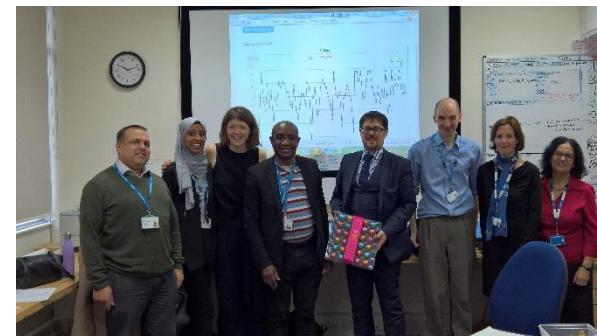


Quick. To the wards! (Liaison Psychiatry, Northwick Park)

Aim: See 80% of patients referred from medical wards within 24h – and sustain

Justin Kington, Alex Thomson, Fungayi Useya, Martine Morrison, Nicola Simmill, Suad Ali, Adrian Brown, Liz Evans, on behalf of our entire team

Project background: We are one of the largest liaison psychiatry teams in the UK, We aim to see patients referred from the Emergency Dept. within 1h and medical wards within 24h. Here we report on improvements for ward referrals only. We started a QI project in August 2017 and have been working continuously on it since then. We have regular QI team meetings, a facilitated 'QI alignment' process, and we send newsletters to the whole team weekly. All our senior clinicians and managers have had enhanced QI training and our team has been supported throughout by NIHR CLAHRC¹ NW London.



Getting things better 😊 Improvement update

OUR QI PROJECT NEWSLETTER

<https://uk.lifeqisystem.com/projects/106729/general>

At the meeting on 05.03.19 were Justin, Suad, Donna, Steven, Payal, Stephanie, Rebecca, Niall, Sam, Fungayi and we welcomed Shatravi, student nurse.

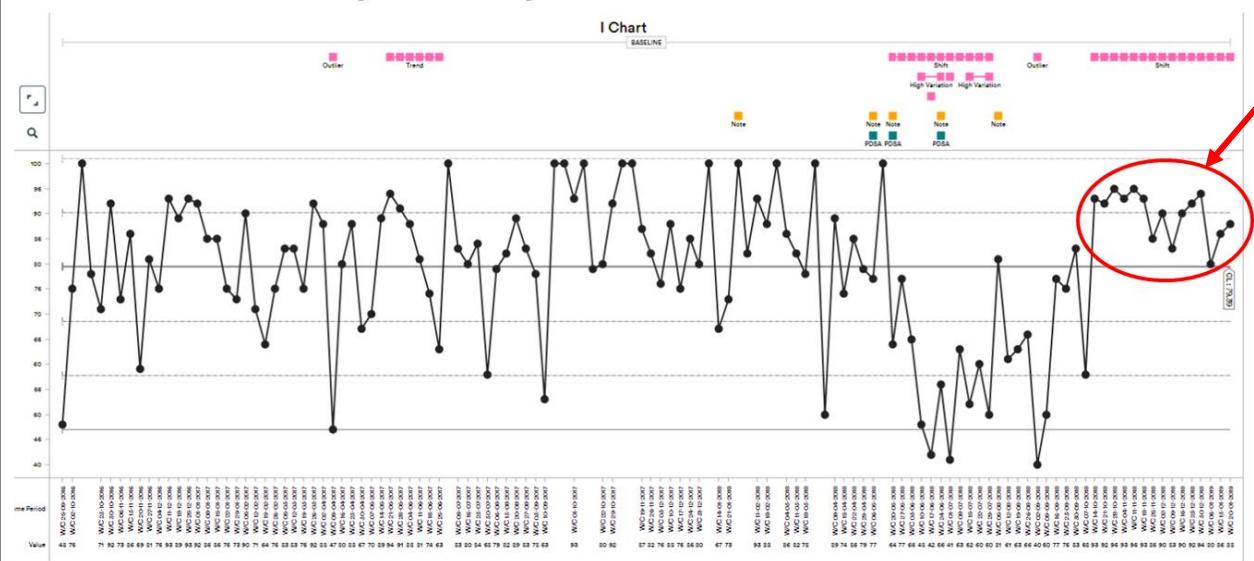
Improvement aim:	Better responsivity to all referrals
How will we know?:	Consistent >80%/on time – for 8wks
Main measures:	% pts seen within 24h (ward) & 1h (ED)
Current change idea:	Efficient data entry -> Systm1

Changes tested since 2017 (*=PDSA)

- Split into Assessment / Review & Discharge (Aug 17)
- Mobile ICT working at bedside (Aug 17 – Jan 18) *
- Band 7 coordination role (Jan 18)
- Afternoon referral screening (Feb 18) *
- Effective meeting skills-allocation meeting (Mar 18) *
- Weekly times for consultant discussion (May 18) *
- Scheduling capacity (Jun 18 +) *
- Phone consultation (July 18 +) *
- Doctors working office hours (2017-2018)
- Lost s136 function (Aug 18)
- Seeing patients in order referred (summer 2018)
- Fls given responsibility task list (Aug 18)
- Designated clinician lead at weekends (Oct 18)
- Individual feedback on response times (Nov 18)
- Improving data and feedback (Oct 18 - Jan 19) *
- Dropped Assessment /Review & Discharge (End 18)
- Optimising data entry into SystmOne (Jan 19 -) *



Process measure data (service KPI): % of ward referrals seen within 24h / week



We have achieved a sustained improvement for 15 weeks (Oct 18 – Jan 19)

Conclusion and Next Steps 1:

It took over a year to see a sustained improvement in our ward response times. The preceding slump in our response times helped us learn more about our processes and test various hypotheses.

Conclusion and Next Steps 2: We then reversed the first change we had made in 2017! SystmOne had a profound effect; when reporting resumes we predict our improvement will be lost. The lack of flexibility in our ICT systems has been a consistent and major obstacle to improvement efforts. We are working with the Performance Team and ICT depts to address this.

1. This research was supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care Northwest London (NIHR CLAHRC NWL). The views expressed in this article are those of the author(s) and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.