FRICTIONLESS DIGITAL REFERRAL MANAGEMENT – THE KEY TO IMPLEMENTING NOVEL CARE PATHWAYS

We describe a clinician-led transformation of trauma and orthopaedics services in one of the country’s largest integrated healthcare trusts. Analysis of 2638 outpatient surgical procedures showed an unacceptable delay (mean=16.1 days) from injury to surgical treatment. A 5 year retrospective review of trust litigation cases yielded 28 litigation cases related to failure/delay of treatment or diagnosis for traumatic injuries with resultant total claims of £2,000,000.

A novel N3-network hosted cloud-based bespoke single-point referral management system was developed. Referrals are processed at a specialist-led Virtual Fracture Clinic (VFC) with patients allocated to specific digitally actioned treatment pathways. Key stakeholders including referrers, assessors and treatment providers were involved from the early stages of system design. Regular on-platform feedback is obtained for quality control and iterative improvements. 11 769 patients have been assessed in VFC since March 2017. Post-implementaton, 720 outpatient surgical procedures were performed with a significant reduction in mean time from injury to treatment (9.6 days). The British Orthopaedic Association target of <72 hours from referral to assessment was achieved in 88.7% of cases, 25.4% of referrals were deemed to not require a face-to-face (F2F) appointment.

67% of assessors felt that VFC reduces F2F appointments and is overall beneficial. 90% of patients that were discharged without a F2F appointment were positive or neutral about the service. 77% of referrers felt the system was safer for patients and 71% felt that it was an overall improvement. Cost analysis showed a £1 04 576 cost saving in addition to perceived further litigation-related savings.

Frictionless digital referral management and virtual clinical pathways can improve patient care and help manage increasing workload pressures whilst simultaneously reducing costs and maintaining stakeholder satisfaction.

The TRUMANSHOW: a quality improvement project to improve the detection of aortic dissections in the emergency department

Aim: To create a Screening Tool and Guideline for Early Detection Of Aortic Dissections at The Emergency Department of Lincoln County Hospitals.

Assessment of issue and analysis of its cause:

Literature search was performed to identify various risk factors for missed dissections and any other screening tools already available. We also reviewed the guidelines of Royal College of Emergency Medicine and Thoracic Society.

A screening tool was created using 10 risk factors – The TRUMANSHOW

A guideline using The TRUMANSHOW was created which enabled all doctors to Fast-Track the CT Aortogram.

Methods: Stickers with the mnemonic in checklist form were attached at the front of the ED notes. The stickers and the guideline were placed in the triage, RAT, majors and the resuscitation room in a TRUMANSHOW folder.

Results and strategy for improvement: We did 3 cycles of PDSA during a period of 5 months. 100 CT aortograms were done which revealed 32 Acute Aortic Syndromes out of which 20 had Aortic Dissections.

The results of each PDSA cycle were shared during the Departmental morning handover sheets and every doctor and nurse were enrolled in the national THINK AORTA campaign.

Measurement of improvement: The results of the 3 PDSA cycles recorded the highest early detection of Acute Aortic Syndromes in UK, during a period of 5 months.

Impact: We initiated The TRUMANSHOW in the Emergency Departments of Pilgrim and Grantham Hospitals and the subsequent board meetings resulted in implementation across various departments within the trust.

The CQC report of United Lincolnshire appreciated The TRUMANSHOW as Outstanding practice towards improvement.

https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1713.pdf (Open page 8 – Outstanding practice)