Result Management (recall procedure)
Theory of Change

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Contents

1 Introduction

A 'Theory of Change' is described, where the goal of a timely action and discussion of results follows from the 'input' of a clinician marking a result as requiring action.

Parallels are described between the theory of change and the recall flowchart shown in draft version 2 of the recall procedures.

The relationship between some key stages of the theory of change and the **Current** recall procedure are compared and contrasted with a proposal to add reminders (**Proposal.A**). Potential risks are anticipated. Minimal changes to resolve the issues addressed by **Proposal.A** are described in **Minimal.Change.B**.

Notes describe how to view lists of results which are marked as 'non-urgent' and not yet notified.

2 Background

There are several elements involved in result management, including the:

- Stakeholders
  - Patient
  - Clinician (GP, RN)
  - Clinic staff (administrative support)
- Clinical information and practice management system (*Best Practice*)

Each of these elements hae a role to play in creating a system that is not just safe, but also "*efficient, reliable and time-friendly*" [1].

3 Theory of Change

The Theory of Change explores the relationship between the goal of a timely action and discussion of results following from the 'input' of a clinician marking a result as requiring action and the prerequisites required for the goal to be achieved.

3.1 Logical framework

Closely related to the Theory of Change is the logical framework, describing the stakeholders, inputs, activities, outputs, outcomes and goal/impact (Table 1).

The links, relationships and pre-requisites between the elements of the logical framework are

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[1]"Protect Your Practice – Risk management/Tracking tests"

Table 1: Logical framework of result management

Element	Definition	Application.to.Result.Management
Stakeholders	Who do these activities engage?	Patient; Clinicians (GP/RN); Administrative support; Management
Activities	What do we do?	Clinician marks result requiring action, indicating appropriate timeframe. Clinic staff identifies result requiring ensures patient has appropriate appointment to action result Clinician in contact with patient views section of electronic medical record (Best practice) containing result requiring action
Outputs	What do these activities produce?	Patient has time appropriate appointment for action/discussion of result
Outcomes	What do we hope they do next?	Time-appropriate action and discussion of results
Impact/Goal	How will that change the system?	No results which should be followed-up are overlooked; result management remains efficient

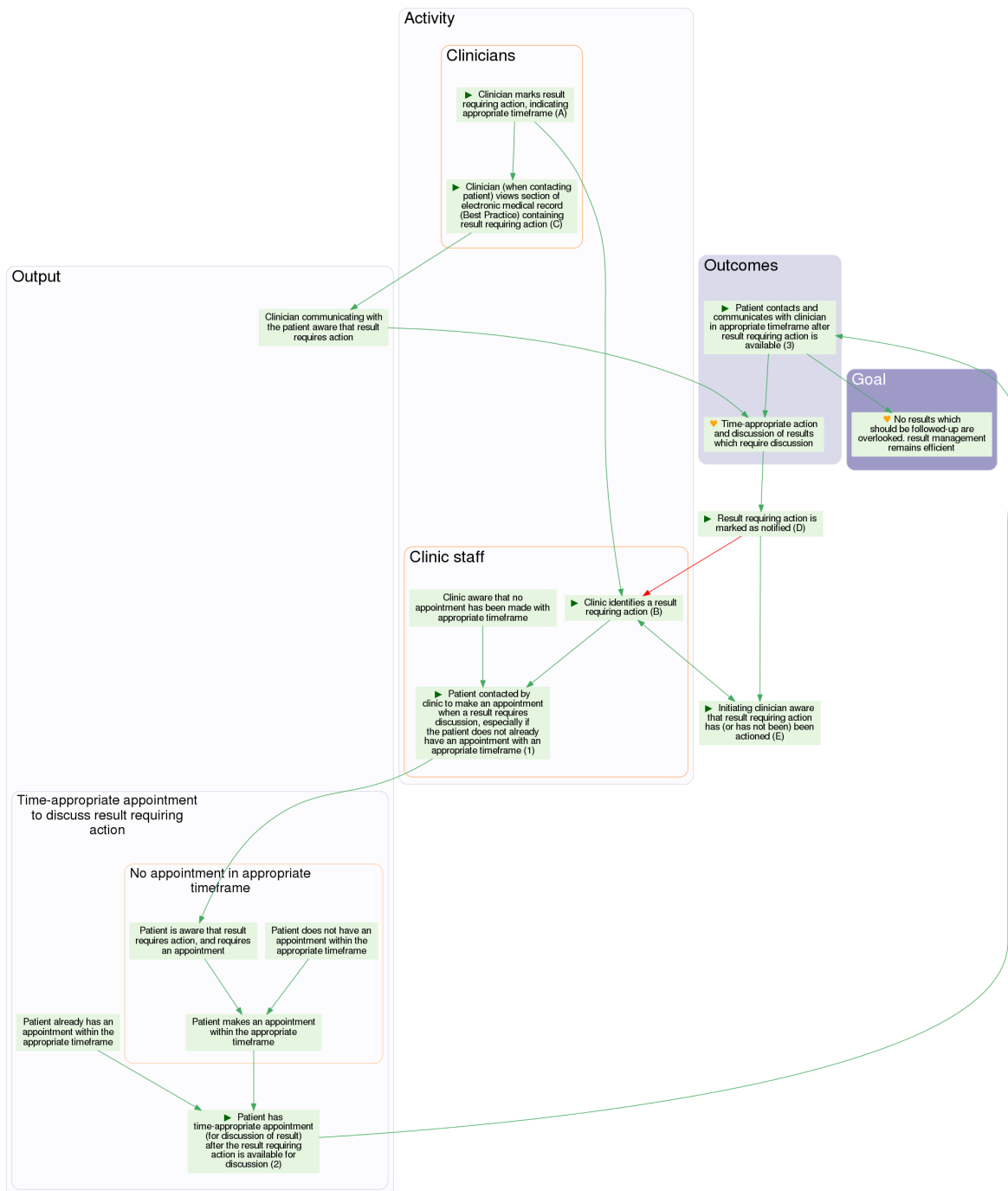shown graphically in the Theory of Change graph (Figure 1).

Figure 1: Theory of Change - Result management, *created with Theorymaker*

3.2 Relationship between Theory of Change and Recall flowchart

Recall flowchart (Figure 2) from version 2 of draft recall procedure.

Only a few relationships are described, with the letters **A**, **B** and **D** and numbers **1**, **2** and **3**.
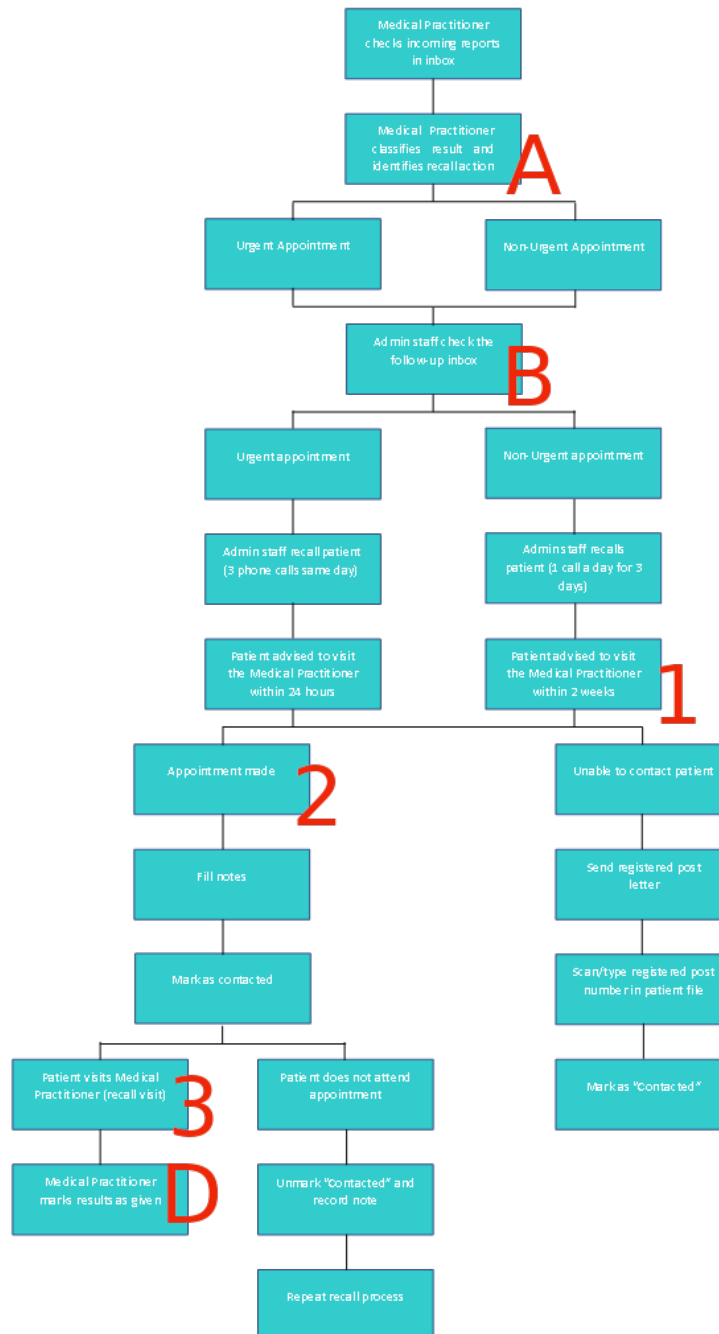

Figure 2: Recall flowchart (follow-up system)

4 Relationship between Theory of Change and current, proposed or potential procedures

The correlations between the Theory of Change and the current and proposed procedures are compared and contrasted in Table 2. These procedures are further detailed below, including issues resolved (compared to the **Current** draft version 2 procedure for handling 'non-urgent' results) and hazards.

1. **Current** : Recall system procedure for non-urgent results (2020 draft version 2)

- Potential hazards associated with **Current**
  - Viewing of 'non-urgent' (or 'urgent') results requires explicitly opening the 'Investigations' page of *Best Practice* (Table 2 : Procedure B). If this procedure is not followed, a clinician may not be aware that the patient they are seeing has a result which requires actioning.
  - **Current** procedure does not include a process for the initiating clinician to review whether 'non-urgent' results have been actioned appropriately.

2. **Proposal.A** : Recall system using 'reminders' for non-urgent results

- Resolution of issues, compared to **Current**
  - Increase the visibility of 'non-urgent' result to clinicians seeing the patient (Procedure 'C' in Figure 1 and Table 2)
  - Add a mechanism for clinical or administration staff to view lists of results which are marked as 'non-urgent' but not yet 'notified'/actioned. (Procedure 'B' in Figure 1 and Table 2)
    * When the patient has a result marked 'non-urgent' appointment, but does not have an appointment within the appropriate timeframe
    * When the result marked 'non-urgent' has still not been actioned/'notified' within an appropriate timeframe
- Potential hazards associated with **Proposal.A**
  - Mark 'non-urgent' results with a 'reminder' (Table 2 : Procedure A)
    * Requires double-marking of 'non-urgent' result **and** double un-marking (Table 2: Procedures C and D), increasing procedural and time burden. Risks reduced adherence to procedure.
    * Distinct process between clinician notifying 'non-urgent' and 'urgent' results (Table 2 : Procedure D). Increased cognitive burden. Risks reduced adherence to procedure.
    * Significantly distinct procedure between identifying 'non-urgent' and 'urgent' results for administration staff (Table 1: Procedure B). Increased time required for administration staff to learn multiple procedures.

3. **Minimal.Change.B** : Recall system based on **Current**, possible changes to fulfil aims of **Proposal.A**

- Increase visibility of result marked 'non-urgent'
  - Optionally add an 'action' for results marked 'non-urgent'
    * 'Action', unlike 'reminder', is viewed by clinicians but not administration staff. 'Action' is not used by administration (or other) staff to identify lists of patients with non-urgent results. As a consequence, the way the clinic identifies lists of results requiring action (Table 2 : Procedure B) is the same as **Current**.
    * Using 'Action', rather than 'reminder', would resolve the issue for those clinicians who feel the need for an extra safety-net (with regard to visual reminder that a

result should be notified), without creating a universal administrative burden that affects other clinicians and/or administrative staff.

- – Use Doctor's Control Panel to help identify that results are marked 'non-urgent', 'discuss' or 'urgent'
- – As in **Current**, the 'investigations' page should be routinely checked by the clinician with every patient contact.

- Mechanisms for clinical or administration staff to view results marked 'non-urgent' but not yet 'notified'
  - – Described in "Notes : List of results marked 'non-urgent' and not yet notified" (Section 5.1).
    - ∗ 'Follow up inbox' mechanism described in section 5.1.1. Same procedure can be used for results marked 'Urgent'. As a consequence, the procedure administrative staff member or clinician identifies 'non-urgent' and 'urgent' results (Table 2 : Procedures B and E) remains consistent between result categories and/or identical to **Current** procedure.
    - ∗ This mechanism is used daily at Kensington site for results marked 'Urgent'.

Table 2: Theory of Change relationship with current and proposed procedures

Procedure	Current	Proposal.A	Minimal.change.B
A Clinician marks result requiring action	Result marked 'non-urgent'	Result marked 'non-urgent', **and** same result marked for 'reminder'	Result marked 'non-urgent', **and** *optionally* same result marked for 'action'
B Clinic identifies result requiring action	Administration checks 'follow-up' inbox, same as for 'urgent' results	Administration checks 'reminders', same as for cervical screening and follow-up colonoscopies	Same as for 'Current'
C Clinician views section of *Best Practice* containing result requiring action	Clinician checks investigation section of *Best Practice* during/before each appointment	Clinician sees 'reminder' notice at head of *Best Practice* page	Same as for 'Current' *or* Clinician sees 'action' notice at head of *Best Practice* page *or* Clinician sees 'red' warning button in *Doctor's Control Panel*
D Result requiring action is marked as notified	Clinician marks result as notified on investigation page	Same as 'Current', **and** clinician removes reminder	Same as 'Current'
E Initiating clinician aware result notified or not	**No** procedure defined	Clinician (or admin) searches for overdue reminders	Clinician (or admin) searches for old results not notified

5   Notes

5.1   List of results marked 'non-urgent' and not yet notified

5.1.1   Follow up inbox (Best Practice)

From *Best Practice* main menu, choose **Clinical - Follow up inbox**

- Choose required date range (Figure 3)

- Filter by action 'Non-urgent appointment'
- Filter by status 'Nil status' (i.e. not 'Given'/notified)
  – May *also* need to check 'Contacted' (by administration staff, but not yet 'Given'/notified by clinician)
- Choose the clinician who 'checked' the result ('Checked by')

Figure 3: Follow up inbox

5.1.2 GPstat! Result Management

GPstat! (written by David Fong) allows viewing of results, filtered by clinician(s) seen, date range checked, action and actioned status. Comments attached to the result, and upcoming appointments for the patient can also be viewed (Figure 4).

5.1.2.1 Monitoring and evaluation *GPstat!* can be used as a monitoring and evaluation tool, e.g. determining mean and median time for a non-urgent result to be actioned, allowing ongoing monitoring of the goal of timely action and discussion of results.
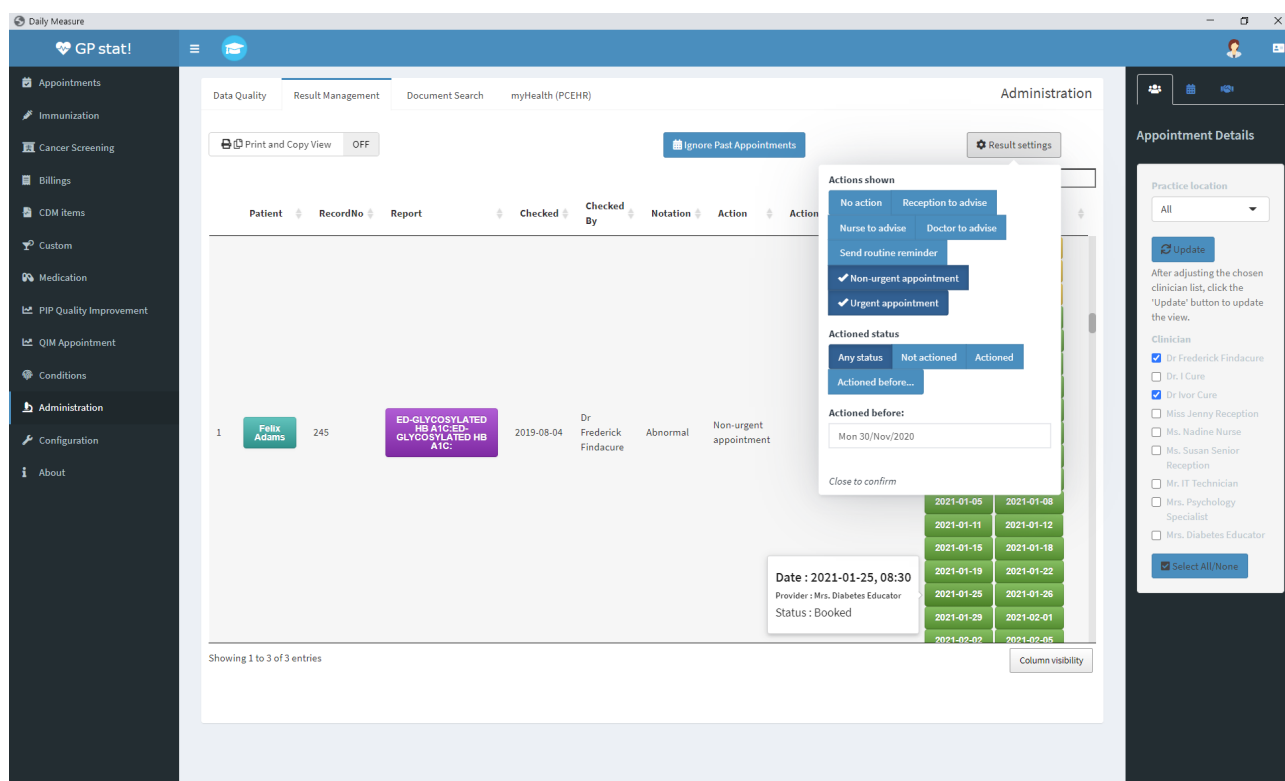
Figure 4: GPstat! result management

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