Workflow Optimisation
Audit of GP Docman Actions versus Admin

Fifty Docmans were audited to see if the GP actions matched actions that would have been taken by staff. Of the 50, 40 actions taken by staff matched the action taken by GP; 10 actions taken by staff did not match the action taken by a GP.

The 10 Docmans where the Admin action did not match the GP action		GP/Admin comment
1	Email about a rejected MRI.	GP comment – 'completed'. Admin comment – 'send to GP'.
2	Email requesting advice and subsequent admission.	GP comment – 'completed'. Admin comment – 'sent to GP'.
3	Clinic note for acitretin with monitoring.	GP comment – 'telephone consultation with GP/add to NPT list'. Admin comment – 'add drugs/diary date/code/arrange appt/send to GP'.
4	DNA clinic letter.	GP comment – 'no further action required'. Admin comment – 'check with patient if received letter. If not, advise patient to contact appts office (as per letter) for further appt.
5	ENT letter.	GP comment – 'no further action required'. Admin comment – Where is MRI that was meant to be included with the letter. Investigate further.
6	HePMA discharge.	GP comment – 'no further action required'. Admin comment – 'check medication matches on EMIS then file'.
7	Email about guardianship order.	GP comment – 'no further action required'. Admin comment – 'send to GP'.
8	Rejected LBC sample.	GP comment – 'no further action required'. Admin comment – 'send to GP'.
9	Request to ensure certain medications are removed from repeat.	GP comment – 'no further action required'. Admin comment – 'remove meds as requested. File'.
10	DNA physio letter.	GP comment – 'no further action required'. Admin comment – 'contact patient. Needs re-referred if still needs seen. Send to GP if needs re-referred.

Of the 10 documents where the admin action did not match the action taken by a GP, the reason for the mismatch is detailed below.

Admin action		Reason
1	Sent to a GP as admin were unsure what to do.	Does this patient need an alternative course of treatment? GP safety net.
2	Sent to GP as it was an email trail which started as an advice request and ultimately ended up asking that the patient be admitted to hospital.	GP must see.
3	Admin were adding drugs/diary date/coding/ arranging appointment and sending to GP for information as drug was a high risk drug.	Any further action could then be taken by the GP at that point. GP safety net.
4	Admin are contacting patient to try and ascertain if the patient has received the letter inviting them for an appointment. If they didn't, they can then be advised to contact appointments office.	Opportunity for staff to check address is still correct etc.
5	Body of letter states "please find enclosed a copy of this patient's recent MRI".	This is missing. Admin to chase for GP info (letter was a cc letter).
6	Was a HePMA discharge.	Admin would check to ensure medications on EMIS matched medication on discharge (although in this instance there were no continuing medications).
7	Was an email about a guardianship order.	Filed by GP but admin were unsure as to whether or not a GP needed to see this. GP as safety net.
8	Cervical smear performed on 81 year old.	Rejected by cytology. Could have been filed but sent to GP for info and learning.
9	Request to ensure certain medications were removed from the records and that no further repeats would be issued.	Admin check to ensure this had been done. GP had already done this and filed. Outcome the same.
10	Admin are contacting patient to try and ascertain if the patient has received the letter inviting them for an appointment. If they didn't, they can then be advised to contact appointments office.	Opportunity for staff to check address is still correct etc.

Summary

Of the 10 documents where the admin outcome did not match the GP outcome:

- 1 document needed seen and acted upon by a GP (document 2)
- 1 document was a false positive for a mismatch outcome – all HePMA discharges would automatically be checked to ensure a match with EMIS medication (document 6)
- 1 document – action that admin would have performed had already been taken by GP prior to filing but a double check was performed (document 9)
- 1 document where admin would chase missing items (document 5)
- 1 document sent to GP for learning (document 8)
- 2 documents – failed to attend letters and admin would be performing some checks to ensure patient had received letter etc and hopefully cut down on further DNAs (documents 4 and 10)
- 3 documents sent to GP as safety net (documents 1, 3 and 7 – if GP feels further action required, opportunity here to do so).

Outcome

From the results above, it can be demonstrated that 80% of documents were filed and acted upon in the same way that the GP had done. These documents were subsequently filed.

Where a GP outcome has not matched an admin outcome (20%), admin have either been performing more actions than the GP or they have been performing the same action as the GP and then sending the documents to the GP so that they are aware of actions taken (18% of documents falling into the 'not matched' category). At this point, the GP can add additional appropriate actions if necessary.

There was one document (2%) that admin felt must be seen by a GP due to the fact it was asking for hospital admission following an advice request. This was work flowed to the GP as it is not something admin can act upon.

The results suggest that admin will have a good handle on the management of GP workflow and are, in some instances, performing more actions than the GP would normally. The relevant safety nets are in place and training would be provided to staff members performing workflow duties. The 'if in doubt – send to a GP' message will be delivered strongly to ensure we are making this as robust and as safe a process as possible.

Recommendations

- From the results above, I would propose adding three new comments to Docman for admin use:
  - File
  - Dr Aware
  - Dr Action
- All documents for filing would be marked ‘File’.
- All documents where a GP was to be made aware of the action taken by admin would be marked ‘Dr Aware’.
- All documents where admin felt a GP action was required would be marked ‘Dr Action’.
- It would then be up to the relevant GPs as to whether they felt another action was required, or whether they felt no action was required or actions taken were appropriate.
- Training with selected members of the admin team (including management) will be given and further audit to be carried out to ensure workflow is being managed safely and appropriately.

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