

Learning Session 3

Orakei Health Services

Ngati Whatua Orakei Health Clinics

Results Handling Audit

PHO and Facilitator:

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Team members:

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Measures Summary

What we measured:

- Was every result filed within 7 days and have an interpretation on the result along with any actions required?
- Had the decision for each result been actioned appropriately?
- Was the patient informed as instructed?

We found that within 4 months of having introduced the criteria for staff that we had consistently 100% compliance for doctors recording informative comments and actions on all results.

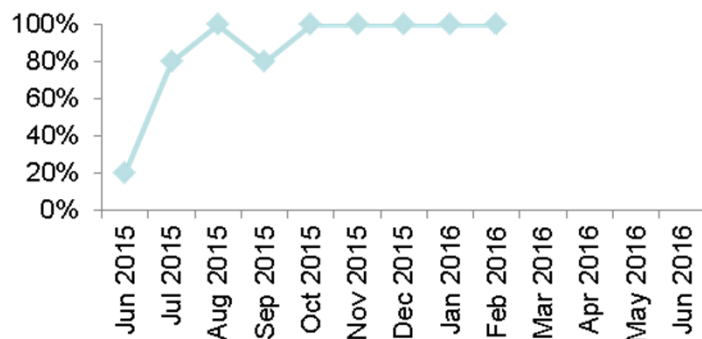
When nurses were short staffed however there were occasional times when non-urgent results or actions were not communicated with patient within the 7 day timeframe – resulting in 90% compliance on 2 occasions.

Added measurements:

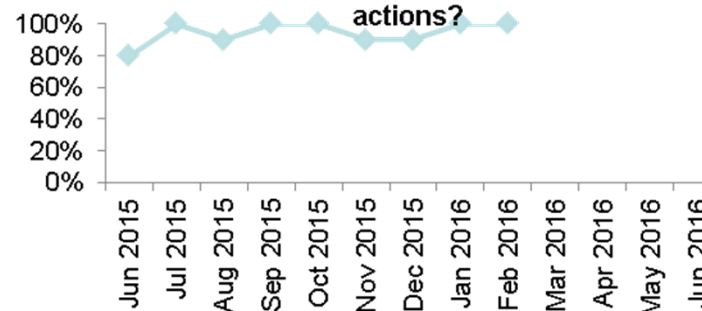
- Actual time taken to action result and contact patient
- Method of patient contact to see if doctors texting patients directly (where this was easy) reduced nurse INBOX load and increased compliance

Graph of progress

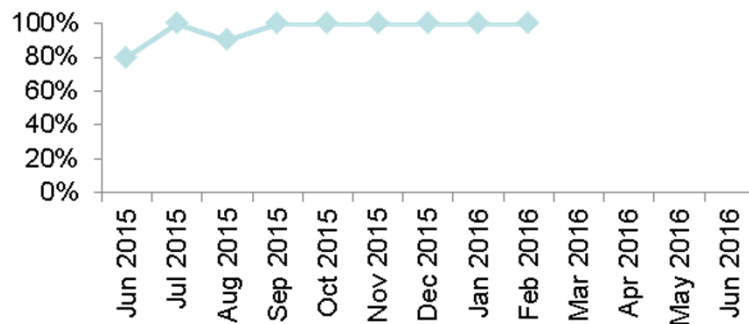
Was a definitive decision recorded by a clinician on EACH test result within 7 calendar days of being received?



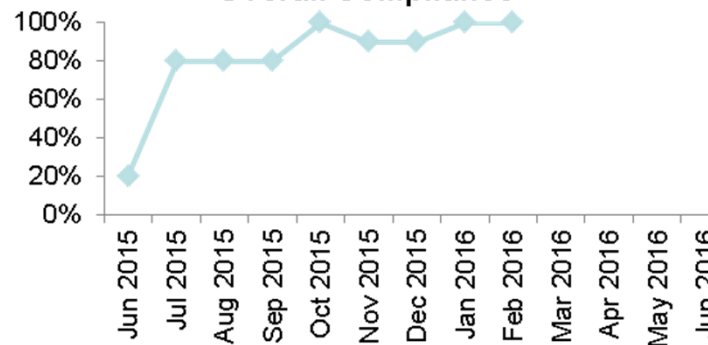
Have the decisions for EACH test result been 'actioned' by the practice including appropriate recalls and tracking of the actions?



Was the patient informed as instructed?



Results Handling Overall Compliance



Change Package

	Change Tested	Outcome / Evidence of Improvement
1	Clinician to document every result with interpretation and required actions utilizing standardized comments where useful	<ul style="list-style-type: none"> • Taken up enthusiastically by staff - immediate benefit evident re communication with pts • Quicker INBOX management with standardized comments • Standardised comments added/adjusted as per staff feedback
2	Reducing unnecessary contacts - clinicians to utilize texting from computer standardized texts set up to facilitate, quick key re pt details and mobile updated	<p>Currently under way</p> <ul style="list-style-type: none"> • Reduced bulk in NURSES INBOX that assisted results being actioned in a timely manner • Some patients anxious about having been texted • More efficient practice processes – less double handling
3	Reducing unnecessary contacts – recording sufficient accurate clinical information for STI screening and throat swabs so enough info to make clinical decision on management	<p>Currently under way</p> <ul style="list-style-type: none"> • Reduced contacts about swab results asking if patient has any symptoms • More throat swabs contacts having direct texts sent to patients with result and actions required

Trigger Tool

3 particular areas of risk identified:

- Interface between hospital, GP and chemist when multiple medications and admissions – medication not being stopped by patient on discharge as directed, didn't come back to see GP at all prior to next admission, chemist didn't get alerted to change in blister packs as patient not present with discharge prescription → **discuss at clinical hui, consideration SIP next year**
- Interface GP and patient - patient getting mild symptoms of hypoglycaemia on sulphonylurea which didn't report to GP and GP not specifically asked, only picked up when HbA1c dropped to 41 so patient recalled and questioned → **record as significant event, discuss at clinical hui re importance routine questioning**
- Interface between GP and chemist – GP stopped sulphonylurea medication but patients next blister packs not yet due so didn't take new script to chemist and not alerted so continued on medication for longer → **record as significant event, discuss at practice hui, develop recommended process when change in medication for patient receiving blister packs**

Highlights and Lowlights

Patient care:

- More timely contacts about results
- Better information on meaning of results + what actions are / are not recommended

GP's:

- Embraced processes willingly – together fine tuning the quick keys for comments
- Benefits quickly outweighed any initial concerns re increase time required to implement
- Increased confidence on processes

Nurses:

- Increased confidence in communicating information about results
- Improved ability to manage results INBOX

General:

- *Enhanced collaboration among staff* - working together to facilitate better communication with patients and more efficient workflow processes for all staff
- Reduction in unnecessary communication contacts between nurses doctors and patients to clarify details about results and actions required
- Led to other quality improvement focus on processes of contacting patients
- Complemented progress towards patient portals and Cornerstone Accreditation

NO LOW LIGHTS