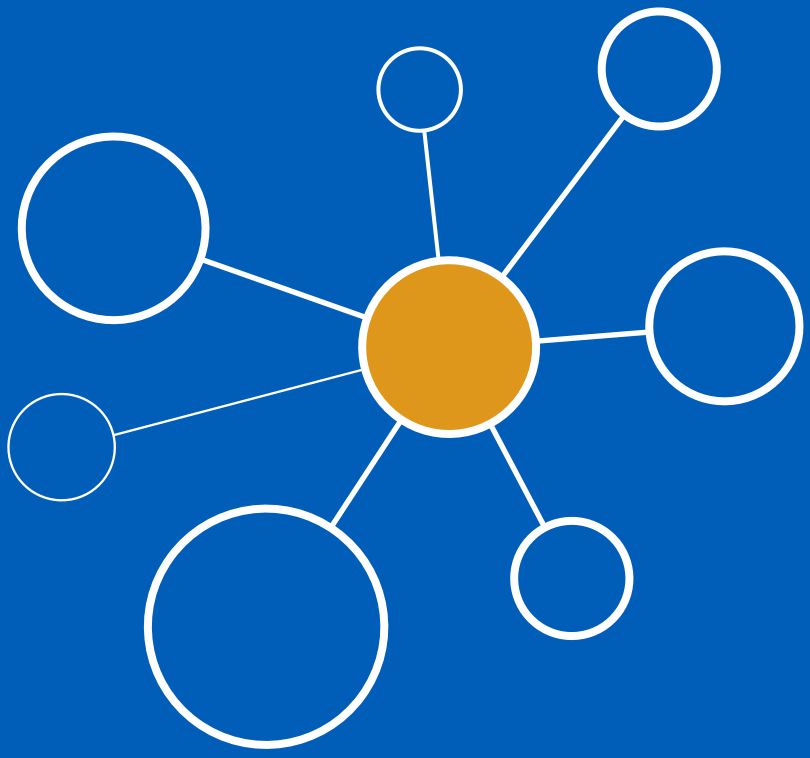


Improving Patient Note Preparation

Charlotte Stanley and Carley Baird



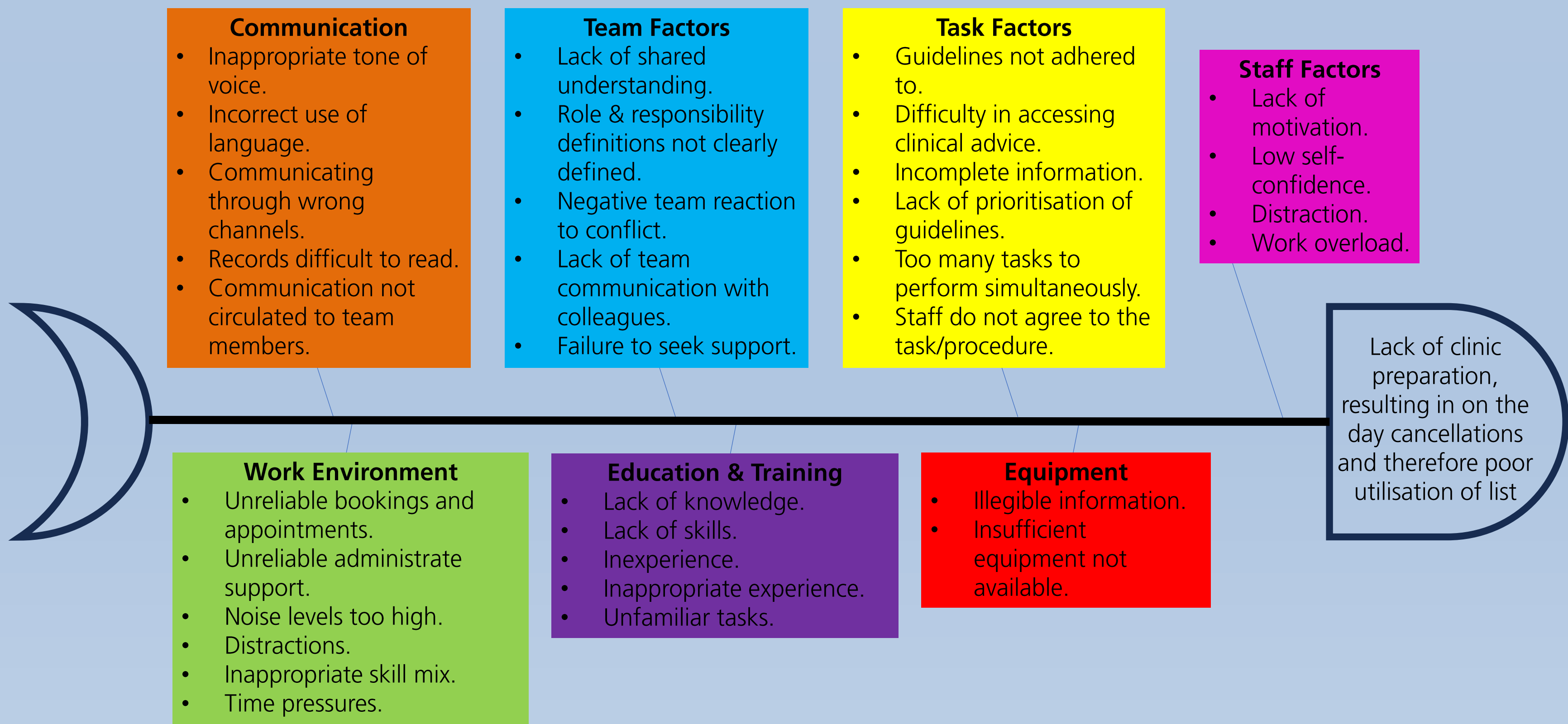
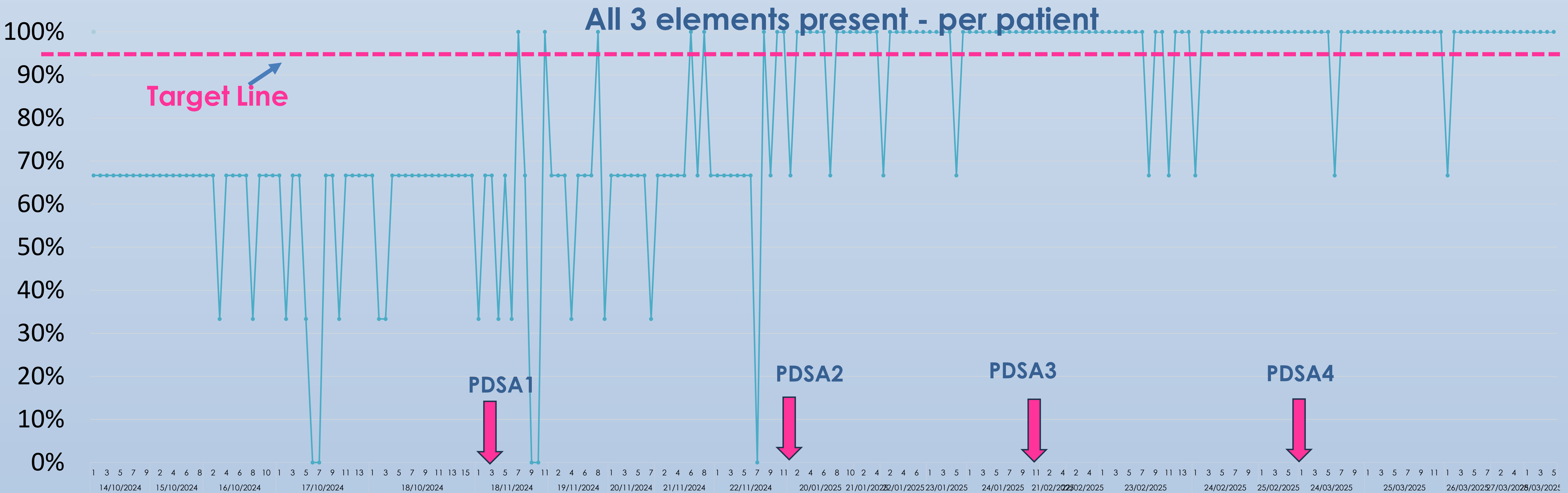
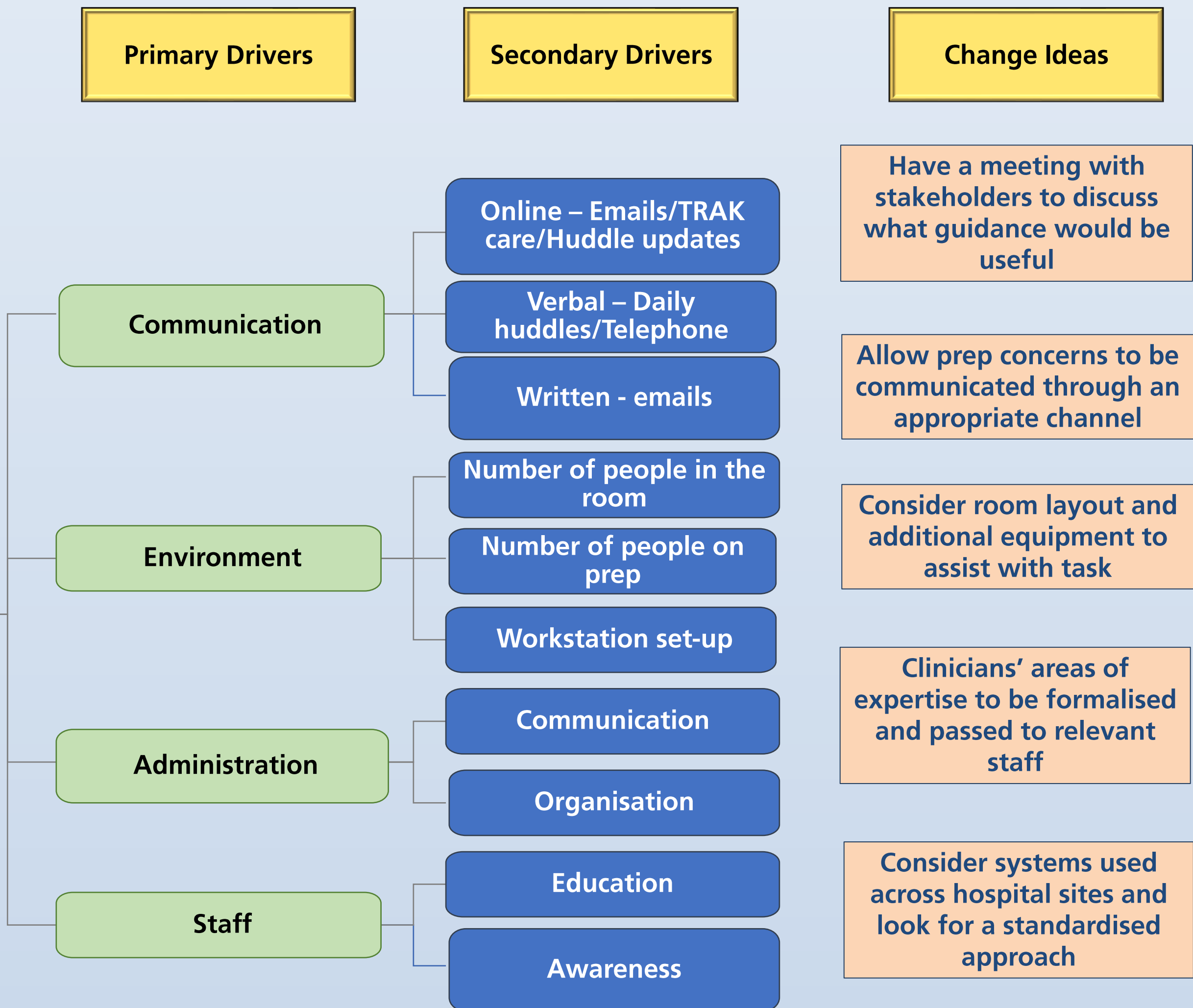
Background

Patients were being cancelled on the day of their treatment as there was not enough clinical information. Initial data suggested only 70% of data was available, causing distress, inefficient clinic and nursing time. This incurred a cost and delays to the procedure. We surveyed staff on clinical note prepping and 68% of staff found this a difficult task. We were in a challenging position at a local level as we had 500 patients waiting over 52 weeks for an appointment, NHS England gave us a target to have 0 patients waiting no longer than 52 weeks by March 2025. We did not want to cancel patients unnecessarily. Therefore, clinical utilisation was paramount.

- Outcome Measure:** overall % of data present for each clinic
- Process Measure:** % of blue cards, notes and last clinical letter available
- Balancing Measures:** instances of last minute changes to clinics and clinician's annual leave. \*this might mean we do not have as much data as previous PDSA cycles (the service is under pressure for our 65-week breach. Therefore, last minute changes occurred).

- PDSA Cycle 1 - introduced November Prep Guides & what clinicians will see
- PDSA Cycle 2 - introduced December White board
- PDSA Cycle 3 - introduced January Requesting note flow chart
- PDSA Cycle 4 - introduced February Blue card system standardised over different sites

To increase the effectiveness of local anaesthetic clinic preparation by 25% in 6 months



Key Results

- Initially our data showed that on average we had the correct amount of data for our note preparation which was 70%
- Upon implementation of PDSA 2 (white board for communication), results improved by 30%.
- We have increased staff confidence in note preparation by 13%.
- In February 2025 we reached our target set by NHS England to 0 patients waiting longer than 52 weeks for appointments.

Next Steps

- Present to head and neck service line for potential roll out to ENT and Ophthalmology.
- Provide education to new starters in order to continue effective note preparation.

Challenges

- Stakeholder engagement** - this meant that the clinic preparation was not how we wanted it.
- Late bookings of lists** - which meant that notes and last clinical letters were not available. Last minute changes to clinician's time tables due to service needs.

Sustainability

- Going digital will help prevent note availability being a cause of patient cancellation.
- Review with surgical tri and review BI data periodically.