
2018

Practice Administrative Staff Collaborative

Workflow Optimisation Measurement plan

Background

Introduction to Improvement Methodology

Welcome to the Workflow Optimisation Practice Administrative Staff Collaborative (PASC) measurement plan. This document sets out the measure for the Workflow Optimisation component of the PASC work strand of the Primary Care Portfolio, based on the national cumulated driver diagram.

The national driver diagram (Appendix 1) was developed from the driver diagrams initiated by Argyll and Bute HSCP; East Lothian HSCP; North and South Lanarkshire HSCP's and Falkirk, Stirling and Clackmannanshire HSCP's between February 2018 and March 2019 and learning from the pilot work.

Below it details the measure, aims, rationale and guidance along with operational definitions and exclusion criteria

The change model used by the collaborative teams is the Model for Improvement. The text book used to support the work is '*The Improvement Guide, 2nd Edition. 'A practical approach to enhancing organizational performance'. Langley G, Moen R, Molan K et al. 2009*'.

Aims, Rationale and Guidance

The Aim

Below shows the national aim of the workflow optimisation component of the PASC.

AIM

- To reduce the amount of documentation being sent to GP for review.

Following the early pilot work the following measures have been agreed by the collaborative teams.

A data collection tool is available to ensure uniform data collection. However, it is anticipated and encouraged that HSCP teams highlight additional measurements on their improvement journey that they may also wish to record and share with collaborative members.

Please refer to *Appendix 1*, which includes the driver diagram.

1) The number of documents that have been received into the practice / scanned into Docman?	This includes all Electronic Document Transfer and scanned correspondence	Recorded
2) How many documents have been work flowed to GP for review?	This includes all correspondence sent to the GP	Recorded
3) The number of documents reviewed that demonstrate the protocol has not been followed.	This includes all correspondence reviewed as representative sample that is not sent to the GP	Recorded

Guidance

HSCP's will develop their own guidance that reflects their chosen approach to the above questions/measures.

The Pilot Programme Measures

Measure name	% Documents sent to GP for review
Identifier	Measure 1
Primary Driver	Efficient, effective and safe documentation management
Type	Outcome
Evidence to support suggested measure	Developing the skills of the whole practice team is an important step towards invigorating general practice. With a range of new skills and support to develop their role, practice administrative staff will be able to take on more of the administrative tasks currently carried out by GPs, and therefore enhance their capacity to practice as expert medical generalists.
Measurement definition	Numerator: Number of documents sent to the GP Denominator: Number of documents received by the practice Percentage: $\frac{\text{numerator}}{\text{denominator}} \times 100$
Operational definition	All documentation is all documentation seen by GP as per locally defined protocol definition.
Data collection and sampling method	Suggest minimum 1 day a week (same day) Consider mixture of complexity of documentation Lab results should be a locally defined position

Measure name	% Documents processed by Practice Admin Staff according to practice protocol
Identifier	Measure 2
Primary Driver	Efficient, effective and safe documentation management
Type	Process
Evidence to support suggested measure	Developing the skills of the whole practice team is an important step towards invigorating general practice. With a range of new skills and support to develop their role, practice administrative staff will be able to take on more of the administrative tasks currently carried out by GPs and therefore enhance their capacity to practice as expert medical generalists. Safety is paramount to provide an efficient, effective service.
Measurement definition	Numerator: Number of documents that did not follow practice protocol. Denominator: Number of documents sampled as per data collection method. Percentage: $\frac{\text{numerator}}{\text{denominator}} \times 100$
Operational definition	Was the document processed according to the practice protocol? Yes/No
Data collection and sampling method	Suggest review of 20 - 50 documents a month N: B Increased review of documents may be required until a stable process is identified. Consider mixture of complexity Lab results should be a locally defined position

Appendix 1- Workflow Optimisation Driver Diagram

Aim	Primary driver	Secondary driver	Change ideas
<p>To ensure that correspondence management is done by the most appropriate member of the team in order to enhance GP capacity to practice as expert medical generalist</p>	<p>Efficient, effective and safe documentation management</p>	<ul style="list-style-type: none"> • Documentation that requires action is processed in a timely manner • Reliable and consistent coding • Process driven decision making is in place 	<ul style="list-style-type: none"> • Develop practice protocols to ensure clarity of roles and safe documentation management. • Significant event collection analysis • Review coding procedures and practices • Consider a dedicated space within the practice for correspondence management.
	<p>Education</p>	<ul style="list-style-type: none"> • Mixed-mode education developed and delivered to staff involved • Teams have the right skills and a shared purpose 	<ul style="list-style-type: none"> • Training need analyses • Consider champions • Develop training manual • Consider available educational resources including e-learning • Create conditions for in house/ on the job learning.
	<p>Communication and relationships</p>	<ul style="list-style-type: none"> • All members of the practice team are involved in the design and execution of correspondence management. • Timely patient contact and decision making 	<ul style="list-style-type: none"> • Process Map current systems of work to understand current procedures. • Develop agreed standardized practice to communicate information to patients. • Audit patient and staff feedback processes
	<p>Increased job satisfaction / meaning at work</p>	<ul style="list-style-type: none"> • Measure job satisfaction via various models 	<ul style="list-style-type: none"> • Consider qualitative and quantitative methods to measure job satisfaction pre and post correspondence management changes.

References

Langley G, Moen R, Molan K et al. (2009) *'The Improvement Guide, 'A practical approach to enhancing organizational performance'.* 2nd Edition