

Quality improvement: to use UK Parkinson's Audit data to create positive outcomes

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UK PARKINSON'S
**Excellence
Network**

Quality Improvement in PD care

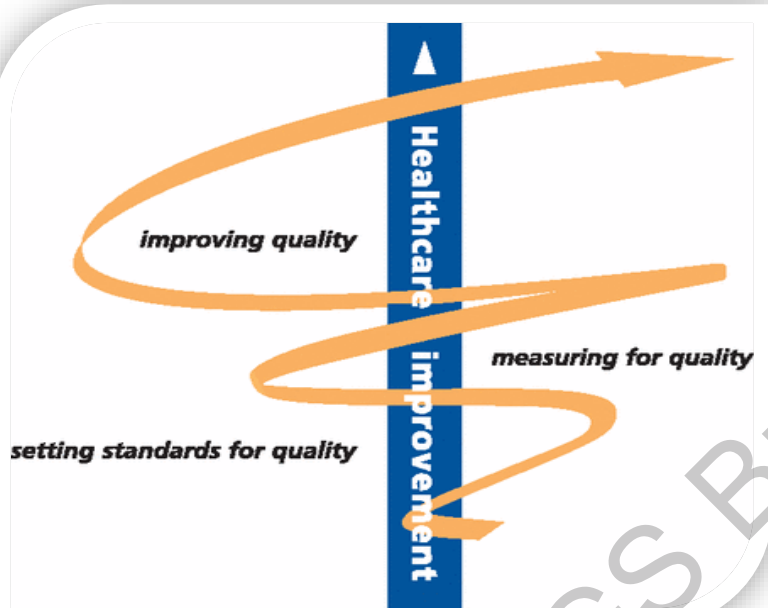
- Striving for perfect healthcare
- Making it better for our patients
- Making it better for ourselves
- More 'lean' saves time and money
- More 'value added' time for patients is better

Why?

Why?

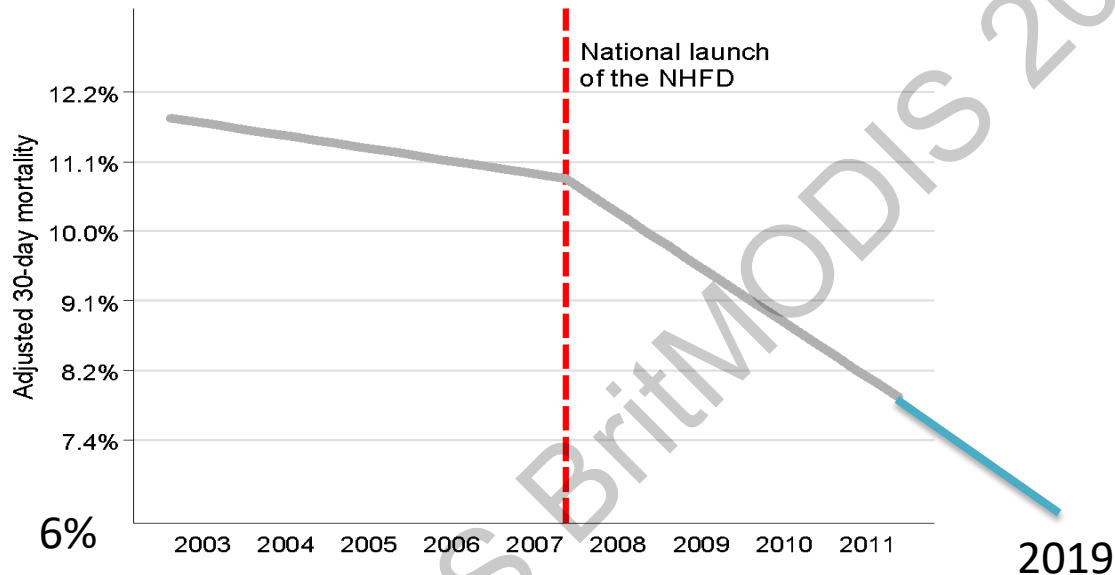
- GMC
 - Paragraph 22 You **must** take part in systems of quality assurance and **quality improvement** to promote patient safety. This includes:
 - ...regular reviews and audits of your own work and that of your team... responding constructively... address any problems
- KSF –
 - Quality is one of the 6 core domains
 - Level 3 Contribute to improving quality
 - Level 4 Develop a culture that improves quality

Healthcare Improvement



- PDUK Audit helps set some standards
 - Allows for a measurement of quality
 - Allows therefore an opportunity for quality improvement

Benefits of data...

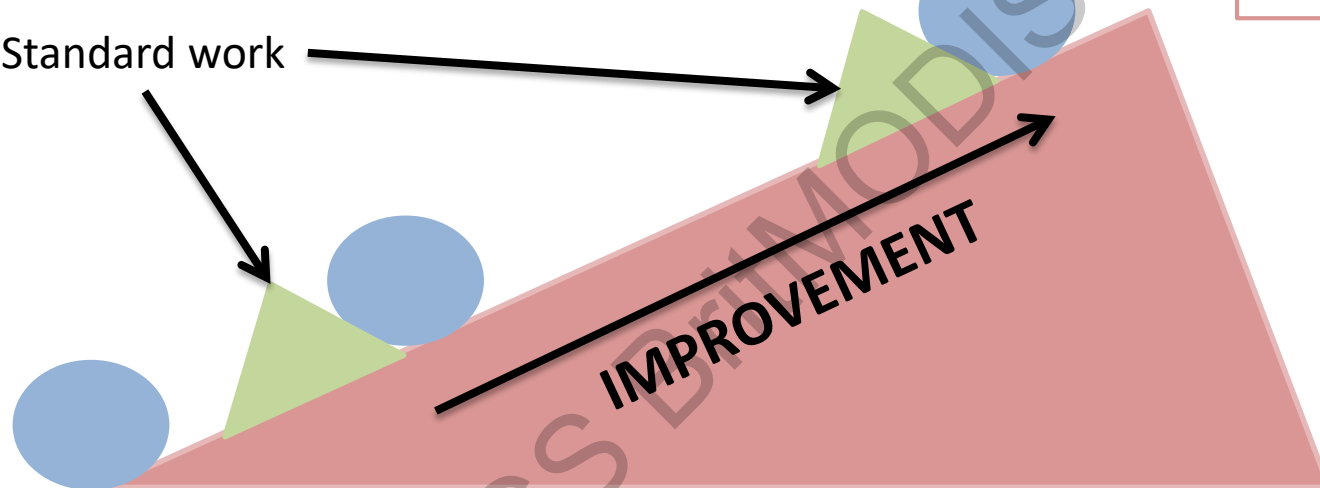


Notes: Y axis is on log scale, labelled on natural scale. The log rate was fitted as linear function of continuous time measured in 3-month intervals. An interaction term was included to test for a change in slope comparing 2007-2011 to 2003-2007. Adjustment made for age and sex

Standard work

- If you do the same thing every time its easier to change
- Every patient is different but the process might be the same

Standard work



e.g.

NMS questionnaire
Bone health assessments
Exercise advice
Clinic letter template

Other tools

5S



Set up
reduction

Step description	Internal setup time	External setup time
Step 1: To gather the file/folder that contains the questionnaire from the office and bring it to the clinic.	30 secs	
Step 2: Review each note and decide if that patient needs to fill in a questionnaire – takes 30 sec on average Usually 12 patients in the clinic – so time taken is 12 x 30 secs		360 secs
Step 3: Time in between two sets of notes – about 5 secs Usually 12 patients in the clinic – so time taken is 12 x 5 secs		60 secs
Step 4: Nurse handing over the questionnaire to the patient at the time of doing the observations (Blood Pressure etc.)		0 secs
Totals	30 secs	420 secs = 7mins
42 clinics per year		5 hours per year

Identifying the problem

(Taking a history)

- Tips
 - Use the 5 why questions
 - Keep it small
 - Then... make it smaller
 - “An inch wide and a mile deep”
- Create a ‘problem statement’



Diagnostic data

(Examination and Investigations)

- What will help you understand the problem more?
 - Do you have this data already?
 - i.e. PDUK audit results
 - What do you need to get?
 - Understand your process
 - may need some process mapping



Example

- Opportunity of a 3 day Kaizen event in PD
 - Anecdotal different feedback from neurology vs elderly care clinics at time of diagnosis
 - Focus therefore chosen to be the information given to the patient at the time of diagnosis
 - ? Opportunity for improvement



Example

- Diagnostic process
 - Observation of clinics
 - Timing of consultations to create a value stream map
 - Conclusion
 - Good correlation in the different clinics
 - No problem to fix...

Standard process description:
Parkinson's Disease diagnosis

SASH+

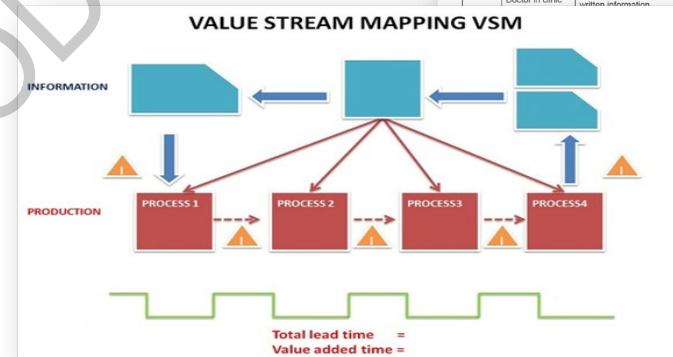
Quality check	Safety precaution	Standard wip
Yellow diamond	Red cross	Grey circle

Purpose:
Standard process for making the diagnosis of Parkinson's Disease

Related policies or evidence:
Parkinson's Disease – local guidance – To be developed
UK Parkinson's Excellence Network guidance
NICE guidelines 2017

Roles/work units who must adopt this process:
Geriatricians and neurologists working with patients with PD

Step	Operator	Task description	Tools/supplies required	Cycle time
1	Doctor in clinic	Making the diagnosis	UK Parkinson's Disease Society Brain Bank Clinical Diagnostic Criteria	30mins
2	Doctor in clinic	Supporting the diagnosis with written information.	PD UK booklet – or equivalent Information re: • Impulse control disorders • Excessive sleepiness and sudden onset of sleep with dopamine agonists. • Psychotic symptoms (hallucinations and delusions) • Phone number for patients to contact • Provide patient with contact from	5 mins

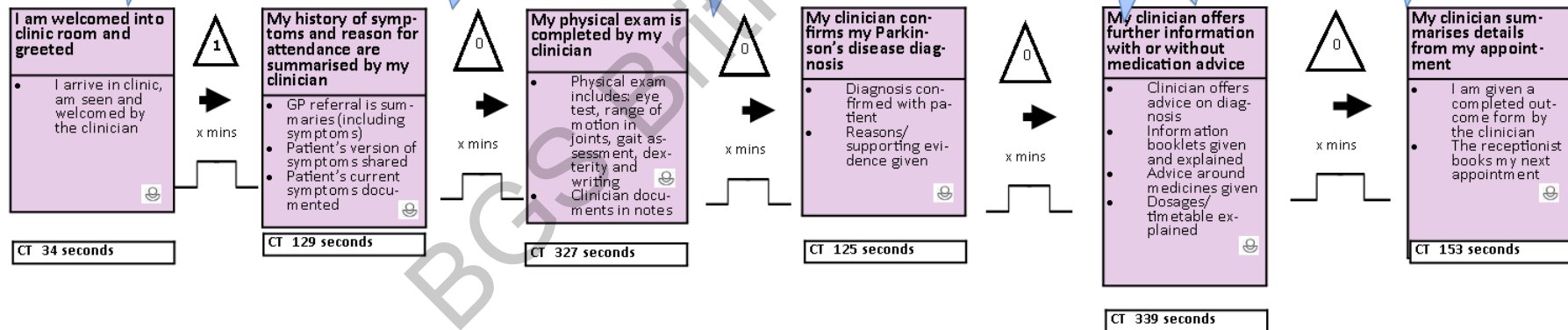


Process Boundaries

From: I attend my first PD outpatient appointment

To: I leave clinic

Still many opportunities for improvement



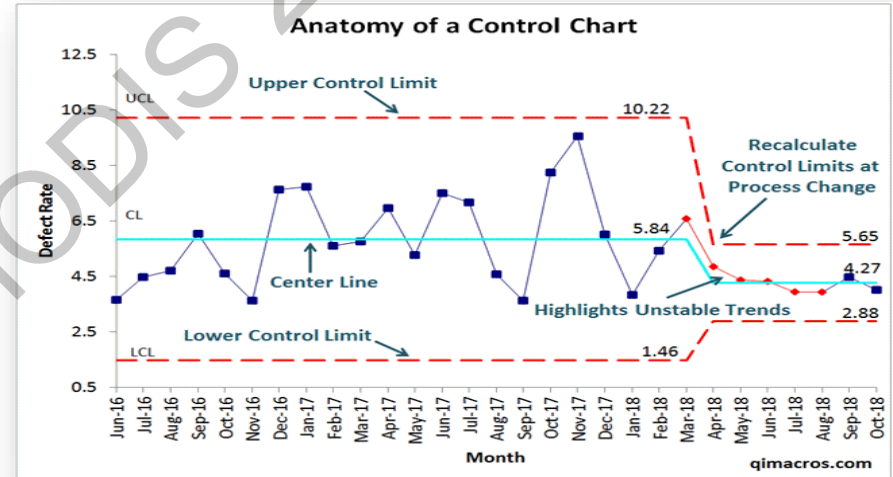
Your aim

- What do you want to improve?
- By how much?
 - Be specific and be realistic (not 100% in a month!)
 - ‘To increase to 50% the number of patients with PD doing exercise by spring 2019’

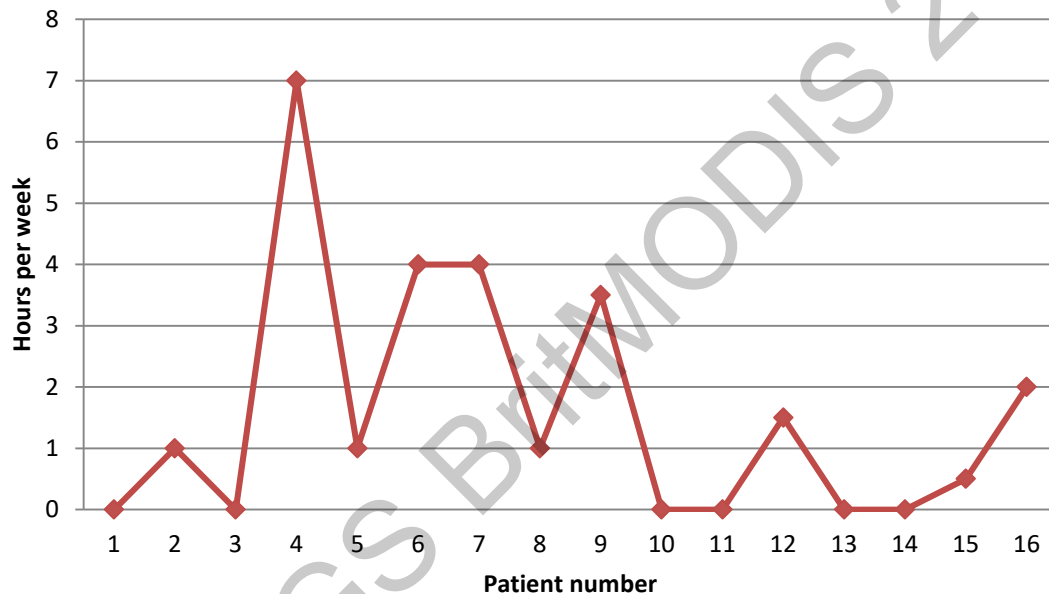


What to measure?

- Measure for:
 - Outcomes
 - Exercise per week
 - Balance
 - Falls rate
 - Process
 - % given exercise class information



Hours of Exercise per week

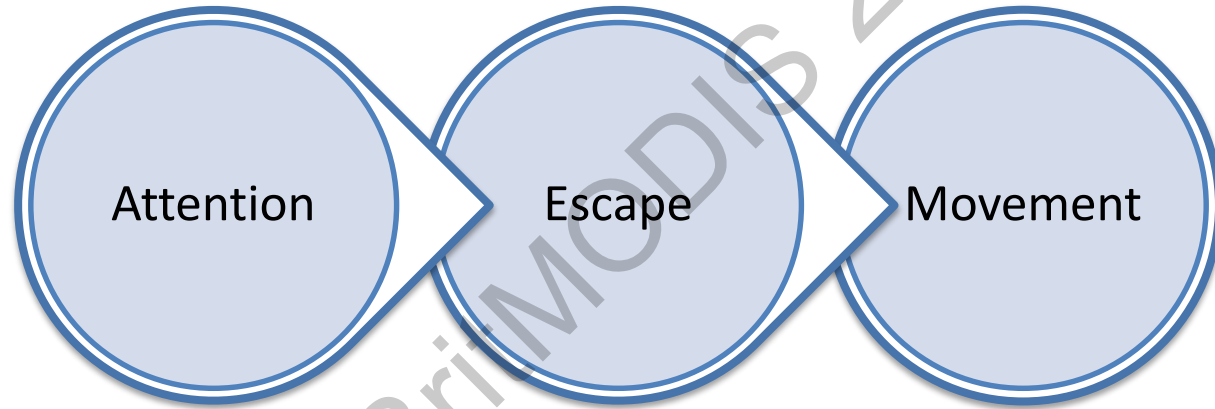


Mean: 1.59 hours

Exercise advice 100%

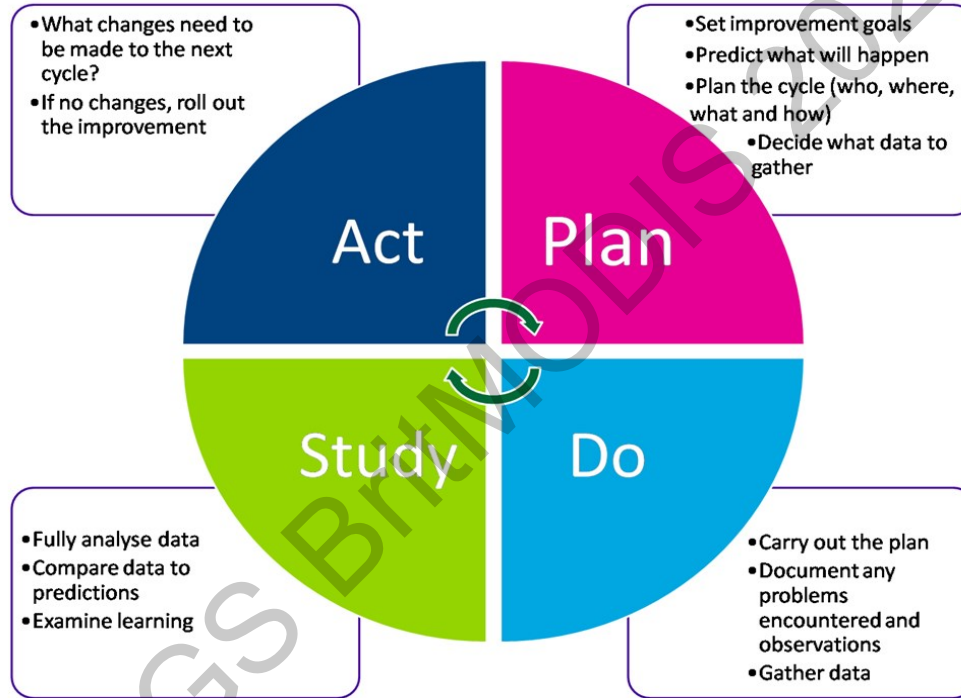
How to change?

Innovation =
'directed
creativity
implemented*'

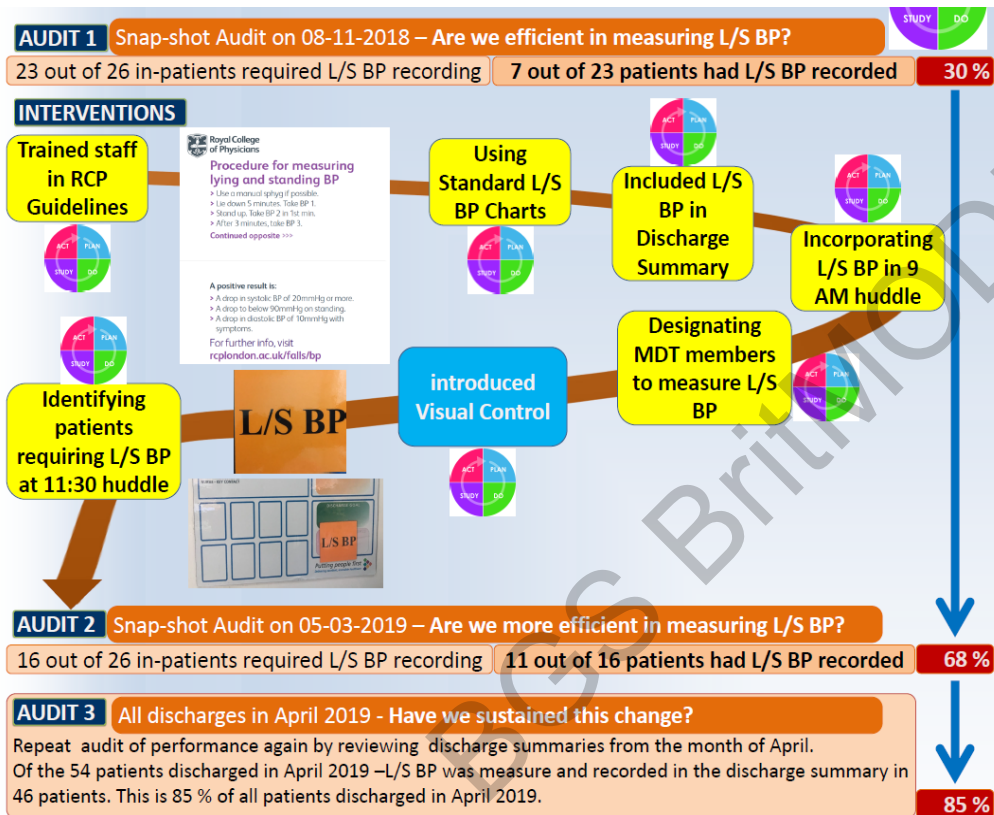


- Focus on the problem
- Get out of your mental valleys
 - 7 Ways exercise
 - Thinking like someone else
 - Thinking hats
- Taking action

Implementing your idea



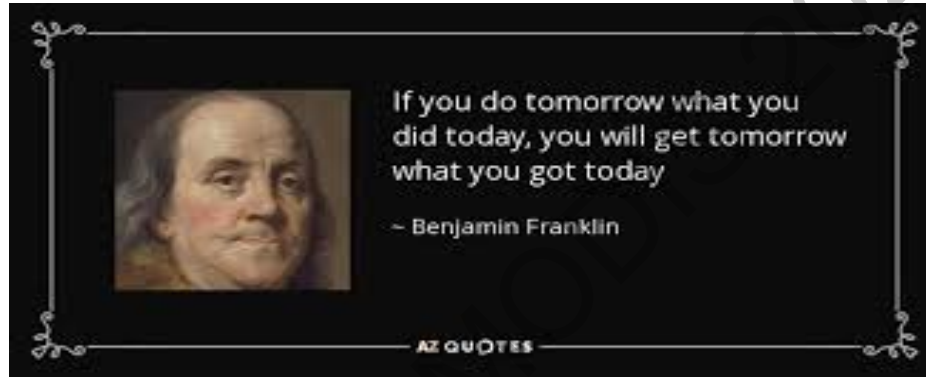
PDSA Cycles



- May need multiple ways the tackle the same problem
- If you don't succeed try and try again...
- You may make things worse as well as better

South-East Coast perspective

- October 2019 - 1st Excellence network meeting in some time
- Focus on QI and using the national audit for developing services in the region
- “At the end of the day... what will you do different tomorrow...”
 - 22 organisations
 - 36 ideas and small improvement projects
 - Follow up May 2020...



WHAT WILL YOU DO TOMORROW?



MDT

Education on Ageing

*Free, open access, education
for everyone working with
older adults*

NHS
Health Education England
Surrey and Sussex
Healthcare NHS Trust
St George's University Hospitals
NHS Foundation Trust

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