

Making recall easy



NOEL STEWART

is the information management program officer for the North East Valley Division of General Practice, Melbourne.

Electronic systems can take the legal and clinical worry out of patient follow-up.

MOST practices and GPs have clear procedures they follow for notifying patients of clinically significant test results, but they are not always electronic.

Then there are follow-up processes. Did the patient visit the specialist as referred? Did the patient present for further tests?

The recall system needs to be part of the investigations management system to ensure that there is, where necessary, follow-up of clinically significant results.

All doctors in a practice should have a consistent interpretation of what is meant by 'urgent', 'discuss' and 'no action' when they are interpreting and acting on investigation results (ie, when checking the results in the holding file). For example:

■Urgent: Patient should be

contacted on the day by the doctor.

■Discuss: patient should be contacted within 1-2 weeks and an appointment made.

■No action: no clinical or legal necessity to contact the patient but results can be discussed opportunistically when the patient next visits or contacts the practice.

'Urgent' and 'discuss' results should all be followed up so no patients slip through the net. The best way to do this is for administrative or nursing staff to print a list of urgent patients on a daily basis. Discuss lists should be printed on a weekly or fortnightly basis.

The process is similar in most clinical software packages. In Medical Director:

■Urgent results (daily):

— MD2: Files > Investigation Results > Print Lists — check the Return Urgent box — Print.

Investigations	Yes	No	Sort of
All patients are recalled for abnormal results (Urgent Return) within 1-2 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All patients marked as "Discuss" are recalled within 1-2 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 attempts are made to contact patients with clinically significant results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts made to contact patients are recorded in the patient's record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient record is "marked as notified" by all GPs once results are discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to identify patients who have not presented for ordered investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pathology management procedures are followed up by all GPs of the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a procedure in place to ensure the patient has attended a specialist appointment after abnormal results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All abnormal PAP smears are discussed and any referrals and follow-up tests monitored and recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All practice staff are aware of the pathology management procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The investigations policies and procedures are clearly documented in the "Policy and Procedures" manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A procedure is in place for results to be checked by another doctor when a doctor is sick or absent at short notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

— MD3: Investigations > Results... > Print Lists — check the Return Urgent box — Print.

■Discuss results (weekly or fortnightly):

— MD2: Files > Investigation Results > Print Lists —

remove tick from Return Urgent box and then check the Discuss box — Print.

— MD3: Investigations > Results... > Print Lists — remove tick from Return Urgent box and then check the Discuss box — Print.

For this system to work, the GP must click on the 'Mark result as notified' button in the patient's file after having discussed the result with the patient, otherwise the same patient's name will keep appearing on the lists, making the system unworkable.

To ensure patients attend follow-up investigations and/or visit a specialist when referred, it is worth creating two recall reasons: 'Specialist follow-up' and 'Test follow-up'. Only use these recalls for risky patients where non-attendance could result in adverse clinical or legal outcomes.

If you are not happy with your investigations management system you can use the 'audit tool' (see box, left) to get the ball rolling and then refer to the North East Valley Division of General Practice web site (www.nevdgp.org.au/?content=14#CheatSheets) where you will find a Pathology Management Flowchart for Medical Director as well as an expanded version of the Pathology and Recall Self-Audit tool. ●