Collaborative leadership for improving health

1 ONE STOP VEIN CLINIC

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10.1136/leader-2023-FMLM.1

Team involved are:

Vascular surgery department in collaboration with the radiology department.

Kent and Canterbury hospital

East Kent University Foundation Trust

Issue/Challenge In the current practice under the vascular clinic, a patient with venous disease must pass through a journey of 3 steps.

1. An outpatient appointment initially for clinical examination and evaluation of stage of his venous disease,
2. Referral to radiographer for a duplex ultrasound scan (to rule out thrombosis and clarify the level of the disease)
3. Further appointment with surgeon for receiving their final diagnosis and being listed for treatment.

This unfortunately, has cause an unacceptable considerable delay in providing our service and treating those patients. The delay between referral to diagnosis exceeded more than 8 months. The main reasons were:

1. Shortage of radiographers
2. COVID backlog
3. Time consumed between these 3 appointments

Assessment of issue and analysis of its causes

We analysed the factors of the cause of the delay in management of patients with venous diseases and it showed that the main reason for delay is delay in ultrasound scan, (the second step in the patient journey to gain the diagnosis).

-We faced a period when our only radiographer resigned and we stayed without radiographers in the department for several months until the management were able to recruit a new radiographer. This of course has created a huge impact on our service.

Of course the covid has impacted badly on our service. As we cancelled all the patient appointments with venous diseases and concentrated in life or limb threatening conditions only.

-The inherited pathway has an element in delay as well as the time consumed between these 3 appointments may exceed several months.

Impact The project is to merge all the three appointments in only one appointment where the patient will be examined and have the ultrasound in same setting. Thus, the patient will be able to have the outcome immediately in the same session without delay.

The main problem , is that there's no enough radiographers to join the vascular surgeons in their clinic to carry on the scan simultaneously. Hence, the idea came to light, that the scan should be done by the vascular surgeons themselves.

Intervention This project helped me to act as a leader and express the ideas without fear and come out of my comfort zone.

-We have been taught by the eclips team, To be a good leader , you have to start with your self.

Thus, when I started this project, I had to learn the ultrasound skills and collaborate with the radiology department to ease the steps for the rest of the vascular team who would like to follow my steps and gain the ultrasound skill.

Involvement of stakeholders, such as patients, carers or family members:

The stakeholders are

1. The patientsFor the patient benefit, being assessed in one clinic, is believed to reduce the stress of awaiting diagnosis for such problem, in addition to some other merits like less time off work for patients, and less transportation cost.
2. The vascular surgeons.The ultrasound is a cornerstone in the modern vascular era, and learning the skills for this tool will in fact benefit the surgeons in their daily work as they can scan the patient themselves particularly in case of emergency.
3. The radiographers and radiology department.It is believed that scanning the patient by the vascular surgeons for the venous diseases will reduce the pressure on the radiology department for a huge list of patients awaiting scan .
4. The management–Saving administration resources, by reducing the clinic cost and reducing the number of clinics.–Reduce the need for hiring locum radiographers or out of hours shifts to reduce the number of patients awaiting their venous scan.–To achieve the 18 months NHS timeframe between referral to diagnosis.–Cost effective measure to use the resources which is already present (portable ultrasounds) without need to buy a new machine or use another room for the scanning.

Key Messages The main message is that there's a lot of brilliant ideas to improve the service in NHS. Giving us the chance to express these ideas is amazing. All appreciation to eclips team who helped us to start such projects.

When I started describing my idea to my line manager, I was astonished that he was completing my words as if he was reading my mind. His support was outstanding and he eased the project steps to me.

I hope my project will come to light and to be implemented in other sites as in my opinion, it will help plenty of patients who are struggling to manage their venous disease because of unaccepted delay , unfortunately a lot of them have no choice but to go the private sector which is extremely expensive.

Lessons learnt My retrospective audit is still ongoing.

There are 2 elements in my project.

The first one is subjective, as I had to start with my self.

I had a very limited ultrasound experience. So, I have done some search until I found a good centre for ultrasound course for vascular diseases. I applied and had my basic ultrasound skills.

The challenge is how to apply this knowledge to the patients where I'm not yet confident to give a report. So, the collaboration with the radiology department was started and they were extremely helpful and supportive as they were kindly supported us with one of the best radiologist consultant to supervise me until I feel confident to do the scan independently. This step took around 2 months until is has been successful.

-The second element is objective. As collecting the data during the working hours with busy rota is challenging.

Measurement of improvement To measure the effect of our improvement.

We looked at the numbers of patients awaiting venous scan before starting the project (February 2022),. the number was around 230 patients.

I managed to share my experience to my colleagues and one of them was interested and joined me. we as 2 speciality vascular surgeon in a half day once weekly clinic , were able to complete a venous scan of 105 patients (almost 50% of the number) in just 6 months.

-Currently , we are running an audit to assess the time difference before and after the implementation of the project and hopefully, the data will come to light soon.

Strategy for improvement The timeline for the project is 6 month, which have been completed successfully as myself and the other vascular surgeon are able to perform the venous scan independently.

The data is analysed at the moment and will soon be published.

2 BUILDING AN OPAT SERVICE 'WITHOUT WALLS': WHAT DID WE LEARN ON THE WAY?

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10.1136/leader-2023-FMLM.2

Context A collaborative clinical pathway developed between North Bristol NHS Trust (NBT), University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and Sirona Care and Health under the umbrella of Healthier Together @Home, Bristol North Somerset, and South Gloucestershire Integrated Care System (ICS).

Multi-professional team including project management, nursing, pharmacy, infectious disease/microbiology and medical leaders, operational managers, finance, and HR teams collaborated to implement a new system-wide outpatient parental antimicrobial therapy (OPAT) pathway.

Issue/Challenge Issue: System partners had variation in access to OPAT. This was due to the number of staff with appropriate clinical skills (due to turnover and vacancies) available to deliver intravenous (IV) antimicrobials in a person's usual place of care rather than in an acute hospital. System pressures due to capacity not meeting demand, issues with flow and a need to increase elective capacity were significant drivers for change.

Challenge: To develop an OPAT pathway with a truly collaborative approach, recognising the different organisations have varying competing services and plans. To develop, through a test and learn approach, an appropriate workforce model and identify additional opportunities to widen the scope of delivery @Home.

Assessment of issue and analysis of its causes

System group formed building on relationships developed through Covid Virtual Ward. Driver diagram completed with clinical and operational leads from the system, developing a shared vision. Clinical audit data alongside pre-existing activity data used to scope demand.

Key stakeholders included in the design phase including medical & nursing staff, pharmacy, venous access teams, community nurses, operational managers supporting flow in the hospitals and in the community, project managers, recruitment teams and digital colleagues.

Communication plan evolved to support teams understanding of the new pathway and its benefits. Additionally, this supported promotion of the service and helped gain executive support.

Impact Between November 2021 and June 2022 (8 months) the integrated OPAT model received 160 referrals requiring varied levels of interventions from once-a-day administration or elastomeric 24-hour devices to three times a day delivery. Over 1600 bed days (7 full beds). Representing a value for money saving (if beds were used for elective recovery as proposed) of Â£345,000.

The project had a phased approach starting with step down from hospital. The second phase is development of a step-up model, providing alternatives to hospital admission.

Intervention This project has demonstrated how system leadership can work across organisations through collaboration, joint vision with no one organisation in a lead role. Clinical leads from had a clear remit to develop collaborative working and engage the appropriate stakeholders. Multiple styles of leadership were used by different people within the project group helping inclusivity. Diversity of thinking with a multi-professional group helped the project address issues raised during the testing and learning phase and subsequently. Project management has been key, bringing the right people together with good transformation tools.

Leadership was demonstrated by different professionals with a less traditional hierarchical structure. This enabled effective challenge and communication to happen to support progression. The 3 nursing teams co-led development of shared pathways and Standard Operating Procedures, taking time to understand other ways of working, whilst sharing knowledge and supervision. This has been particularly useful when supporting some of the more 'wicked' problems such as sharing of information, handover, and governance without a shared electronic patient record

Involvement of stakeholders, such as patients, carers or family members:

Patient reported experience (n=48 to date) highlights high levels of satisfaction:

Based on the care you, received, how would you rate the service? (Scale 1 â€ ' 10 high) 9.4 mean

How likely are you to recommend the service? (Scale 1-5 high) 4.6 mean

Key Messages Supportive, Compassionate and collaborative leadership, not competition

- Psychological safety harnesses trust and honesty
- Co-creation of pathways leads to trust, shared knowledge and training
- Clinically led meetings support delivery and ensured focus on alignment
- Development of a shared governance approach ensures learning from events
- Development of shared communication tools ensured visibility of the service

Measurement of improvement Patient satisfaction and increased number of days patients spent at home

Strategy for improvement An iterative, collaborative process with regular meetings of the core leadership and delivery team to capture lessons learnt, highlighting success and agree actions to resolve challenges.