Inbox Project Streamlining

GUIDANCE DOCUMENT AND INTERVENTION PLAN

COLLABORATIVE AOTEAROA

Inbox Project Streamlining

About this resource:

A guidance document on how to develop a streamlined implementation plan for the Inbox Project, ensuring efficient and effective execution.

Commentary:

Doctors look at their inbox multiple times per day, usually before they begin consulting, during a break and at the end of consulting. They may also look at it in the evening or on a weekend. It is therefore unrealistic to expect a nurse to get to it before the doctor does.

Normal results come in which are associated with abnormal results for the same patient, so we need a plan to cope with who deals with the whole set of results for that patient. The abnormal result needs to be considered in the context of past results, in particular lipids, but also LFTs with known fatty liver, or HbA1c.

An ideal system would include a buddy system, with a particular Doctor-Nurse Dyad working together, as we all have significant idiosyncrasies in how we deal with incoming information. The Dyad could work together to establish what falls within the nurse's role.

Clear candidates:

- Normal screening, including mammograms, cervical screening, bowel cancer screen.
- Negative Covid-19 results
- Other simple negative results such as chlamydia, faecal stool samples, iron levels

Possible candidates:

- Bone density scans
- Complex sets of results which include an abnormal result for lipids, HbA1c, LFTs, where the patient is known to have had this abnormal before.

For work-up but not filing:

- Hospital discharge summaries. New diagnoses can be noted in the comments box and entered the classification list. Doctors still need to update the medication list.
- Abnormal results

Don't touch:

- Significant abnormal results.
- Referrals from other practice.

Identified Risks

1. Important things get missed.
2. Non-urgent results will be communicated in a less timely manner.
3. Transfer of workload may create increased stress in nursing team.

Inbox project intervention plan

1. Two-week audit of time spent by Doctor S 2nd
2. Two-week audit of time spent by Doctor and Nurse A
3. Doctor S will create one-page lessons for dealing with normal screening, for managing normal Covid-19 results and for managing CVRA-type bloods. As the Nurse uses these instructions, she will make notes about any changes needed.
4. Nurse A will block out 30 minutes per day (whether she is working as the clinical nurse, the off-stage nurse or in her team leader role). On Fridays Nurse A is not working and will not be looking at the inbox.
5. During the intervention period, Doctor S will look at her inbox as usual and forward to Nurse A's inbox all normal screening and CVRA bloods.
6. The nurse will set up her inbox to include results from Doctor S. When she opens it, she will deal with all results forwarded to her and with any new normal screening.
7. Negative Covid-19 swab results will be notified to the patient by the person who sees them first, either Doctor S or Nurse A, as these are time-sensitive.

Follow up audit

3 months after the wider roll out, an audit will be undertaken to identify expected and unexpected impacts and check whether the identified risks occurred.

Results

This was a short audit, followed by a short intervention period, to see if we could identify clear types of incoming information that could be managed by PNs, reducing the inbox load for GPs. It was not powered to establish whether this small intervention could reduce the time commitment for the GP, but rather to develop a starting point in devolving work to PNs that falls within their scope.

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	GP Audit Period (range)	GP Intervention period (range)	GP difference	AB Intervention period (range)
Mins per day	39 mins (18–52)	35 mins (8–71)	–4 mins	10 mins (2–25)
Mins per week	197 mins	174 mins	–23 mins	40 mins
Patients per week	51	47	–4	
Results per day	29 (2–47)	31 (10–65)	+2	6 (0–17)
MMH emails per day	14 (1–25)	2 (0–4)	–12	–
MMH scripts per day	1 (0–3)	3 (1–7)	+3	–
Normal results per day	3 (0–8)	15 (0–44)	+13	3 (0–10)
Normal screening per day	2 (0–3)	1 (0–8)	–1	1 (0–3)

Discussion

It is clear from the results that the workload varies enormously from day to day. Mondays and Fridays are generally the heaviest days, with up to 47 results taking up to 62 mins on these days, including up to 25 MMH emails on one day. Beyond that, it is hard to predict when it will be busiest. Overall, the time commitment was around 3.5 hours per week during the audit and 3 hours per week during the intervention, during which the GP saw around 50 patients per week. This translates into an additional 3.8 minutes clinical work per consultation done. (Note, this does not take account of dealing with patient related and non-patient related tasks, non-MMH emails, physical paperwork or management activities).

Similarly, the PN time varied from 2-25 minutes per day, dealing with 0-17 results. The average time spent was 10 minutes per day.

Some specific observations can be made:
1. The system seems to work best when the GP sees the inbox first and redirects appropriate results to the PN.

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2. Some results can be dealt with directly from the inbox, whether the GP has seen them or not, specifically normal screening and negative Covid-19 results. The management of these is well-defined and lends itself to delegation to the PN.
3. Sets of blood test results for CVRA or diabetes reviews can also be appropriately dealt with by the PN. These can be time consuming, as it is necessary to look back at previous results for comparison, to check the medication list (e.g. for a statin or hypoglycaemic agents) and to look at the Daily Record and patient appointments to check whether the patient is already booked in for a diabetes review. Proforma letters for these patients that include links to appropriate information would make dealing with them more efficient.

Recommendations
1. Circulation of the guidelines that have been developed for all Clinical Staff to ensure a degree of consistency across the wider team.
2. Presentation of this audit and its recommendations to the Clinical Meeting on Wednesday 10th February.
3. Two dedicated inbox slots (ie 30 mins) to be built into the off-stage nurse's appointment book each session to deal with the Inbox.
4. 3 months after this wider rollout an audit will be undertaken to identify expected and unexpected impacts and check whether the identified risks occurred. This will start with a discussion of the team's experience at the Clinical Meeting on Wednesday 12th May and be completed by the nurse and GP.

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