General Information

This is a quality improvement project to centralise documentation of external advice calls to the Infectious Diseases service at Royal Liverpool and Broadgreen University Hospital NHS Trust and to improve continuity of advice given.

Title of Project Improving continuity of advice from a regional Infectious Diseases department for external hospital trusts and General Practitioners

Aim 1) Centralise information from clinical referrals for advice and/or transfer from other hospitals or from Primary Care
2) Improve continuity of virtual care and advice from Infectious Diseases department at Royal Liverpool for people who are not currently inpatients
3) Improve documentation in line with good clinical practice, accountability and to potentially help medico-legal process
4) Create database for calls taken which would be useful for audit purposes, posters and annual review

Rationale Regional tertiary referral centres receive regular calls from other hospitals and primary care facilities to discuss patients' cases for specialist advice and/or referral for further management (be that as an outpatient or inpatient). Sometimes, to give comprehensive advice on an evolving clinical scenario requires a number of virtual consultations and discussions.

In the Infectious Diseases department at Royal Liverpool Hospital, no central system of documentation exists for these calls. This means that the Infectious Disease physician (usually a specialist registrar) who is holding the bleep and receives the call will usually make their own notes but these will be inaccessible to other members of the team. Anecdotally, when multiple different Infectious Diseases specialist registrars have been contacted over a period of time without prior knowledge or accessible advice notes, this has made giving advice difficult and lacking in continuity, which could be potentially hazardous for both the patient (physically) and the medical teams involved (medico-legally).

After consultation with the Infectious Diseases specialist registrars at Royal Liverpool Hospital, it was decided to create a centralised database in which advice given to GPs or external hospitals could be documented for our own records and for other specialist registrars to access if required.

This data will be used to evaluate the advice that the Infectious Diseases department gives over time (call volume, referrers, diagnoses, etc). In addition, the opinions of the Infectious Diseases registrars on continuity of advice calls given will be assessed prior to and after implementing the centralised database.

Tags Quality improvement; infectious diseases external advice calls; continuity of care

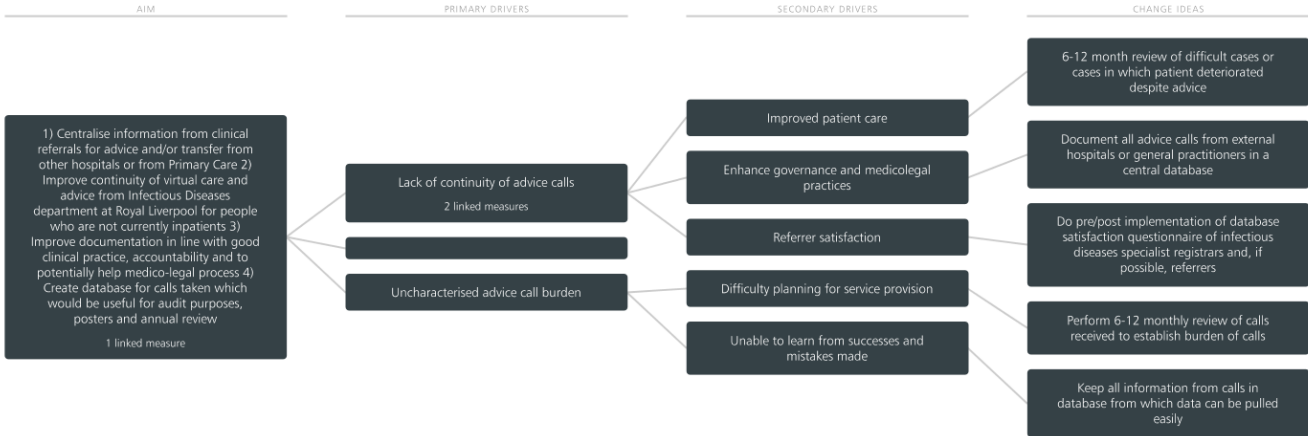**Location** Tropical and Infectious Diseases Unit

Project Lead Tom Wingfield

Executive Sponsor

Team Members Tom Wingfield

Driver Diagram

Main aims, primary drivers, and secondary drivers of the Quality Improvement Project.

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS

1) Centralise information from clinical referrals for advice and/or transfer from other hospitals or from Primary Care 2) Improve continuity of virtual care and advice from Infectious Diseases department at Royal Liverpool for people who are not currently inpatients 3) Improve documentation in line with good clinical practice, accountability and to potentially help medico-legal process 4) Create database for calls taken which would be useful for audit purposes, posters and annual review

1 linked measure

Lack of continuity of advice calls

2 linked measures

Uncharacterised advice call burden

Improved patient care

Enhance governance and medicolegal practices

Referrer satisfaction

Difficulty planning for service provision

Unable to learn from successes and mistakes made

6-12 month review of difficult cases or cases in which patient deteriorated despite advice

Document all advice calls from external hospitals or general practitioners in a central database

Do pre/post implementation of database satisfaction questionnaire of infectious diseases specialist registrars and, if possible, referrers

Perform 6-12 monthly review of calls received to establish burden of calls

Keep all information from calls in database from which data can be pulled easily

Measures

Measures include Infectious Disease Specialist Registrars' satisfaction with the documentation system, and the number of overall calls and, specifically, follow-up calls made to the service.

Measures with a type of Process:

Description	Number of calls logged in advice call documentation database

Linked To

Aim – 1) Centralise information from clinical referrals for advice and/or transfer from other hospitals or from Primary Care
2) Improve continuity of virtual care and advice from Infectious Diseases department at Royal Liverpool for people who are not currently inpatients
3) Improve documentation in line with good clinical practice, accountability and to potentially help medico-legal process
4) Create database for calls taken which would be useful for audit purposes, posters and annual review

Measures with a type of Outcome:

Description	ID SpR satisfaction improvement following implementation

Linked To

Primary driver – Lack of continuity of advice calls

Measures with a type of Balance:

Description	Review how many advice calls documented had a follow-up call

Linked To

Primary driver – Lack of continuity of advice calls

Change Ideas

The Project aims to perform 6-12 monthly review of the calls received and conduct pre- and post-implementation satisfaction questionnaires.

Description	Document all advice calls from external hospitals or general practitioners in a central database
Secondary Driver	Enhance governance and medicolegal practices
PDSAs	

Description	Keep all information from calls in database from which data can be pulled easily
Secondary Driver	Unable to learn from successes and mistakes made
PDSAs	

Description	Perform 6-12 monthly review of calls received to establish burden of calls
Secondary Driver	Difficulty planning for service provision
PDSAs	

Description	Do pre/post implementation of database satisfaction questionnaire of infectious diseases specialist registrars and, if possible, referrers
Secondary Driver	Referrer satisfaction
PDSAs	To measure change in satisfaction of ID SpRs in how they document their advice calls using the current system (individualised note taking, verbal handover, and sporadic written handover) versus following the implementation of a centralised documentation database.

Description	6-12 month review of difficult cases or cases in which patient deteriorated despite advice
Secondary Driver	Improved patient care
PDSAs	

PDSA Cycles

This section will be completed once the database has been implemented, feedback has been given, and satisfaction rates collated.

Define

Aim To measure change in satisfaction of ID SpRs in how they document their advice calls using the current system (individualised note taking, verbal handover, and sporadic written handover) versus following the implementation of a centralised documentation database.

Change Idea Do pre/post implementation of database satisfaction questionnaire of infectious diseases specialist registrars and, if possible, referrers

When 13/07/2017

Who Tom Wingfield

Where Royal Liverpool and Broadgreen University Hospitals NHS Trust

Plan

Predict Satisfaction rates for the documentation of advice calls will improve and the perception o f better continuity of advice among ID SpRs

Tasks Abstract/poster at QIP meeting and presentation to ID department

Surveymonkey post-implementation questionnaire

Collect feedback on initial documentation and make new Access database

Design initial documentation file in Word

Surveymonkey pre-implementation questionnaire

Measures

Do

Study

Act