email and text) has ensured that we are able to see a trail of actions and communications taken with each result within the PMS system. This has enabled GP team to manage own results and therefore reduce nurse work load.