

# Learning Session 2

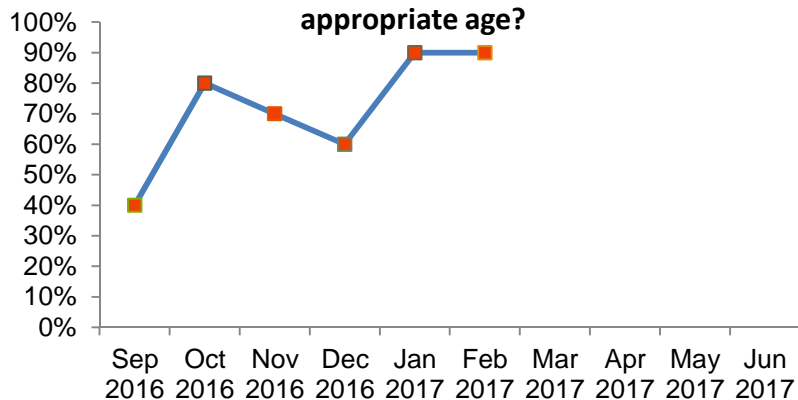
## Greenstone Family Clinic CVDRA Management

Team members: Dr Michael Morrison, Emma Cavanagh

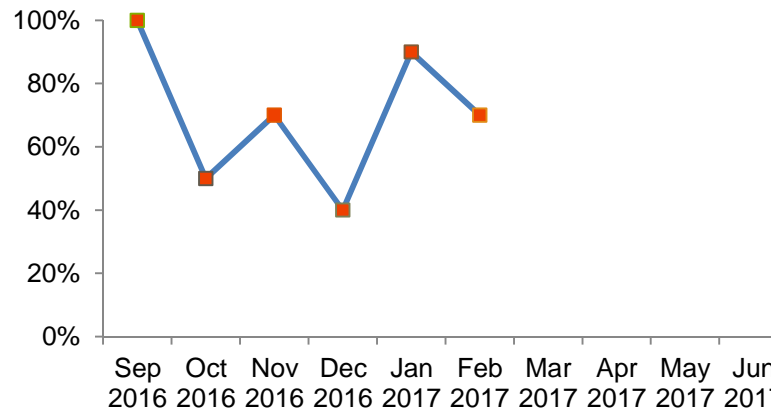
PHO and Facilitator: Alliance Health +, Serena Davis

# Measures Summary

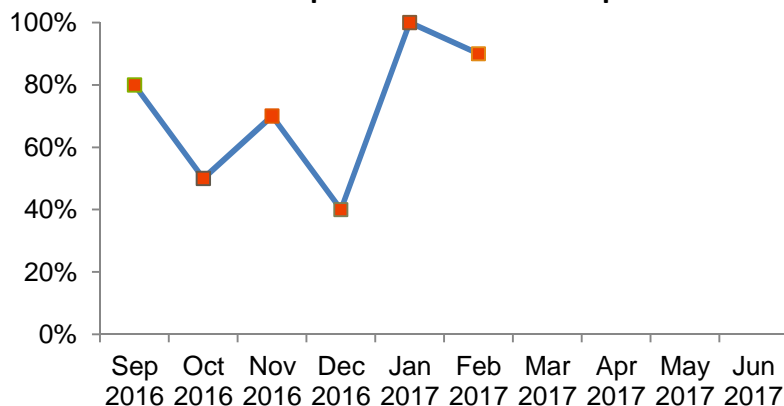
**Was a screening recall in place at the appropriate age?**



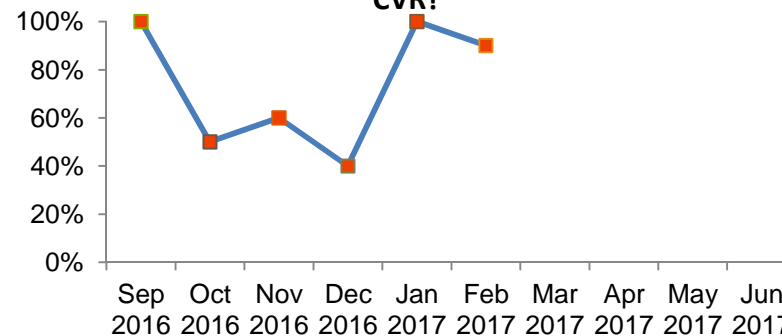
**Was the recall acted upon/lab forms given?**



**If lab tests completed was a CVR completed?**

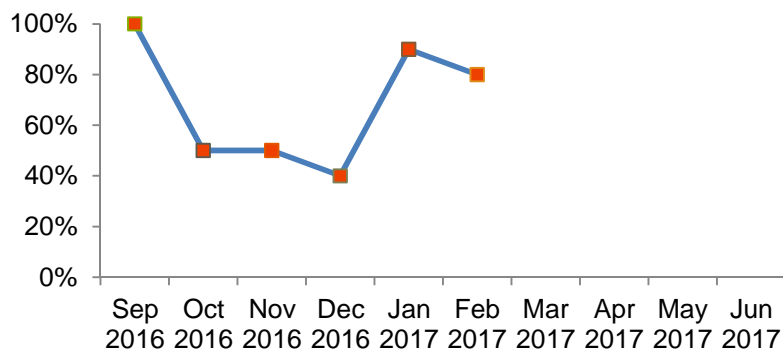


**Was a clinical decision made as a result of the CVR?**

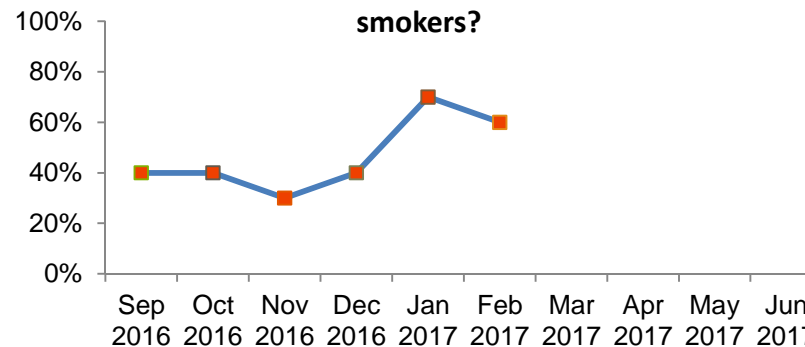


# Measures Summary

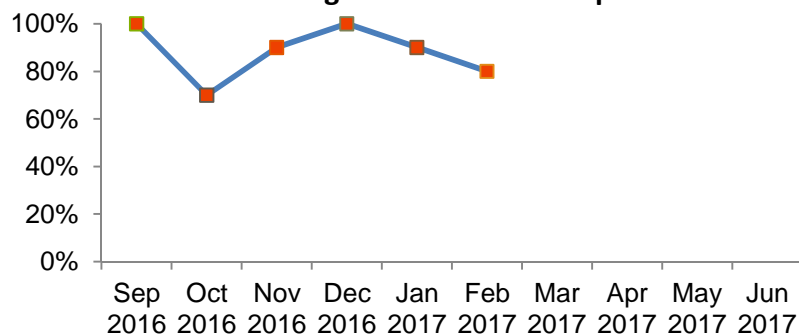
**Have the required actions been completed/significant risk factors addressed?**



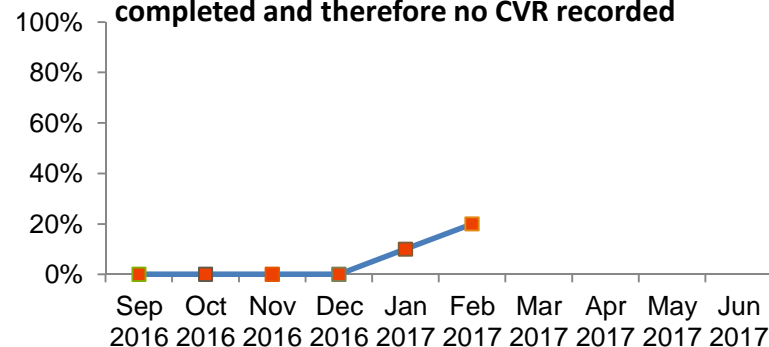
**Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?**



**CVD Risk Management Overall Compliance**



**% records where lab tests have not been completed and therefore no CVR recorded**



# Key Ideas Tested

	Idea tested	Outcome (success or failure)	Advice/message for other practices
1	Query build done, recall placed in each eligible patients file for CVDRA. HCA to go through and action CVDRA's as per flow chart every 3 months.	Failure	This resulted in multiple recalls for many patients making the system confusing. In addition, the query build would have to be done often as new patients do not automatically get a CVDRA recall when eligible. This is time consuming.
2	BPAC data on overdue CVDRA recalls printed every three months, HCA actioned as per flow chart. New recalls added where needed. BPAC list checked every 3 months, existing recalls actioned every month as per flow chart.	Success	
3	Flow chart generated so there is a standardised process in dealing with CV risk assessments.	In progress	A flow chart is helpful and means all clinical staff can deal with CVDRA results in a consistent way. Action more likely to be taken if a set process.

# Highlights and Lowlights

- Highlights:
  - Having a standardised process.
  - Getting CVDRA's up to date!
  - Seeing appropriate action being taken with various CVDRA's.
- Lowlights:
  - Fall in audit results over the Christmas period.

## Trigger Tool

- Did the trigger tool as a clinic in a peer review session.
- We split into peers and each peer analysed five records.
- We then collated the results and had a clinic discussion about the key themes.
- Overall feedback from staff was that it was a valuable process. Many thought it helped to show areas where we could improve our processes. Others thought it was valuable as it promoted a safety culture.
- We picked up a theme that nurse-led clinics (particularly around osteoporosis) weren't being used to their full potential – used as an opportunity to remind clinicians to send all fracture records to nurse lead.

## Safety Climate Survey

- All staff completed the safety climate survey
- As it is our third year in Safety in Practice, there has been comment that it may be interesting to compare results to previous years.
- We are to review the results soon in a peer review session.
- Very positive results. It was pleasing to see the area 'safety system and learning' was ranked our strongest area. We need to work on the clinics workload.