

“Audit of Results Handling in General Practice”

**RNZCGP
Audit #654**

Jan 2018 Endorsed by RNZCGP for CPD credits for a period of 5 years.

All doctors must complete the summary sheet outlining the action plan that they intend to implement based on the audit results. It does not need to be sent to the College unless the doctor is under a College audit.

Participants record completion on the **CDP/MOPS Online page**, under the **Audit of Medical Practice** section. From the drop down menu under ‘Type of activity’, please select **“Self-designed audit”** and record the audit name and number - **“Audit of Results Handling in General Practice”, audit #654.**

The new system knows to allocate 10 credits. Please note that *Continuous Quality Improvement (CQI)* has been renamed by the MCNZ to *Audit of Medical Practice*.

GP’s are encouraged to discuss the outcomes of the audit with the practice.

PREPARED BY

Dr Lisa Eskildsen for Safety in Practice Jan 2018

Background

AUDIT OF RESULTS HANDLING IN GENERAL PRACTICE

The systems-based management of test results and their communication to patients is a known source of error in primary care settings worldwide, and the number of tests ordered continues to increase. The whole process involves a number of participants of the practice team in a variety of settings, and is both complicated to manage and vulnerable to human error. The consequences can include avoidable harm and unnecessary distress with suboptimal clinical management of illness and delayed treatments, poor experience of, and dissatisfaction with care, inconvenience of return appointments, repeat tests and complaints.

Doctors and practices benefit from undertaking this audit by identifying where gaps might exist in their processes which could result in patient harm and therefore where they might focus effort for improvement in this area.

What indicators and criteria will the audit measure?

The audit involves 3 specific questions to be answered for EACH test result along with overall compliance:

1. Was a definitive decision recorded by a clinician on EACH test result within seven calendar days of being received?
2. Have the decisions for EACH test results been 'actioned' by the practice including appropriate recalls and tracking of the actions?
3. Was the patient informed as instructed?
4. Overall compliance - the percentage of the audit sample in which ALL three parts were completed correctly.

What standard of achievement should ideally be achieved?

The standard is that 100% of laboratory test results will be compliant for each of the criteria.

Background resources relating to evidence	<p>Internationally it is well recognized from many sources that the management of test results within primary care is an area that is prone to errors, inconsistencies and risk of patient harm when not done correctly and reliably.</p> <p>The World Health Organisation identified that the rates of test follow-up remain suboptimal, resulting in serious lapses in patient care, delays to treatment and litigation (1).</p> <p>RNZCGP has developed a policy brief "Managing patient test results" (April 2016) which provides advice and assistance with the development of systems to support GPs and their practice team in managing patient test results safely and effectively, and highlights that cases involving mismanagement of results within practices are an important source of complaints to the Health and Disability Commission.</p> <p>The audit and change package used by Safety in Practice has been developed from the Scottish Patient Safety Programme in Primary Care and has undergone over 6 years of development and testing with over 500 practices.</p> <p>(1) Summary of the evidence on patient safety: Implications for research. World alliance for patient safety: WHO :2008</p>
How will an individual doctor's data be collected?	<p>The data is collected using a query build which identifies patients in the last month who have had a FBC result. Of these patients a random sample of 10 patients will be identified.</p> <p>For each of these patients the audit then looks at a number of tests that were done at the same time as the FBC and the following are suggested - Full Blood Count (FBC), eGFR, Liver Function Tests (LFT) and Thyroid Function Tests (TFT), although doctors and practices can choose to also include other results such as HbA1c.</p> <p>Results are collected in a simple "all or nothing" approach - YES NO or N/A.</p> <p>So EACH of these results that apply for that patient will be checked against each criteria. ALL ordered tests for EVERY patient must match to a positive or N/A answer for all 3 questions to get an overall compliance for that patient.</p>
Data analysis	<p>The Safety in Practice programme provides a spread sheet into which the data can be entered which automatically collates into a graph which develops as the audit is repeated each month.</p> <p>For any particular month doctors can simply analyse the results as they will get a number out of 10 which were compliant on all tests, and they can easily see in which areas they were not compliant for any relevant patients.</p>
ACT to implement change	<p>Doctors themselves, and also the practice team, will reflect on the results and identify where there might be gaps that could be improved in practice processes.</p> <p>Practices are encouraged to discuss this together as a team and work out together what changes they will make for the following month to improve results handling process compliance.</p> <p>Using a PDSA cycle quality improvement approach, individuals and practice teams work on the changes and for Safety in Practice would re-audit in the following month to see how the improvements have gone and what further adjustments need to be made, or what new issues have arisen.</p> <p>The Safety in Practice programme supports doctors and practices to make changes by running collaborative learning sessions where doctors and teams can meet with others to share and learn from each other. Resources of ideas that other practices have tried in previous years are available. Individual support is also provided through practice facilitators through their PHO, improvement advisors through the DHB and Clinical Leadership guidance also through Safety in Practice.</p>
Monitoring changes	<p>GP's and practices can monitor the progress by re-auditing each month and as they enter the information they get graphs which show the changes by each individual question as well as overall compliance. This provides easy visual information on trends.</p>
Subsequent cycles	<p>This process can be repeated monthly as part of Safety in Practice or as decided by the clinician / practice.</p>