Audit of continuity of care in BMC visiting system spring 2015:

Introduction.

This is the fourth audit on this service to look at continuity of care. The service is now well established with two regular visiting doctors, and one back up doctor. The doctor visiting is the only person to visit the patients of Bewdley Medical Centre for the whole day. The service runs 8-5 pm for calls. 5-6:30 pm the duty doctor takes the calls.

Method

I reviewed 110 consecutive visits from the start of march 2015 The criteria were: was that patient well known to the doctor who visited or not? This could be by usual doctor or a previous recent visit.

Standard:

The previous standard was: 80 % of patients visited should be well known to the doctor who sees them. This was based on what seemed achievable. Having run the largest audit to date this time I suggest we change the standard to:

"80% of patients who have multiple home visits will have seen their usual doctor or will have seen that doctor before in the proceeding few months."

Results

Of the 110 visits I looked at I found that in 65 (59%) of cases the patient was well known to the doctor and 45 (41%) of patients were not known to the doctor.

Furthermore I have also looked at all of the patients not known to the doctor to try and pull out themes 21 of the patients (19% of all the patients) were first time users of a visiting service or new to the practice, or could never have been predicted to need a visit.

Leaving 24 patients (22 % of all the patients) who were known to need visits but who ha not seen the visiting doctor in the past. The vast majority of these patients were in nursing homes and having regular reviews by other doctors in the practice. This should improve further as the two visiting doctors have now taken on the role os usual doctor for all but one of our nursing homes. The registrar looking ater the last home.

	Patient is visited bt their usual doctor or a doctor well known to them.	Patient who requires regular visits meets the doctor for the first time.	Patient acessing the service for the first time.	Cremation form patients.(excluded from this audit)
Number of patients	65 (59%)	24 (22%)	21 (19%)	7

Conclusion.

We are improving all the time. We are now only facing 22% of our visited patients who could do with better continuity of care. This is a major improvement from previous audits and I feel shows we are nearly where we need to be. With the change in usual doctor in nursing homes i feel this will take us to < 20 % of patients who lack continuity of care in this service. I hope in another few months we will be able to reach our new standard.

Below in diferent colours are the three previous audits for information.

Audit of continuity of care in BMC visiting system spring 2014:

Introduction.

In various discussions it has become apparent that we may not be providing the continuity of care needed for home visits. This has knock on effects for quality of care, hospital utilisation and also follow up visits.
There is good evidence that a strong doctor patient relationship and good continuity of care reduces secondary care spend in the group of patients most likely to need a visit.

Method

I reviewed 25 consecutive visits from the start of February and 25 consecutive visits from March. The criteria were: was that patient well known to the doctor who visited or not? This could be by usual doctor or a previous recent visit.

Standard:

80 % of patients visited should be well known to the doctor who sees them. This is based on what seems achievable.

Results

Of the 50 visits I looked at I found that in 16 (32%) of cases the patient was well known to the doctor and 34 (68%) of patients were not known to the doctor.

Conclusion.

We are no where near meeting the standard of care we might set ourselves and therefore the question is should we devise a new visiting system to improve quality of care.

Re Audit of continuity of care in BMC visiting systemNov 2015 (post change in system):

Introduction.

Following the implementation of the new visiting system how is the quality of care changing?.

Method

I reviewed 25 consecutive visits in November

Standard:
80 % of patients visited should be well known to the doctor who sees them. This is based on what seems achievable.

Results

Of the 25 visits I looked at I found that in 12 (48%)of cases the patient was well known to the doctor and 13 (52%) of patients were not known to the doctor.

Conclusion.

We are not yet where near meeting the standard of care we might set ourselves however there are some points to consider here: e have improved significantly from the audit done before this service came into being (previous only 34% known to doc). The results were skewed by a day where Dr Shand and Dr Hamilton were drafted in as cover.

The more days covered by Dr green and Dr Tamplin the better the continuity. Also as they do it longer they will get more used to seeing patients in their own homes.

Do we need a better way of handing terminally ill patients over?

Re Audit of continuity of care in BMC visiting system Jan 2015:

Introduction.

Following the implementation of the new visiting system how is the quality of care changing?.

Method

I reviewed 25 consecutive visits in January 2015

Standard:
80 % of patients visited should be well known to the doctor who sees them. This is based on what seems achievable.

Results

Of the 25 visits I looked at I found that in 10 (40%)of cases the patient was well known to the doctor and 15 (60%) of patients were not known to the doctor.

Conclusion.

We are not yet where near meeting the standard of care we might set ourselves however there are some points to consider here: we have improved from the audit done before this service came into being (previous only 34% known to doc). The results were skewed lots of the visits in this period being first visits for patients with chesty illnesses.

Only one patient who was not known to the Doctor had a care plan being in the 5%

The more days covered by Dr Green and Dr Tamplin the better the continuity. Also as they do it longer they will get more used to seeing patients in their own homes.

Do we need a better way of handing terminally ill patients over?