

Video Conference pathway for NHS Shetland patients to receive elective orthopaedic follow up with NHS Grampian

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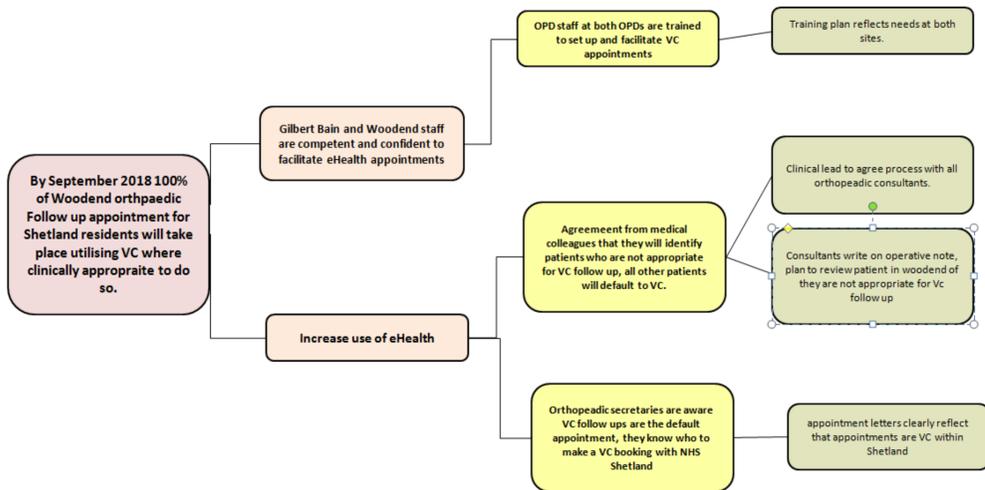
Shetland residents who require elective Orthopaedic care have historically to travel to Aberdeen for all appointments. Travel off island requires either a flight or 12 hour ferry trip. Such trips require residents to be off island all day for what is often a very short appointment. Patient experience of travelling off island demonstrates many complications including days off work, loss of income and arranging care of dependents. To improve patient experience we have trialled a pathway which enables the patient to have an elective orthopaedic follow up appointment via VC with a physiotherapist at the Shetland side to facilitate the appointment with the orthopaedic consultant.

AIM

By September 2018 100% Woodend orthopaedic follow up appointments will take place utilising VC where clinically appropriate to do so. Future expansion would include New referrals also.

METHODS

- Baseline data was collected for all orthopaedic follow up appointments held in Woodend for Shetland patients.
- Meeting held with stakeholders to understand current pathway and discuss trial of VC pathway.
- Process mapping for current state and proposed pathway.
- Test of change using PDSA cycle, started testing on 1st May.
- All patients encouraged to complete patient experience questionnaire post VC appointment.



(Driver diagram above outlines the implementation plan)

RESULTS

- In November 65% of patients are now receiving their Orthopaedic follow up appointments via VC where clinically appropriate to do so. Given that we don't want patients travelling unnecessarily for appointments, we have tracked this using a C chart. We can see early evidence of special cause variation.
- Patient experience and satisfaction with the new VC service has greatly improved.
- £17,248 saved in flights since May 2018.

Very good service, NHS must do more of this to stop travel and save money

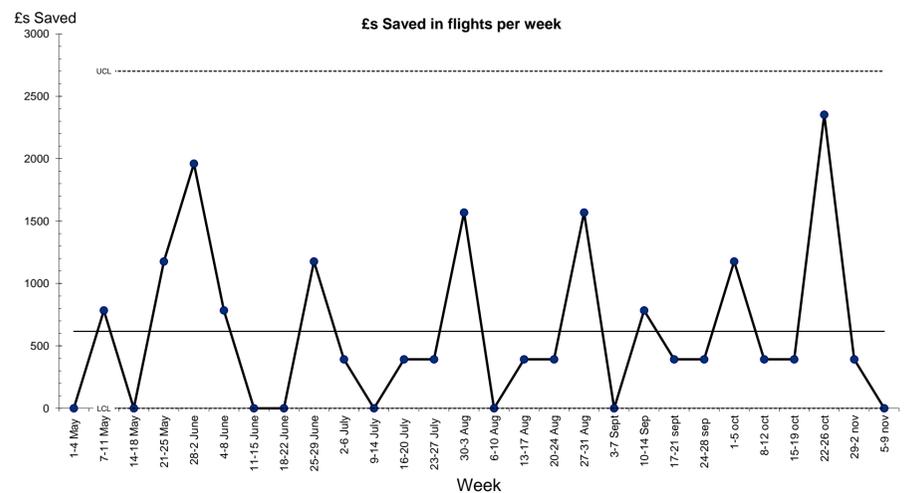
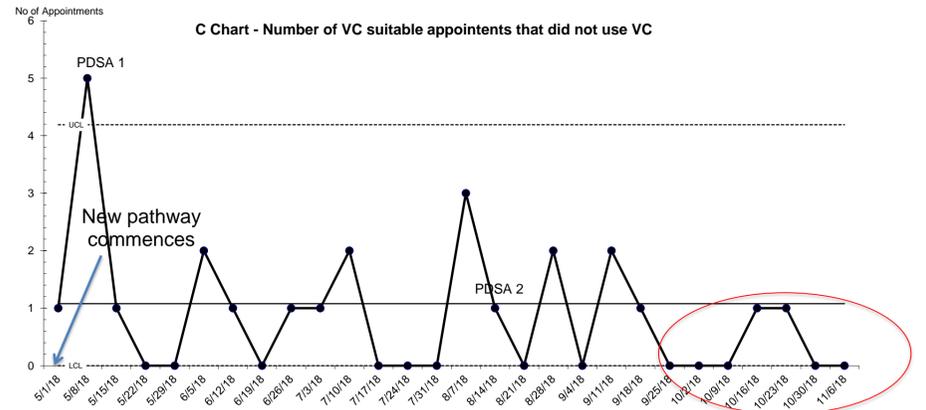
Quite enjoyed video-conference, saved a lot of time, i.e. boat or plane journeys and stress of travelling and time constraints, healthcare professionals knew their professions well, put me at my ease, thank you.

Brilliant service, I wish this had been available throughout my current condition which started in 2013. So much easier in terms of manageability physically, pain wise and financially. Hope to see more of this in the NHS!

Very happy with everything. Very professional. Thanks.

REFERENCE

- The Healthcare Data Guide, Provost and Murray
- Leading Change, John P Kotter
- The Improvement Guide; A practical approach to enhancing organisational performance 2nd edition
- Black Box Thinking, Matthew Syed
- Difficult Conversations, Stone, Patton, Henn.



NEXT STEPS

- Further stakeholder engagement to reduce variation in pathway, increase % of patients offered VC follow up appointments where clinically appropriate.
- Discussion with Orthopaedic consultants regarding Trial for 'New' consultations.
- I will give some consideration as to whether we should continue to monitor unnecessary face to face appointments using a G chart to demonstrate cases between

ACHIEVEMENTS

- My knowledge, understanding of Quality Improvement methodology and use of tools has greatly increased.
- This project has had a direct impact of improving patient experience

KEY LEARNING POINTS

- Process mapping is essential in all pathway redesign work. Reported pathway is not always the pathway in reality.
- Our assumptions about patient wishes and preference are often not reflected by the patients. eHealth is widely accepted by patients as an acceptable form of consultation.
- Stakeholder engagement is essential from the very beginning, you must include everyone involved in the pathway.
- Find early adopters and get them to help you win over others in the team.

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ScIL

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