Transforming the Clinic Outcome Form:
A project to improve patient information and patient experience in the outpatient department

Aileen Lambert
Darzi Fellow in Clinical Leadership 2014/15
ENT Registrar ST6

Terry O’Leary
Performance Manager
Imperial College Healthcare NHS Trust

Lynn Chung
Design Graduate
Royal College of Art and Design

Respect our patients and colleagues | Encourage innovation in all that we do | Provide the highest quality care | Work together for the achievement of outstanding results | Take pride in our success
Outcome Form

- ‘Referral to Treatment’ (RTT) 18 week target by Department Of Health
- 24 codes to choose from currently
- Different version of the form in every trust
Current Process

- Completed by clinician
  - after each patient seen in outpatient clinic

- Handed into reception by patient
  - in order to record their RTT outcome and make a follow-up appointment if needed or be discharged

- Discarded
  - after data has been inputted

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Why change the Outpatient form?

• Inadequate Patient information
  – Unclear about next steps/Unanswered questions
  – Communication barriers: Language/stress/confidence

Evidence that good information and communication can

  – improve medical outcomes\(^1\)
  – reduce patient anxiety\(^2\)
  – enable patients to ask their most meaningful questions rather than just more questions\(^3\)
  – Reduce DNA rates as non-attendees are more likely to complain of lack of information about the reason for the appointment\(^4\)

References:
1. Audit Commission. What seems to be the matter: Communication between Hospital and Patients. London. HMSO, 1993
More reasons change the form....

• At its highest £\frac{1}{4} million per month expenditure on RTT Validation in our trust
• Real and potential patient safety errors
• Poor staff engagement with the form and RTT

• CQC report on Outpatients, particularly patient experience and engagement
PDSA Methodology

**ACT**
- Pilot in single specialty with pre & post measurement of patient experience and RTT quality

**PLAN**
- Identified a need for RTT education and improved communication to empower patients

**STUDY**
- Prototype forms developed and iterations trialled with staff (V1 to 15)
  - MINI PDSA CYCLES

**DO**
- iQI Sprint 2-day QI workshop led to a new form aiming to be patient centred & user-friendly

**ACT**
- Roll-out of the new form to Main Outpatient Department with pre & post measurement

**PLAN**
- Results of pilot examined to plan improved form and measurement of change

**STUDY**
- Stakeholder feedback used to develop a refined form (V. 16 to 22)
  - MINI PDSA CYCLES

**DO**
- Engagement of staff from front-line to management in refinement of the form

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iQI Sprint Workshop
Top Patient Experience Tip #1

Make sure there is patient representation FROM THE START of the design process

PATIENTS = POWER
Mixed method review of UG education in SMH

Latest Version (V.22) of the Outpatient Pass

Outpatient Pass

Your Details
(Please complete when you arrive)

Name

Date of Birth
D / M / Y

Your Questions
While you wait, you may want to write down what questions you have for your clinician.

During Your Appointment
You and your clinician can use this space to answer your questions or make other notes.

You have the right to start your NHS treatment within a maximum of 18 weeks from referral, or 62 days for urgent referrals for suspected cancer.

Your Next Steps
(Clinician completes with you)

You need further tests
We are choosing to monitor your condition without treatment

New Patient
Existing Patient
IPW
DNA
Discharge
Rebook

Your Treatment

Awaiting treatment (booked)
Received treatment today
For a treatment plan that was formed:

Today
Previously

Received treatment previously
Do not need treatment
Declined available treatment

Your Next Steps

Visit pre-operative assessment
Visit OP with prescription recommendation

Another appointment needed:

in
weeks / months
Overbook
with
At a different organisation
For a different condition

Ready for discharge

At the end of your appointment, please visit reception

Your next appointment is:
on
D / M / Y
at
Time
AM / PM
with
Name of doctor
at
Name of location

By attending your appointment, we ensure that you are treated promptly. And if you're unable to attend, we can reschedule your appointment. But let us know quickly so we can reallocate your time slot to another patient in need of our help. Keep in mind that you may be discharged to your GP if you don't attend your appointment and fail to let us know.

You can contact all our services through our website at: http://www.imperial.nhs.uk/services

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### Measuring Change

<table>
<thead>
<tr>
<th>1st PDSA Cycle</th>
<th>ENT OPD SMH (Mar 2015)</th>
<th>ENT Pilot COF V. 11 (April/May 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COF completed correctly by Clinician</td>
<td>30%</td>
<td>74%</td>
</tr>
<tr>
<td>COF completed correctly and entered correctly in Cerner</td>
<td>18%</td>
<td>50%</td>
</tr>
</tbody>
</table>

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# Measuring Change (ongoing)

## 2nd PDSA Cycle:
**PRE-Rollout SMH MAIN OPD**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form handed into reception by patient</td>
<td>87%</td>
<td>5% (n/a = 8%)</td>
</tr>
<tr>
<td>Form <strong>Fully Completed</strong> by Clinician (either correct of incorrect)</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Appt. outcome entered into Cerner in realtime</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Time taken by clinician to discuss &amp; complete COF</td>
<td>MEAN = 14.4 sec</td>
<td></td>
</tr>
<tr>
<td>Estimate of Correct Outcome Code circled by Clinician:</td>
<td>Fully Correct = <strong>32%</strong></td>
<td></td>
</tr>
</tbody>
</table>
Top Patient Experience Tip #2

Ensure the measurement used is robust enough to enact lasting change...........

Ask patients what to measure!
Patient Experience Data

3. I am confident I understand my care and next steps (Overall score: 98.97%)

St Marys Hospital OPD (including Pilot)

Charing Cross Hospital OPD

Hammersmith Hospital OPD

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Alternative Outcome Form

Outpatient pass

1. When you arrive
   - Your Name
   - Date of appointment
   - Consultant’s name

2. While you wait

3. During your appointment
   - Name of doctor in appointment
   - You and your doctor can use this space to answers to your questions, or make other notes.

Your outcome (doctor completes)

- Your condition is still under investigation/ Added to waiting list
- We are choosing to start to monitor your condition without treatment
- We are choosing to continue to monitor your condition without treatment

- You received your first treatment today
- You received your first treatment previously
- You were adding to the waiting list today after previously being treated / monitored without treatment

- You do not need treatment
- You declined available treatment

Next steps (doctor completes)

- Please visit preoperative assessment
- Please visit your GP with prescription recommendation
- Other

- You need another appointment in [ ] weeks / months
- Overbook
- Transfer care to another trust

5. Please visit reception at the end of your appointment

Next appointment:
   - date:
   - time:
   - with:
   - where:

If you are unable to attend your appointment please contact us and we will change the date and time for you.

Imperial.appointments@imperial.nhs.uk
020 3313 5000

Design by HELIX Centre
www.helixcentre.com

Imperial College Healthcare
NHS Trust

Royal College of Art
Imperial College London
Outpatient Transformation
Staff Engagement Event

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Learning from the challenges of implementing a PDSA patient-focused project in a large acute Trust

**Building Relationships**
- Value of building networks at every level
- Between front-line staff (reception/admin and clinicians) and those making changes in the Trust (corporate management) via a QI workshop
- **Co-production with patients** (co-design and co-delivery)

**Organisational Culture**
- Initiating QI Projects relevant to patients not just the bottom line
- REAL Patient engagement
- Understanding organisational priorities
- Keeping show on the road Vs QI
- Collaboration – internal, external (Healthwatch/CCGs/TDA/NHSE)
- Specialty/Site based culture
- Resistance to change
- Financial constraints

**Project Methodology**
- Project scope and managing expectations whilst maintaining wide engagement
- PDSA as a new concept
- Measurement/Evaluation
- Governance and ownership – keeping a project under ownership of front-line staff & patients BUT practicalities of wider implementation
- Time delays

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Top Patient Experience Tip #3

The Patient Experience Project Reality Check

What you want to achieve... A long way?....... ...What the organisation is ready to deliver

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QUESTIONS/COMMENTS?