



# DRM

(Dunlop Recall Management)  
Dr Lorna Dunlop

- ✓ **Patient Centred Care delivered efficiently by the Primary Care Team.**
- ✓ **Dynamic Care Strategy integrating with the scheduling system and clinical database**
- ✓ **Separation of time element & recall in data collection & Clinical Information Structure: NOT audit tool (Proof of concept)**

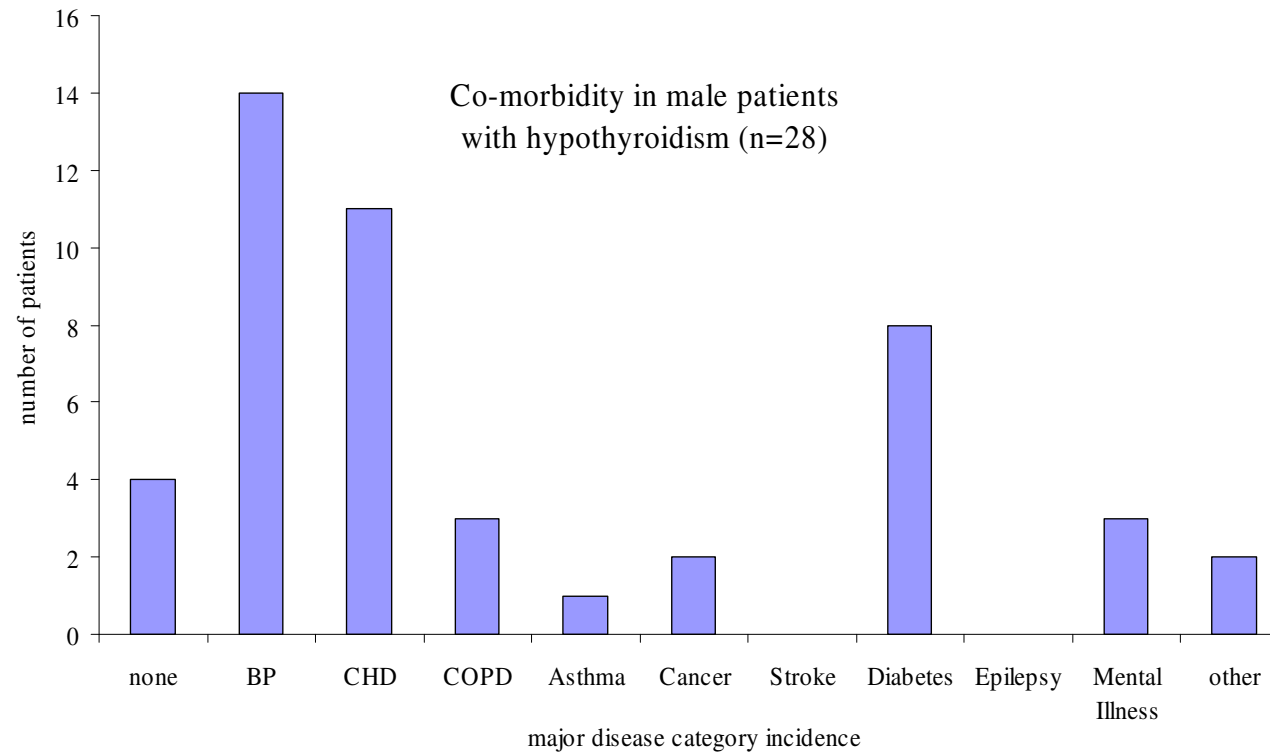


# Care Planning - issues

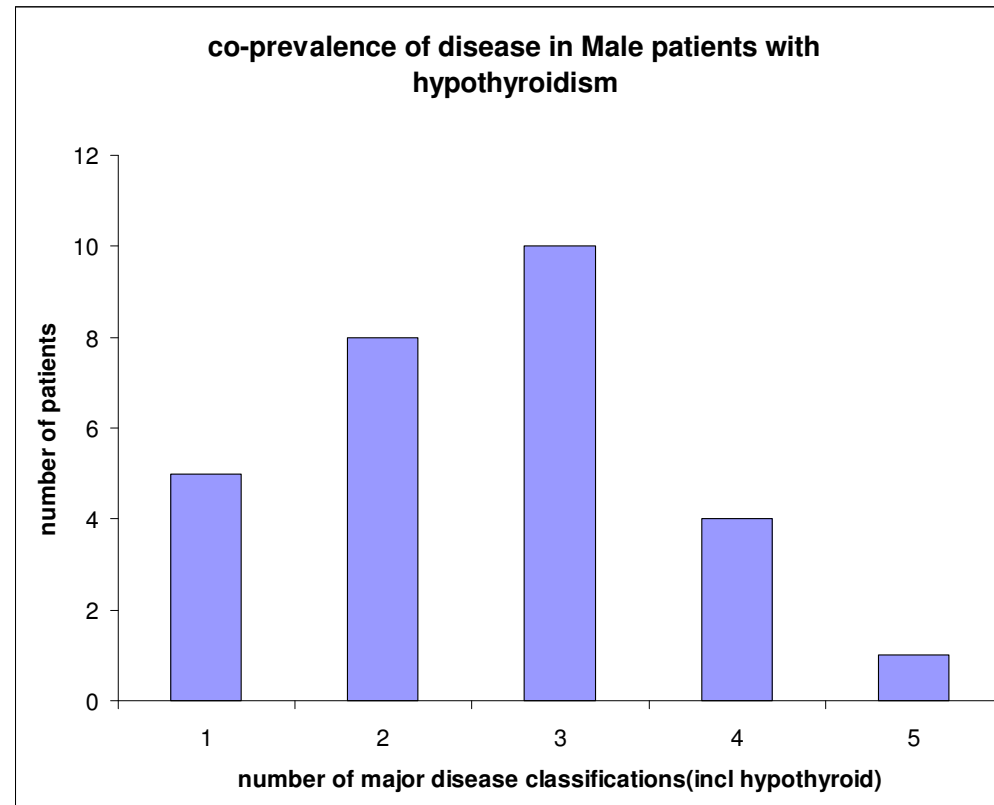
- Managing diseases individually fragments care (clinics, clinical skills)
- Recall – relies on audit tools (rule based / pop based)
- Administrative burden – many lists
- Re-work care strategy at each consultation or rely on lightbulbs or prompts (not always patient centred)
- Clinical decisions rely on GP to integrate all care issues across different protocols - ?can capture this decision making (patient centred knowledge management)
- Patient – multiple letters - prioritise their own care

# Comorbidity

(the simultaneous presence of multiple chronic conditions)



# Co-prevalence





# Managing co-morbidity

- Co-morbidity varies with each diagnosis
- use of resources depends on the degree of co-morbidity (co-prevalance) rather than the diagnosis



# Clinical Care Follow Up Plan


- Maps the patient journey: Appointments  
GP/hospital/community
- Explains the patient journey: items of care
- Team members responsible for care
- Hands over responsibility to the patient
- Safety nets the deal with a further plan sent by post should the patient default (plan may be altered with revised care efficiencies)
- Records any freetext information added to the plan

# Clinical Care Follow Up Plan

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**Riverview Medical Centre** Date: 30/10/2003  
 6/8 George St Johnstone  
 Tel: 322863 320208

**CLINICAL CARE FOLLOW UP PLAN**

Name: 

Address:

DOB: 11/07/1951

CHI: 1107513642

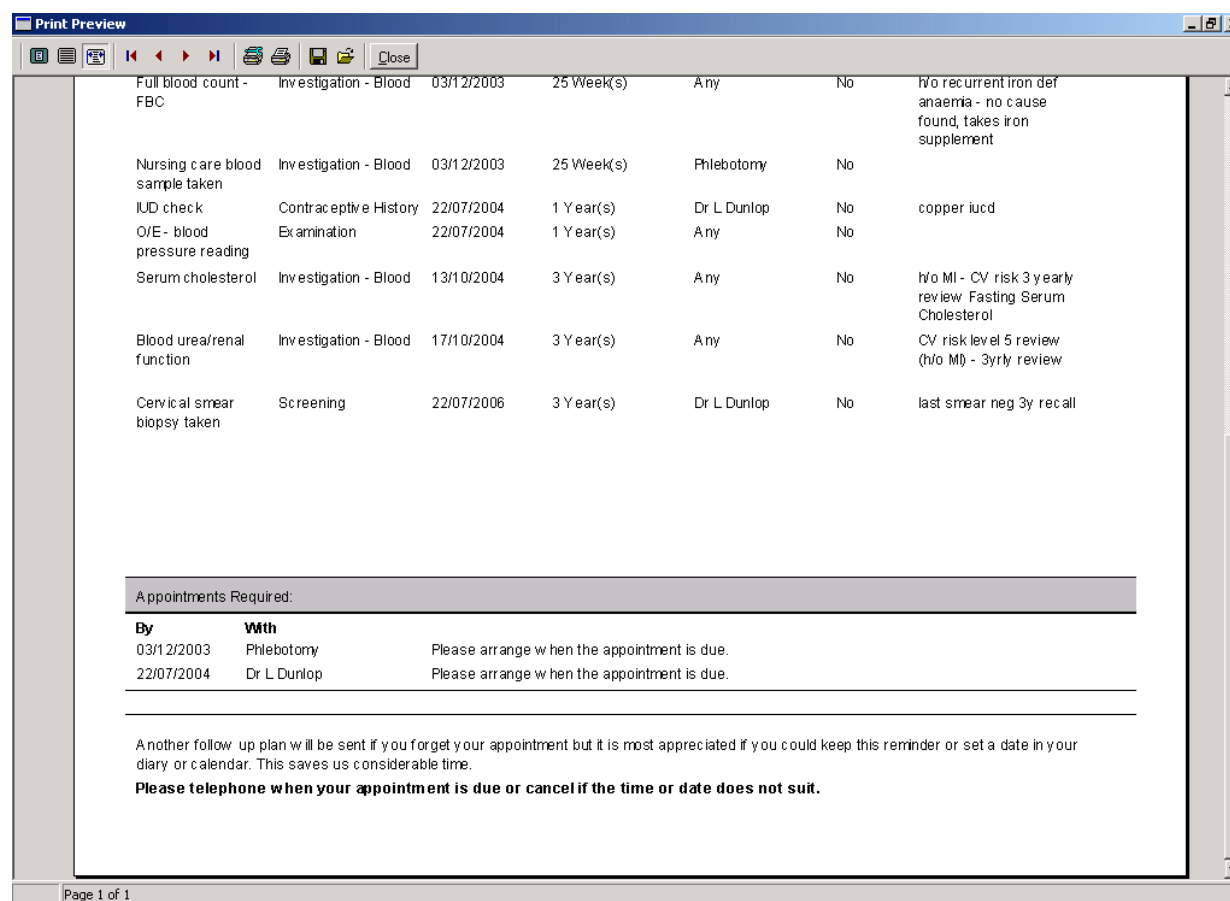
This is a summary of your clinical care follow up plan:

Item	Type of Item	Recommended Date	Interval between Appointments	Person Responsible	Awaiting Result	Comments on follow up
Urine dipstick test	Investigation - Other	01/01/2002	1 Year(s)	Any	No	h/o MI - annual cv risk review (level 5); hand sample in to surgery
Full blood count - FBC	Investigation - Blood	03/12/2003	25 Week(s)	Any	No	h/o recurrent iron def anaemia - no cause found, takes iron supplement
Nursing care blood sample taken	Investigation - Blood	03/12/2003	25 Week(s)	Phlebotomy	No	
IUD check	Contraceptive History	22/07/2004	1 Year(s)	Dr L Dunlop	No	copper iud
O/E - blood pressure reading	Examination	22/07/2004	1 Year(s)	Any	No	
Serum cholesterol	Investigation - Blood	13/10/2004	3 Year(s)	Any	No	h/o MI - CV risk 3 yearly

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# Clinical Care Follow Up Plan

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Investigation	Date	Frequency	By	With	Notes
Full blood count - FBC	03/12/2003	25 Week(s)	Any	No	No recurrent iron def anaemia - no cause found, takes iron supplement
Nursing care blood sample taken	03/12/2003	25 Week(s)	Phlebotomy	No	
IUD check	22/07/2004	1 Year(s)	Dr L Dunlop	No	copper iud
O/E - blood pressure reading	22/07/2004	1 Year(s)	Any	No	
Serum cholesterol	13/10/2004	3 Year(s)	Any	No	No MI - CV risk 3 yearly review Fasting Serum Cholesterol
Blood urea/renal function	17/10/2004	3 Year(s)	Any	No	CV risk level 5 review (No MI) - 3yrlly review
Cervical smear biopsy taken	22/07/2006	3 Year(s)	Dr L Dunlop	No	last smear neg 3y recall

**Appointments Required:**

By	With	Notes
03/12/2003	Phlebotomy	Please arrange when the appointment is due.
22/07/2004	Dr L Dunlop	Please arrange when the appointment is due.

Another follow up plan will be sent if you forget your appointment but it is most appreciated if you could keep this reminder or set a date in your diary or calendar. This saves us considerable time.

**Please telephone when your appointment is due or cancel if the time or date does not suit.**

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# Dynamic Care Strategy

- Patient Care Plan interacts dynamically with the scheduling system
- Complex Care Nurse specialist role – reviews a daily report for “missed deadlines” and proactively manages patients who default - “partial attenders” can be advised

# Missed Deadlines Report

Report of Missed Deadlines

Person Responsible	Group Name	Patient No	Forename	Surname	Priority	Item Description	Recall Date	Deadline Interval
					2	Thyroid hormone tests	23/11/02	56
					2	Serum fasting glucose level	01/10/02	0
					2	Review Item for CHD -Training standards assess	14/01/03	14
					2	O/E- Diastolic BP reading BP only	14/01/03	0
					2	Review Item for CV Risk Assessment (Level 5)	14/01/03	14
Dr Dunlop	GP Principal				2	Depot contraceptive NOS	23/01/03	3
Dr Dunlop	GP Principal				2	IUD check	28/11/02	56
Dr Dunlop	GP Principal				2	Depot contraceptive NOS	10/12/02	21
Dr Dunlop	GP Principal				2	Depot contraceptive NOS	26/12/02	3
Dr Dunlop	GP Principal				2	Depot contraceptive NOS	30/12/02	3
Dr Dunlop	GP Principal				2	Depot contraceptive NOS	11/11/02	3
Dr Dunlop	GP Principal				2	Depot contraceptive NOS	20/12/02	3
Practice Nurse	Practice Nurse				2	Liver function tests - general	28/01/03	0
Practice Nurse	Practice Nurse				2	Urine dipstick test	01/01/02	56
Practice Nurse	Practice Nurse				2	Full blood count - FBC	04/09/02	56

28/01/03

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# Recall Management Clinical Care Follow Up Plans

- Patient centred care – reducing duplication
- Tracking of patient care
- Workforce planning maximising skills



# Outcomes

- (<25%) 1222/5000 on recall management
- 650/5000 patient U&E checked <1y
  - No new patients with CKD
  - Additional monitoring in patient subgroup – patient centred care.
- Excellent patient understanding
  - only 5/350 patients with CHD did not attend
- Only one recall list to manage



# *TIME*

*A separate element in clinical information structuring in the electronic patient record*

- Clinical Database:
  - Holds known information
  - Generic Data Standards – data elements, fragments and coding
- Scheduling system
- Data Transfer systems – data sharing
- Data Collection System
  - Captures time elements of recall, results pending, persons responsible
  - reports clinical strategy, failsafe & follow up
  - RECALL MANAGEMENT NOT AUDIT

# Primary Care Re-engineering: Scheduled Care V Unscheduled care

