IMPROVING THE IDENTIFICATION OF PATIENT IMAGES USED AS A TOOL IN PRIMARY CARE TELEPHONE CONSULTATIONS

By April 2021, at least 80% of images sent in by patients for telephone consultations will contain all required information on any given day, in line with WHO Patient Safety series' guidance on patient identification [1].

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INTRODUCTION

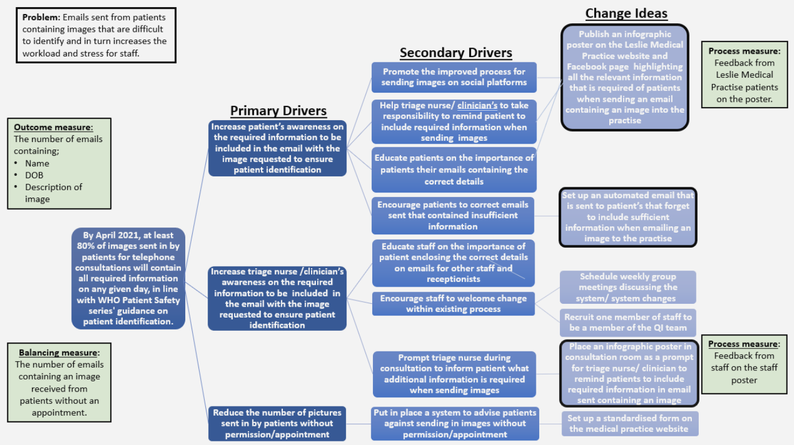
The use of images sent by patients during triage is a resource that is becoming increasingly valuable in primary care [2]. Not only does this have the potential to streamline the appointment allocation process, it also aids in keeping face-to-face consultations to a minimum – essential in the current fight against COVID-19 [3]

At Leslie Medical Practice, it was identified that there were improvements that could be made to the current system – specifically many patient images being received were missing key identifiable information, resulting in a waste of both staff and patient time. Here, we outline the quality improvement techniques that were performed in order to redress this vital process in primary care triage.

METHODS AND PROCESS

After the recognition that the current system for patient images could be optimised, key stakeholders, namely the practice staff involved in the process, were interviewed in order to focus our project and gain an understanding of the current system. A root cause analysis was performed to find out more about the problem. This included:

- A fishbone diagram, and from this a driver diagram (Fig.1) was produced.
- A pareto analysis to quantify which information patients were most likely to omit (Fig. 2)
- A process map of the triage appointment system (Fig. 3)



.Figure 1. Driver diagram illustrating investigation of the problem and the resulting change ideas. Outcome, balancing and process measures for the changes tested are shown.

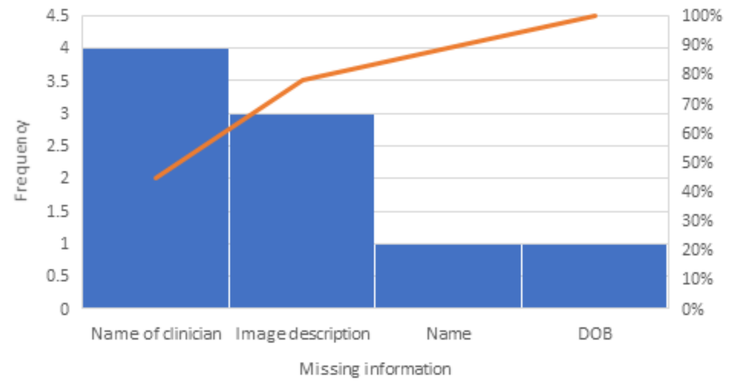


Figure 2. Pareto chart of the information most likely to be missing from patient emails

A range of potential change ideas were considered and those chosen to be tested were:

- A poster for the triage room
- An infographic for the practice website and social media
- An automated reply email

These were trialed using numerous PDSAs, with staff and patient feedback used as process measures. The number of emails sent in without an appointment was used as a balancing measure, to ensure staff workload was not negatively impacted by the online poster.

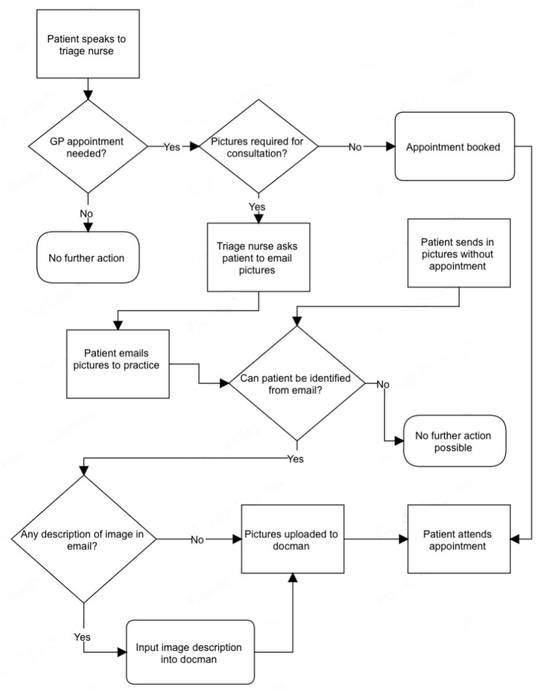


Figure 3. Process map of the system for patients to submit their photographs to the practice

RESULTS

- The evolution of our two primary change ideas that were tested, a triage poster and an infographic on social media, is shown via parallel ramps in Fig 4.
- The automated reply email was submitted to NHS Fife IT department but was not pursued any further, as a 75-character limit on automatic replies meant it would not be worthwhile.
- Patients' emails were analysed throughout the project, and the proportion that met the criteria are displayed in a run chart (Fig 5).
- Absent data on patient emails remains a problem at Leslie Medical Practice and hence our overall aim was not met. Nevertheless, there has been considerable improvement in the proportion of emails arriving with the correct details. Staff feedback on the changes has also been positive.

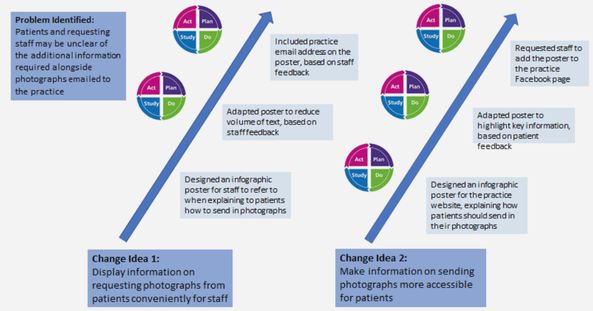


Figure 4. Parallel ramps diagram showing the development of our primary change ideas.

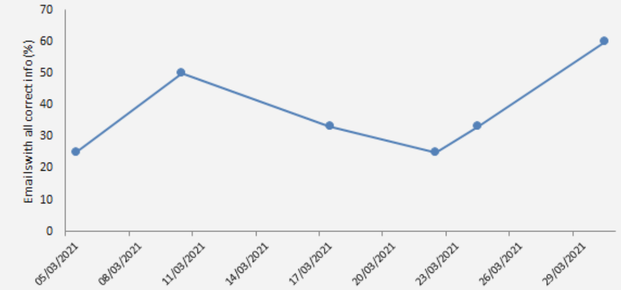


Figure 5. The proportion of emails that contained all required information displayed as a run chart

CONCLUSION

- The number of emails with the correct details has more than doubled over the course of this project
- The target of 80% was not met but the short six-week timeframe means some changes may not yet have had an effect
- Staff feedback on the changes was overwhelmingly positive
- For the future, continuous measuring would be recommended, as well as assigning one member of staff to lead the QI project to sustain the improvements made.
- The QI skills honed and developed during this project can be used to tackle other existing problems in the practice, and will be beneficial to our future careers

ACKNOWLEDGEMENTS

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