



# SPECIALIST CPD ECOACH SAMPLE RESPONSE

## TEST RESULTS FOLLOW-UP

### STEP 1: DEFINE YOUR TOPIC

**1.1** Think back to what inspired you to learn more about this topic or improve your practice. Briefly summarize the encounter or situation. Consider the following questions as you reflect:

- What about the situation made you want to improve your knowledge?
- What specifically piqued your interest?

An incident happened in my practice where I had ordered an ultrasound for a patient, but the investigation was never booked by the hospital. The patient's symptoms resolved so she never asked about the test again. Eighteen months later, when I ordered the same investigation, it showed cancer. I felt awful explaining to the patient that it could have been picked up earlier if I had followed-up with the test I had previously ordered.

**1.2** What topic or area of practice would you like to focus on?

I want to improve my follow-up system to be able to keep track of the tests I order and have a process in place to identify discrepancies when a result is missing or a test has not been done.

**1.3** What specifically would you like to improve in your practice? Define your improvement goal(s). It should be specific, measurable, achievable, realistic, and time-bound (SMART) to facilitate your success in achieving it.

1- Next week, at our staff meeting, I will clarify roles and responsibilities of my administrative staff regarding investigation follow-up. Together we will establish clear written guidelines on how to follow-up with imaging investigations.

2- With the help of my administrative staff, I will track every imaging investigation I order, through my EMR. I will review results and discrepancies on a weekly basis.

How much time (in hours) have you spent working on this step? **2 hours**



## STEP 2: SELF ASSESSMENT: MEASUREMENT

### STEP 2A: CREATING A MEASUREMENT STRATEGY

**2A.1** List one or more measures you can use to assess your progress towards your improvement goal(s).

On a monthly basis, I will measure:

- 1- The number of tests that I did not receive results from
- 2- The number of times patients didn't go for their investigations
- 3- The number of tests that didn't get booked by the hospital or imaging department

**2A.2** How will you collect the information for your measures?

- If you are using an EMR, what queries will you run?
- If you are using other existing information sources, what are they?
- If you are creating your own information source, describe your collection process.

- 1- I will use my EMR to track the number of results I order
- 2- My administrative staff will use a logbook to identify when they had to call a patient to identify if the test was scheduled and/or if the patient went for the test.

**2A.3** What do you predict your practice baseline will be?

I think I am missing 20% of the test results I order for 2 reasons:

- 1- The patient doesn't go for the test (By choice or test never booked)
- 2- The result is not sent back to me or I have not reviewed it.

My goal is to bring missing tests down to 0% and have 100% compliance with the review of my test results returned. For any discrepancies, I want to have a valid reason documented (e.g. a well-informed patient declines investigation).

**STEP 2B: GATHERING THE INFORMATION**

**2B.1** Was your baseline what you expected? If not, why do you think your baseline was different?

No, I was actually missing 12%

**2B.2** What is the current literature, guidelines, or scientific evidence on this topic? List your sources and any best practice standards, if applicable.

I used the AHRQ framework to evaluate my current follow-up system, identify opportunities for improvement and find possible solutions for improvement. I also read several articles and resources listed below.

- [CMPA Good Practices Guide: Managing risk - Diagnostic tips](#)
- [CMPA article: How effective management of test results improves patient safety](#)
- [CMPA article: Effectively managing hospital test results — Key to timely diagnosis and patient safety](#)
- [Agency for Healthcare Research and Quality 'Improving Your Office Testing Process'](#)
- [Association québécoise d'établissements de santé et de services sociaux, Association des conseils des médecins, dentistes et pharmaciens du Québec, and the Collège des médecins du Québec 'The Safety Framework for the Follow-up of Diagnostic and Screening Test Results' \[PDF\]](#)

**2B.3** How does your baseline compare to current literature, guidelines, or scientific evidence on this topic?

Every follow-up system is different; it is difficult to compare my baseline with others.

The literature says that there are no perfect systems but I learned about the benefits of redundancies. I had not thought of those before. In my system, the current redundancies are not strong enough.

How much time (in hours) have you spent working on this step? **3 hours**

## STEP 3: CREATE AN IMPROVEMENT PLAN

**3.1** Based on your comparisons with clinical guidelines or other ways you evaluate your success, what values for your measures will indicate success? How will you know when you have achieved your improvement goal(s)?

I will have 100% compliance with the review of my test results returned. I will also have 100% of discrepancies (test not done) verified to ensure compliance or a well-informed patient who declines investigation.

**3.2** Generate your improvement plan.

### Action Plan

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

Action Steps	Timeline to implement	Resources/ Supports	Potential Challenges	Results
For every situation where I want to follow up on an imaging investigation, set up a reminder to check if I received results. I will do this in my EMR using the tickler function.	1 day	My administrative staff	Having too many reminders and being overwhelmed.	The reminders worked as flag to identify any discrepancies in missing results within a specific timeframe.
Develop workflow process to call patients who have not done their test.	1 week	My administrative staff	Not being able to reach the patient.	Phone calls allowed me to clarify if the imaging department did not book the test or if the patient did not go for the test.
Schedule time everyday in my calendar for reviewing and following-up on test results.	1 week	Myself	Having a busy day overflowing on my protected time to review results.	Viewing results in a timely manner and ensure consistency in reviewing the results of tests ordered.
Review measures: <ul style="list-style-type: none"> <li>• Number of tests where I didn't receive results</li> <li>• Number of times patients didn't go for their investigations</li> <li>• Number of tests that didn't get booked by the hospital or imaging department</li> </ul>	1 month	My administrative staff and me	Finding time and ensuring entries in the logbook and EMR are easy to review.	Reviewing these measures allowed me to check if I was making progress towards my overall improvement goal.



3.3 Which CanMEDS-FM roles do your goals fit under?

	<i>CanMEDS Role</i>	<i>Description</i>
x	Medical Experts	<i>As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe-patient care. Medical Expert is the central physician role in the CanMEDS Framework and defines the physician’s clinical scope of practice.</i>
x	Communicator	<i>As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.</i>
x	Collaborator	<i>As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.</i>
x	Leader	<i>As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.</i>
	Health Advocate	<i>As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.</i>
	Scholar	<i>As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.</i>
	Professional	<i>As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.</i>

3.4 How confident do you feel about following through on your plan (on a scale from 0 to 10 with 10 being very confident)?

10 - I am very confident.

3.5 If you answered less than 7, what might you change in your plan to increase your confidence?

N/A

How much time (in hours) have you spent working on this step? 4 hours



## STEP 4: EVALUATE THE IMPLEMENTATION

**4.1** Did you observe any changes in your measures?

Yes

**4.1.1** Describe the changes.

I have reviewed over 95% of my investigations using ticklers and verification from my administrative staff when a test was not completed.

The remaining 5% is a result of delays with the test being performed or the patient was unreachable.

**4.1.2** What are some reasons why there was no change? Do you need to reconsider your improvement plan. If so, how?

No, things are improving well and I feel more confident that I have a strong system in place to ensure a safe follow-up of the investigations I order.

**4.2** Did you encounter challenges or barriers while implementing your improvement plan?

Yes

**4.3** If yes, what were the challenges and how did you manage them?

Reaching the patient is sometimes difficult. I had to ask my administrative staff to confirm patient's contact information every time they walk in for an appointment. I hadn't thought of that at first.

**4.3** Has there been a change in your comfort level/confidence in managing the situation/encounter?

I'm really excited, This was easier than I thought! Those changes weren't that hard; we just had to think of it and get to it. I am very confident that I can maintain my improvements and keep making new ones.

**4.4** Has there been a change in your comfort level/confidence related to this topic?

Yes, the more I accomplish, the more I realize how unreliable my system used to be. It makes me want to improve even more. These improvements really decreased my anxiety about missing an important test result.

**4.5** Describe any steps you can take to further increase your comfort level/confidence.

I think I could actually teach others how to do this. I might even get some more ideas from them.



**4.6** How will you use the results of your improvement plan to inform your practice in the future? What strategies will you use to address any areas that need further improvement? How will you overcome potential barriers?

Describe your next steps.

Now that I have made these improvements on my imaging results, I would like to extend a similar system to other types of test. I would like to establish clear guideline for my administrative staff on how to deal with different investigations:

- 1- Red (high importance)
- 2- Yellow (medium importance)
- 3- Green (low importance)

My concern is that we could be overwhelmed with the amount of follow-up we need to do. My plan is to stay on track with my daily review (30 minutes) and weekly review (1 hour) to ensure we do not fall behind.

How much time (in hours) have you spent working on this step? **1.5 hours**

Total time spent on Steps 1 to 4 (in hours): **10.5 hours**

MOC Section 3 credits earned: **8 credits (maximum)**