This is a good example of a ‘niggle’ (something that annoys you) that led to a service wide improvement…

Date: 10/09/2018 Subject title: Blood results and normal values

What was the subject and aims of the audit/project?:
I had contacted the lead clinical chemist to obtain the normal values for sex hormone binding globulin. This was because we had had a result through but no normal range to accompany the result. Because of this the result had been marked as abnormal and the patient had been asked to come in to discuss the result. The aim of the conversation was to establish the normal reference range and try and prevent bloods being sent out without reference ranges attached to try and prevent patients attending for unnecessary appointments in the future, as well as reducing the unnecessary stress that patients go through when they have been asked to attend for results.

What led to this particular subject being chosen?:
Whoever had filed this result had automatically filed the result as abnormal as the lack of normal range mean that on EMIS the result automatically had a red **!** next to it flagging it as abnormal. The patient had therefore been requested to book a repeat appointment to discuss the abnormal result. The patient was booked in with myself. As I was going through the notes before my afternoon surgery commenced I noticed this result and noted it as the likely reason for the appointment but the number appeared within a normal range to myself (from previous experience). I therefore contacted the lab to confirm the normal range. As it was a new test the lab was performing most people didn't know what the normal range was so this go passed to the clinical chemistry lead who told me the normal range they were using was 26.1 - 110. As I had explained my reason for calling she then asked what happened when a result came through as abnormal without a reference range and I explained that people will often just request the patient books a follow up appointment - which in this case as her result was 96 she didn't need as her result did fall within the normal range. The clinical chemist was very apologetic and explained that they hadn't been aware that patients often get asked to book appointments if results come through without normal reference ranges and she apologised for wasting valuable appointment times. She was going to raise this as an issue within the hospital to try and prevent results coming through without normal reference ranges again.

What did you learn?:
This reminded me the importance of communicating effectively with colleges, especially in the secondary care setting. Most of secondary care have limited awareness of how primary care functions and it is only by maintaining these relationships and discussing problems that arise in a constructive manner that we can continue to work together in a more effective way.

I believe this has demonstrated my understanding of the increased efficacy in delivery patient care when teams work collaboratively, as well as helping to support change within an organisation by making constructive suggestions.