

THE PATIENT JOURNEY: AN EVIDENCE BASED, COLLABORATIVE APPROACH TO QUALITY IMPROVEMENT

INTRODUCTION

The rapid, collaborative response to Covid-19 in 2020 by all levels and disciplines of NHS staff has clearly demonstrated why multidisciplinary teams (MDTs) of clinical and non-clinical staff should be involved in quality improvement (QI). Traditional QI measures do not generally enable this. Nor do they usually extend beyond care boundaries to enable staff and patients' experiences of the patients' journey to be considered. The Patient Journey QI approach explained here illustrates how MDTs with facilitation from an 'outsider' to the team, can work together to achieve this, and by doing so develop a clearer understanding of their service, their patients experiences and each other's roles and contributions, and where improvements to their service are required. This is a balanced approach to QI which also reveals the strengths of a service, and motivates and empowers an MDT to collectively take ownership for implementing timely evidence-based, sustainable changes based on the data gathered for the purpose of achieving QI.

METHODS

A COLLABORATIVE & MULTIDISCIPLINARY (MDT) APPROACH

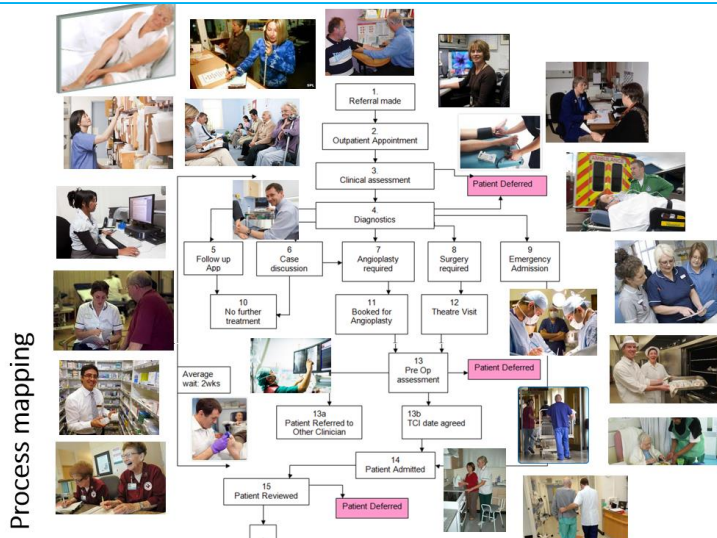
Service provider participants (co-researchers)

25 core members (some ad hoc membership) including representatives from Trust management, service improvement team, director of nursing, general manager, consultant surgeons & anaesthetists, radiographers, nursing, clerical/administrative staff, consultants' secretaries (x2), Trust management secretary, pharmacists, occupational therapy, physiotherapy, primary care – specialist nurse, social worker.

MATRIX SAMPLING: MDT DETERMINE CRITERIA FOR PARTICIPANT SELECTION

Patients with peripheral vascular disease (PVD)	Elective admission male/female ≥ 40 years	Emergency admission male/female ≥ 40 years	TOTAL
MDI diagnosis code I70.9 (ALL)	5	6	11
Diabetes (Type I or II)	4	3	7
Hypertension	4	3	7
Cardio-vascular disease	2	1	3
Discharged home	4	5	9
Discharged other	1	1	2

SEMI-STRUCTURED, QUALITATIVE INTERVIEWS WITH SERVICE USERS



PROCESS NARRATIVE

The key steps in the patient's journey are set out in a Process Map and explained in the Process Narrative. This process enables the MDT to collectively identify any issues with their current service and gain better understanding of their service and each other's roles and contribution to their patients' journeys.

Step #	Step Description and Issues
1	Patient referred: <ul style="list-style-type: none"> By a range of clinicians including GPs, vascular nurses, orthopaedic consultants, A&E, MAU, endocrinologists, Care of the Elderly Team, other hospitals, Community Leg Ulcer Clinics
2	Outpatient Appointment <ul style="list-style-type: none"> Patient attends consultant team/nurse appointment at SE Trust or community hospital vascular nurse assessment clinic (20 x 10min appointments per clinic) <i>Significant delay due to repeat appointments between Vascular Nurse, Consultant, Duplex scan</i> <i>Patients assessed by Community CNS seen by SE Trust CNS before consultant – Community CNS to refer direct to consultant?</i> <i>Delays when patients transfer between XX and ZZ hospitals</i>

RESULTS

THEMATIC ANALYSIS OF PATIENT & CARE PARTNER INTERVIEW DATA (PRESENTED TO MDT IN REPORT)

Theme	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
Time from initial GP appointment to Vascular Consultant appointment	1-13 GP referral	14-22 Emergency admission	23-25 Post-discharge	Nurse workloads	Healthcare delivery	Privacy and dignity	Cleanliness/infection control	Hospital catering	Patient-line	Visiting	Car parking	Discharge	Transport	Outpatient appointments/follow up care		

Number of issues identified from Steps 1-25 of vascular patients' journey: GP referral to post-discharge

Steps of journey	Patient/relatives	Staff	Patients & staff	Total
1-13 GP referral	3	9	1	14
14-22 Emergency admission	23	14	3	42
23-25 Post-discharge	6	12	2	20
TOTAL	32	35	6	76

EXAMPLES OF CHANGES ACTIONED

- Patients contacted only by medical staff/nurse practitioner in event of short-notice admissions (immediate change in response to patient data)
- Pre-op care of diabetic patients changed reducing need for overnight stay prior to surgery (staff data)
- Sequence of theatre lists confirmed prior to commencement of list (staff data)
- Patients reviewed by medical team at least once during weekends (patient & staff data)
- Skimmed milk provided for patients who require this (patient data)
- Patient information leaflets to be reviewed Trust wide – request for inclusion of the possible psychological/emotional effects following anaesthesia/surgery (staff & patient data – longer term change)
- Pre-op assessment clinics rearranged to enable patients to be seen on same day as consultant appointment (patient & staff data)
- Psychologist time procured – primarily for amputee referrals (patient & staff data)



CONCLUSION

The Patient Journey approach to QI enables those involved to feel engaged and valued as part of a team who are equally committed to ensuring the delivery of high quality, safe, effective and person-centred care. Working in this way has been found to have broad-reaching impact that extends beyond the changes and improvements made to the service under review. For example, the Vascular Patient Journey was reported to have triggered a cultural shift across the organisation. However, the approach is not without its challenges; it requires significant buy-in from all team members and levels of the organisation, and leadership by someone external to the MDT team.

