QI Snapshot

IMPROVEMENT NAME:

Development of Virtual group Consultations for LARC counselling

TEAM MEMBERS:

Dr Hayley Jenkins

DATE:



DEEP DIVE:

What did we or are going to investigate about the problem/ improvement area?

- Currently a patient requesting a procedure for coil or implant requires a prior telephone consultation. The purpose of this consultation is to complete an individual medical history and flag up any complications that may be relevant to the procedure or method chosen. Secondly the consultation allows us to counsel the patients fully on the method, including pros, cons and possible side effects. This allows the patient to ensure they are choosing the right method for them prior to the actual procedure.
- Our aim is to eliminate the initial 30
 minute nurse telephone consultation
 and instead replace with the patients
 providing the medical history themselves
 through our online portal and then
 attending a virtual group consultation for
 the counselling element

PROBLEM: What is/was the problem we are trying to solve?

Currently have long waiting times for coil and implant procedures

GOAL: What did we/are we hoping to achieve?

Reduce the amount of time each patient needs to reduce the waiting list quicker



DESIGN:

What changes do we or did we think would make an improvement?

- Development of group consultations to allow multiple patient to attend online at the same time, reducing the amount of time spent on the counselling appointments overall
- Patients to self fill medical history online in advance – using the online POP portal already in place



DELIVER:

How do we or did we expect to test the change?

Pegin to run some
Virtual group
consultations and see if
it saves time and if
patient satisfaction also
improves as a result of
shorter waiting times for
procedures



RESULTS: What did we achieve?

- We have now successfully run s2 virtual group consultation for implant counselling. Patients were able to use the portal to self fill the medical history and these were then inputted into the notes by the clinician. The group consultations themselves then went ahead to cover the counselling element and both lasts approx. 15-20 minutes.
- Total time including the prior admin work, group consult itself and post admin work equates to approx. 15 minutes per patient, which is half the amount of time needed previously.

EVOLVE: Next steps what further improvements are planned?

As a result of running these initial groups we have now cleared the implant waiting list and are moving to a direct In approach. We aim to increase the number of patients in each virtual group as we get more confident so waiting times for the consultation element will reduce further. Once these are running regularly and smoothly we will begin working on the coil waiting list to reach a similar point

LESSONS LEARNT: What did we learn?

• It took a long time to get the IT set up in place which delayed the start. We had some initial teething issues with the online forms but seem to have resolved that now

