Case 1: Mary

Case for discussion

It is 8:30 on a Monday morning. Mary, a 69-year-old woman who lives alone, has developed breathlessness overnight and is concerned.

In your practice, how might Mary access an on-the-day contact with a health professional? Think of ‘best case’, ‘standard case’ and ‘worst case’ scenarios. Focus on access and triage issues, not Mary’s clinical management.

Identify potential ‘emotional touch points’ (places in the pathway where someone might feel upset, frustrated etc) and ‘hazards’ (things with potential to cause harm). These can be a good indicator of where improvement is most needed.

Consider what might happen if….

A. **Mary telephones the practice, and her call is answered promptly.** Would her complaint be on your list of ‘red flag’ conditions, so she is placed on the high-priority duty doctor callback list? Would someone advise her to call 999 if she becomes worse or is concerned?
B. **Mary gets through by phone but is placed in a queue.** What would she hear? At busy periods, might she get cut off after a period of time?
C. **Mary is unable to reach the practice at all on telephone**. Have you measures in place, for example, for patients who don’t have a phone, are not feeling well enough to use it, or who get an engaged tone?
D. **Mary gets an answerphone message** saying there are no phone appointments, she must submit an online request. Would someone like Mary every get this in your practice?
E. **Mary gets a taxi and appears at the front desk**. How would this be handled in your practice?

The safety incident

Mary gets through on the phone and is placed on an urgent call back list for the duty doctor, Dr Patel, that morning. It's busy as a partner is off sick at short notice. Dr Patel spots the urgent telephone call request, opens Mary's electronic record and is about to call her. But then a practice nurse knocks on the door, worried about a patient in the waiting room who looks unwell. Dr Patel quickly closes Mary's record and accesses that of the patient in the waiting room. After dealing with the waiting room patient, Dr Patel returns to her callback list but somehow Mary gets overlooked. Sadly, Mary dies later that day of a heart attack.

*This incident appears to be due to "individual human error", but it actually reveals the **practice's systems did not support** this busy doctor to return Mary's call.*

Discuss what measures you have in place to ensure safety-critical tasks are undertaken, even when the practice is busy. Think about roles and responsibilities, supporting processes and digital systems, and your *safeguards* – that is, things in place that would help prevent the incident happening.

Checklist for practice discussion

Is your 'triage-as-described' in your protocols the same as what happens in reality ('triage-as-done')? Even when busy?	☐
How can you reduce the potential for interruptions and distractions across clinical and non-clinical areas?	☐
What improvements could you make, such as to digital systems, to support staff to follow up on outstanding safety-critical tasks?	☐ ☐

Learning outcomes

On completion of this exercise, we hope that staff in your practice will be better able to

- Identify and address barriers to urgent access from the patient's perspective
- Identify and address the factors that may interrupt the undertaking of a safety-critical task