

# TL CARE

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# Organisational “Buy - In”

## Aim:

For lab results, identified by GP as requiring action, to be managed in a timely manner by the PN then responded to and returned to GP with acknowledgement of completion and followed up with 7 days

## Buy-in

GP would leave post-its or lab printouts or forward lab results with no instruction for the PN to action as seen to be appropriate.

PNs requested more direction from GP as to nature of request rather than assuming Pt X needed to come in for high HBA1c / cholesterol

GP and PN were keen to change the process wanting clear decisions recorded in PMS and tasks to ensure actions followed up

# Change Ideas

To reduce the amount of none secure messaging, with paper notes, between GP and PN by using the PMS.

To clarify instructions given by GPs to PNs

To have a clear follow up procedure ensuring GPs requests are actioned

# What Changes have you tested?

	Change Tested	Outcome
1	GP to annotate incoming mail with clear instruction for PN to action add note and return to GP	Effectively communication between GP and PN All recorded in PMS as permanent record
2	5 Standardized short cuts	Effective and simple statements which have reduced chances of misinterpretation
3	Setting tasks to follow up recalls and redo bloods etc.	Ensuring patients come back or repeat labs as requested or new tests are evaluated against previous results

# Most Successful PDSA Cycles?

All 3 changes done simultaneously

1: annotating results, appears to have created the greatest change and is most frequently used.

2: standard shortcuts, has made minimal impact  
GPs still using own comments more often than note.

3: setting recall tasks, has improved PNs following up on GPs requests acting as a safety net ensuring patients come in as booked

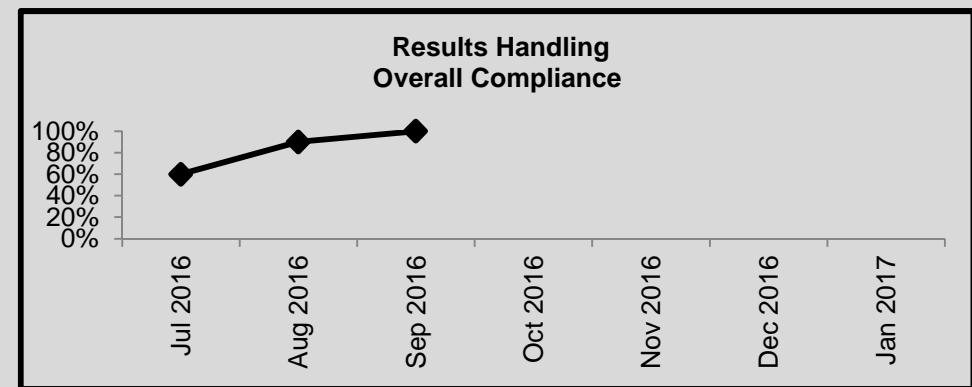
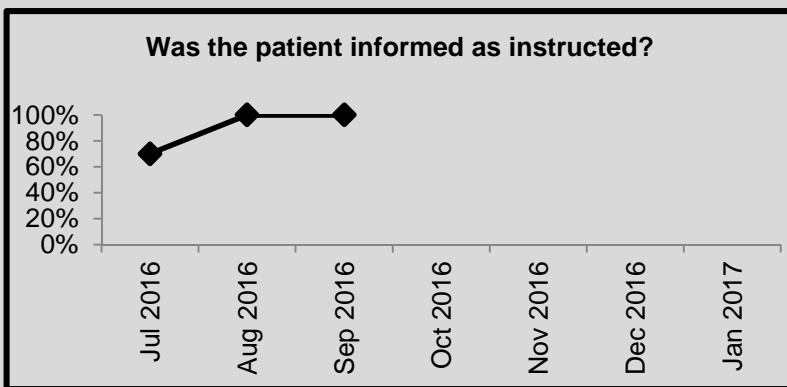
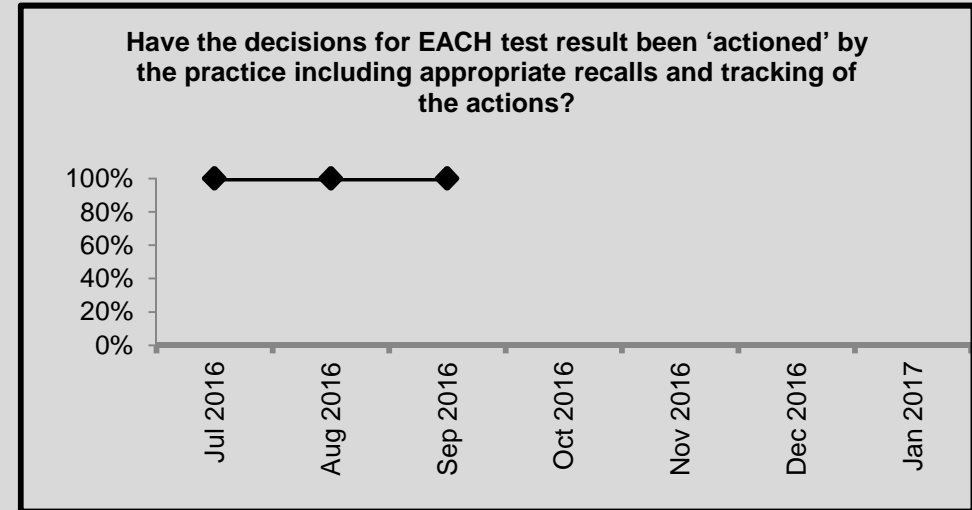
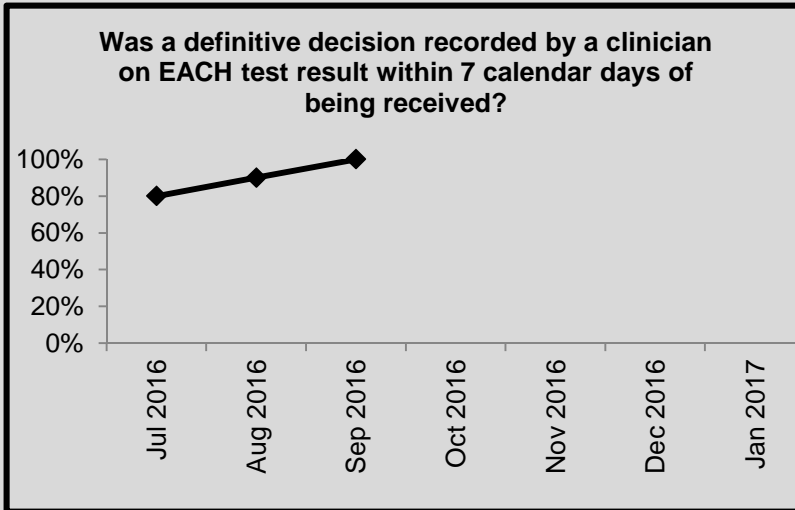
# Measures Summary

We are measuring the difference in using the PMS to communicate GP instructions regarding follow ups/ recalls for patients whose lab results require action.

GPs are now annotating results which when file remain as a permanent record of the instruction given and PNs are adding exactly what has been actioned then setting up tasks to follow up patients ensuring they come in or repeat labs as requested.

This ensure results are acted upon as directed, not mislaid or misfiled and tasks ensure that the action is completed

# Measurement Summary



## Highlights and Lowlights

- We took on 3 changes in one cycle and we can not differentiate in the audit which change has produced the most effective result.
- GPs have taken to using the annotations and the number of request to the PNs has significantly increased - more patients are being followed up.
- Has given the practice more accurate, consistent and secure records.



## Achievements to date

Do you have an

- agreed aim –effective communication
- a change package- 3 changes made
- measurement plan- monitored through monthly audit

Do people on your team know what their responsibilities are and what is expected of them? Improving 1 GP slower to take on changes

What has changed and what difference have the changes made? No more hand written notes from GP to PN direct communication through PMS All indicators at 100% for September

## Any other achievements?

*There is a significant increase in workload for PNs. As team leader I co-ordinate the majority of the work though the team are happy to pass most things back to me. I feel responsible for holding the whole process together but its difficult to see where to delegate*