QI Project Case Study– Equitable and Timely Access to Perinatal Service Project

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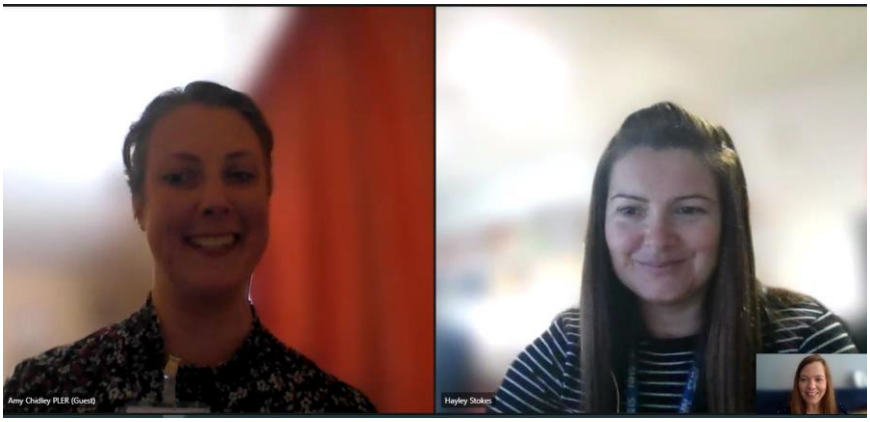
For this BSMHFT QI Case Study, we recently spoke to Anna Rees, Specialist Perinatal Team Manager, about a project she's currently involved in that's aiming to improve access times for patients referred to perinatal services.

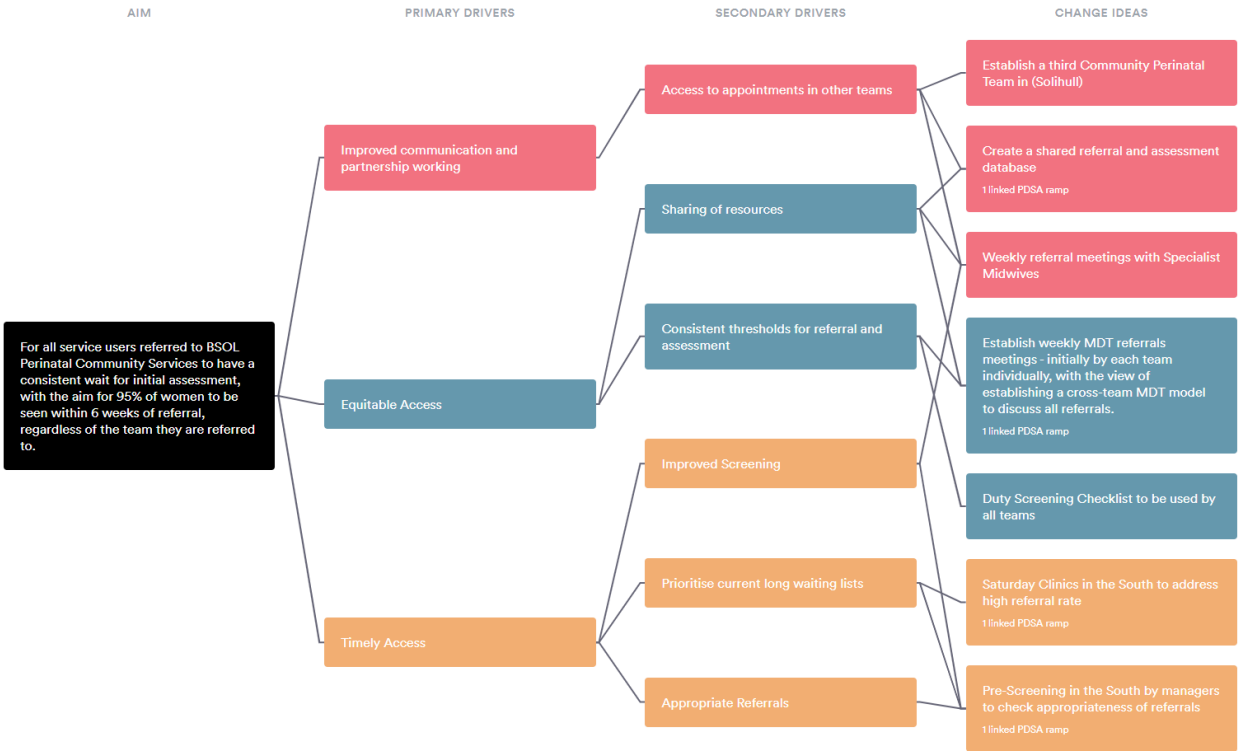
Hey Anna, thanks for taking the time to speak to us! How did you come to be involved in QI and this project?



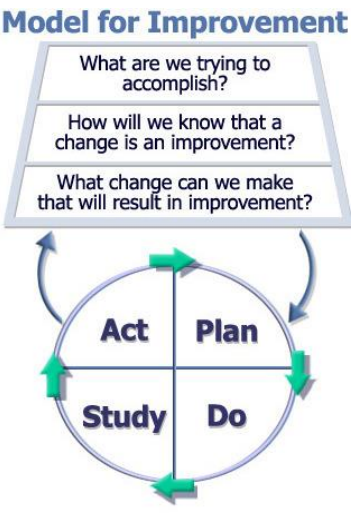
I first heard of QI when working in Wales, where the health board I worked in had adopted a QI approach. Not long before joining this trust I had attended a QI event and was inspired by some of the change ideas I heard, and I liked the QI approach in implementing these changes. When I started working here in 2018, I saw that they were just starting to roll out QI so kept my eye out for training. I started this project soon after taking on my current role as Clinical Development Lead in the community perinatal service. My job is to support the community teams as they expand, and to ensure that the teams are operating consistently, and QI has been a perfect tool to help me with this.

What are the issues you are trying to address? How did they inform your aim?

Initially I was trying to address waiting times in one team, as they had a waiting time 2-3 times greater than the other teams. The aim was to reduce waiting times to be in line with the other teams. This team were receiving a high volume of referrals which was unmanageable. I was working on the hypothesis that a large proportion of those referrals were inappropriate, so the initial stages of this project involved changing the way referrals were managed as they came into the service, and adding capacity to be able to assess those who had been waiting a long time to be seen. Using QI methodology has been so important here, as it allowed me to quickly see that my hypothesis was not quite right and we did not see the amount of inappropriate referrals that I expected. This did not change what we were doing, but it showed us that we needed to make other changes also in order to solve the problem.



How are you using the Model for Improvement to plan and move the project forward?



The model for improvement has helped the team keep the project on track. Using the framework reminds us that we need a clear aim for

the project, as well as a comprehensive family of measures so we can track the impact and learn from any change ideas that we test. Using a PDSA format to test our change ideas has encourages us to take a step back and think about whether the ideas we are trying out are working. This stops us from simply implementing an idea that we just assume will work.

Can you describe a couple of the PDSA's you have planned?

Pre-screening

Our first PDSA was a daily pre-screening meeting – initially myself, the team manager and the ANP met daily to review referrals coming in, with the intention of redirecting the referrals that did not meet the criteria for the service at that point in order to reduce the workload for the duty clinicians who had previously had to manage the large volume of referrals themselves. I naively thought this was going to solve all the problems for the team, but quickly learned through the PDSA that this was not the case.

The prediction for the first cycle was that the pre-screening process would be time consuming for those involved, but the benefit of reducing the number of referrals going to duty would be felt by the already overwhelmed duty clinicians. We learnt during this cycle that it was helpful in reducing the workload, but we also needed to spend the time in this meeting reviewing the screened referrals so we could act on those that needed to be acted on – for example book an assessment appointment for someone who clearly needs our service. We have a weekly senior MDT referral meeting running in conjunction to these pre-screening meetings, and found that this time is used most efficiently when the space is used to discuss cases that may need to be prioritised, may be suitable for redirection to other services, or require an MDT perspective. We did three cycles in total, and whilst we learned that pre-screening meetings were not going to solve our problem, the feedback from the team manager and the team was that the benefits of pre-screening meetings were such that they

would continue with them. They continue to run, with the team manager and ANP now being responsible for it.

Appointment Allocation

A PDSA that we have recently started is a shared new assessment database for the service. At present, each team manages their own appointments, with medical secretaries holding the booking for the doctors, and team secretaries holding the booking for the ANP's and Mental Health Practitioners. Our change idea is to have a centralised database for new assessments, to allow us to see quickly and clearly where the next available appointment is for each team. This will allow us to ensure that people are being seen as quickly as possible by their team, and also give us a really simple way of monitoring waiting times across the service.

QI was really helpful in thinking about this process, because I would have just run with it and made all the changes at once! Thinking about it with a QI head on has slowed me down (in a good way), and we are now rolling it out team by team to make sure that it works well in one team before bringing another team on board. We are in the first cycle at present, where Hayley our Perinatal Business Support Officer is working with the Solihull team to book their future assessments onto the new database.

How important has it been to have staff feedback inform your project?

This project is very process driven – it is all about getting effective processes in place to enable us to achieve timely access into services that are equitable regardless of where in Birmingham you live. The processes are reliant on staff adhering to them, therefore it is vitally important to listen to the staff experience of the processes. This is also why we have a project team that is made up of people from a range of different disciplines within the perinatal service. The initial idea for pre-screening came from speaking to staff members and hearing that they had been really struggling with the workload and were feeling overwhelmed. We captured their feedback by using a PDSA approach when we tested the pre-screening idea - it was

this feedback that has led to the meetings continuing despite not solving the initial problem!

How important is it to have an Expert by Experience as part of your project team?

This is really important too. Personally I find it helpful as they are constantly thinking about the patient experience of what we are doing, and often ask the valuable why question at the right time. Amy on our team has identified a further project that she wants to explore – whilst I have been focused on the making the waiting time as equitable as possible she has quite rightly asked about the quality of that waiting time for the patient.

How has COVID affected the project? What difficulties have you had to work around? Did it present any opportunities?

I don't want to forget or minimise the impact that lack of face to face contact has had on our patients and their families, and I am glad we are heading back to normality of seeing people more regularly face to face. However, the virtual world of COVID has really helped me with this project, and certainly has its place at certain points of patient care. One of our change ideas was to offer assessments on a Saturday utilising staff from across the service - this was made easier by conducting the assessments via video. Another change idea for the project was pre-screening. I was able to commit to being involved with daily pre-screening meetings for a while due to the ability to meet via video – I am not sure I would have been able to give the same commitment if I was required to physically be in one place every day of the week. Meetings of all kinds are easier to set up virtually, when you don't have to worry about booking a room or allowing travel time etc. Conversely, I am sure staff would have felt better supported if I was able to be physically present at times when initiating changes, but this has been really tricky due to having a year of working as teams where we have never all been together at once.

What are the next steps for the project?

We are continuing with PDSA testing by setting up referral and assessment meetings in each team (an extension of the referrals meetings), to allow space for clinicians to discuss their new assessments. The longer-term aim of this change idea is to have multi-team representation in these meetings, which will help address the equitable part of the project and support consistency of threshold across the service. QI again was helpful in the thinking around this, for us to make sure the process worked safely and effectively in the individual team setting before our grander plans to make this service wide.