Quality in Action in Irish General Practice

(Selected entries from the ICGP Quality Improvement Award 2005 and 2006)

Quality in Practice Committee

EDITOR
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Irish Society for Quality & Safety in Healthcare

VIVAS HEALTH

ICGP

Foreword

An innovative quality improvement competition was established by the ICGP Quality in Practice Committee in 2005 and repeated in 2006. This booklet contains samples of the best entries from both years out of a total of the thirty two entries received. Participants detailed improvements or innovations implemented in a general practice setting in Ireland, whether of a clinical or practice management nature. All general practice staff including non-clinical were eligible to enter. Entries from a wide range of primary care professionals including GPs, GP Registrars, practice nurses and practice administrators were received. The prize was sponsored by the Irish Society for Quality and Safety in Healthcare. Entries were judged according to their impact on general practice care in the Irish setting. In this regard special emphasis was given to the following aspects of the improvement or innovation: originality; simplicity of design; ease of implementation and ongoing use; ease of application to other general practices within Ireland; benefits derived from the improvement or innovation; and evidence that the improvement or innovation made an impact on practice. The four finalists presented their entries each year at a well attended workshop at the ICGP AGM and received very positive feedback from participants. Practice Nurse Roisin Doogue from Kildare – "Log and Audit System for Laboratory Samples" was the overall winner in 2005 and Dr Sean Bourke from Leitrim – "Patient Held Diabetic Card for Use in the Management of Diabetes" won in 2006. Due to the particularly high standard of entries in 2006 the Irish Society for Quality and Safety in Healthcare decided to sponsor a highly commended prize which was awarded to Ms Marian Broderick Practice Manager from Kildare – "Development of a repeat drug prescription policy and drug record card"

The wide range of initiatives underway in general practices is truly inspiring and represents the grass roots of the organisation leading the way rather than the ICGP starting initiatives in a top down approach. If the prize had not been initiated these initiatives would not have received the recognition that they deserve. We hope that this booklet will encourage further interest in the prize next year and show that quality improvement is worthwhile, leads to a change in practice and can be undertaken in every practice.

Dr Margaret O'Riordan, Chair ICGP Quality Committee
November 2006

As President of the Irish Society for Quality and Safety in Healthcare (ISQSH) I would like to extend my congratulations to the Irish College of General Practitioners for their foresight in introducing quality improvement awards for General Practice for the past two years. The ISQSH is very happy to sponsor these awards as we recognise the centrality of the General Practitioner role to the ongoing quest for improving standards of care within our healthcare system. The GP is the most consistent and usually the first point of contact for patients within our healthcare environment and as such plays a critical role in guiding patients through the system, educating and empowering patients, advocating for patients by liaising between the community and acute sector and most importantly focusing on preventative health care in an effort to keep people out of the hospital. The Society wholeheartedly endorses this project and hopes this publication can be a mechanism for spreading good practice and encouraging further innovation in the interest of safe and quality care.

Well done!

Marie Kehoe
President, ISQSH

On behalf of VIVAS Health, I am delighted to support this initiative and sponsor this booklet. I believe that this publication in conjunction with the support of the Irish College of General Practitioners (ICGP) and The Irish Society for Quality and Safety in Healthcare (ISQSH) will show how General Practitioners can make a change to how the medical system performs, through their initiative and hard work, and above all by sharing this experience with their colleagues.

Well done to all involved.

Brian Scollard
Director of Provider Affairs, VIVAS Health

Contents

1. Standard Operation Procedure Manual for Reception Staff

Brief Description of Improvement

Creation of a Standard Operation Procedure (SOP) Manual for Reception Staff to ensure all team members are aware of how to deal with any front office procedure. The manual is precisely tailored and includes such procedures as opening the surgery, supply orders, dealing with mail, lab reports, IT breakdowns and also includes a practice telephone directory.

Situation in the Practice before Improvement

There was no official uniform or standardised way of dealing with front office procedures. New staff members were informed verbally of procedures. New and existing employees would often have questions on how to deal with a problem or query that they had not previously encountered, leading to interruptions for other staff members. There may not have been any follow up on the query to ensure it would not happen again. Staff relied on memory if the same problem occurred in future.

List of Resources Required

- Time and effort to ensure all procedures are identified and documented
- Use of a computer.
- Tailoring SOP to practice needs.
- Designing a document that is user friendly for non-clinical and clinical staff
- Regular review and update of the manual.

Effect that improvement has on practice

- Standard approach and streamlining of all front office procedures.
- Invaluable tool for education of new staff members
- All members of staff have the manual as a reference.
- Increase in knowledge for office staff therefore less unnecessary interruptions, time wasting and greater job satisfaction.
- Ongoing review and updating ensures accurate information

For further information, please contact:

Ms Lupita Romero Doyle (Practice Manager) and Dr Safia Sayed
Liberties Primary Health Care Team
Meath Community Hospital
Heytesbury Street
Dublin 8

2. Primary Childhood Immunisation Register

Brief Description of Improvement

A register was developed and implemented to enhance recording, administration and payment for the primary childhood immunisation scheme. Vaccinations and payments are recorded in a spreadsheet using a few simple steps allowing the up to date position of uptake rates and defaulters to be viewed clearly.

Situation in the Practice before Improvement

A registration fee is paid when babies are registered with the practice. The next payment is after the administration of the three five in one vaccinations. MMR is given subsequently but final payment is not made until uptake rates for the practice have been calculated (approx 2-3 years later). Patients who join the practice after registration with another doctor will have each vaccine given paid for individually. Any boosters are paid for singly. Immunisations were notified to the Health Service Executive at the time of administration but there was no system in place to cross check these with subsequent payments from the Primary Care Reimbursement scheme.

List of Resources Required

- Development of a spreadsheet using Microsoft Excel
- When the spreadsheet has been established these steps are followed:

  ⇒ When the HSE Immunisation notification form arrives the practice secretary enters the babies name, DOB and identity number. All other patients are entered at the time of vaccination.
  ⇒ When the baby is vaccinated the form to be returned to the HSE is given to the secretary or practice manager to enter the date on the spreadsheet.
  ⇒ Once a month payments received from PCRS are added to the spreadsheet.

Effect that improvement has on practice

The system of giving, recording and checking payments for vaccines happens automatically with a minimal amount of paperwork. It was introduced as a management tool for vaccination payments but it also provides a manual vaccination recall system which is used as a back-up.

Surname	First name	DOB	Registrn		1st VACC		2nd VACC		3rd VACC		MMR		BONS	Booster		HIB Booster	
		16/01/2001	12345X	Paid	16/03/01	Paid	18/05/2001	Paid	21/8/2001	Paid	17/04/2002	Paid	Paid				

For further information, please contact:

Ms Catherine Ryan, Practice Manager
The Park Family Practice
Lower Friars Walk
Ballyphehane
Cork City

3. Patient Comments and Complaints Procedure

Brief Description of Improvement

This procedure is a forum where by patients have the freedom to make a complaint or comment if they are unhappy about a situation or would like to see an improvement within the practice. The procedure helps to identify the underlying cause of complaints or problems in the practice and to take appropriate steps to ensure that they do not reoccur or to prevent them from occurring in the first place.

Situation in the Practice before Improvement

There was no forum in the practice whereby the patient felt comfortable about making a complaint. People felt uneasy verbalising it directly and the facility was not available for a written complaint or suggestion.

List of Resources Required

Very little cost involved. All that is required is:

1. A simple comment card printed and left in the waiting room for the patient to fill out and an appropriate box (also left in the waiting room) for card collection.

2. An improvement report form, which is filled out by the Practice Manager when she receives a complaint (this was designed in the surgery).

Effect that improvement has on practice

1 Patient satisfaction improves as they see that you are trying to give the very best service and they know that if they have a complaint it will be acknowledged and dealt with.

2. Complaints actually reduce as everyone is aware of the system and can prevent complaints occurring in the first place.

3. In the event of litigation you can demonstrate that every effort has been made to put a quality system in place.

4. Getting feedback from patients is always beneficial even though we may not always like what we hear.

A complaints procedure

It costs nothing to say sorry and people have a fear of saying sorry in case it is an admission of guilt. This is definitely not the case and since we have introduced the complaints procedure, complaints within the practice have reduced to two per year. Patients know that if there is a fault on the part of the practice we will admit to it and say we are sorry and will endeavour that it does not occur again. The process is as follows:

- Complaint comment received by doctor or administration staff. This can be received in a variety of formats e.g. written, verbal. From a variety of sources e.g. Patients, HSE, Guardians
- When receiving a complaint it is important to do so in a calm manner and ascertain the detail of the complaint. The staff has been trained to deal with complaints calmly and not to enter into an argument with the person making the complaint rather to treat them with respect and patience.
- The complaint is given to the practice manager who records details of the complaint on the Improvement Report.

- All patient complaints are acknowledged within one week and kept up to date until there is a completion of the procedure.
- Alternatively comment cards and a suitable collection box are available in the waiting room. Patients can put their complaint or suggestion on the card and place it in the box. These are collected by the practice manager and acted upon.
- The complaints procedure is part of our patient charter and displayed in the waiting room.

For further information, please contact:

Ms Theresa Whately (Practice Manager),
2 Park Avenue
Dundalk
Co. Louth

4. Text Messaging Service in the Surgery

Brief Description of Improvement

This improvement involved the introduction of the use of text messaging in the surgery to relay messages to clients or their carers. An initial assessment of patients or their carer's knowledge and availability of receiving text messaging was undertaken. When and if consent was obtained clients or their carers were sent texts to obtain appointment times and blood test results. These texts were sent out in template form to save staff time. To protect confidentiality in case of human or technical error, care is taken not to mention patients name or date of birth in the message. In addition the phone contains a record that shows the message was sent and delivered correctly

This process enables patients to:

1. Obtain a record of a result.
2. Compare results to former records.
3. Bring written result to hospital to prevent repetition of same and making appointments more affective e.g. patients hand the Doctor they are attending the mobile phone and they read clients latest results.
4. Share information with both public health nurses and family and patients with same condition.
5. Improve compliance as they became more involved in self-care.

Situation in the Practice before Improvement

A busy rural practice. Reception staff manning one outside line, which was increased to two with no effect. These lines proved ineffective at times, making it increasingly frustrating for both patients and primary carers to relay messages, often failing to keep a line open for emergencies.

When patients rang up for a result the call was either transferred to medical staff in between consultations or a number was taken to return the call. The computer file was retrieved by staff member and pen and paper by patient. Results were relayed many minutes later. At other times many attempts were made to ring clients with abnormal results. The most suitable time to contact patients from a practice perspective was between 8-8.30am. However at this time families are either busy with going to work/school or still asleep. Therefore they were often not receptive to receiving the information and often rang the practice again later in the day.

In order to help solve the problem, letters of results were sent out to clients. This proved ineffective and dangerous as in recent times due to staff shortages some clients had no postal service for up to three days. Other clients with the same name and town land were opening each other's mail. (eg. there are seven patients with the same surname and initial in a one mile radius). Members of the primary care team took home phone numbers and patient's results to ring clients in the evening.

List of Resources Required

- Mobile phone and credit (6c a text)
- Primary care team knowledge of writing text messages
- Assess clients ability to receive and read understand messages
- Patient's mobile numbers and consent

Effect that improvement has on practice

Practice working more effectively. Clients get a better service with less staff effort and financial cost! Hope in the future to look into using texting via the internet.

For further information, please contact:

Dr Sean Bourke, Dr Cathy Foley & Nurse Theresa Breen
2 Railway Road
Ballinamore
Co. Leitrim

5. Library Books for Loan

Brief Description of Improvement

A patient library of books for loan, was set up in 2002, and added to in 2004. Books were purchased from drug re-imbursement funds, and are loaned to patients in exchange for a refundable €5 deposit.

Situation in the Practice before Improvement

Written information to support patient education, self-help and behaviour modification was limited to a number of leaflets, with often inadequate information. I perceived the limitations of this method, particularly in certain circumstances such as pregnancy, having a new baby, diet and lifestyle change and coping with children, teenagers, drugs, alcohol etc.

List of Resources Required

- Purchase of books in two large groups of around 20 books at a time. This has been almost enough for a practice of 2000 patients. Buying in large numbers usually gains a further reduction of 10% in the shop.
- Publicise the service by a poster in the waiting room and promote individual books during the consultation.
- The refundable deposit of €5 has reduced erosion of the library and records are kept in an excel file on computer regarding who has which book. The workload in administering the scheme is negligible and would be reduced further in a practice with administration staff.

Effect that improvement has on practice

Patients are very happy with the service and use it frequently. Some books, particularly relating to pregnancy, are in very regular use and have been loaned up to 20 times each. Books relating to baby and child management, especially the small ones about feeding and sleeping and the Natural alternatives to HRT book are also busy. Some books are less used, but when they are they seem to have a big impact. These would include the psychology books (which were recommended by Dr Tony Bates on the Marion Finucane show), alcohol and infertility books. For some reason, the 'Men's Health Manual' has not yet been borrowed!

For further information, please contact:

Dr Tony O'Sullivan
Irishtown Health Centre
Dublin 4.

6. Encouraging Re-attendance for Cervical Screening in a Rural Practice

Brief Description of Improvement

The Irish Cervical Screening Programme, which was being piloted in the Mid-Western Health Board area proposed that all women between the ages of 25-60 years should be screened on a regular basis. Women often attended for the first cervical smear when advised to by health professionals or when called by the Irish Cervical Screening Programme, but it was found that the uptake of second and subsequent smears was low. The study set out to encourage re-attendance for cervical screening in a rural Practice.

Situation in the Practice before Improvement

Before the innovation, cervical screening was carried out on an opportunistic basis for the most part. When the women attended for contraception consults or for other reasons, attendance for screening was encouraged. Women who had normal smear results were often reluctant to return for subsequent screening.

List of Resources Required

1. The Irish Cervical Screening Programme raised awareness and the advertising and education made women more accepting of the concept.
2. A computer register was made of all women attending the surgery who were eligible for cervical screening, incorporating information on previous screening and dates for recall.
3. The help of reception staff was enlisted to make appointments as necessary and to remind women of the correct time to attend etc.
4. Greater involvement of the multi-disciplinary team in the effort to increase uptake.
5. Notes were flagged, showing on the computer that the woman was due to return for her smear.
6. Educational material plays a pivotal role in sending the woman home knowing when she will be due for recall and her reasons for re-attending.
7. A print-out of the findings of the study available to all staff in the interest of improving uptake.

Effect that improvement has on practice

- The study helped us understand the difficulties experienced by the women who are eligible to attend.
- A greater awareness of the importance of education and allaying fears of women.
- A better understanding leads to better attendance
- Women's preferences are being met as much as possible.
- The follow-up attendance has improved, through recall from the Screening Programme and from the surgery with additional reminders being sent to those who are late attending.
- The computer register has given immediate access to the list of women due to attend.
- Increased re-uptake.
- With the passing of time and continued education, women are becoming more willing to attend for screening.

For further information, please contact:

Nurse Catherine Brophy Clancy,
C/- Dr J. Bugler's Surgery
Main Street
Kilfinane
Co. Limerick

7. Introduction of a Phlebotomist as part of the Clinical Team

Brief Description of Improvement

The introduction of a part-time phlebotomist (18 hours per week) as part of our clinical team. An existing member of the administrative staff was selected for this position. She received on-the-job training from the Nurse Practitioner and is indemnified by Medisec. She has also completed an occupational first aid course.

Situation in the Practice before Improvement

Blood tests were carried out mainly by nurses and sometimes by doctors. Waiting times for blood tests were often lengthy due to pressure within the system, lack of structure and the inherent unpredictability of the nurse's clinical workload. The result was patient dissatisfaction with waiting times and unnecessary complaints and stress for staff. In addition, private patients were reluctant to pay for blood tests done on the day as they had already paid to see the doctor.

List of Resources Required

- The replacement of an existing administrative team member (recruitment and training costs).
- The opportunity costs to the practice during the period of training provided by the nurse practitioner (six weeks).

Effect that improvement has on practice

- Opportunity to train up a key member of the administration team for a new 'phlebotomy role'. This enhances job satisfaction and facilitates career choice and professional development within general practice.
- Promotion from within –this is good for the culture in an organisation and fosters a learning environment. From the employers perspective, promoting from within ensures that a person with a proven track record is promoted to this enhanced clinical role.
- Key responsibility for this role with one person facilitates audit and quality assurance.
- Blood tests are now generally done by appointment with the phlebotomist.
- 'Urgent bloods' can easily be accommodated.
- Waiting times for blood tests have been greatly reduced. An audit of waiting times has shown this to be about 10 minutes thereby enhancing patient satisfaction.
- A daily and weekly log is kept of all tests sent to the lab which is cross referenced with electronic returns. This ensures that all tests sent to the lab generate a result and provides a safety net for 'missing tests'.
- The new system requires the doctors (mainly) or in some cases the nurse to 'pre-order' blood tests. This allows for more rational, evidence based ordering of tests.
- Reduces tendency of 'while I'm here' blood tests.
- Facilitates chronic disease management (e.g. Heartwatch) and shared care.
- The 'freeing up' of nurses time allows for more proactive, preventative care whether on an opportunistic or structured basis. This facilitates health promotion, shared care and chronic disease management.
- With the role out of the primary care strategy and the advent of community based teams; this gives an opportunity for the practice nurse to expand her clinical role in the general practice setting.

Cost Benefit Analysis

At face value the cost per hour of employing a phlebotomist compares favourably to that of a practice nurse. The administrative functions previously carried out by the phlebotomist have been filled by replacement with an additional administration team member. In the short term, this cost can be at least partly defrayed by the enhanced income generating potential of the practice nurse. In addition, private patients appear more willing to pay for the new dedicated phlebotomy service.

The nurse is being displaced to higher functions rather than replaced so this enhances quality of care for patients.

We believe the enhanced clinical role of the practice nurse, facilitated by the introduction of a practice phlebotomist is cost effective and maximises the use of appropriate skills in the primary care setting.

As the practice is computerised, we carried out a random 2 week audit of numbers of patients having blood tests in the practice. This was done before and after the dedicated phlebotomy service was introduced.

<u>With a phlebotomist – Number of patients having blood tests.</u>

- Average waiting time reduced by more than 50% from 23.5 minutes to 10 minutes.
- Blood test now more structured into a 4 day week (4 mornings x 4.5 hours) with an increase of 50% in patient's seen and waiting times dramatically reduced.

For further information, please contact:

Dr Mark Rowe
Rowe Creaven Medical Practice
Pairc Clinic
Lismore Park
Waterford City

8. GP Messenger Pilot Scheme

Brief Description of Improvement

Our practice has been involved in the GP Messenger Pilot Scheme since 2004. This scheme allows for practices to receive blood results electronically. Each practice is given a unique password which allows them to access their patient's blood results on the Southern Health Board Website. These results are contained in a secure mail, which is downloaded onto the practice software, GP Clinical in our case, and is then sent to the relevant doctors GP Messenger inbox by simply clicking the "File to GP" button on the screen. The GP then reviews the result on his/her computer and files the results to the respective patient files.

The routine blood results are available to G.P.'s within 24-36 hours with any other results following within the next 48 hours. All INR results are returned same day.

Situation in the Practice before Improvement

Prior to the use of GP Messenger by this practice, all patients on Warfarin had to travel to Hospitals to facilitate same day results. Patients would have to wait 5-7 days for all other blood results. Once the paper blood results did arrive in the post they were added by hand to each patient paper chart.

List of Resources Required

- Computerisation and relevant computer software.
- Practice secretaries training to download the results and file them to the G.P.'s.
- In order to run GP Messenger, a one off yearly fee must be paid to the software provider (In our case Quantum/Medicom).

Effect that improvement has on practice

Since becoming involved with the pilot scheme for GP Messenger we have been able to offer a much improved service to our patients. Firstly, patients who are on Warfarin can now have their INR bloods taken here and know that the result will be available to them by 5 O'clock on the same day. Patients who have general blood work done will have the majority of the results within 24 hours, and the rest within the next day or two. Also, since the results must be reviewed by a G.P. before they are moved to the patient's chart, there is no chance of a blood result going unnoticed. Because results are saved directly onto the patients computer file, there is 100% certainty that the blood result is in the correct patient file, and as an audit of results can be done quickly and easily, we have no trouble in ensuring that all results are being returned to us. Due to results being sent directly to the patients chart, their GP can easily look back on, or print out, previous blood results.

For further information, please contact:

Dr T O'Callaghan
New Square Medical Centre
Mitchelstown
Co. Cork

9. Establishment of an Anticoagulation Clinic in a small rural single handed GP Practice.

Brief Description of Improvement

Establishment of an Anticoagulation Therapy Clinic in a small rural single handed GP Practice

Situation in the Practice before Improvement

Patients had to travel 20-30 miles to the nearest hospital for I.N.R testing. Alternatively patients who had their I.N.R. test in the surgery had to phone for results after four days and receive instructions re change in medication by telephone.

List of Resources Required

- Staff education re use of machine
- Patient education including use of Anticoagulant Therapy Record Booklet
- Coaguchek Machine
- Coagucheck Strips
- Anticoagulant Therapy Books
- Computer Software. “RAT”.

Effect that improvement has on practice

- Better control of I.N.R.’s
- Immediate results
- Patient satisfaction - clinic results in significantly lower distance travelled, time spent and expense. Patients attending our clinic build up a rapport with staff members who are consistent in their availability.
- Staff are also highly aware of patients who may experience problems.
- Better understanding of and compliance with medication
- An agreement with our local pharmacist permits patients to present their remaining anticoagulant tablets to her for addition to their new prescription when dispensed. This prevents duplication and confusion with two possible sets of tablets
- No extra expense as Coagucheck strips are available on “Non Medical Card Item Scheme” with H.S.E.

For further information, please contact:

Nurse Margaret Scott
Medical Centre
Elphin
Co. Roscommon

10. Log and Audit System for Laboratory Samples

Brief Description of Improvement

A system for tracking and auditing samples obtained from patients for tests was developed following consultation with all practice staff. All blood and laboratory (lab) samples taken from patients in this general practice are recorded in a logbook. A system is in place to ensure all results are returned to the practice and dealt with appropriately. A method of auditing the process and outcomes was incorporated into the system.

The process is as follows:

The practitioner taking the sample is responsible for ensuring that Name , Date of Birth, Tests, Name of Hospital Lab and Mode of Transportation are recorded in the logbook. Tick boxes ensure writing is kept to a minimum. The patient is advised to phone for results two weeks after the sample has been taken. When results return to the practice they are date stamped and stamped with a practice stamp. The doctor checks all results. Results are entered in the computer or scanned in as appropriate. Abnormal results are scanned to the patient's computerised medical record. Results are then checked off in the logbook. If a result is abnormal a brief note is made in the logbook and the action to be taken. Patients are contacted and offered treatment or advice and health education as appropriate. This information is recorded in the patient's medical record. A monthly audit is in place to check:

- That all results have been returned to the practice.
- That any abnormal results are dealt with by informing the patient and offering appropriate treatment or advice and this information is documented in the patient's notes.

The practice nurse has been identified as the person responsible for overseeing the maintenance of the logbook and carrying out the monthly audit in the practice.

Situation in the Practice before Improvement

Prior to the development of this initiative blood and other samples required for medical tests were taken and sent by patient, courier or post to various labs. Samples were sent to either of two hospitals, equidistance from the surgeries. Results returned to the practice were followed up as appropriate. Patients were asked to phone for their results two weeks after the sample was taken. However despite best efforts sometimes results were missing from the patients file at their next consultation or were not available when the patient phoned. These results had then to be tracked and dealt with. This lack of efficiency wasted valuable time. Also we had no method of ensuring that we didn't miss any results. We were relying on memory and patients to phone for their results. As the GP/Nurse is ultimately responsible for all samples taken by them, a more efficient system was needed.

List of Resources Required

- The most important resources for developing and maintaining this system are teamwork and time dedicated to planning practice developments. Time is allocated to a monthly team meeting of all practice staff.
- It is only with full co-operation of every member of the practice team ie. GP, Practice Nurse, Practice Manager and Secretaries that system breakdown is avoided.
- The logbook and stamp were developed in the practice.
- A system flowchart is available in the practice handbook for new staff or locums, outlining how the system works.

Effect that improvement has on practice

This development has improved the efficiency of our service. A fail-safe system is in place to ensure that all medical tests required by our patents are dealt with thoroughly and appropriately. A result or sample cannot be overlooked or mislaid. Follow-up consultations provide more effective care for the patient, as all results are available to the doctor or nurse during the consultation. Improving patient care was the cornerstone for the development of this system with the added benefit of improving the efficiency and effectiveness of our clinical practice.

For further information, please contact:

Nurse Roisin Doogue
Medical Centre
Drogheda Street
Monasterevin
Co. Kildare

APPENDIX 1

Name	Date of Birth	Test Required	Result returned	Result	Action	Hospital/ Lab
Joe Blogg	01-01-50	FBC U/E/CREAT LFT LIPIDS GLUCOSE	X X X X X	CHO/LDL HIGH	LIPID LETTER SENT	NAAS X PORTLAOISE ☐ OTHER_____
Mary White	10-03-44	LIPIDS GLUCOSE _____ _____	X X ☐ ☐	ALL NORMAL	NONE	NAAS X PORTLAOISE ☐ OTHER_____
		_____ _____ _____ _____	☐ ☐ ☐ ☐			NAAS ☐ PORTLAOISE ☐ OTHER_____

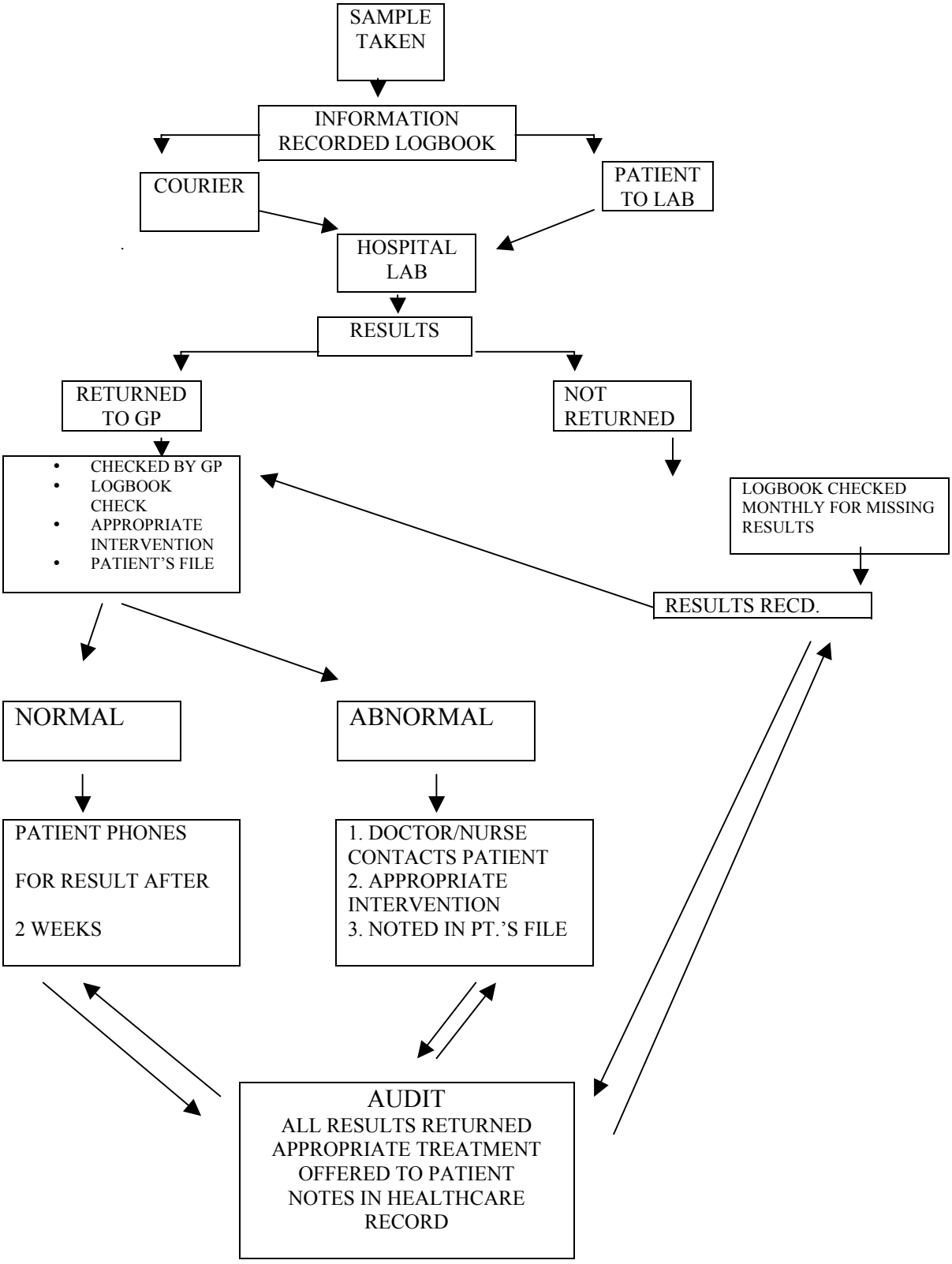
APPENDIX 2

PRACTICE STAMP FOR ALL RESULTS

DOCTOR ☐
ACTION ☐
COMPUTER ☐
SCAN ☐
LOG BOOK ☐
COMPLETE ☐

APPENDIX 3

LAB SAMPLE LOG AND AUDIT SYSTEM



11. Development of a repeat drug prescription policy and drug record card.

Brief Description of Improvement

A practice policy and system for managing repeat prescriptions was developed including the design of a Drug Record Card. This system requires the patient to have his or her medical record reviewed by the doctor and an appropriate medication list inserted into their Drug Record Card when they arrive to have their prescription renewed.

Patients are advised of the Repeat Prescription Policy which is as follows:

- Patients receive the repeat Drug Record Card.
- They are requested to bring their card to every GP consultation or hospital visit to facilitate and improve communication.
- All changes to medication are recorded on the Repeat Drug Record Card and in their Medical Record.
- Three days notice is requested for repeat prescriptions by presenting the card to the surgery or alternatively by posting it.
- Doctor reviews the drug card, the prescription is printed by practice staff and then the prescription is signed by the doctor.
- The prescription is available for collection at the surgery or may be posted to the patient, if necessary.
- Repeat prescriptions are given for a maximum of six months thus allowing defaulters to be identified and contacted to attend for consultation prior to re-issuing of a prescription.

Situation in the Practice before Improvement

Prior to the development of this policy, there was an ad hoc system for managing repeat prescriptions. Prescriptions were requested on a staggered basis as patients ran out of tablets. Frequent phone calls were received requesting prescriptions. Valuable time was spent dealing with these calls which blocked the phone lines and reduced the efficiency of the practice. The community pharmacy identified occasional requests for emergency supplies of medications. Patients were often unsure about their medication following an admission or visit to a hospital.

List of Resources Required

- Practice meetings dedicated to planning and developing practice systems and policies.
- A team approach that values the contribution of every member of the practice team.
- Communication and liaison is necessary with local pharmacy.
- Repeat Drug Card designed and developed in practice.
- Card printed in bulk by local printer. Approximate costs: 2,000 cards - €75.

Effect that improvement has on practice

- The implementation of the repeat prescribing policy has led to more appropriate and improved prescribing.
- The risk of inappropriate prescribing, inappropriate polypharmacy and adverse drug reactions has been reduced.
- Improved use of practice staff resources and time.
- The policy acts as a communication tool between the surgery, pharmacy, secondary care and allied health professions e.g. Public health nurse.
- Patient and carer education, awareness and compliance has been enhanced.
- Future development of a practice drug formulary, increased generic prescribing and a tool for audit are planned.

For further information, please contact:
Ms Marian Brennan, Practice Manager
Medical Centre,
Rathangan
Co. Kildare.

APPENDIX 'A'

DRUG CARD

Name: _____

Medical Card _____

'Phone No: _____

DR BARRY BOLAND

Medical Centre, Rathangan

Tel: 045 528088

Medical Centre, Monasterevan

Tel: 045 52228

SPECIAL SERVICES AND CLINICS

- Travel Vaccine Clinic
- Women's Health Clinic, Smears, Breast Examination, Contraception.
- Cardiac, ECG, Cholesterol, Blood Sugar.
- Weight loss and Dietician Clinic.

(l) All prescriptions are 72 hours Notice.

(2) Present *this card* and CURRENT MEDICAL CARD in a sealed envelope at Surgery.

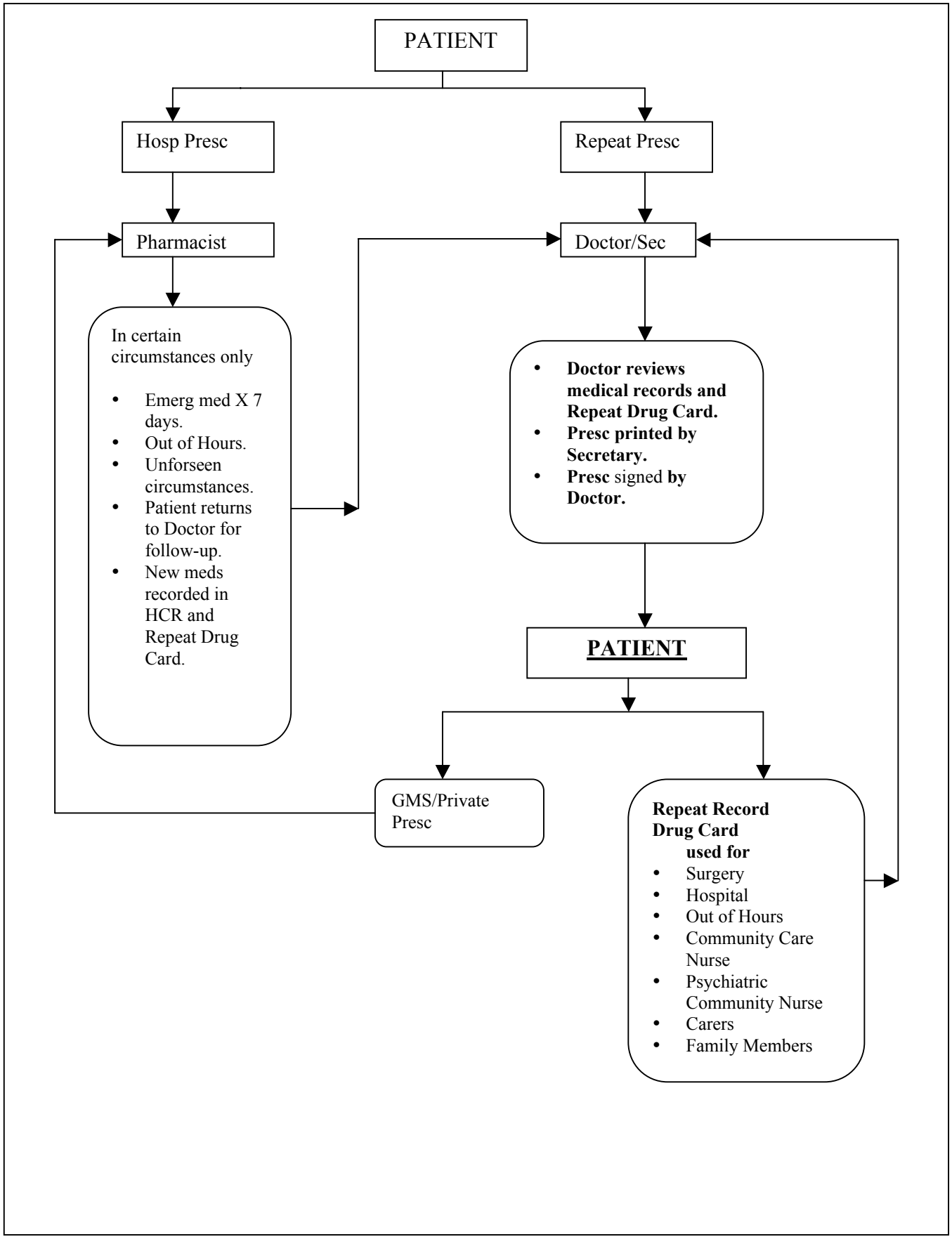
(3) Prescriptions to be collected from Surgery, or alternatively, may be posted.

DRUG CARD – INSIDE

DRUG RECORD				PRESCRIPTION RECORD	
	Name	Strength	Dosage	Date	No of Repeats
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

APPENDIX 'B'

REPEAT MEDICATION POLICY



12. Framework for the selection of the most appropriate medication for patients

Brief Description of Improvement

The Cork Road Clinic Formulary was developed as a framework for the selection of the most appropriate medication for patients, as part of an overall quality assurance programme. The underlying principle in introducing the formulary was to ensure the most effective, appropriate safe and economic use of medication.

Situation in the Practice before Improvement

There was an inconsistent approach to prescribing medication by the GPs in the practice, which led to the following:

- Difficulty in applying evidence based prescribing protocols to ensure that the highest standard of patient care was maintained.
- Drug Budgets constantly over target.
- Cost of script to private patient often unnecessarily excessive.

List of Resources Required

- Meetings between the GPs and the local pharmacist reviewing the prescribing practices of the clinic and compiling a list of medications used.
- Prescribing patterns of the practice were established and evidence based medicine used as the criteria for inclusion of each medicine in the formulary. Research was carried out using the BNF, NICE guidelines, Drugs and Therapeutics Bulletin and information from the National Medicines Information Centre.
- The GP practice software company was involved in modifying and enhancing the software package within the clinic so that the Cork Road Clinic Formulary could work side-by-side with the approved IPU Formulary.
- A process for reviewing trends, current medications and facilitating the meetings was established by our practice management team with the pharmacist and GP's and the group met on a regular basis over a number of months until the formulary was developed and successfully implemented.

Effect that improvement has on practice

In developing and using the Cork Road Formulary we are now beginning to show a more uniform to prescribing that is the most effective, appropriate, safe and lastly economical to our patients.

For further information, please contact:

Dr Betty Hyde and Dr Tony Heffernan
Cork Road Clinic
Cork Road
Mallow
Co. Cork.

13. Patient Held Diabetic Card for Use in the Management of Diabetes

Brief Description of Improvement

A patient held diabetic card for use in the management of diabetes in General Practice was developed. The card is designed for ease of use and ongoing evaluation of illness. It is also hoped that it will be a motivational tool for patients to become more involved in the care of their illness. It is recognised that 95% of diabetic care is provided by patients and their carers. The card empowers patients to take control of their condition instead of being controlled by it.

Situation in the Practice before Improvement

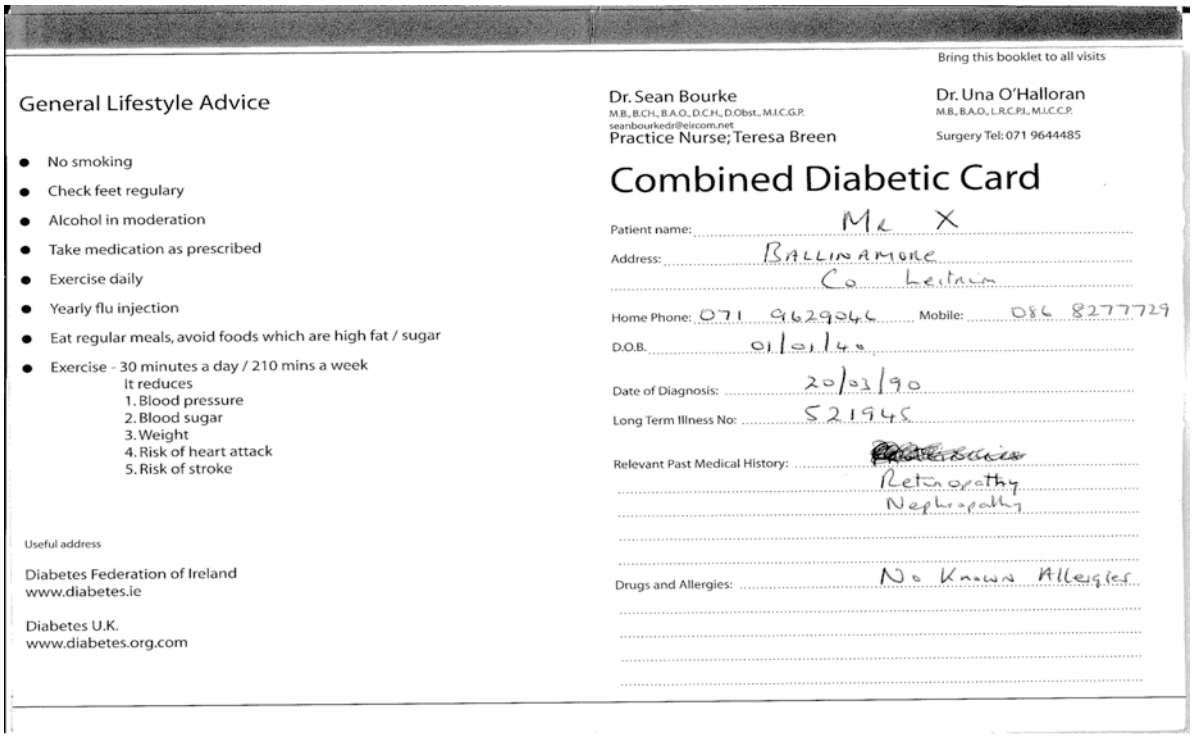
A computer programme developed by the principal GP was used for diabetes management. A dedicated diabetic clinic was run by the practice nurse (who has a diploma in diabetes) with help from a specialist diabetic nurse from the North Western Health Board (NWHB) who visited once a month. A dietician (NWHB) also attended the practice for one session on a weekly basis. Ophthalmology screening in the practice was also due to commence.

List of Resources Required

- Time - the whole process took nearly 6 months to evolve.
- Regular team meetings to discuss best evidence especially NICE guidelines. Two diabetic patients were included in the development.
- The template was with the printers for nearly three months before we settled on the final format. This proved to be the most difficult part of the process.
- All diabetic patients are given the card at the first available opportunity.

Effect that improvement has on practice

- Very positive feedback both from patients and hospital based consultants.
- Shared care improved as the hospital OPD had access to all recent investigations and management.
- Less duplication of investigations should occur.
- Patient empowerment as we are trying to teach patients to become active partners in their management and they can refer to their hand held card to view their progress. We are not trying to target chase but stress that every little improvement helps in their overall care.



Bring this booklet to all visits

General Lifestyle Advice

- No smoking
- Check feet regulary
- Alcohol in moderation
- Take medication as prescribed
- Exercise daily
- Yearly flu injection
- Eat regular meals, avoid foods which are high fat / sugar
- Exercise - 30 minutes a day / 210 mins a week
  It reduces
  1. Blood pressure
  2. Blood sugar
  3. Weight
  4. Risk of heart attack
  5. Risk of stroke

Useful address

Diabetes Federation of Ireland
www.diabetes.ie

Diabetes U.K.
www.diabetes.org.com

Dr. Sean Bourke
M.B., B.CH., B.A.O., D.C.H., D.Obst., M.I.C.G.P.
seanbourkedr@eircom.net
Practice Nurse; Teresa Breen

Dr. Una O'Halloran
M.B., B.A.O., L.R.C.P.I., M.I.C.C.P.
Surgery Tel: 071 9644485

Combined Diabetic Card

Patient name: Mr X
Address: Ballinamore
Co Leitrim
Home Phone: 071 9629046 Mobile: 086 8277729
D.O.B. 01/01/40
Date of Diagnosis: 20/03/90
Long Term Illness No: 521945
Relevant Past Medical History: [redacted]
Retinopathy
Nephropathy
Drugs and Allergies: No Known Allergies

Height	172 cm
ECG	01/05 Normal
Pheumovac	10/05

Diabetic Clinic Targets

- Blood pressure less than 130/80
- HbA1C between 6.5 and 7.5
- BMI between 20-25
- Smoking: target zero ✓
- Chol: less than 4.5
- LDL: less than 2.5
- Exercise at least 30mins / day
- Waist circumference for men 90cms
- Waist circumference for women 84cms

Date	BP	Weight	BMI	Smoking	Exercise	Chol	LDL	HDL	Glucose	HbA1C average blood glucose over the last three months	Waist Circumference
27/07/05	129/80	155*	32*	10+	Not Adequate *	3.2	1.50	1.10	11.1	8.3*	112*
23/10/05	125/78	147	31	10+.	10 Mins Only	2.9	1.50	1.12	8.4	7.9*	110
10/2/06	120/70	142	30	5+.	20 Mins				6.5	7.9*	109

Notes and signature Patients encouraged to write anything they find significant.

Yearly Review Of Diabetes Complications

Eyes - Retinopathy - damage to blood vessels at the back of the eye which left undetected will impair vision

Feet - Neuropathy - damage to nerves of the feet causing numbness, tingling or pins and needles

Kidneys - Microalbumuria - detects very early kidney disease Should be less Than 3.5

Heart attack and stroke - People with diabetes have an increased risk of heart attack and stroke

Yearly Review

Date	Flu vaccine	Eyes	Feet pulses		Feet sensation		Feet reflexes		Kidney Urea	Kidney Creatue	Albumin creatue ratio
			R	L	R	L	R	L			
10/05	✓	July 05 No Retinopathy	✓	✓	✓	✓	✓	✓	N	N	5.5 Signal

For further information, please contact:

Dr Sean Bourke
2 Railway Road
Ballinamore
Co. Leitrim

14. Full Diabetic Care Structure

Brief Description of Improvement

Full diabetic care structuring comprising,

1. Development of clinical templates for 3-6 monthly & annual diabetic review.
2. Development of recall system which is checked monthly.
3. Register of diabetic patients.
4. Annual audit of diabetic register.

Situation in the Practice before Improvement

Diabetic care was delivered on an ad-hoc basis. This innovation was introduced in 2003.

List of Resources Required

1. Microsoft access to set up register and audit.
2. Optimisation of practice computer software.
3. Nurse time to run recall system and run annual audit.

Effect that improvement has on practice

Diabetic care has vastly improved. Each diabetic patient has his/her record checked at least annually to ensure proper preventive care is delivered. An improvement has been noted each year in the audit; our aim is to have it within the diabetic target range.

Sample Diabetic register information

Diabetic Register								
Age	**Sex**	**Cigs**	**Syst BP**	**Diastolic BP**	**HbA1c**	**Cholesterol**	**IHD +/-**	**Risk Factor**

Sample Clinical Template for 3-6 Monthly Diabetic Review

The following are recorded according to each diabetic finding and the aim is to improve each area, ensuring treatment and preventive care is given, Practice Nurse & Dr review at each visit. The plan of action is then documented in diabetic follow-up and the date of the next visit inserted so that a recall system is developed. This is checked monthly ensuring each diabetic is reviewed according to plan of action date.

- Subjective symptoms
- Control
- Systolic blood pressure
- Diastolic blood pressure
- Weight
- Urine
- Glucose
- Plan of action

Sample Clinical Template for Annual Diabetic Review

The diabetic annual is similar to diabetic follow-up 3-6 monthly, only a more detailed check is given and recorded by Practice Nurse & Dr ensuring that all our diabetic patients are being given optimal care and reviewed as frequently according to each individual finding and referral given as needed.

- Tobacco
- Control
- Alcohol consumption
- Diet recommended
- Weight
- Height
- BMI
- Feet
- Urine
- Fundi (optic)
- Systolic
- Diastolic
- Peripheral arteries
- Vibration sensation
- Ankle reflex
- Haemogloblin A1
- Glucose fasting
- Cholesterol profile fasting
- Plan of action

For further information, please contact:

Nurse Caroline Moore
C/- Drs Nunan/Hanley
Milford Health Centre
Milford
Co. Donegal

15. Use of multi-layered compression bandage system for the treatment of leg ulcers

Brief Description of Improvement

The aim was to improve the diagnosis and management of leg ulcers including the introduction of the use of Doppler ultrasound. A multi-layer compression bandage system was introduced in conjunction with a holistic approach to wound healing.

Situation in the Practice before Improvement

Various dressings were used to treat leg ulcers and had little effect as they didn't address the underlying problem of venous insufficiency. Referral to the hospital was necessary for specialist intervention. The long waiting lists led to protracted management in primary care affecting the patient's quality of life i.e. frequent visits to surgery and pain.

List of Resources Required

- Education and training (theory and practice) of nurses and doctors in Doppler assessment (An Bord Altrainais Cat. I approved).
- Application of Profore multi-layer compression bandaging system.
- On going education in wound management. Keeping up to date with evidence based practice using journals and attending study days.
- Adopting protocols based on current evidence based practice.
- Purchase of hand held Doppler (Leuntleigh 7-8000mhz).

Effect that improvement has on practice

- Faster wound healing.
- Less frequent dressing changes – once weekly as opposed to alternate day dressing changes, therefore granulation tissue was not disturbed.
- Improved healing time has eliminated the need for specialist intervention in the hospital taking pressure off Outpatient's waiting list.
- More amenable to patients – very comfortable dressings which are well tolerated. Ulcer not as painful. Improved quality of life. Reduction in surgery visits aiding compliance especially where transport to surgery may be an issue.
- Prevention of recurrence using patient education and low-pressure compression hosiery.
- Diagnosis of other conditions that patients may not have presented to the surgery with i.e. diabetes, anaemia, hypertension.

For this practice, a wound management protocol is now in place, with the effect of more rapid healing, less hospital referral and improved patient care.

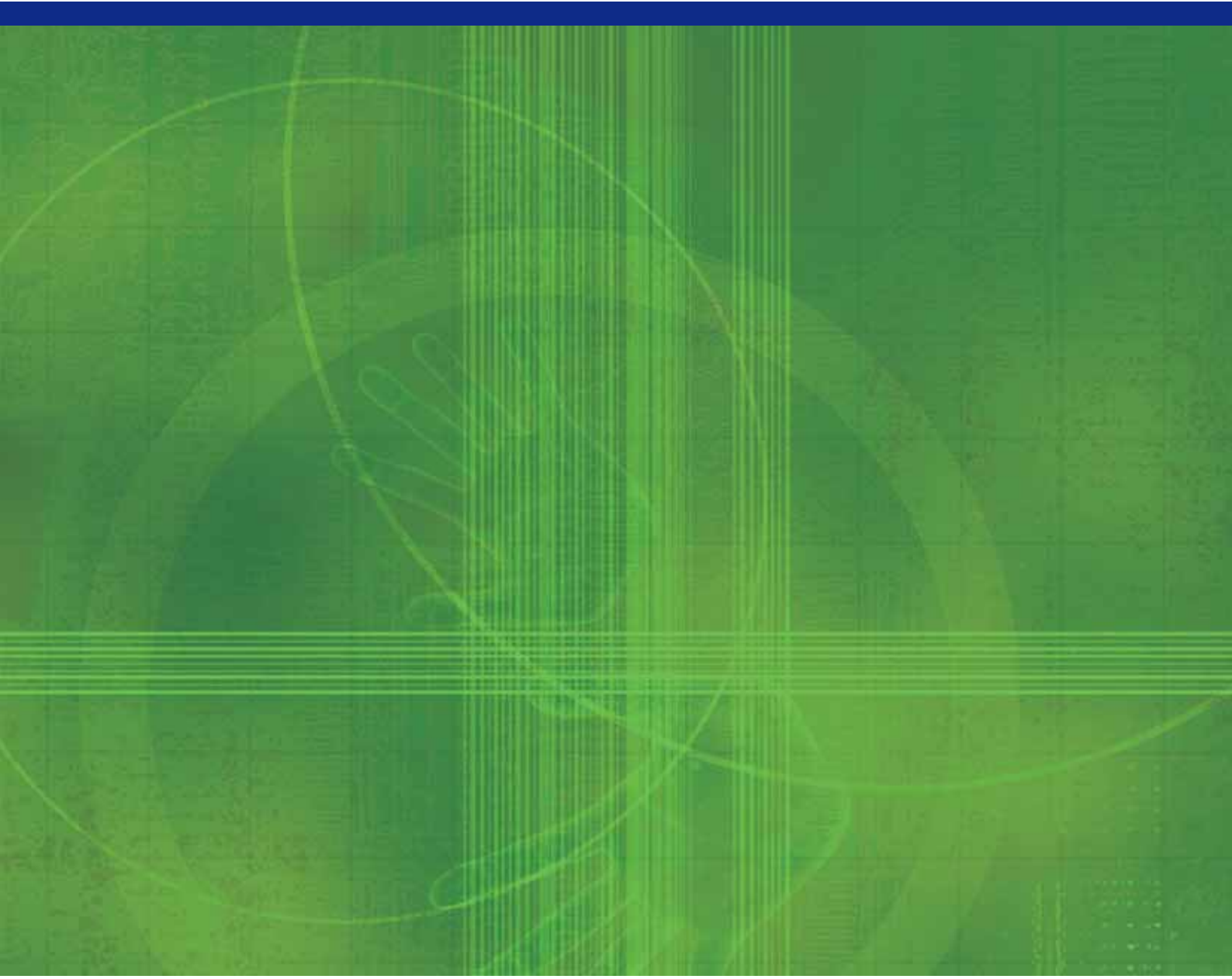
Protocol for leg ulcer management

- Obtain history of presenting complaint, past medical history, current medications and allergies.
- Record blood pressure, assess nutritional status, blood tests and urinalysis.
- Assess ulcer type, stage of wound healing and preparation of wound bed if necessary.
- Assess factors that delay wound healing and address them accordingly i.e.
  - ⇒ Anaemia
  - ⇒ Diabetes
  - ⇒ Infection
  - ⇒ Hypertension
  - ⇒ Poor nutritional state
  - ⇒ Smoking
- Educate patient re factors that delay wound healing and measures that they can take to help speed up the process i.e. smoking cessation.

For further information, please contact:

Dr David Slattery
Nurse Toni Finnegan
Nurse Mary Power
Nurse Gillian Healy

The Keogh Practice
27 Ballybricken
Waterford



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