

## A Quality Improvement project (QiP) to improve patient experience by reducing waiting time for a blood test appointment

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### Introduction

Renal and kidney transplant patients often require interval blood tests in between appointments in between routine appointments. We do not have arrangements in place to have this undertaken reliably in primary care due to lack of commissioning. In our unit, these blood tests are requested electronically via Electronic Patient Record (EPR) and patients are booked into a Bloods Only (BO) appointment.

Following a patient complaint, it emerged there was no official pathway for such patients who were facing extensive waiting times to only have a blood test amongst other clinic patients. Patients were also being asked by clinical staff to turn up for a blood test without requesting these tests on EPR or booking a BO appointment resulting in delays and staff frustration.

Based on these challenges, we developed a QiP to improve the patient journey when they are asked to come in for a BO appointment.

### Aim

To reduce the length of waiting times for patients attending BO appointments.

### Methods

We undertook a stakeholder analysis and met with representatives from different staff groups to undertake process mapping, develop a driver diagram and specify our QI measurements. Patients felt that a waiting time of less than thirty minutes would be acceptable and this also meant that they did not have to pay for parking.

### QI Measurements

Outcome: 95% of patients must have bloods done within 30 minutes of arrival

Process: % of BO patients who have an appointment on EPR or valid EPR request made in advance of patient arriving at the department.

Balancing measurements: Staff survey

Data collection was done using log sheets where phlebotomists recorded whether BO patients had appointments and EPR blood requests. Patient surveys provided data about the length of waiting time and ratings of their overall experience. Staff surveys assessed clinicians' attitudes to the current process and 90% indicated the need for a better pathway.

We used the model for improvement and Plan Do Study Act (PDSA) cycles for our project.

### PDSA 1:

A Standard Operating Policy (SOP) was developed to request blood tests and schedule an appointment and communicated to clinical staff via emails and at meetings.

#### PDSA 2:

Laminated version of SOP was placed in clinic rooms to remind staff. Patient information leaflets were developed to raise awareness to empower patients to ensure clinicians requested blood tests on EPR and to contact reception team to book appointments.

The outcome and process measures were plotted on run charts to assess response to our interventions.

#### Results

Between September 2019 and January 2020, waiting times under 30 minutes increased from 55% to 100%. Percentage of valid EPR blood requests increased from 75% to 85%.

#### Conclusion

Our QI approach has improved patient's journey and waiting time for a BO appointment. We believe this is due to involvement of various staff groups early in the project through stakeholder engagement and staff survey. We are continuing to monitor the progress so that any new challenges identified can be dealt early to ensure that the outcomes are sustainable.