

Beachlands Medical Centre

PHO and Facilitator: East Health

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Organisational “Buy - In”

Aim:

To ensure our audited population is up to date with smears under the New Zealand National Cervical Screening Programme within a clear clinically defined time frame.

Buy-in

- We need clear documented evidence that the last smear result was conveyed to the patient and a clear follow up plan was given. GP and practice nurse to define results procedures.
- Clarification for recalling timeframes from NZ Cervical Screening.

Organisational “Buy - In”

- Consider changing current recall timeframes
- GP and practice nurse to discuss recall timeframes and changes to the PMS.
- Awareness of non-responders by GPs and practice nurses.

Change Ideas

- Recall systems and time frames with Cervical Screening.
- Clear documented evidence by GP and practice nurse that results have been conveyed to the patient with a clear follow up plan. Further discussion with GPs at next meeting.
- Consent must be documented at the time of the smear for text message results and follow up plan.
- Focus on Dashboard – for opportunistic screening when patients present to the GP or nurse.
- Audit of missed opportunistic screening (GP & Nurse) if patient has presented at the clinic.
- Audit to find out the time period between “overdue” and having a smear.
- Clinical meetings to implement usage of audits and follow ups.

What Changes have you tested?

	Change Tested	Outcome
1	Clear documented evidence by practice nurses.	Better documentation in the patient notes.
2	Bulk testing for recalls are being examined at present.	Bulk Txt messages time consuming and not appropriate for individuals
3	GP – follow up and notes procedures	Audit would suggest – improvements required

Most Successful PDSA Cycles?

Plan: Standardise documentation within the PMS system for conveying results, and follow up plans.

Discuss timeframes for recalling patients with NZ

Cervical Screening: -

Cervical Screening – agreeable for the recalls to be set at 2 years 9 months.

Most Successful PDSA Cycles?

Do: GPs and practice nurses to meet and agree to updated recall procedures and timeframes.

Lead Nurse – to discuss with GPs a plan around non-responders and missed screening with presenting patients.

Carry out random monthly audits on 10 patients across all GPs.

Audits – presenting non-responders not picked up

Audits – patients overdue (how overdue before presenting)

Most Successful PDSA Cycles?

Study: Audits over the 11 months to see trends and compliance.

Non-responder audit – missed opportunities when patient presented for appointments.

Act: Maintain patients to 10 monthly.

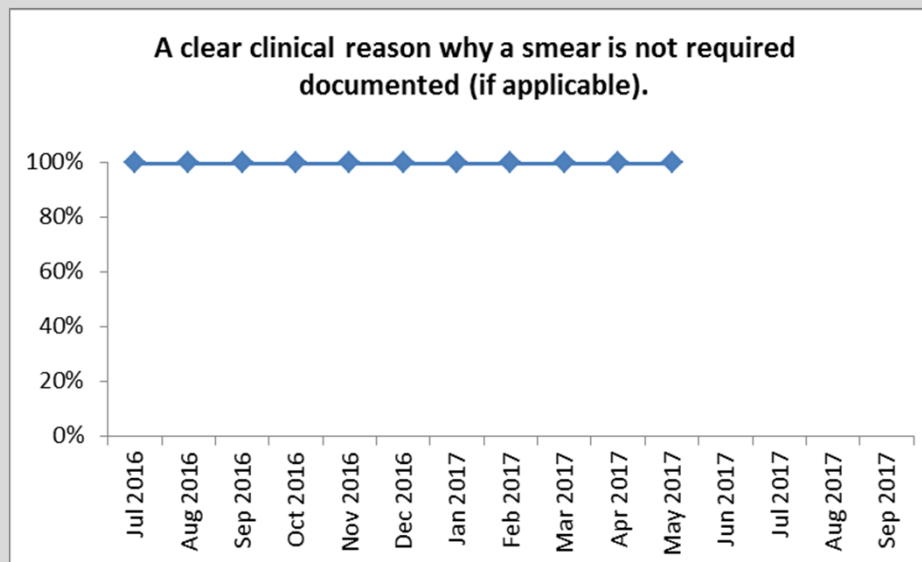
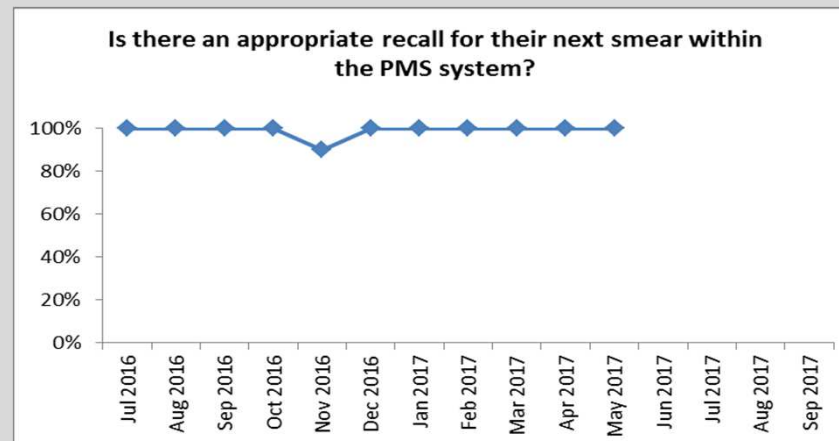
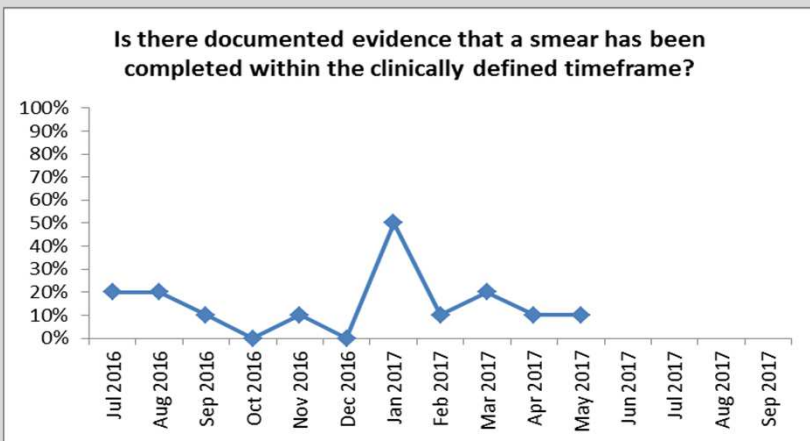
Actively text from recall lists.

Recall patients 2 years 10 months advising smear due in 2 months.

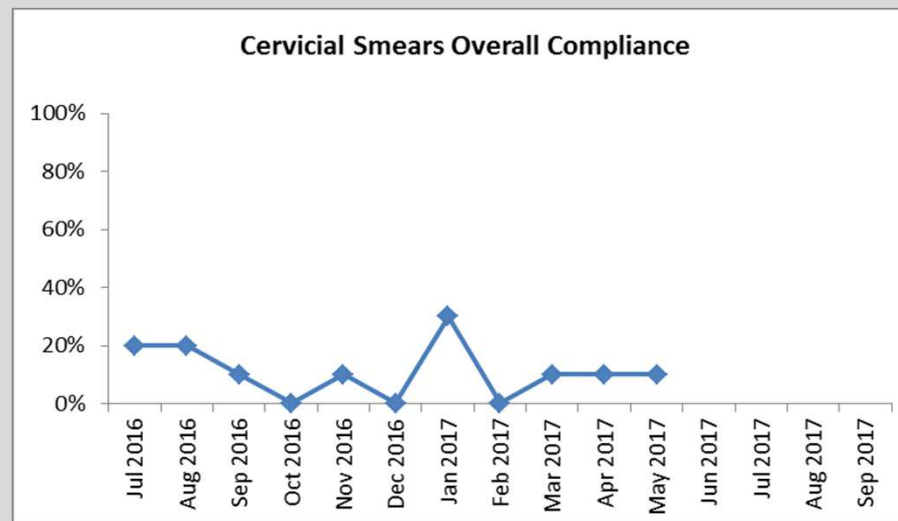
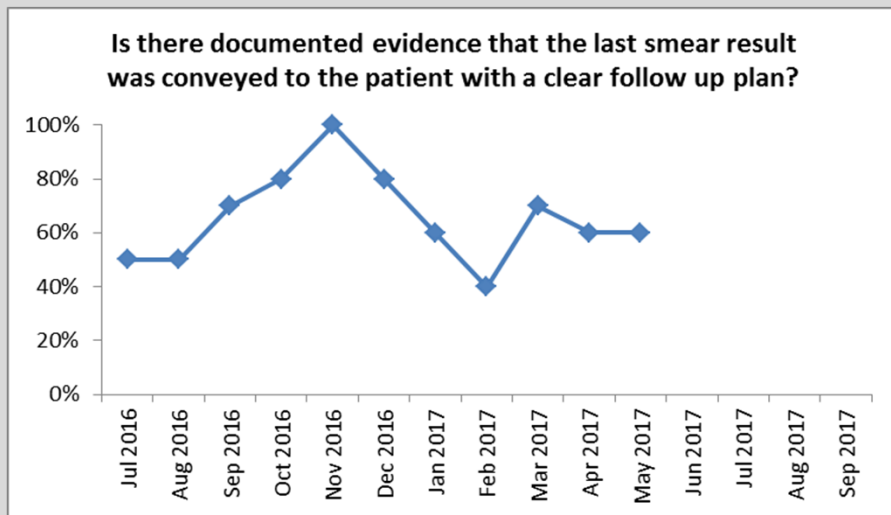
Measures Summary

Month	Number of records audited
01/07/2016	10
01/08/2016	10
01/09/2016	10
01/10/2016	10
01/11/2016	10
01/12/2016	10
01/01/2017	10
01/02/2017	10
01/03/2017	10
01/04/2017	10
01/05/2017	10

Measures Summary



Measures Summary



Highlights and Lowlights

- Clear and consistent results handling and follow up plans, discussed and implemented within the nursing team.
- Confusion around the audit question: “Documented evidence that a smear has been completed within the clinically defined time frame”
- Identifying the amount of non-responders.
- Nursing team discussed bulk texting - not always appropriate, and individual text messages suited to smear recalls.
- Undertaking audits to find missed opportunistic presenting non-responders.
- We are moving practices and the ability to utilise all the audits/test patients feedback has been a little limited during this time.

Achievements to date

Overall compliance conveying results and follow up plans for patients needs improving within the practice.

Patient questionnaire to be tested – will monitor feedback.

Eleven monthly audits.

GP follow up meeting – all GPs made aware of audit results so far, improvements needed in documentation and patient advice.

GPs agreed - one follow up phone call to all non-responders is appropriate.

Slight improvement in documented results and follow up plans for patients from last audit but continued monitoring required.

Any other achievements?

Trigger tool carried out by GP, Dr Nigel Brown and Bridgit Underwood
Lead Nurse:

Two hours of reviewing notes for triggers that could lead to potential harm.

Action: Two hours reviewing GP/nurse – 14 patient notes

Potential Harms: None – One incidental finding

Other Notes: GP suggested other triggers:

- Increase in medication
- Non-compliance from patients
- Extend review