

# “ONEWA DOCTORS”

## PHO and Facilitator:

Waitemata PHO – Rosey Buchan

## Team members:

Dr Elvira Nario-Anderson

Dr Hayley Roberts

Evangeline Durney (PN)

# ORGANISATIONAL “BUY - IN”

## Aim:

To test whether our processes for results handling (HbA1c) are working for us. To make sure all abnormal HbA1c are actioned within 7 days of receipt.

## Buy-in:

All staff agreed it was a good way to test if our processes for results handling are being followed by the doctors and nurses. Determine what improvements can we implement. We are a small practice with 2 doctors ( 1 FTE) , 1 nurse (1FTE) and 2 receptionist (1.5FTE) making buy in easier.

## CHANGE IDEAS

- Set up standardised quick keys in Medtech for all test results. Cue cards posted in each room.

Standard inbox responses and keywords:

<i>.n</i>	<i>Normal. No follow up needed</i>
<i>.abn</i>	<i>Patient needs to be seen to discuss results.</i>
<i>.ac</i>	<i>Acceptable – repeat bloods in .....</i>
<i>.callff</i>	<i>Left message on pt ans ph to ring us back</i>
<i>.txtff</i>	<i>Texted pt to come in for ffup</i>
<i>.txt</i>	<i>Texted patient re results</i>

# WHAT CHANGES HAVE YOU TESTED?

	<b>Change Tested</b>	<b>Outcome</b>
1	Standardised quick keys for doctors to use for test results. 6 options added on the shortcut keys.	Doctors still getting used to using the shortcut keys. They found that they keep on pushing enter instead of spacebar when using the shortcut keys.

# MOST SUCCESSFUL PDSA CYCLES

## PLAN:

- Six standardised answers tested with the 2 doctors and 1 nurse

### Standard inbox responses and keywords:

<i>.n</i>	<i>Normal. No follow up needed</i>
<i>.abn</i>	<i>Patient needs to be seen to discuss results.</i>
<i>.ac</i>	<i>Acceptable – repeat bloods in .....</i>
<i>.callff</i>	<i>Left message on pt ans ph to ring us back</i>
<i>.txtff</i>	<i>Texted pt to come in for ffup</i>
<i>.txt</i>	<i>Texted patient re results</i>

## DO:

- Reviewed 5 results from each doctor.

# MOST SUCCESSFUL PDSA CYCLE

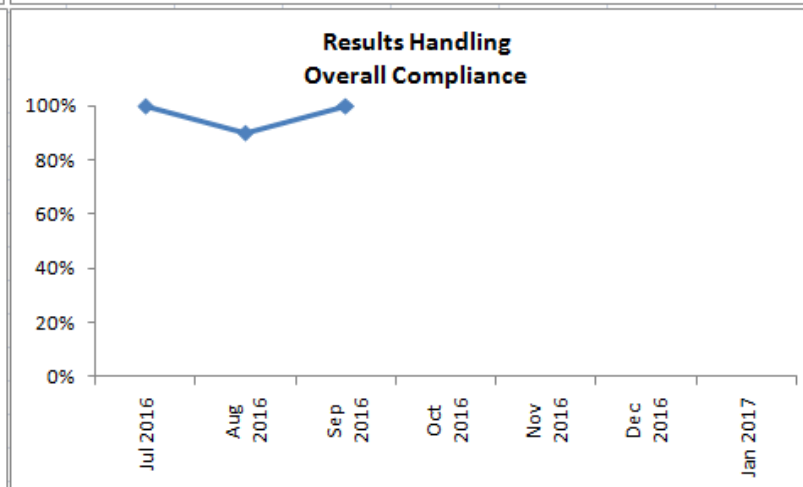
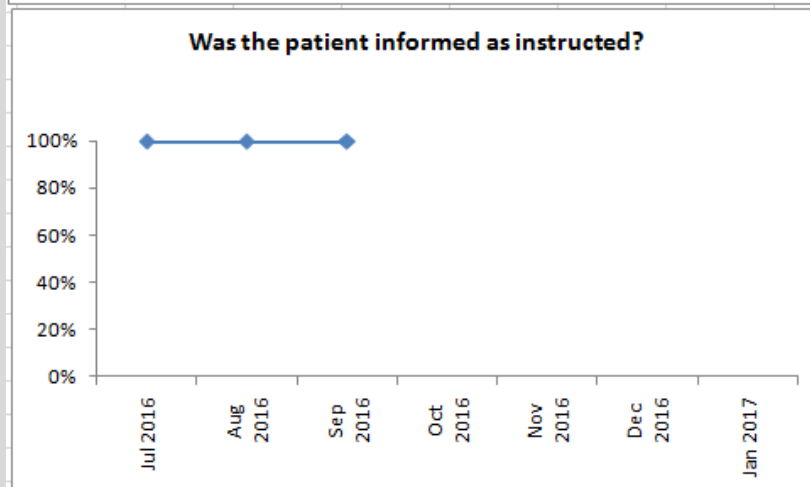
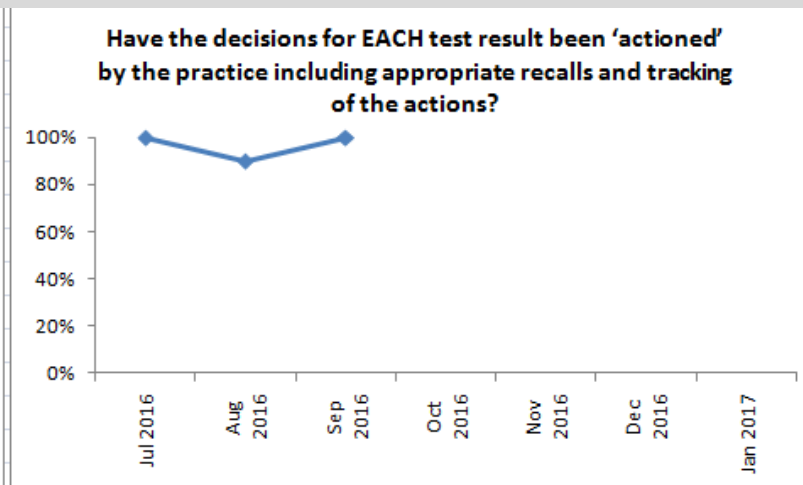
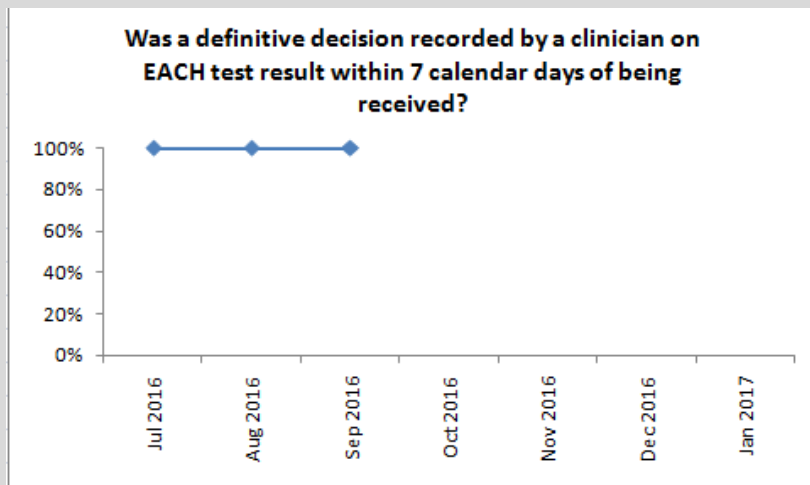
## Study:

We only started implementing the standardised answers last October. Both doctors and the nurse are still getting used to using them. So based on the audit we have done for the test results for both doctors, all the results have been acted on within the 7 day period but they are still using our old system of putting the actual number for HbA1c in the comment box but not commenting using the standardised answers.

## Act:

- Complete PDSA with 10 results from each doctor and nurse.

# MEASURES SUMMARY



# HIGHLIGHTS AND LOWLIGHTS

## HIGHLIGHTS:

- Buy in from all team members.
- To see good audit results and that our systems have been working well.

## LOWLIGHTS:

- Time to meet as a team due to different working days.
- Finding enough time to complete reflection section of the audit.



# ACHIEVEMENTS TO DATE

## **Do you have an**

- Agreed Aim: addition of lipid studies in the audit
- Measurement Plan: include lipid studies as extra tests, by creating recalls for lipid picture – this will help us measure CVD risk and follow Framingham guidelines as per Medtech 32

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

- Doctors are aware of the need for CVD risk assessment and its result's clinical value, also used as a motivational tool for patient compliance.
- Nurse will do the monthly audit
- Members of the team will meet monthly to do analysis.

# ACHIEVEMENTS TO DATE

**What has changed and what difference have the changes made?**

- We started off with good results. Wanted to improve our efficiency by using quick keys in Medtech.