

Kumeu Village Medical Centre



PHO Facilitator: Procure/ Nicki Brentnall:

Team members: Dr Nathan Joseph, Lesley Clapshaw, Liane Otto

Organisational “Buy - In”

Aim: To create a standardised system and policy for the handling of results upon them being viewed by the GP.

Buy-in

With improvements made and team collaboration from participating in the med rec audit we felt it was a good opportunity to extend ourselves and take part in another audit. The clinical team had a robust discussion on which bundle next. We felt Results Handling was another area we were unsure where we were at and were we using standard processes.

Change Ideas

Some of the change concepts we have used to date:

- Use automation – we have created new quick codes as per agreed list.
- Use a coordinator – when unable to meet with GPs as a group Dr Joseph has had individual conversations rather than holding up the process.
- Standardisation (create formal process) this has been our starting point

What Changes have you tested?

	Change Tested	Outcome
1	Updating our shortcut codes to a standard list of 12.	Some codes have not been set up correctly. Some codes not yet used. One has been added.
2	If GP has discussed results directly with patient that needs to be annotated specifically in notes ie as a phone consult	On going still getting used to this need a specific word in notes or consult type that is has been discussed with patient.
3		

Most Successful PDSA Cycles?

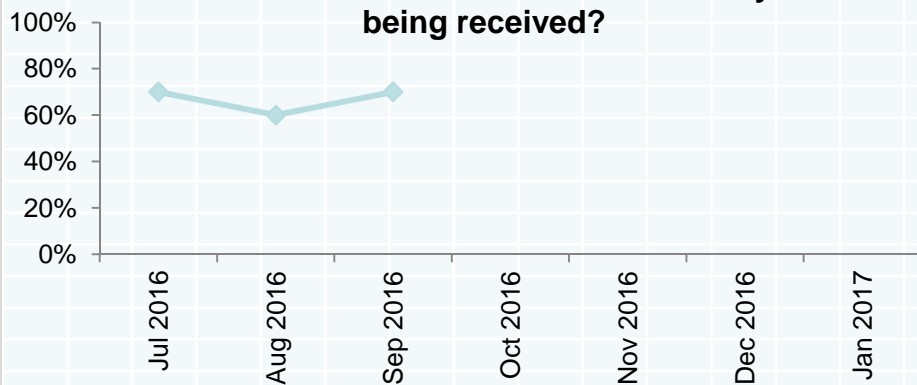
Discussion with each GP on their preferred list of codes (taken from previous learnings on Ko Awatea website) then agreed and narrowed down to 13.

It initially was 12 but now there is awareness of the codes we have added one more .

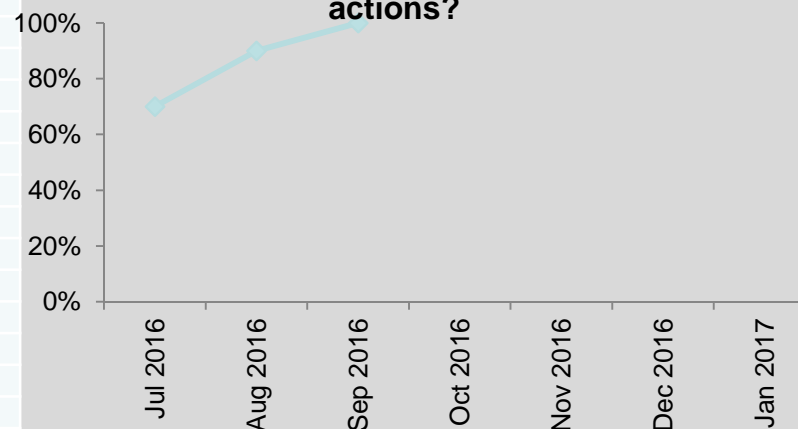
Codes were added into PMS, typed up and laminated and each GP and Nurse and PM has copy of the codes by their computer screen.

Measures Summary

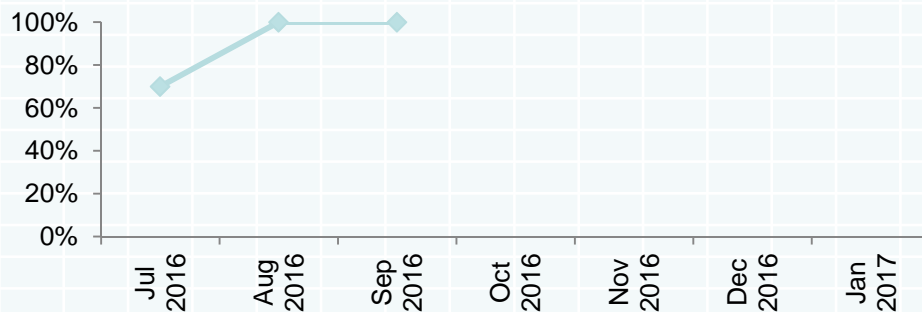
Was a definitive decision recorded by a clinician on EACH test result within 7 calendar days of being received?



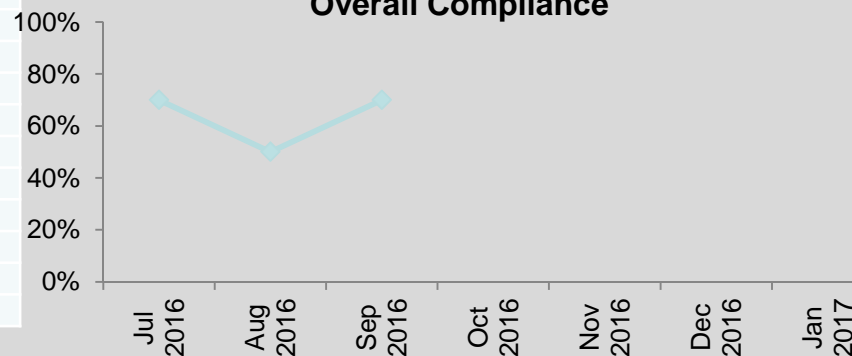
Have the decisions for EACH test result been 'actioned' by the practice including appropriate recalls and tracking of the actions?



Was the patient informed as instructed?



Results Handling Overall Compliance



Highlights and Lowlights

- Similar to our med rec audit we found in our first audit we were doing surprisingly well with no formal process.
- We found we were doing quite well but one result with no comment made a large impact on our results.
- GPs putting follow up notes in daily record but not stating if actually phoned or discussed with the patient. Hard to interpret if it was discussed with patient or only noted by GP.
- Have had a lot of staff on leave over this first period so look forward to more consistency next period.
- Met with our PHO representative to discuss findings she had heard from last years team who did this bundle, was very helpful on where to go to from here. Also printed off the learnings and quick keys from Ko Awatea website we have used as a guide.

Achievements to date

Do you have an

- agreed aim – we are aiming for a consistent 90% target on each of the three measurable.
- a change package – we continue to meet monthly to discuss results and make suggested changes depending on outcomes.
- measurement plan – using the audit dashboard

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

We present our results to clinical team meeting on monthly basis, remind them of the goals of the package and make adjustments accordingly.

Any other achievements?

- We have found this participation often dovetails into other work/audits we are running concurrently in the practices this provides for some robust clinical conversations about work streams.
- This audit raises awareness of yet another process that is carried out on daily basis.