Quality Improvement Toolkit for General Practice

Business

Recall and reminder MODULE

RECALL AND REMINDER TOOLKIT

Introduction

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients**. The toolkit will help your practice complete QI activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply

- Reduced risk by starting small

- It can be used to help plan, develop and implement change that is highly effective.

The MFI helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements and that minimal effort is wasted.

There is an example of completing bowel cancer screening on eligible patients via the reminder system using the MFI at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on support@bsphn.org.au.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Brisbane South PHN if you have any feedback regarding the content of this document.

This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.

Acknowledgements

We would like to acknowledge that some material contained in this toolkit has been extracted from organisations including the Institute for Healthcare Improvement; the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; MedicalDirector, CAT4; and Train IT. These organisations retain copyright over their original work and we have abided by licence terms. Referencing of material is provided throughout.

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Brisbane South PHN, 2021

Contents

How to use this toolkit

There are checklists included below that will guide you and your practice.

- use this toolkit to guide you along the journey

- set yourselves timelines to achieve your goals

- consider potential internal or external factors that could impact the activity and factor these into your planning e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season

- review your progress regularly

- if you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support

support@bsphn.org.au   1300 467 265

REMINDERS AND RECALLS TOOLKIT

Implementing a recall and reminder system for the follow up of tests, results, referrals and appointments in the practice is essential for safe continuing care and preventative care.

In order to assist in diagnosing and treating a patient's condition, a doctor (medical practitioner) may recommend that the patient undertake further testing, such as pathology or diagnostic imaging, and/or refer the patient to another clinician.

To facilitate safe, good quality care, appropriate systems must be in place to ensure that pathology, radiology, and any other investigative tests and/or referrals are properly initiated, acted upon, and the results communicated in a timely manner.[1]

While many general practitioners (GPs) and practice nurses (PNs) discuss lifestyle with their patients, this is only a small part of preventive care. Prevention in the healthcare context focuses on the health of individuals, communities and defined populations. It includes all measures that protect, promote, and maintain health and wellbeing, and that prevent disease, disability and death.[2]

Difference between reminders and recalls

Reminders are used as a prompt for patients for preventive activities and do not have to be followed up if the patient does not attend the practice. It is recommended that the reminder is noted in health records for ongoing care. Examples of a reminder include cervical screening, immunisation, health assessment, and management plan review.

Recall systems are used to recall patients when something is 'clinically significant' and requires follow up. Clinically significant results do not necessarily mean 'abnormal' results. It is a judgement made by the practitioner that something is clinically important for that patient in the context of their health care.

Doctor-patient relationship

The doctor-patient relationship is a partnership based on mutual respect and collaboration, where doctors and patients have rights as well as responsibilities. While doctors have a duty of care to their patients, patients are encouraged to actively participate in their own healthcare, be honest with their doctor regarding their health, make informed healthcare decisions, and undertake recommended treatments, tests, referrals, follow-up appointments and reminder appointments.

Good communication is essential for the provision of high-quality medical care and key to supporting patients' informed decision-making. Doctors should facilitate patients' informed healthcare decisions by providing relevant information regarding the risks and benefits of attending (or not attending) a recommended test, referral, follow-up appointment, or recall appointment. Where a patient indicates they do not intend to comply with the doctor's recommendation, the doctor should record the discussion in the patient's medical record including the reasons given by the patient, if any, for not following the advice.

Patients' informed healthcare decisions should be respected. While patients have the right not to attend recommended tests, referrals, follow-up or recall appointments, with this right comes the responsibility for the consequences of that properly informed decision to follow or reject their doctor's advice.

A doctor should, however, make a reasonable attempt to contact a patient who has a clinically significant result or diagnosis but has not attended a follow-up appointment. In determining what steps should be taken to contact a patient, the following should be considered:

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[1] https://ama.com.au/position-statement/patient-follow-recall-and-reminder-systems-2013
[2] https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/green-book

- the seriousness of the patient's medical condition

- the associated risk to the patient of delaying or not receiving treatment

- the significance or abnormality of any tests or reports

- the significance of unexpected abnormal results.[3]

Online Train IT learning modules to complement this toolkit

There are online learning modules from Train IT that will assist with understanding this section of the QI Toolkit. To access these resources, you will require access to the online learning and collaborative portal DiscoverPHN. The learning modules include:

Train IT module number	Topic with learning objectives	Length	Target audience
3.	**Improving effective use & data quality using Medical Director** • Update patient demographic data to meet RACGP standards. • Mark patient records as inactive or deceased. • Code diagnoses and clean up the past history and medication lists. • Clean up lists including address book categories and recalls. • Improve data related to screening and results.	45 mins	All staff
4.	**Improving effective use & data quality using Bp Premier** • Update patient demographic data to meet RACGP standards. • Mark patient records as inactive or deceased. • Code diagnoses and clean up the past history and medication lists. • Clean up lists including contacts and document types. • Improve effective use of actions, reminders and results.	55 mins	All staff

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[3] https://ama.com.au/position-statement/patient-follow-recall-and-reminder-systems-2013

Train IT module number	Topic with learning objectives	Length	Target audience
7.	**Recalls and reminders using Medical Director** • Develop an understanding of systematic preventive health management/screening. • Design an effective recall and reminder system. • Use actions for preventive health activities. • Add, view and modify patient recalls and reminders. • Generate patient recall and reminder lists.	63 mins	All staff
8.	**Recalls and reminders using Bp Premier** • Develop an understanding of systematic preventive health management/screening. • Design an effective recall and reminder system. • Use actions for preventive health activities. • Add, view and modify patient recalls and reminders. • Generate patient recall and reminder lists.	53 mins	All staff
25.	**Cancer Screening / Preventive Health using Medical Director** • Develop a systematic approach to preventive health management and cancer screening. • Use actions for preventive health management. • Manage recalls and reminders. • Enter breast, bowel and cervical screening results.	38 mins	All staff
26.	**Cancer Screening / Preventive Health using Bp Premier** • Develop a systematic approach to preventive health management and cancer screening. • Use actions for preventive health management. • Manage recalls and reminders. • Enter breast, bowel and cervical screening results.	37 mins	All staff

Goal of the reminders and recalls toolkit

This toolkit is to be used in general practice to:

• differentiate between recalls and reminders

• understand the requirements of the RACGP Standards for General Practice 5th edition in relation to recalls and reminders

• describe the key components of a recall and reminder system

• understand the role of technology in streamlining contact with patients.

ACTIVITY 1 – PRACTICE RECALLS

Recall systems are used to recall patients when something is 'clinically significant' and requires follow up. Clinically significant results do not necessarily mean 'abnormal' results. It is a judgement made by the practitioner that something is clinically important for that patient in the context of their health care.

Implementing a recall system for the follow up of tests, results, referrals and appointments in the practice is essential for continuing care.

Key points on recalls and reminders

- **Contact details** - ensure patient contact details are up to date – it is advisable to check them regularly (3-6 monthly), which may mean at each consultation in some contexts

- **Communication** - ensure the patient understands the importance of responding to a recall, including the possible consequences of not attending

- **It takes a team** - to ensure recall systems are effective, fail-safe, and sustainable involves the whole team, including practitioners, administrative staff and patients – there needs to be a system in place that all practice members know and understand

- **Recording results** - pathology results, imaging reports and clinical correspondence received should be reviewed, actioned, and incorporated in the patient's health record

- **Attempts to follow up** - the number of attempts to follow up a patient should reflect the clinical significance. Generally, three attempts by a mix of methods (e.g. letter, SMS, phone etc.) should be made. One of those methods should be in writing, and for recalls detailing the potential implications of failing to return. Utilising registered mail is advisable for your final attempt. Avoid using clinical information in SMS communications.

Electronic and paper-based systems

- **Electronic health records** – most clinical software packages have recall and reminders system; however, they are only as good as the information entered

- **Paper-based recall systems** – these are usually kept in a book for recalling abnormal results. A designated staff member must be responsible for monitoring it. Each time the practitioner indicates a result for recalling, the patient's details must be recorded in the book. Details recorded must include:

    - patient name, date of birth, medical record number and contact details

    - reason for recall

    - date of recall and method e.g. letter, phone call, SMS, registered mail

    - the recall and its method.

Patient communication methods

There are a number of ways to communicate with patients in relation to their recall. These may include:

- letter/registered mail

- phone call

- SMS

- email

- appointment booking system (e.g. Hotdocs, Healthengine etc).

You need to be mindful that even if patients have provided electronic contact details, they may not be proficient in communicating via these and patient consent needs to be obtained before engaging in electronic communication.

Confidentiality

Under no circumstances are members of the practice team to discuss or in any way reveal patient conditions or documentation to unauthorised staff, colleagues, other patients, family or friends, whether at the practice or outside it. This includes information relating to recalls, referral letters or other clinical documentation.

General practitioners and other practice team members must be aware of confidentiality requirements for all patient encounters and recognise that significant breaches of confidentiality may provide grounds for disciplinary action or dismissal.

Patient identification

Correct patient identification is vital for patient safety and the maintenance of patient confidentiality. Every patient should be correctly identified at each encounter with the practice team using three (3) approved patient identifiers.

Approved patient identifiers include:

- patient name (family and given name)
- date of birth
- gender (as self-identified by the patient)
- address
- patient record number (where it exists)
- individual healthcare identifier.

Identifying a recall appointment in your practice diary

Appointments made for patients required to attend a recall or periodic medical review should be flagged so that if a patient cancels the appointment the practice team are alerted to ensure another appointment time is scheduled. If the patient fails to attend the practice for the appointment, the general practitioner should be alerted to determine the appropriate action to be taken (e.g. contacting the patient to arrange a re-scheduled appointment time).

Legal requirements associated with recalls

For significant follow ups or recalls, a minimum of three attempts to contact the patient should be made. This can include two phone calls or letters, or a combination of both. The final contact should be by registered letter which is signed by the patient as received. The registered letter needs to include written information to support the patient's understanding of the clinical significance of following up the suggested follow-up/recall. Document the above in the patient record. [4]

Developing practice recall management protocol

Because every practice is different, it is important that each practice develops specific recall processes. When developing your procedure, consider the following:

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[4] https://www.avant.org.au/PracticeManager/Protect-Your-Practice/Risk-management/Referals-and-recalls/

- the roles of administrative and clinical team members

- how you document and record information, (e.g. software fields, specific coding, attempts to contact patient)

- communication methods within the practice (e.g. how do GPs inform a practice team member of a returned urgent result and how do team members inform GPs if unable to contact patient)

- when the recall is to be removed from the patient's file

- how you ensure all members of the practice team are aware of the recall management protocol within the practice.

Train IT Medical have a sample recall management protocol:
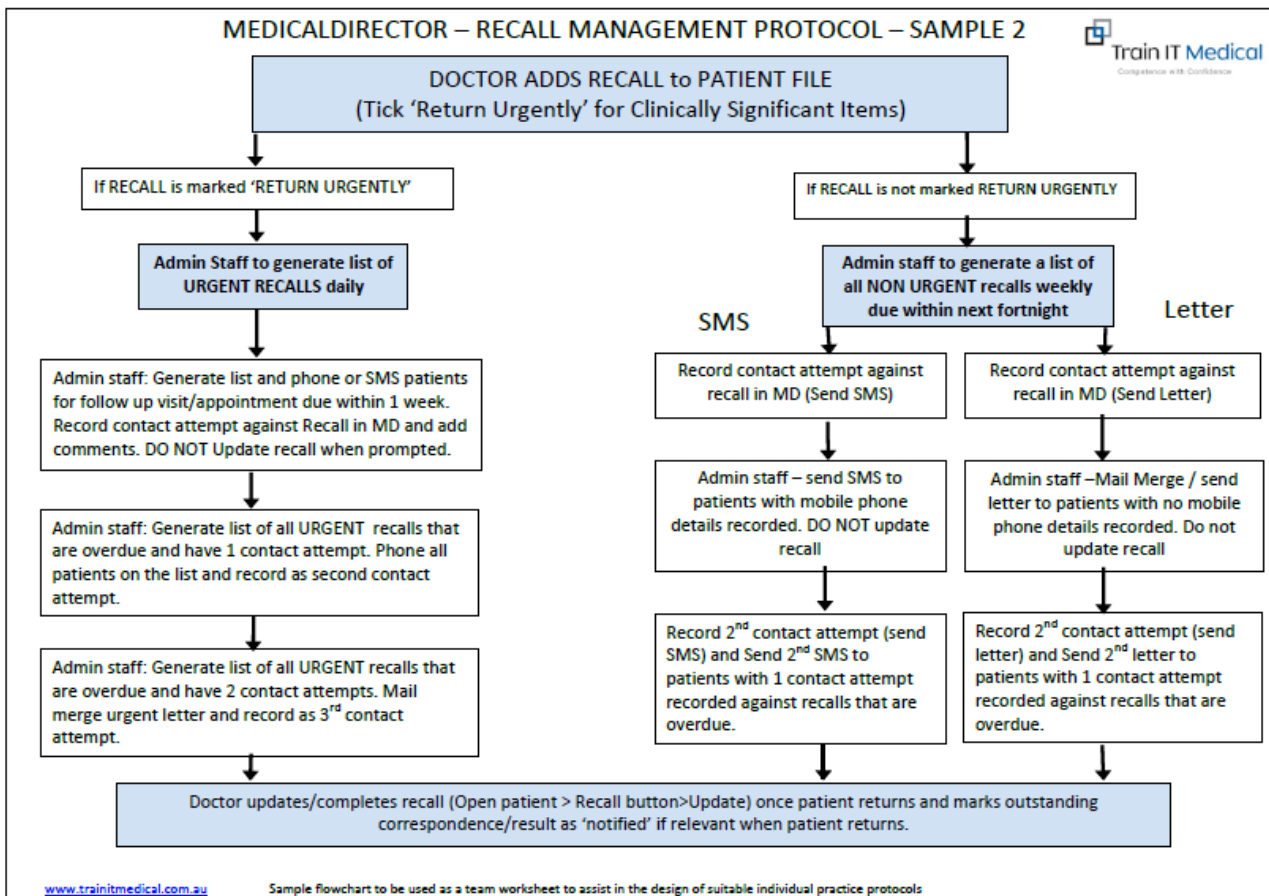
5

Activity 1.1 – Practice recall requirements

The aim of this activity is to review the practice recall processes.

Description	Status	Action to be taken
Do all team members know the difference between a recall and reminder?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to RACGP recall or reminder article.
Are patient details checked at each appointment, including address, phone number and emergency contact?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide staff training on the importance of ensuring contact details are up to date.
Are patients fully informed of the practice process of responding to a recall?	☐ Yes: **see action to be taken**. ☐ No: **see action to be taken.**	How is this communicated to patients? ☐ face-to-face ☐ practice newsletter ☐ practice website ☐ on hold messages ☐ social media ☐ SMS ☐ other: _____ Develop a system to communicate information to patients. Ensure all relevant team members are aware of the system.
Are all team members aware of the importance of ensuring patient confidentiality is maintained when contacting in relation to a recall?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide training to all team members in relation to patient confidentiality.
Do all relevant team members ensure every patient is correctly identified using three approved patient identifiers at each encounter?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to the standards on correct identification of patients.
Do you have any way in your appointment diary to identify a recall appointment?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Hold a team meeting to discuss what will work at your practice to identify recall patients.

Description	Status	Action to be taken
		You may wish to customise one of the symbols that is available in your practice software.
Do you have a dedicated person responsible for following up on recall appointments?	☐ Yes: **see action to be taken.**	Who is the person responsible? _____ Do they have a documented procedure? ☐ Yes ☐ No How often do they check if there is a patient to contact for a recall? ☐ Daily ☐ Weekly ☐ Monthly ☐ When they get time
	☐ No: **see action to be taken.**	Develop a procedure for following up on recall appointments. Appoint a person/people to ensure this is done. Ensure this is added to their position description and task list. Discuss this at a team meeting to ensure all relevant team members understand the process.
Do you record every attempt to contact a patient for a recall appointment in their medical record?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide training to staff on the importance of documenting every attempt to contact patient for a recall appointment. Ensure this is included in the practice policy & procedure.
Do you have a documented recall management protocol?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to Train IT Medical sample recall management protocol.
After reviewing your practice's patient recall process, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes: **see actions to be taken to help set you goals**. ☐ No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 2 – PRACTICE REMINDERS

Reminders are used as a prompt for patients for preventive activities and do not have to be followed up if the patient does not attend the practice. It is recommended that the reminder is noted in the health records for ongoing care. Examples of a reminder include cervical screening, immunisation, health assessment, management plan review.

Benefits of having a reminder system

Some of the benefits of utilising a patient reminder system include:

- continuity of care – continuity of care is concerned with quality of care over time. It is the process by which the patient and his/her GP-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care

- patient engagement - involves encouraging patients in their own care to help improve health outcomes. It combines a patient's knowledge, skills, ability, and willingness to manage their own care with communications designed to promote positive behaviours

- patient receives timely preventative health care – it encourages patients to have their health service completed when they are due

- health promotion – the process of enabling people to increase control over their health and its determinants, and thereby improve their health

- nurse led clinics – assists practices to identify patients who would benefit from attending a nurse led clinic (e.g. a patient with diabetes to have foot exam, height, weight, blood pressure etc completed).

- increased revenue – practices can target patients who meet specific Medicare item number criteria and invite them to attend the practice for a specific assessment (e.g. 75+ health assessment, heart health check, GP management plan etc).

Reminder systems for preventative care

For the continuing management of patients' health, practices should utilise a systematic reminder system for health promotion, preventative care and early detection of disease.

It is important that the reminder systems and notifications are mindful of protecting the privacy and confidentiality of patient information and give consideration to the needs of patients with a physical or intellectual disability.

It is vital to take a systematic approach to the entry of patient data in the health records to facilitate the search, extraction and utilisation of patient information for prevention and screening activities. This includes ensuring all patients have comprehensive patient health summaries and documentation of preventative activities.

A patient's individual circumstances need to be considered when providing information about health promotion and illness prevention for patients (and carers). Oral and written information should be provided to patients about health promotion and specific disease prevention, distinct from the education and information that is provided to patients to support a diagnosis and choice of treatment.

Patient presentations at the practice could be used as an opportunity to identify risk factors and provide health promotion and illness prevention in the following ways:

- pamphlets and brochures from a variety of sources available for patients to self-select or to be provided by members of the medical or clinical team to reinforce health promotion messages arising from a consultation

- patients encouraged to self-identify information that is recorded on the health summary to assist with early identification of the patient's main health issues or risk factors, e.g. Aboriginal and/or Torres Strait Islander status, family or social history
- clinical data should be routinely and opportunistically collected by the practice and entered into the patient health records in a manner that assists with data extraction for preventative activities
- patient consent must be obtained before including their details on a formal reminder system for preventative care - this consent should be documented in the patient's health record,
- patients should be advised of the availability of reminder systems, and how to opt out, through signage in the waiting room and through information contained in the practice information sheet.

Focusing on prevention is an important response to Australia's increasing healthcare needs

In general practice, we are well trained and skilled in caring for, and working alongside, patients who present with multiple issues and health-related problems. What we don't do often is step back from the individual before us and consider our patients as a community or population. Yet this shift in focus holds enormous potential to improve health outcomes. While we continue supporting individuals to take greater responsibility for their health and prevent illness, if we also work at a practice population level, we have opportunities to affect the broader determinants of health and illness.

Improving preventive care for individuals and communities leads to better health.[6]

Developing a practice reminder process

Because a practice's reminder processes can be so wide and varied, develop procedures that are specific to your practice. When developing your procedure, consider the following:

- the roles of administrative and clinical team members

- how you select patients

- how you collect information, e.g. health assessments, self-identification of risk factors

- how you document and record information, e.g. software fields, specific coding

- how you search clinical data, e.g. data extraction tool

- list any screening programs you participate in, e.g. bowel cancer screening program

- list any registers you provide data to, e.g. AIR for immunisations

- how you ensure all members of the practice team are aware of the preventative activities undertaken within the practice

- list specific risk factors or diseases to target.

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[6] https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/green-book

Example reminder process flow chart:

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┌─────────────────────────────────────┐
│   GP/Nurse puts reminder on          │
│   patient file                       │
└─────────────────────────────────────┘
                  ↓
┌─────────────────────────────────────┐
│   Staff generate reminder list using │
│   clinical system's tool             │
└─────────────────────────────────────┘
                  ↓
┌─────────────────────────────────────┐
│   Staff use list to contact          │
│   patient/carer to offer an          │
│   appointment                        │
└─────────────────────────────────────┘
                  ↓
┌─────────────────────────────────────┐
│   Appointment is made with GP        │
│   &/or nurse                         │
└─────────────────────────────────────┘
```
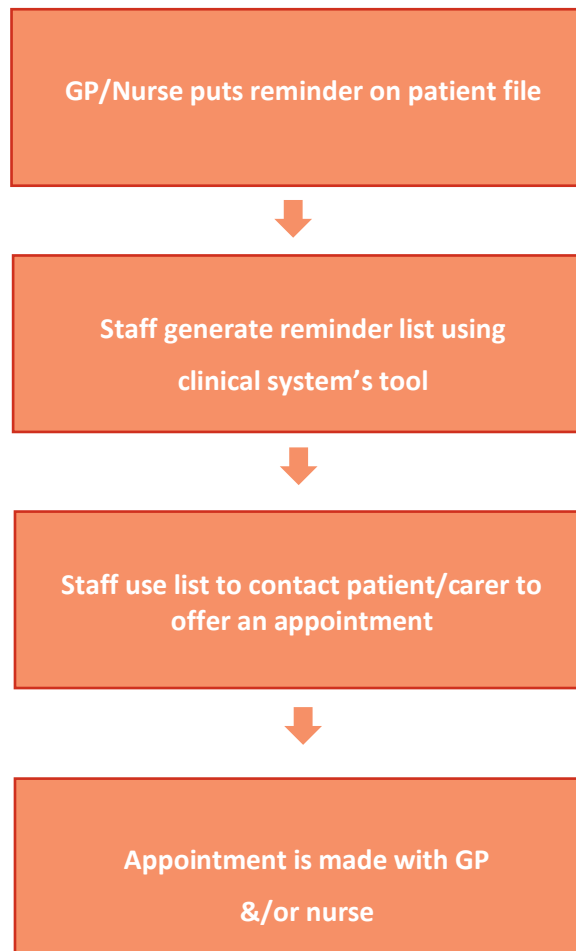
Recording patient preferred contact method in Best Practice

If a patient provides the practice with contact options in relation to preventative health reminders, you are able to update this information in the 'edit details' screen. Best Practice provides full instructions on how to set up SMS reminders in your practice.

Recording patient consent in MedicalDirector

If a patient does not provide consent to be contacted for preventative health reminders, you are able to update this information in the 'patient details' screen. MedicalDirector provides full instructions on how to set up SMS and consent in your practice.

Brisbane South PHN quality improvement toolkits

Brisbane South PHN have a number of QI toolkits that you can use to assist with managing and expanding the practice reminder system. The topics of the toolkits include asthma, cancer prevention, cardiovascular disease, chronic kidney disease, chronic obstructive pulmonary disease, diabetes, flu vaccinations, my health for life, older people, osteoporosis, pneumococcal and shingles vaccinations. The toolkits are created to work through at your own pace, and are designed to improve patient care and outcomes, generate increased revenue for GPs and help practices fulfil their quality improvement requirements under the Practice Incentive Program Quality Improvement Incentive (PIP QI).

Activity 2.1 – Practice reminder system

The aim of this activity is to review the practice reminder system

Description	Status	Action to be taken
Do relevant team members know how to initiate a patient reminder within clinical software?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Organise a practice team education session on setting up patient reminders.
Are patients fully informed of the practice process of responding to a reminder?	☐ Yes: **see action to be taken**.	How is this communicated to patients? ☐ face to face ☐ practice newsletter ☐ practice website ☐ on hold messages ☐ social media ☐ SMS ☐ other: _____
	☐ No: **see action to be taken.**	Develop a system to communicate information to patients. Ensure all relevant team members are aware of the system.
Are all team members aware of the importance of ensuring patient confidentiality is maintained when contacting in relation to a reminder?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide training to all team members in relation to patient confidentiality.
Do you have any way to identify a reminder appointment in your appointment diary?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Hold a team meeting to discuss what will work at your practice to identify reminder patients. You may wish to customise one of the symbols available in your practice software.
Do you have a dedicated person responsible for following up on reminder opportunities?	☐ Yes: **see action to be taken.**	Who is the person responsible? _____ Do they have a documented procedure? ☐ Yes ☐ No

Description	Status	Action to be taken
		How often do they check the reminder list? ☐ Daily ☐ Weekly ☐ Monthly ☐ When they get time
	☐ No: **see action to be taken.**	Develop a procedure for reminder opportunities. Appoint a person/people to ensure this is done. Ensure this is added to their position description and task list. Discuss this at a team meeting to ensure all relevant team members understand the process.
Is consent obtained from the patient prior to placing them on the practice reminder system?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Include a statement on new patient forms asking for consent to be included in the practice reminder system. Ensure the consent is recorded in the patient's file – instruction for Medical Director/Pracsoft OR Best Practice. Ensure this is included in the practice policy & procedure.
How does the practice record if a patient **DOES NOT** wish to be contacted offering reminder appointments?		
Do you have a documented practice reminder process?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to developing a practice reminder process.
Is there a process for acting on or removing outstanding reminders? E.g. patients fail to attend, reminder no longer needed.	☐ Yes: continue with activity ☐ No: **see action to be taken**	GP education on removing reminders. Document practice process on removing reminders.

Description	Status	Action to be taken
Is there a practice policy on how reminders are to be implemented? E.g. *entering all reminders for the upcoming 12 months to ensure all tests are performed*?	☐ Yes, policy is working. ☐ Yes, policy is not working: see action to be taken. ☐ No policy: **see action to be taken.**	Revise policy. Practice policy on reminders to be implemented.
Is there a system for ensuring patients recently diagnosed with diabetes are incorporated into the reminder system?	☐ Yes, policy is working. ☐ Yes, policy is not working: see action to be taken. ☐ No policy: **see action to be taken.**	Revise policy. Practice policy on reminders to be implemented.
After reviewing your practice reminder process, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes: **see actions to be taken to help set you goals**. ☐ No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 3 – OUTSTANDING REQUESTS

If the doctor has felt it important to refer a patient to another practitioner for pathology or radiology imaging, they need to be aware of the outcome of that referral. Developing a tracking system that records referrals and returned reports will identify any patients who do not present for appointments with practitioners to whom they have been referred.[7]

Referrals and diagnostic testing

The doctor should explain the reason for a referral or diagnostic test to their patient, and whether or not it is urgent. This advice should be documented in the patient record.

The doctor should determine which referrals will require tracking by considering the following:

- is the patient's condition serious or life-threatening?
- the risks to the patient of either delaying or not attending the referral appointment
- whether diagnostic tests were abnormal.

When a patient declines to attend a specialist appointment or diagnostic testing, it is advisable to document that they fully understand the consequences of non-attendance.

Developing a system to follow up outstanding requests

The system that practices adopt to ensure that patients are followed up when referred should:

- be simple enough that it does not impose an onerous task on staff
- be effective enough that a patient who needs to be seen does not slip through the system
- be easily managed via your computer software or via manual system (refer to referral tracking spreadsheet).

Practices should also:

- consider making the appointment for the patient, if the referral is considered urgent
- record details of the appointment in the patient's notes, if the appointment is made for the patient
- discuss the importance/urgency of the referral with the patient and document this in the patient notes
- mark the patient as a 'recall' for a date when feedback/results are expected, if the reason for referral is less urgent.[8]

Outstanding requests in clinical software

When a GP requests an investigation, most clinical software packages have an outstanding requests function. Outstanding Investigations Requests are those that *do not* have a corresponding result checked and assigned to a patient's record. This list is provided as part of your audit system, and should be used to compare requests with results that have already been saved to a patient's record. A practice can then delete requests from the Outstanding Requests list where a matching result resides in the patient's record.

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[7] https://www.avant.org.au/PracticeManager/Protect-Your-Practice/Risk-management/Referals-and-recalls/
[8] https://www.avant.org.au/PracticeManager/Protect-Your-Practice/Risk-management/Referals-and-recalls/

Example outstanding request list
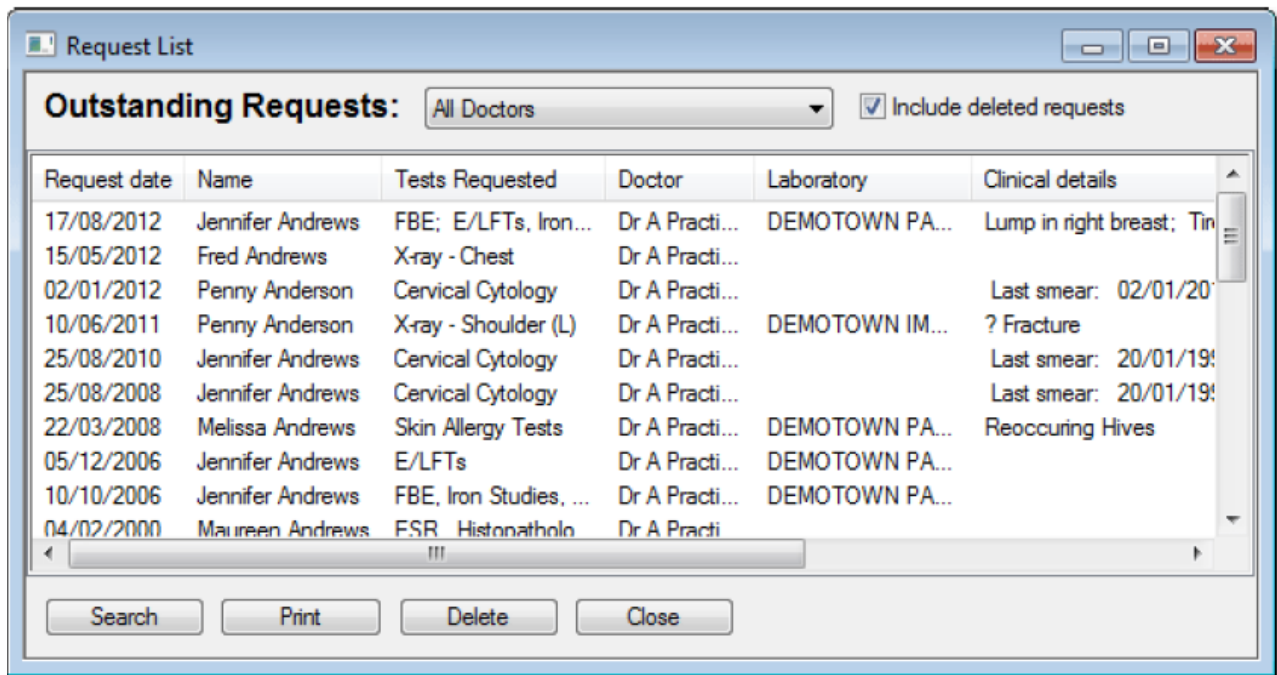
Activity 3.1 – Outstanding request system

The aim of this activity is to review the practice's outstanding requests system

Description	Status	Action to be taken
Do you have a system for checking for outstanding patients' requests?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Hold a practice team meeting to identify a process that will work at your practice.
Do you know how to follow up outstanding requests in your clinical software package?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to instructions from MedicalDirector and Best Practice.
Do you have a dedicated person responsible for following up on outstanding actions?	☐ Yes: **see action to be taken.**	Who is the person responsible? _____ Do they have a documented procedure? ☐ Yes ☐ No How often do they check the outstanding action list?

| Description	Status	Action to be taken
	☐ No: **see action to be taken.**	☐ Daily ☐ Weekly ☐ Monthly ☐ When they get time Develop a procedure for reviewing outstanding actions. Appoint a person/people to ensure this is done. Ensure this is added to their position description and task list. Discuss this at a team meeting to ensure all relevant team members understand the process.
After reviewing your practice's outstanding actions list, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes: **see actions to be taken to help set you goals**. ☐ No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 4 – MANAGING INCOMING CORRESPONDENCE

Pathology results, imaging reports, investigation reports and clinical correspondence are to be reviewed by the general practitioner who ordered the investigation or test (or their delegate in absences) before being retained in the patient's health record.

Incoming correspondence policy & procedure

It is important for practices to have a documented policy and procedure that includes the following:

- What is the role of the practice team members receiving and filing these?

- How do you demonstrate they have been reviewed by a general practitioner before filing/scanning or saving them in the patient health records? Consider actions for electronic, faxed, posted, and verbal results.

- How do you ensure the results for general practitioners not on duty are reviewed and followed up in a timely manner? e.g. allocate another practitioner to do this?

- How do you ensure any urgent results are communicated to the practice or a general practitioner in and outside normal opening hours?

- How do you follow up normal or abnormal results? Normal results may still require further investigation or patient follow up.

- How does the practitioner reviewing the results, reports or correspondence know they are important or clinically significant, especially if these were ordered by another practitioner?

- How does the practitioner clearly communicate with reception/clinical staff any action delegated and the urgency or expected timeframe?

Pathology Flow Chart – Best Practice

Flowchart designed by DARTA Medical www.darta.com.au
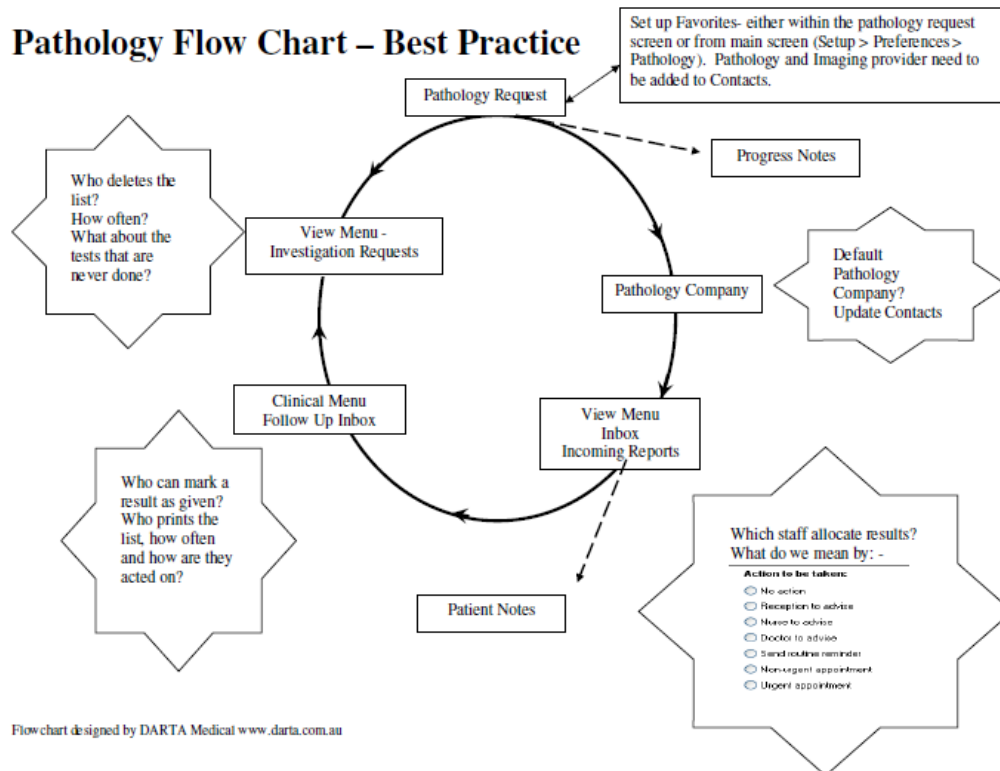
Train IT Medical pathology protocol

Train IT Medical have available an inbox management protocol template for Best Practice and MedicalDirector.
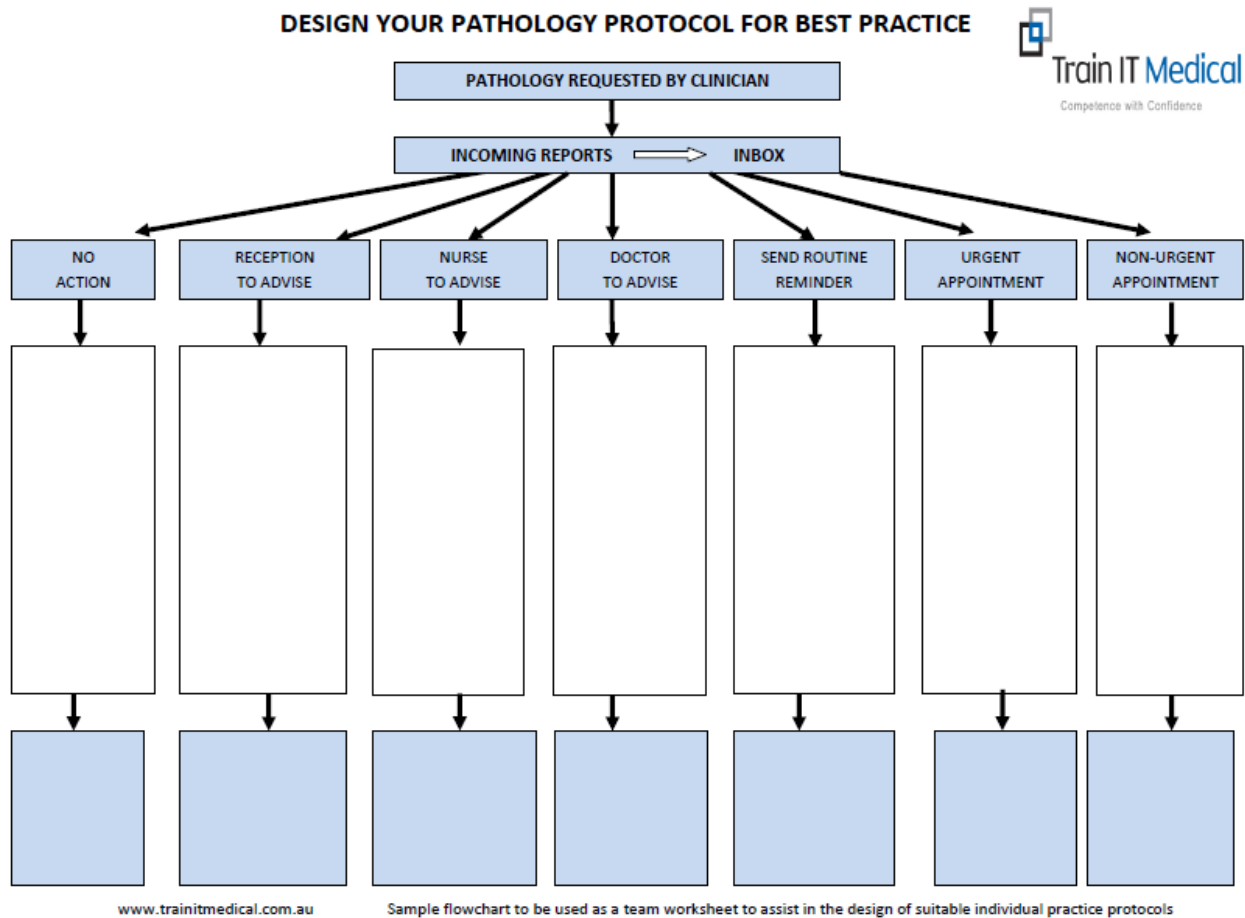
There are also some example completed flowcharts that may assist you and your practice.

Best Practice samples:

- Inbox/Pathology Management System – sample for small general practice
- Inbox/Pathology Management System – sample for large general practice
- Inbox/Pathology Management System – Corporate Medical Practice sample
- Inbox/Pathology Management Protocol – 13 doctor Specialist Practice
- Inbox/Pathology Management Protocol – 2 GP Practice

MedicalDirector samples

- Holding File Protocol – Sample
- Holding File Protocol – Sample – 3 doctor practice
- Holding File Protocol – Sample – Solo GP practice
- Holding File Protocol – Sample – Large Medical Centre
- Holding File Protocol – Sample – Aboriginal Medical Service

Activity 4.1 – Managing incoming correspondence

The aim of this activity is to review the practice's incoming correspondence system.

Description	Status	Action to be taken
Do you have a system for managing incoming patient correspondence?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to sample protocols.
Do relevant team members know how to use the incoming correspondence portal in your clinical software package?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to instructions from MedicalDirector and Best Practice.
Do you ensure that all correspondence received is marked with date received?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	For correspondence received by post, organise a date received stamp and provide training to relevant team members.
Do you have a document policy and procedure on managing incoming patient correspondence?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to incoming correspondence policy and procedure.
After reviewing your practice incoming correspondence system, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see actions to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 5 – ACCREDITATION REQUIREMENTS

The RACGP have developed the *Standards for general practices* (5th edition) with the purpose of protecting patients from harm by improving the quality and safety of health services.

The standards support general practices in identifying and addressing any gaps in their systems and processes.

RACGP Accreditation Standard Indicators

Recall and reminders relate to the following standards:

Criterion GP2.1 B Our practice provides continuity of care and comprehensive care.

You must:

- demonstrate that the practice provides comprehensive care
- use a clinical handover system when clinicians are away or on leave
- have a process for recall.

Suggestions for meeting this criterion include:

- have a written policy and procedure
- have a strategy for informing patients about how to obtain results including:
  - does the patient need to have a consultation?
  - will results be released by phone?
  - who is authorised to release results?

Criterion GP2.2 Follow up systems

GP2.2 A Pathology results, imaging reports, investigation reports, and clinical correspondence that the practice receives are:

- reviewed
- electronically notated, or, if on paper, signed or initialled
- acted on where required
- incorporated into the patient health record.

You must:

- record details of a GP's review of pathology results in the patient's health record
- have a process to review and manage results received by the practice.

Suggestions for meeting the criterion include:

- have a policy and/or documented procedures for reviewing and managing results.

GP2.2 B Our practice recalls patients who have clinically significant results.

You must:

- document in the patient's health record each attempt to contact and recall them about clinically significant results
- have a process for recalling patients with clinically significant results.

Suggestions for meeting the criterion include:

- have a practice team member who is responsible for the recall process
- have a recall policy for practice team members to follow
- maintain templates in a clinical software program to trigger recalls
- include recall responsibilities in relevant position descriptions
- have recalls sent through the clinical information system.

GP2.2 C Our patients are advised of the practice's process for follow-up of tests and results.

You must:

- document in the patient's health record what follow-up has occurred and what treatment, if any, was required
- educate the practice team members so they can tell patients about the process to receive results
- document conversations about test results in the patient's notes.

Suggestions for meeting the criterion include:

- have a practice team member who is responsible for the recall process
- maintain templates in a clinical software program to trigger recalls and reminders
- have a recall policy document.

GP2.2D Our practice initiates and manages patient reminders.

Suggestions for meeting the criterion include:

- document in patient health records when reminders have been initiated by the practice and acted upon by the patient
- document the recall and reminder system, including who is responsible for monitoring and follow-up
- maintain templates in a clinical software program to trigger recalls and reminders
- educate the practice team so they can tell patients about the process of sending out reminders
- have reminders sent through the clinical information system.

GP2.2 E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice.

You must:

- give diagnostic services the contact details of the practitioner who ordered the investigation
- have a process for managing high-risk results identified outside of normal opening hours.

Suggestions for meeting the criterion include:

- educate practice team members about how anyone who provides diagnostic services or receives high-risk results outside of normal opening hours can contact the practice team member/s who have access to the patient's health record
- provide current contact details to diagnostic services
- provide the contact details of the practice team members who can be contacted outside of normal opening hours when a diagnostic service receives high-risk patient results outside of normal opening hours.

Activity 5.1 – Meeting accreditation requirements

The aim of this activity is to review the practice accreditation standards and your practice's participation.

Description	Status	Action to be taken
Does the practice have a clinical handover system when clinicians are away or on leave?	☐ Yes: **see action to be taken**. ☐ No: **see action to be taken.**	☐ System in place and working well. ☐ System in place but needs reviewing. ☐ No formal system, needs developing. Who is responsible for reviewing the system? _____ When will the review be completed by? _____
Does the practice have a process for recalling patients, including whether the patients need to have a consultation or results can be provided over the phone, and who is authorised to release results?	☐ Yes: **see action to be taken**. ☐ No: **see action to be taken.**	☐ System in place and working well. ☐ System in place but needs reviewing. ☐ No formal system, needs developing. Who is responsible for reviewing the system? _____ When will the review be completed by? _____
Does the practice have a system for recalling patients with clinically significant results?	☐ Yes: **see action to be taken.** ☐ No: **see action to be taken.**	☐ System in place and working well. ☐ System in place but needs reviewing. ☐ No formal system, needs developing.

Description	Status	Action to be taken
		Who is responsible for reviewing the system? _____ When will the review be completed by? _____
Does the practice have a system for follow-up of tests and results?	☐ Yes: **see action to be taken**. ☐ No: **see action to be taken.**	☐ System in place and working well. ☐ System in place but needs reviewing. ☐ No formal system, needs developing. Who is responsible for reviewing the system? _____ When will the review be completed by? _____
Does the practice have a system for managing seriously abnormal and life-threatening results identified outside normal opening hours?	☐ Yes: **see action to be taken.** ☐ No: **see action to be taken.**	☐ System in place and working well. ☐ System in place but needs reviewing. ☐ No formal system, needs developing. Who is responsible for reviewing the system? _____ When will the review be completed by? _____
After reviewing your practice accreditation requirements in relation to recalls and test results, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see actions to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Activity 5.2 – Policy and procedures to meet accreditation standards

*Complete the below table to gather information on your **current** policies and procedures relating to recall and reminders.*

Activity 5.2 – Review Policy & Procedures				
Does the practice have a policy and procedure for the following?	**Policy up to date ***	**Policy needs reviewing**	**Who will review or update?**	**Date completed**
Continuity of comprehensive care	☐	☐		
Clinical handover	☐	☐		
Receiving results, reports and clinical correspondence	☐	☐		
Reviewing and managing results	☐	☐		
Providing patients with their results	☐	☐		
Recalling patients with clinically significant results	☐	☐		
Practice reminder system	☐	☐		
Managing high-risk results identified outside of normal opening hours	☐	☐		

Activity 5.3 – Policies and procedures review

The aim of this activity is to complete a PDSA on any policy and procedures that need updating in your practice.

Description	Status	Action to be taken
After reviewing your relevant policy and procedures, are there any changes you would like to implement in the practice, to help manage patients, over the next 12z months?	☐ Yes, **see actions to be taken to help set you goals**. ☐ No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 6 – MAINTAINING CLINICAL RECORDS

Cleaning up duplicate recall/reminder lists in Best Practice and Medical Director

To be able to maintain a manageable recall/reminder list, it is recommended that you review the categories in your practice software list to ensure you do not have duplicate entries for the same reason.
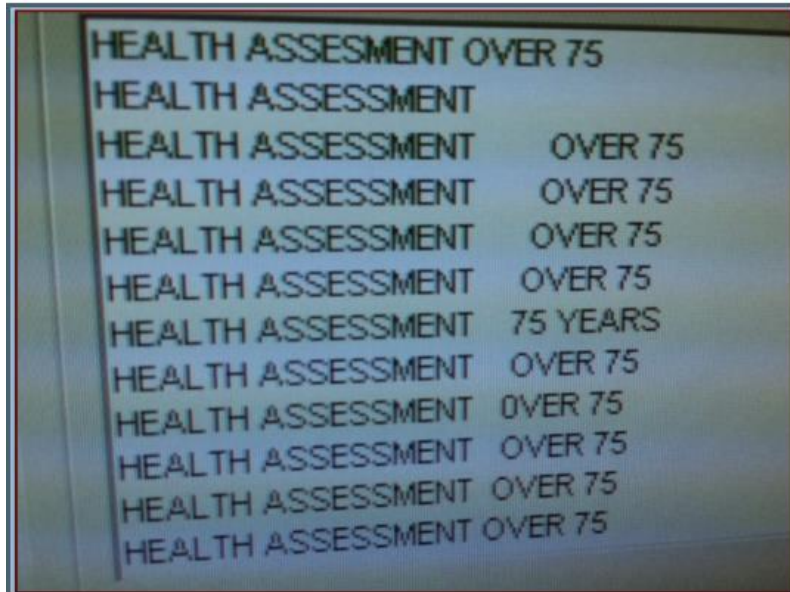
Steps to clean up your existing recall/reminder system:

1. Have a team meeting and design a new recall and reminder system that specifies who, what and when the process steps will be carried out.

2. Train team members on how to use all features of your software relevant to recalls and reminders.

3. Define your new recall and reminder reason list and update it in your clinical software.

4. Merge old (or duplicated) reasons with the newly created ones in your clinical software.
   Download MedicalDirector cheatsheet | Download Bp Premier cheatsheet

5. Review and action older outstanding recalls and reminders in patient records to complete/remove them.

6. Monitor usage, review, re-evaluate and tweak your 'system' to improve it as necessary.[9]

This excellent resource explains how you can make it easier for your practice to use your recall/reminder system.

Activity 6.1 – Cleaning up duplicate recall/reminder lists in your clinical software

The aim of this activity is to evaluate your practice's recall/reminder lists in your clinical software program.

Description	Status	Action to be taken
Do relevant team members know how to set up reminder categories in the clinical software?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector.
Do relevant team members know how to review for any duplicated recall/reminder categories in your clinical software package?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to the steps to clean up your existing reall/reminder system. Contact the Digital Health team on ehealth@bsphn.org.au for assistance.
Does someone in the practice have the responsibility to check for duplicate recall/reminder categories?	☐ Yes: **see action to be taken.**	Who is responsible? _____ How often is this checked? ☐ Weekly ☐ Monthly ☐ Annually ☐ ad-hoc
	☐ No: **see action to be taken.**	Delegate responsibility to a team member/s and include in their position description. Agree on frequency of checking for duplicate recall / reminder categories.
Do relevant team members understand the importance of using drop-down lists provided with your clinical software?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide training to all team members on the importance of data entry.
How many duplicate recall/reminders categories do you currently have in your clinical software package?	☐ None ☐ Between 1 and 10 ☐ Between 11 and 30 ☐ Between 31 and 50 ☐ More than 51	

Description	Status	Action to be taken
After reviewing your practice's recall/reminder categories, are there any changes with the management of your patients that you would like to implement over the next 12 months?	☐ Yes: **set goals and outline in actions to be taken**. ☐ No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 7 – RESOURCES

Train IT Medical – Recall and reminder resources for Medical Director

Train IT Medical have resources available for practices to use to assist in managing their recall and reminder systems. These include:

- Sample Recall Management Protocol/Flowchart
- Bulk Recall Cleanup
- Medical Director learning resources
- Sample Quality Improvement Activity
- Train IT Medical 'Recalls, Reminders & Screening' using MD Presentation
- Medical Director Clinical Top 5 'Recalls & Reminders' Tips

Train IT Medical – Recall and reminder resources for Best Practice

Train IT Medical have resources available for practices to use to assist in managing their recall and reminder systems. These include:

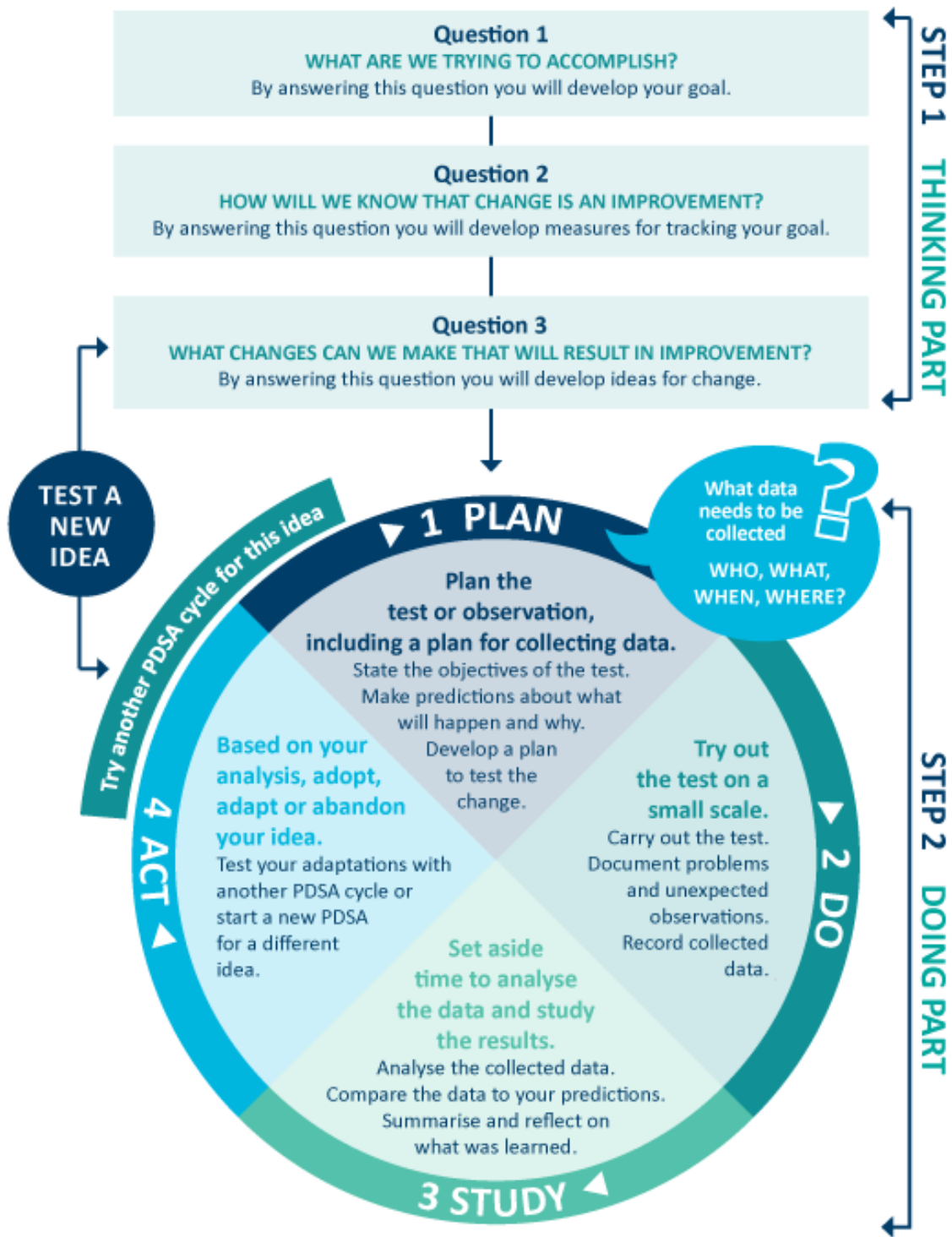- Reminders quick reference guide
- Creating a reminder template
- Sending SMS reminders to patients
- Recall & reminders – why it's so hard

Model for Improvement diagram

STEP 1 THINKING PART

Question 1
WHAT ARE WE TRYING TO ACCOMPLISH?
By answering this question you will develop your goal.

Question 2
HOW WILL WE KNOW THAT CHANGE IS AN IMPROVEMENT?
By answering this question you will develop measures for tracking your goal.

Question 3
WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?
By answering this question you will develop ideas for change.

TEST A NEW IDEA

Try another PDSA cycle for this idea

1 PLAN
Plan the test or observation, including a plan for collecting data.
State the objectives of the test.
Make predictions about what will happen and why.
Develop a plan to test the change.

What data needs to be collected
WHO, WHAT, WHEN, WHERE?

STEP 2 DOING PART

2 DO
Try out the test on a small scale.
Carry out the test.
Document problems and unexpected observations.
Record collected data.

4 ACT
Based on your analysis, adopt, adapt or abandon your idea.
Test your adaptations with another PDSA cycle or start a new PDSA for a different idea.

3 STUDY
Set aside time to analyse the data and study the results.
Analyse the collected data.
Compare the data to your predictions.
Summarise and reflect on what was learned.

Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

MFI AND PDSA TEMPLATE EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:	Date:
Team members:	

Q1. What are we trying to accomplish? (Goal)
By answering this question, you will develop your GOAL for improvement. Record this as a S.M.A.R.T. goal (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime bound).
Our goal is to: Increase the number of people who undertake bowel cancer screening. This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit. So, for this example, a better goal statement would be: *Our S.M.A.R.T. goal is to* increase the proportion of our patients aged 50 (first timers) that participate in bowel cancer screening by 15% by 31 December.

Q2. How will I know that a change is an improvement? (Measure)
By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. CAT4 reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.

We will measure the percentage of active patients aged 50 years that participate in bowel cancer screening. To do this we will:
    A) Identify the number of active patients aged 50 years.
    B) Identify the number of active patients aged 50 years with a FOBT result.
B divided by A x 100 produces the percentage of patients aged 50 years who have a FOBT result recorded.
This is a good measure, however, please note that as you measure this over time, some people who were included in earlier results will have turned 51 and will not be included. In later measurements, people who have just turned 50 will be included.
 	
BASELINE MEASUREMENT: 27% of active patients aged 50 years have a FOBT result   DATE:

Q3. What changes could we make that will lead to an improvement? (List your IDEAS)
By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.MA.R.T. goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.
IDEA: Identify patients aged 49 by completing a search on CAT4. Contact these patients via letter, phone, SMS etc. to encourage participation in the bowel screening program.
IDEA: Contact eligible patients aged 50 years and 6 months who have not had an FOBT recorded to discuss options for testing.
IDEA: Add bowel cancer screening to templates for chronic disease management and 45-49 year old health assessments.
IDEA: Clinical team develop a system for flagging eligible patients and addressing screening opportunistically.
IDEA: Source and provide endorsed patient education resources (in waiting rooms, toilets etc.).
IDEA: Run an awareness campaign for bowel cancer awareness month in June.

Note: Each new GOAL (1st Fundamental Question) will require a new MFI plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

MFI and PDSA template

Step 2: The doing part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in step 1. You will use this template to test an idea. Ensure you communicate the details of the plan to the entire practice team.

IDEA	Record the change idea you are testing
Which idea are you going to test? *(Refer to Q3, step 1 above)*	
Contact eligible patients aged 50 years and 6 months who have not had an FOBT recorded to discuss options for testing. .	

PLAN	Record the details of how you will test your change idea
Plan the test, including a plan for collecting data	What exactly do you plan to do? Record who will do what; when they will do it (day, time etc) and for how long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and predictions about the outcome.

WHAT:

John to use Sue's office to conduct search on CAT4 and identify active patients aged 50 years who have not had a FOBT result recorded. Searches will be conducted on CAT4 to identify the number of active patients aged 50 years who have not had a FOBT result recorded. Lists of patients will be provided to each GP for review. A Topbar prompt will be created for eligible patients for the vaccine.

WHO/WHEN/WHERE:

Who: Receptionist.　　　　　　When: 17 November.　　　Where: Dr Brown's office.

DATA TO BE COLLECTED: Number of active patients aged 50 years and the status of their FOBT result.

DO	Run the test, then record your actions, observations and data
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).

Done – completed 17 November – while the test went smoothly, the receptionist needed to contact PHN for support with the Pen CS search and the export function. A Topbar prompt was created which assisted the practice team identify patients who did not have a FOBT result recorded when they attended for an appointment. John contacted patients via SMS who did not have a FOBT results recorded, which resulted in 5 people making an appointment to see their GP.

STUDY	Analyse the data and your observations
Analyse the results and compare them to your predictions	Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn't work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.

At the end of the focus on FOBT testing, 38% of patients aged 50 years have had a FOBT result recorded. This has resulted in an 11% increase in results which is 4% lower than our goal.

Results have been shared with the whole practice team. Whilst we didn't achieve our goal, we can see the benefit in discussing this with eligible patients. John has been commended for his work in identifying eligible patients.

Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.

ACT	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. *ADOPT: record what you will do next to support making this change business as usual*; ADAPT: *record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.*

ADOPT:

    The practice will regularly monitor FOBT rates via the monthly benchmark report supplied by Brisbane South PHN to ensure the rates are increasing.

    John will ensure a Topbar prompt has been created for all patients aged 50 years and 6 months who do not have a FOBT result recorded.

ADAPT:

ABANDON:

Repeat step 2 to re-test your adapted plan or to test a new change idea

phn
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