

Beachlands Medical Centre

PHO and Facilitator: East Health
Michael Clarke GP

Bridgit Underwood Nurse

Christine Jones Admin

Organisational “Buy - In”

Aim:

For all lab results to be actioned and coded within 7 days.

Buy-in

- We had several examples of abnormal results not being properly managed leading to adverse outcomes that were preventable.
- Nurses were left having to assume results were “normal” and having to chase GP’s to check this.

Organisational “Buy - In”

- Mildly “abnormal” results are now occasionally being filed without GP comments.
- We discussed again at peer review and nurse meetings and agreed that we need to remind GPs that a clear decision needs to be in place for all results. This to include any Locum GP.

Change Ideas

- To keep standardising our coding for incoming blood results.
- To ensure if a GP is absent that the responsibility is handed over to another GP.
- GPs to discuss this regularly at peer review and also at staff meetings so all staff are aware of handovers.

What Changes have you tested?

	Change Tested	Outcome
1	Standardised coding results.	More abnormal results have a GP comment. 60-80% Agreement that normal results may be filed without comment.
2	GP handover.	GPs are better at handing over responsibility. Nurses are aware of who the handover GP is. This is now written on the whiteboard in the nurses station. Not always done but getting better.
3		

Most Successful PDSA Cycles?

After the initial audit we found our results coding was very inconsistent and with GP variability.

Plan: GPs met and agreed on a standard system for coding all results.

GPs talking to the nurses about expectations and results when they are relaying information to patients.

Most Successful PDSA Cycles?

Do: GPs to code/comment on all abnormal results.
GPs to agree that all normal results may be filed without comment.

Carry out random monthly audit on 20 (initially 10 but we decided this was not enough) patients across all GPs.

Ignore all patients blood tests ordered by specialists or external providers.

Most Successful PDSA Cycles?

Study: Steady improvement over first 4 audits.

60 to 80% compliance.

Slight drop in compliance over next 5 audits although improving over last two audits to 70%

10 patients not enough to audit.

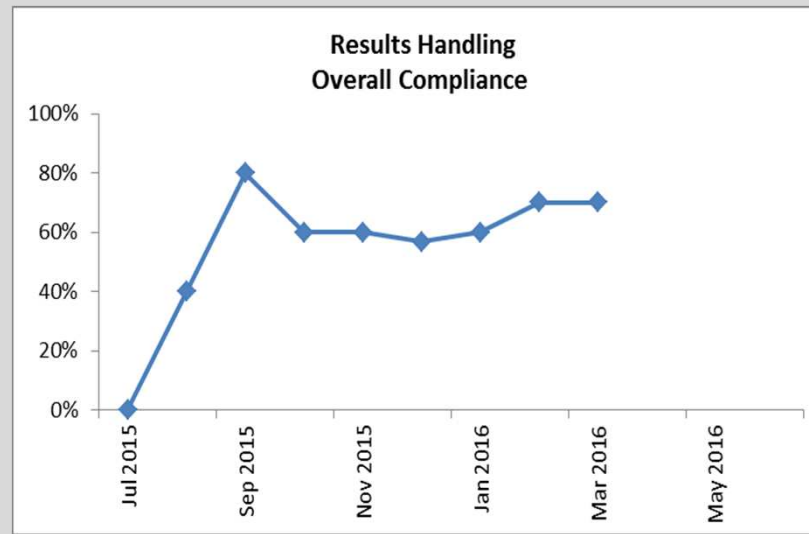
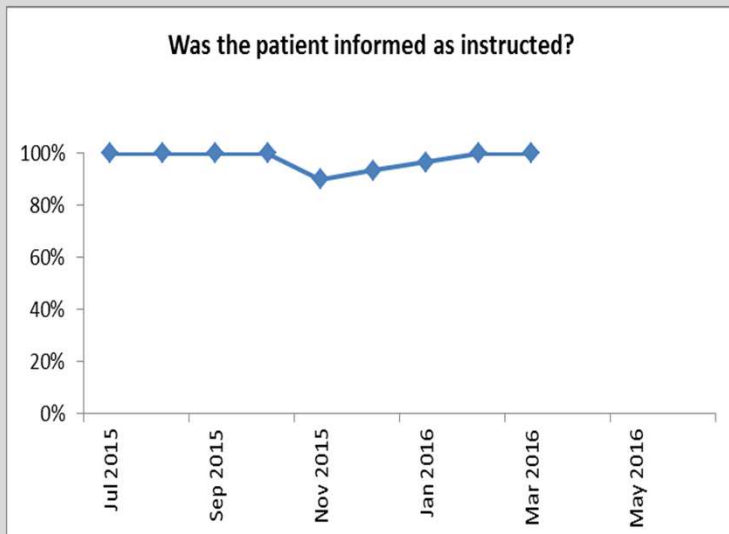
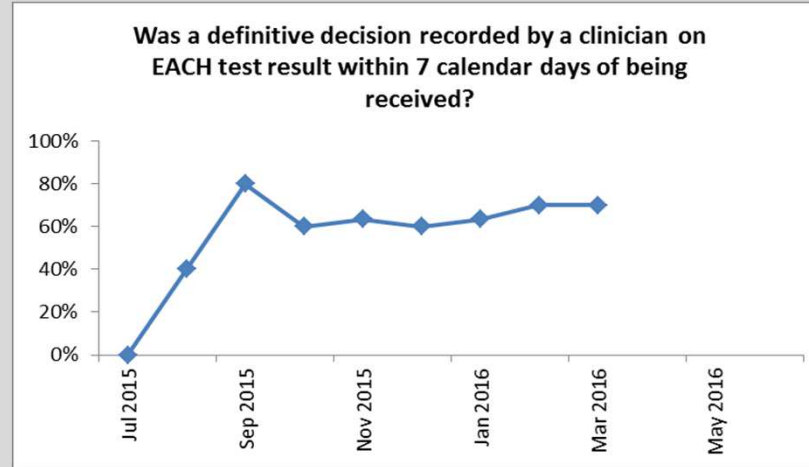
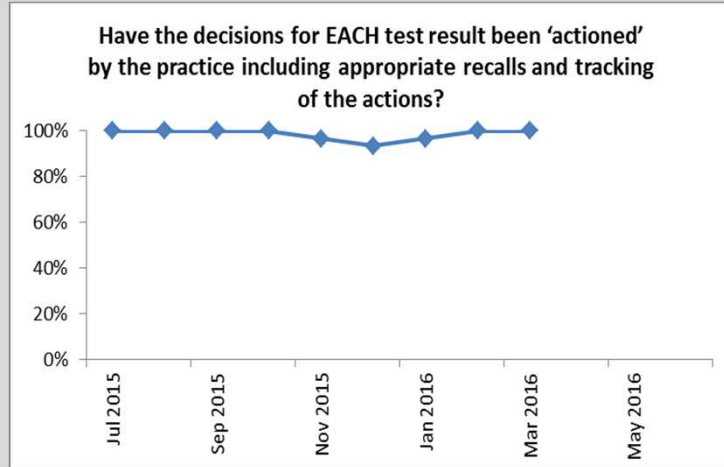
Act: Increase patients to 20 monthly.

Only audit patients that have an abnormal result. i.e. ignore all patients with no abnormal results.

Measures Summary

Month	Number of records audited
1/07/2015	10
1/08/2015	10
1/09/2015	20
1/10/2015	20
1/11/2015	20
1/12/2015	20
1/01/2016	20
1/02/2016	20
1/03/2016	20

Measures Summary



Highlights and Lowlights

- Nurses now have a far more complete system of coding results that they can discuss with patients, reducing unnecessary time spent chasing what the plan is.
- Handover is now a priority for GPs although not always clear for staff.
- PMS does not easily enable us to check whether results have been viewed within 24 hours.
- After our initial coding decisions there was a slight drop off in coding by the GPs highlighting the need for ongoing training and reminders.

Achievements to date

We broadened the audit to include all blood results for each patient, and we extended the audit to 20 patients and ignored all patients with no abnormal results.

Overall compliance with GPs coding and handover is improving and nurses are therefore better equipped to safely discuss results with patients. This still needs ongoing reminders and staff discussions.

This has allowed the nurses to attempt to cope with the ever increasing expectations of their role.

Any other achievements?