

Like many interprofessional healthcare providers (IHPs) in primary care teams, Nurse Practitioners (NPs) at Thames Valley FHT have been tracking their activity for mandatory reporting. However, the data was painting a picture that did not accurately showcase all the work they were doing. NPs know that they frequently deal with more than one problem per visit, but they were only recording the primary activity for each visit.

They started tracking these additional activities. As they looked at these new data, the picture got a bit clearer. This inspired them to collect more data. After only two rounds of tracking, they were able paint a more accurate picture of the care they provide to patients. Here's what that picture looks like.

BACKGROUND

NPs and other IHPs do not bill for patient visits. Instead, they track data about their activity in other ways. NPs at Thames Valley FHT (TVFHT) use a tool called “FHT Stats” to do this. At first, they only tracked the primary reason for each visit. But they knew from their daily work that many visits to NPs involve a secondary activity. For example, someone who comes in for medication reconciliation may also receive nutritional counselling. Because they would only track the medication reconciliation (i.e., the primary activity), their work was underrepresented in mandatory reports. This made it hard to get a clear picture of how team-based primary care was benefitting the local population. To get a better picture, they decided to start tracking *all* their work, not just the primary reason for the patient’s visit.

FIRST STEP: RECORDING SECONDARY ACTIVITIES

The NPs began recording secondary activities in January 2016. After six months, they looked at their data and noticed a big difference. Secondary activities were undertaken for one third of all visits to NPs. After seeing these early results, the NPs doubled down on their data collection efforts to get an even better picture of the work they were doing.

SECOND STEP: BETTER DATA IN – BETTER DATA OUT

After another six months, the NPs looked at their data again: 50% of all visits showed a secondary activity (Figure 1). Some activities, such as lifestyle-management advice and immunizations, were more likely to be issues addressed as a secondary activity than the primary reason for a visit. (Figure 2).

WHAT DOES THIS MEAN FOR THAMES VALLEY FHT AND BEYOND?

Collecting data on secondary activities has allowed Thames Valley FHT to show what NPs (and probably most clinicians) experience every day: a visit is not a visit is not a visit. This data shows that NPs do more than one thing at a time on each patient visit. Tracking secondary activities like this can give teams a clearer picture of the work the team is doing to care for their patient population.

The NPs of TVFHT are sharing this data with others to encourage them to start recording their secondary activities. The NPs felt the work of data collection paid off in helping them advocate for the contribution of NPs and tell the story of how team-based care is good for patients.

DATA PAINTS THE PICTURE

Figure 1 shows the increase in recording secondary activities throughout the course of the study. The percentage of visits with a recorded secondary activity (yellow line) increases from zero to 33% in the first recording period and to 50% in the second.

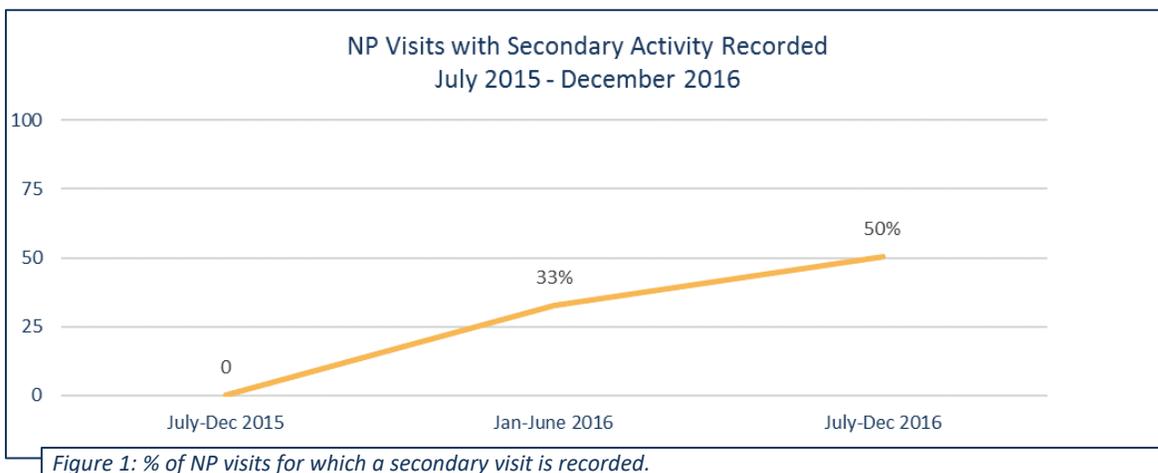


Figure 2 shows the frequency of the five most common primary (blue) and secondary (yellow) activities recorded during NP visits, excluding acute/episodic care. Not only was the amount of work underrepresented by simply counting primary reasons but some important aspects of NP work were missing from the picture. The secondary activity data show that NPs do a lot of Health Promotion (HP), lifestyle management and immunization work, something that was not obvious based on primary reasons data.

