How can we make patients 'appy with their Outpatient Journey?

Using an Checkout Pass and App to improve patient flow and outpatient experience

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Project Rationale and Aim

- dissatisfaction of patient flow through department.
 - patients confused
 - staff time spent re-iterating non-clinical information and escorting patients
- important activities missed
 - investigations
 - uncollected pharmacy-only medicines
 - delay of treatments
 - mandatory reviews

General improve flow and experience through a complex Dermatology department

- "experience" achieve 80% patient satisfaction with the ease of use of the department inside 12 months
- "flow" reduced undue staff intervention
 reduce staff time spent away from clinical care (providing non-clinical information) by 60% in 12 months

Action Planning

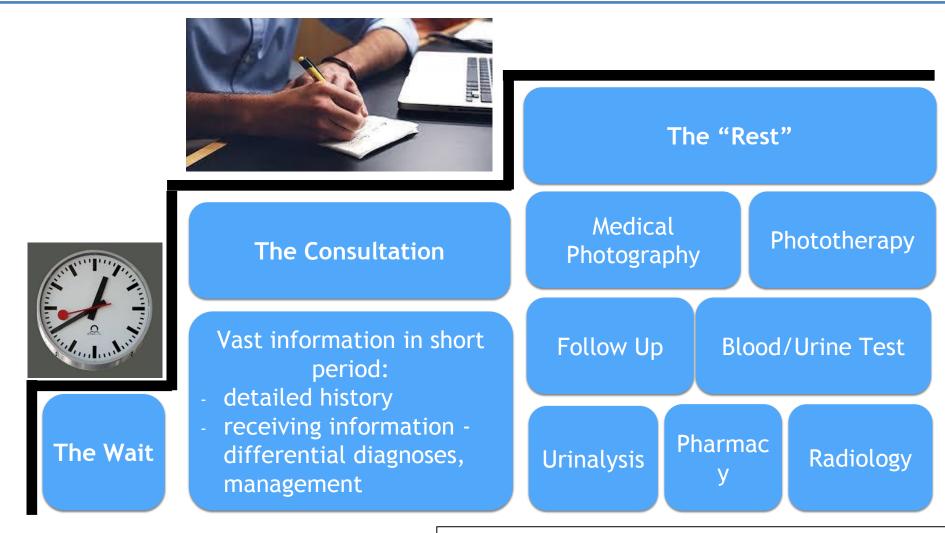
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

- Efficient patient flow through the department
- Reducing time spent by staff repeating instructions, giving directions 'releasing time to care.
- Additionally, reduce error of missed activities
- Staff assessment on activity spent on non-clinical tasks
- Patient feedback on satisfaction and ease of use of the service
- Re-analyse after intervention cycle (PDSA)
- CheckOut Pass key activities, information, maps, directions
- Available as downloaded 'app' with a photo journey and video to different locations.
- Available via QR code included on initial appointment letter

Process Mapping: Challenging Assumptions about the Patient Journey and Staff Interaction



Drivers and Barriers in the Patient Journey

Our Role Healthcare Professionals supporting the Patient Journey

High throughput during consultations

Mainly verbal information given - was information always acceptable to patient - visual aids, written instructions, verbal explanation

Assumption patients have understood and have retained

Role of all the members of the team

Our Patients

Understanding of information - pre-requisite knowledge of process

How people want to receive information

Type of patient

Our System

Location across multiple departments, clinical areas and floors

Not well sign posted

Process Mapping in context of Barriers and Drivers

Consider an airport journey;

- large volume of people
- key important steps
- safety and fails-safes



People flow: key to user experience and efficient use of resources and personnel

What makes the difference ...

information in different formats: written, maps, logos

knowledge of what to
expect:
"pre-reading" of how you
proceed through the process

Belfast Health and Social Care Trust Belfast City Hospital Dermatology Outpatients		
Before you leave:		
(V)	Make a review appointment	Make this at the main desk where you checked-in
	Have blood + / - urine tests	Take a seat outside the blood room beside main desk
1	Proceed to theatre for a biopsy / removal of lesion	Take a seat in waiting area and we will call for you - at busy times there may be a wait
0	Attend Medical Photography	Follow directions on Map A to Medical Photography
+	Collect medication at Hospital Pharmacy	Follow directions on Map B to BCH Pharmacy
/6\	Arrange Phototherapy (Light Treatment)	Go to main lifts - and proceed to Level 4 to get to DayCare Ward 4 South
	Arrange Patch Testing (for allergies)	Take a seat and we will arrange for you to return for the test
1	Attend Dressing Room	Take a seat and you will be called for Dressing Room.
焦	Attend for an X-Ray	Follow directions on Map C on back to X-Ray

Key essential activities and tasks used most frequently in Outpatient Clinic

Succinct written information on instructions and explanation

Symbols to aid understanding use on maps and potentially signs and direction to key areas

Checklist Style: communicate to staff of outstanding investigations.

Aid for patients to check-off as an aide memoire

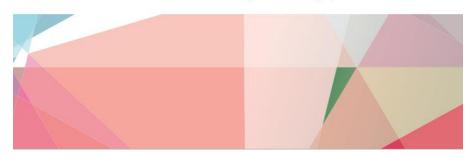


Welcome to Belfast City Hospital Dermatology Outpatients (Wing D)



Please find enclosed your 'Outpatient Pass', which your Doctor or Nurse will use to record which steps need to completed during your journey through our Department.

Please ask a member of staff if you have any questions.



Before you leave:



Make a review appoinment

Make this at the main desk whereyou checked-in



Have blood + / urine tests

Take a seat outside the blood room beside main

desk



proceed to theatre for a biopsy / removal of lesion Take a seat in waiting area and we will call for you - at busy times there may be a

wait



Attend Medical Photography

Follow directions on Map A to Medical Photography



Collect medication at Hospital Pharmacy

Follow directions on Map B **BCH Pharmacy**



Arrange Phototheraphy (Light Treatment)

Go to main lifts - and proceed to level 4 to get to DayCare Ward 4 South



Arrange Phototheraphy (Light Treatment)

Take a seat and we will arrange for you to return for

the test



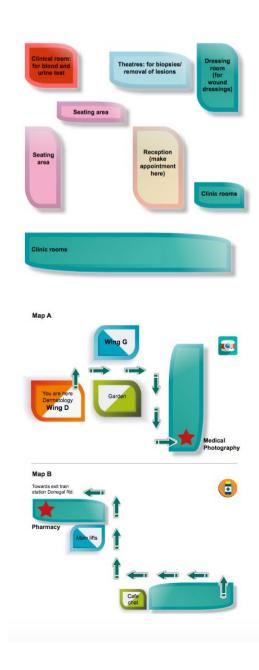
Attend Dressing Room

Take a seat and you will be called for dressing room



Attend for an X-Ray

Follow directions on Map Con back to X-Ray



Staff Questionnaire

- explaining directions to other clinical area
- leave the department to assist unsure of direction
- difficult to explain directions clear
- dlifficult to explain directions

20 minutes on average per day spent

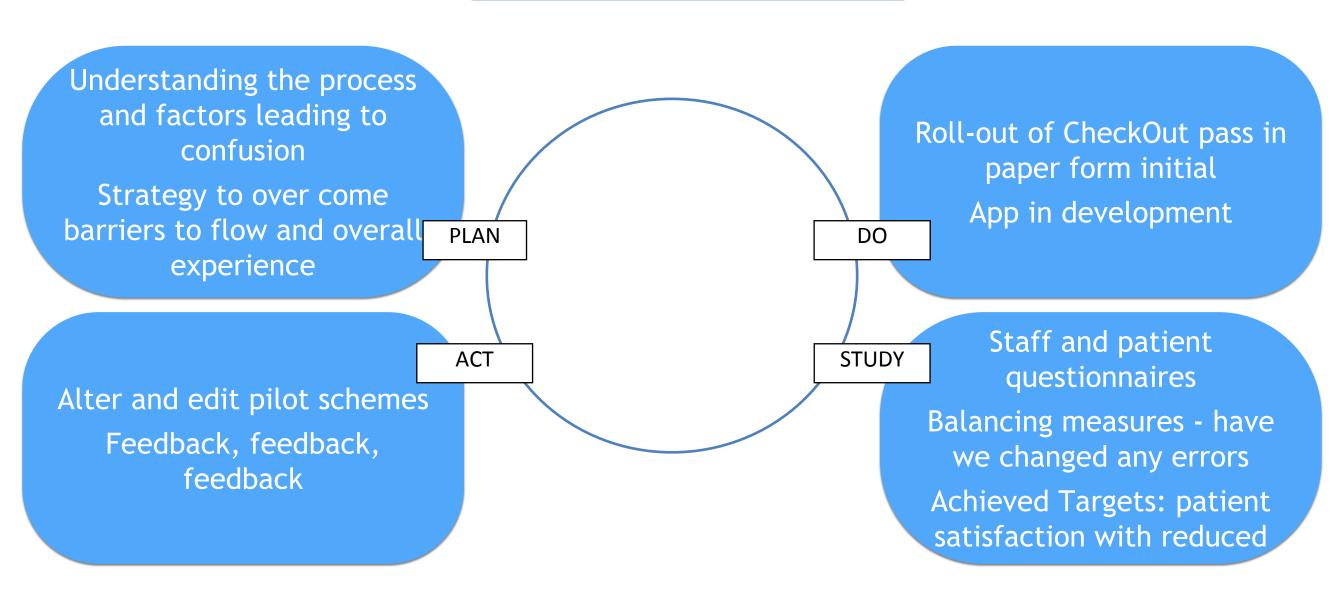
- double check activities performed
- me spent explaining directions to patients can take away from my clinical duties

Measures of Change

Patient Questionnaire

- review appointment
- difficulty arranging further tests or treatment
- need assistance to know the investigations to follow
- written information leaflet useful in future?
- use of maps
- overall satisfactory with non-clinical information on flow through department

Project Cycles



Next Steps and Learning so far

- Initial Feedback presentation at local and national events for shared learning
- Participation at Nursing Congress Group
- Better appreciation of Patient Journey
- Completion of cycles
- Study effects of staff have we missed anything?
- Supplementary measures App download frequency
- Other areas, other hospitals, collaborators

Learning Points:

Modelling with QIP methodology
Challenging assumptions about systems
Broader conceptual terms of barriers and
drivers

Collaboration and use of QIP support - small steps can grow
Timelines and patience!

Team Members

Dr David Middleton (CT1 Doctor)

Dr Emma Mack (Specialty Doctor)

Dr Collette McCourt (Consultant Dermatologist)

Sr Donna Weinerger (Department Manager)

Mr Colin Jackson (BHSCT Quality Improvement Service)

Mr Philip Connolly (BHSCT Quality Improvement Service)