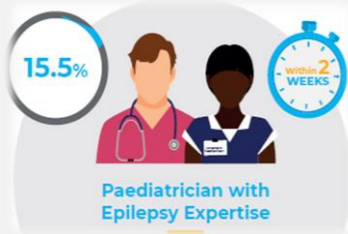
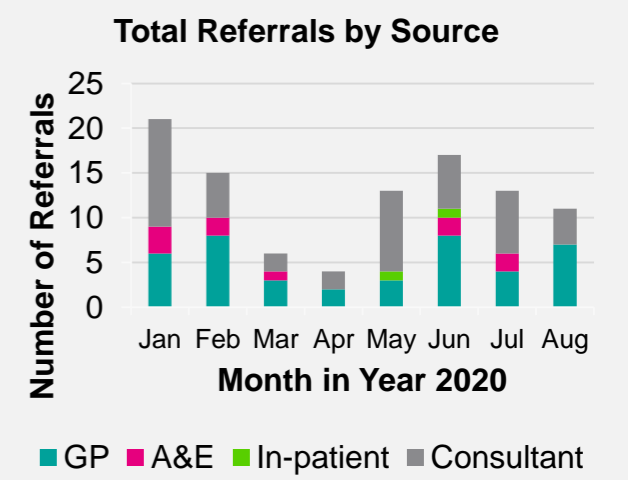
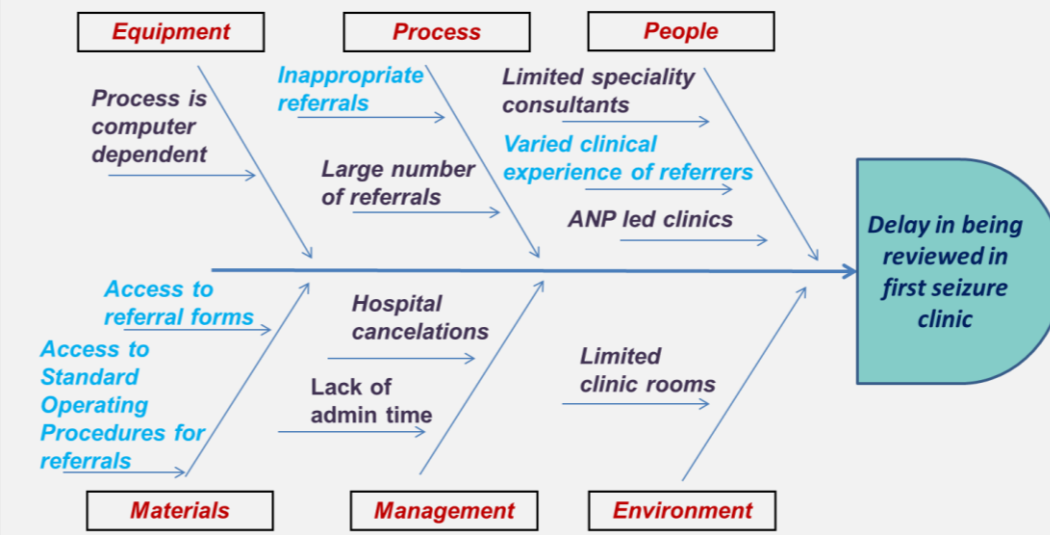


BACKGROUND



Long delays in reviewing new patients in the first seizure clinic leads to delay in seizure management. Waiting leads to emotional anxiety to families AND staff

DIAGNOSTICS



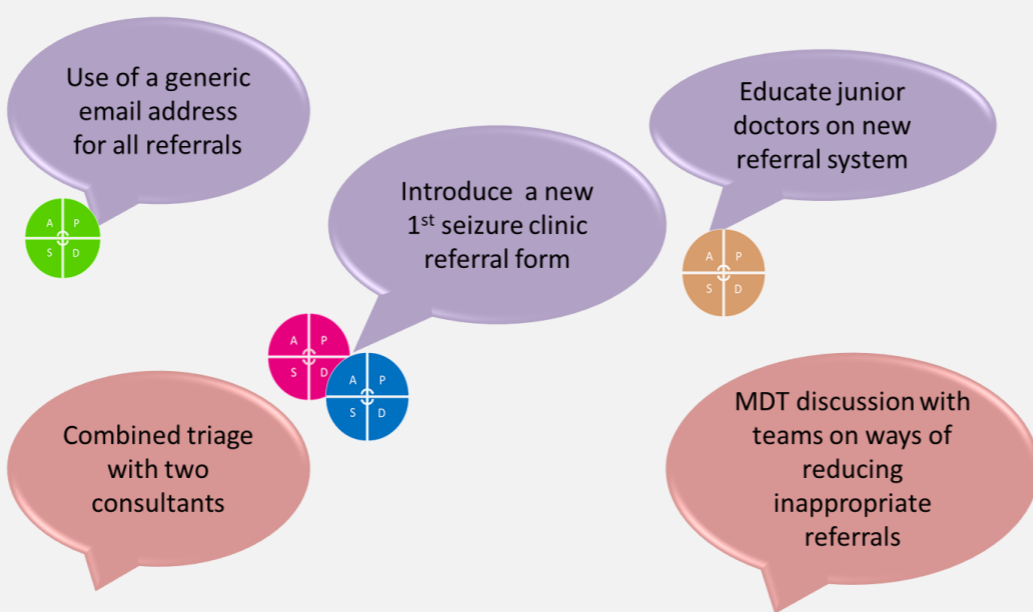
AIM

To decrease the time taken from referral to first clinic review, so as to decrease patient distress and improve seizure management, by March 2021

MEASUREMENT

Time from referral to 1st seizure clinic appointment

CHANGE IDEAS



PDSA Cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.0	To discuss with Administration team possibility of using a generic email address for referrals	Conversation with administration member who handles referrals. She stressed she accepted referrals to her work email address as she did not want patients to suffer. She realised that referrals could be delayed when she was on leave and was happy to implement once approved by consultant in charge	Empathised with administration team. Emotions can make one bend rules but it is important to focus on the overall benefit of well structured systems	Get approval from specialist consultant
1.1	To discuss the idea with specialist consultant and get approval	Discussed it with specialist lead and got approval. She was amazed to hear we were using alternative email addresses	Interesting to note consultant in charge was not aware of this	Email approval confirmation to administration team
1.2	To ensure use of a generic email address for all referrals	Admin team to reject any referrals that are sent to any other email address	Very few referrals during the PDSA testing phase. None sent to wrong email address	Small numbers. Idea abandoned for time being

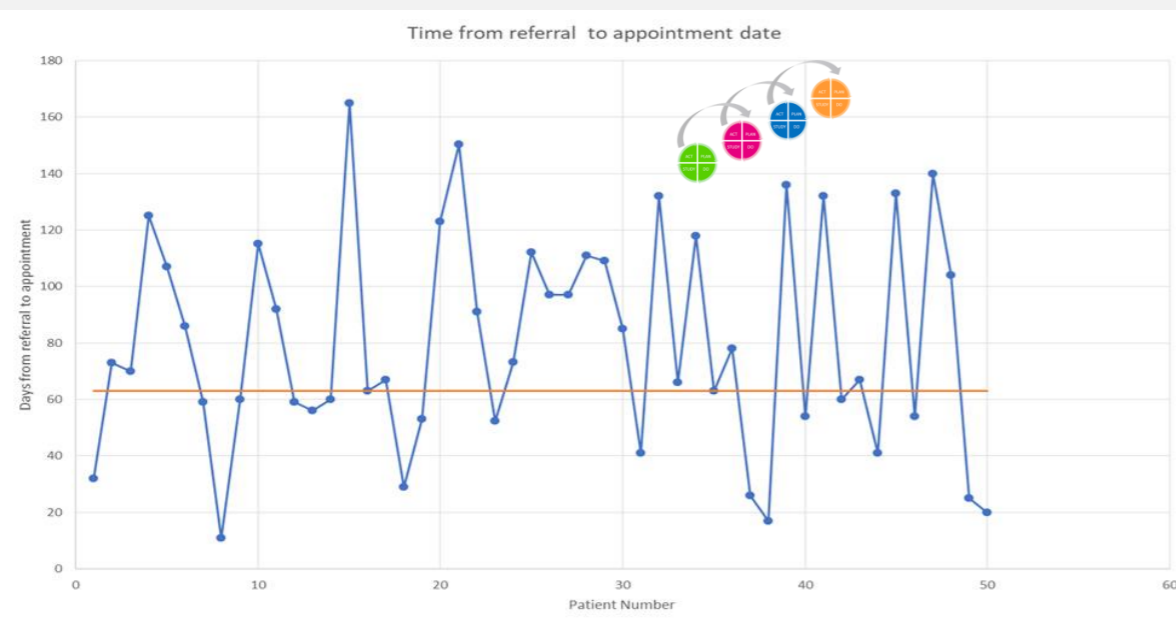
PDSA Cycles

PDSA Test #	PLAN	Do	STUDY	ACT
2.0	Design and introduce a standardised referral form to streamline referral and triage	Design referral form and discuss with Epilepsy team. Shared with 2 specialist consultants who suggested useful edits	They felt junior doctors would find a referral form too tedious and would not use it. This isn't my experience!	Make edits and share template with junior doctors to get their experience
2.1	Introduce new referral form to junior doctors seek their opinion and experience of referral	Referral form shared with the junior doctors. Keen to use the referral form and suggested using the hospital number instead of the NHS number.	Juniors engaged and invested in the process. Offered useful improvement ideas.	Make edit and share with general paediatric consultants
2.2	Introduce new referral form to general paediatric consultants	Shared draft referral form with general paediatric consultants. Optimistic about form and suggested useful edits	Edits were useful and ensured there was a point of contact for any rejected referrals. Different teams had different requirements and all added to utility of form	Make edits and share draft with Paediatric ED consultants
2.3	Introduce new referral form to Paediatric ED consultants	Emailed referral form to Paediatric ED consultants. Informed me that they already had a template referral form they were working on and would be happy for me to integrate both forms	I realised I should have asked the ED team before starting designing form. I was delighted to know that ED team were happy for me to take lead	Integrate ED referral form with my draft
2.4	Integrate both referral forms	Looked at both referral forms and integrated important information form both into one form	Their form had important ED aspects I had not considered	Share integrated form and email to all teams involved
2.5	Redistribute integrated form to teams	Emailed integrated referral form to three teams of consultants. Further edits suggested	I felt a few of the edits would make triage more time consuming while others would make clinical decisions easier	Make edits suggested. Contact IT team to upload form onto hospital electronic system

PDSA Test #	PLAN	Do	STUDY	ACT
3.0	Contact IT team to get assistance with uploading referral form onto hospital electronic system	Emailed IT team to get advice on process involved. Process was outlined for me but I was advised that it would not be possible to implement form till after covid pressures reduce	covid pandemic had an impact not only on clinical services but also overwhelmed the IT service. Did not envision this as a possible hurdle	Discuss with clinical team on alternative method of trialling form until it could be added to hospital electronic system
3.1	Look into alternative process for implementing new referral form electronically	Emailed consultants with proposal of uploading form onto intranet instead. Initially consultants reluctant as they wanted a closed system but after discussions agreed with caveat that this was a temporary measure	Challenging balancing different teams expectations. Agreed with ED team.	Upload form onto intranet
3.2	Upload new referral form onto intranet	Emailed IT leads of ED and Paediatric teams to get their assistance. ED team agreed to upload it within a week. Paediatric team required form to be presented at guidelines meeting first	Learnt about guideline meeting. This slowed implementation. Different processes in ED and Paediatrics	Prepared for presentation at the Paediatrics guidelines meeting
3.3	Present referral form at Paediatric guidelines meeting	Presented over MS teams. Form was approved for upload	Happy with warm reception. Surprised not to get any further edits	Upload form onto intranet

PDSA Test #	PLAN	Do	STUDY	ACT
4.0	Upload Referral form onto the intranet	Email and remind both teams to upload form onto intranet	Intranet was being redesigned. This delayed paediatric team upload	Updated junior doctors of change and request for their feedback
4.1	Create awareness and get feedback	Emailed ED administration team to circulate update. Sent a message on paediatric whatsapp group. ED consultants surprised that they received update from a paediatric doctor. Well received by junior doctors, one important suggestion made	Should have asked ED consultants to circulate update as there is greater trust in information coming from within team	Add alternative referral process for patient outside Wandsworth borough
4.2	Add alternative pathway for referrals for out of borough patients	Emailed Paediatric IT lead to include alternative referral pathway and upload it on same area as referral form	Well received	Check number of referrals made using new referral form over next one month

RUN CHART



REFLECTIONS & LEARNING

- Each team's expectations of a process will be different
- Emotions can interfere with ability to stick to protocols and may be useful short term but hinders patient care in the long term
- Covid pandemic delayed ideal process and reduced referrals and thus data collected after PDSA cycles
- People are receptive to change as long as they understand rationale and are involved in initial stages as stake holders- this makes changes more likely to succeed
- It is important to know departmental processes and communication channels well when relaying messages about changes that will affect them