

Quality Improvement in Pain Management – changing culture

Aim of QI project

- To improve experience in the pain management service and to reduce non attendance rates by 10 percentage points.
- Rationale: Overall non attendance rates for pain management can be >30%. This means that we are not getting it right for current patients, or those waiting to be seen.

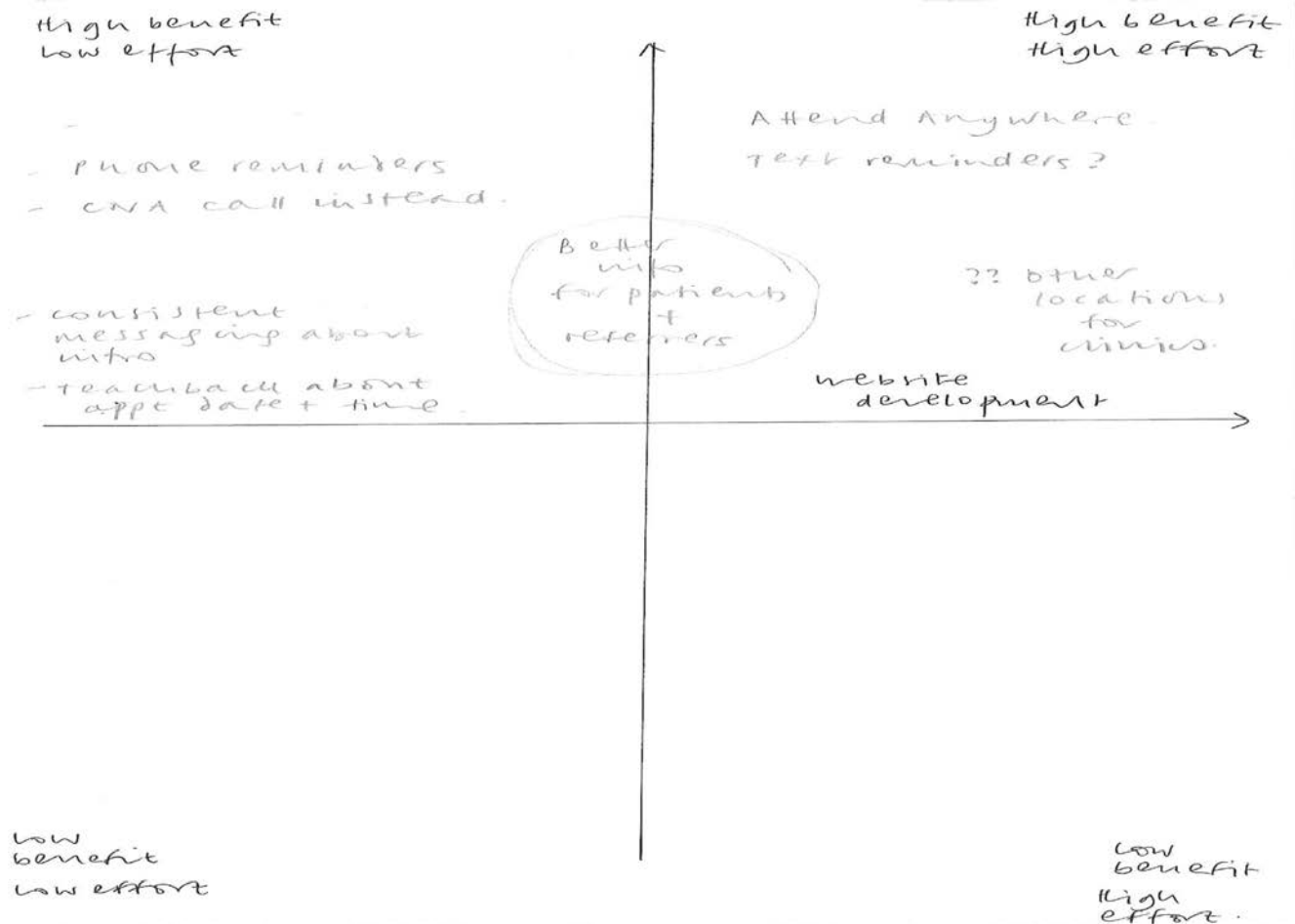
Factors for success

- Patient engagement
- Team engagement
- Support with data
- QI training : QI fellow, QI bites, QI academy
- Support/training/answering questions about QI Life

Pathway analysis



Developing and prioritising change ideas



To improve experience in the pain management service and to reduce non attendance rates by 10 percentage points.

Patient knows & remembers about appointment

Patient motivated to attend

Patient feels able to attend

Patient informs us if not attending

Clearer letters and information

Reminders (text, phone)

Opt in

High quality information

?Contracting?

Proactive information about non attendance

Expectations of physical/mental health

Timing & location & mode of consultation

Aware of need

Can contact by phone

Improve information ? health literacy

Trial of phone/text reminders

Consistent use of opt ins

Information improved to manage expectations

Consistent use of DNA/CNA policy

Flex appt schedule

Test formalising phone appointments

Use attendance board

Increase number of telephone lines

Clearer telephone messaging

Blue

Primary drivers

- Patient knows and remembers about appointment
- Patient motivated to attend
- Patient feels able to attend
- Patient informs us if not attending

PDSA's to improve non attendance



- Attention focused initially on 3 points in the pathway:
- Introduction to group (**Phone reminder**)
- First of 11 session pain management group (**Phone reminder**)
- Psychology return appointments (**patients offered phone appointments**)

PDSA - reminders



- PDSA : To test if phone reminders will increase attendance at Intro to Group and attendance at week 1 of the pain management group
- Result we hope for: increased attendance, fewer non attendances.

Plan

Plan

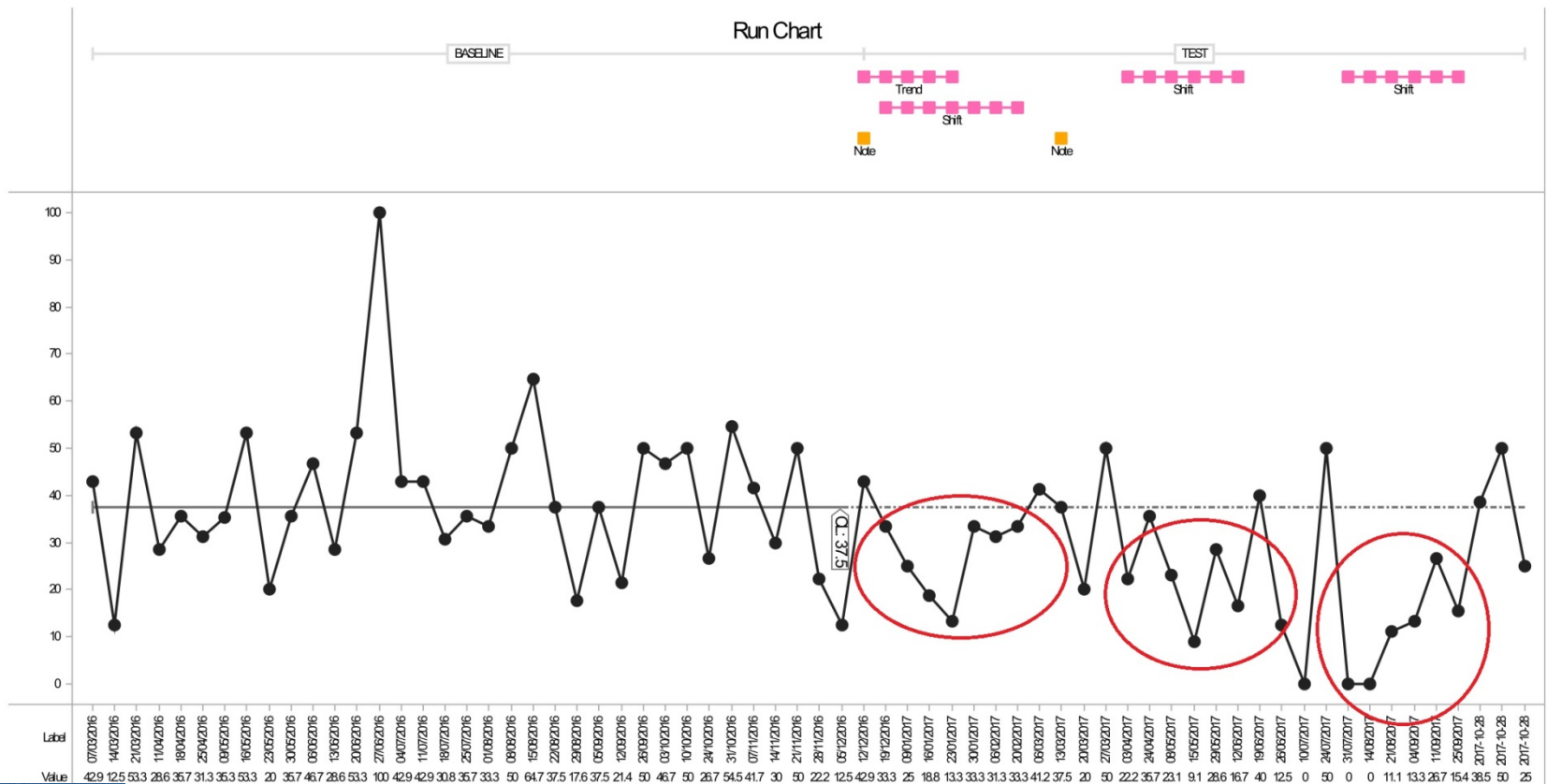
- Objective
- Questions / Predictions
- Plan to carry out cycle (who, what, where and when)

- Call patients the week before to remind them of their scheduled attendance at either the introduction to group session or week 1 of the pain management group

Do

- Carry out plan
- Document problems and observations
- begin analysis

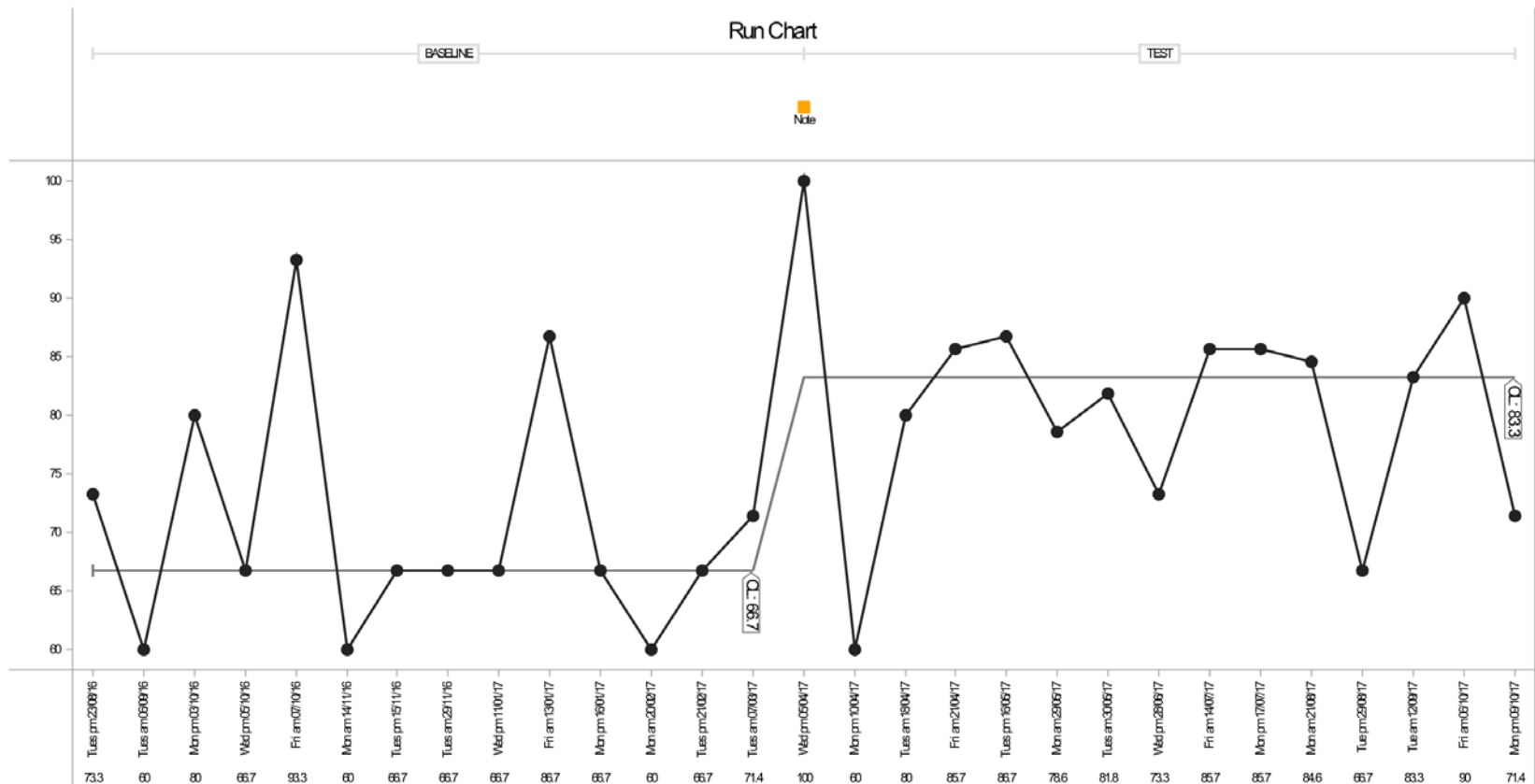
Combined non attendance-Intro to group 03/ 16-10/17



Study

- Compare Analysis of data
- Compare data to predictions
- Summarise what was learned

Run chart- % attendance at first group session 03/16-10/17



Study

- Compare Analysis of data
- Compare data to predictions
- Summarise what was learned



Act

- What changes are to be made
- Next cycle

Promising data suggests reminders improve attendance

Continue with phone reminders and consider more permanent implementation of this strategy

Test out replacing with text reminders when come on stream in the service.

Do patients accept phone appointments when they ask to cancel face-to-face appointments

Plan

- Objective
- Questions / Predictions
- Plan to carry out cycle (who, what, where and when)

- Prediction: Most patients will accept a phone appointment
- Plan: When admin staff take a call for a cancellation, patients are offered a phone appointment instead.

For each cancellation – please tally whether they accepted or declined a phone appt. Please note any other comments in the final column. Many thanks!



Date	Accepted	Declined	Comments

Study

- Compare Analysis of data
- Compare data to predictions
- Summarise what was learned

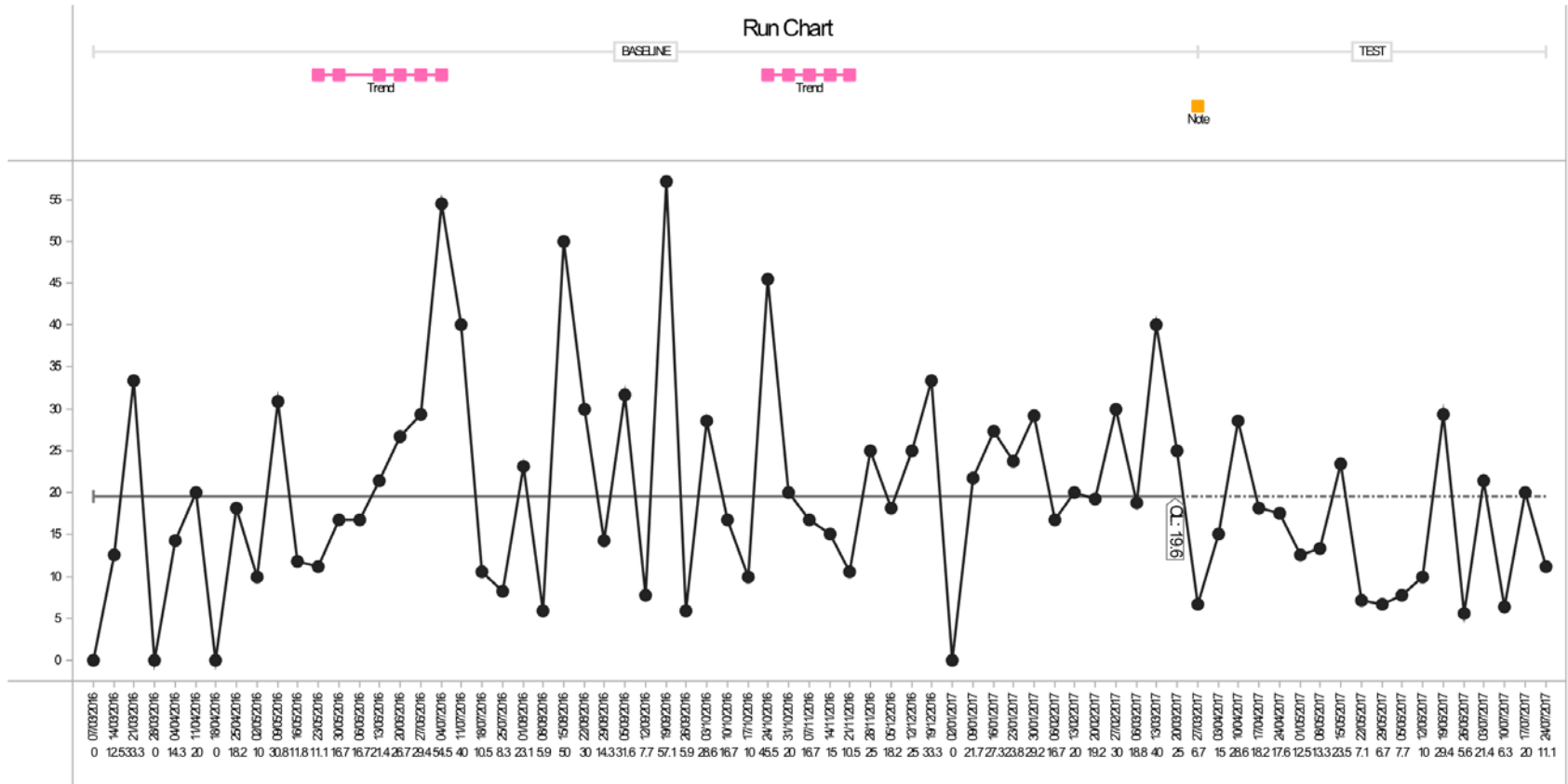
x phone appointments offered

y accepted a phone appointment

Do

- Carry out plan
- Document problems and observations
- begin analysis

Run chart: CNA (%) rate for return psychology appointments 03/16-07/17



Patient engagement

- 1. What is your experience of our service
- 2. Why did you not attend
- 3. What do you think about(test of change)

We would like to hear your story!



Pain Management Programme

Improving Patient Experience

We would like to hear about your experiences of our service so that we can identify ways to improve our Pain Management Programme.

We would like to have a short conversation with you to find out about your experiences. If you agree to share your experiences we think this will take a maximum of 30 minutes. We can do this either face to face or over the phone.

We would like to know how you have found the process of coming onto the Pain Management Programme - from when you were first referred to your present point.

It is important to stress that your participation is entirely voluntary.

Once we have gathered the experiences from a number of patients we will use these comments to try to make improvements to services.

Your feedback won't be linked to your name so no one will be able to identify your answers, and your feedback will not affect your health care or medical treatment in any way.

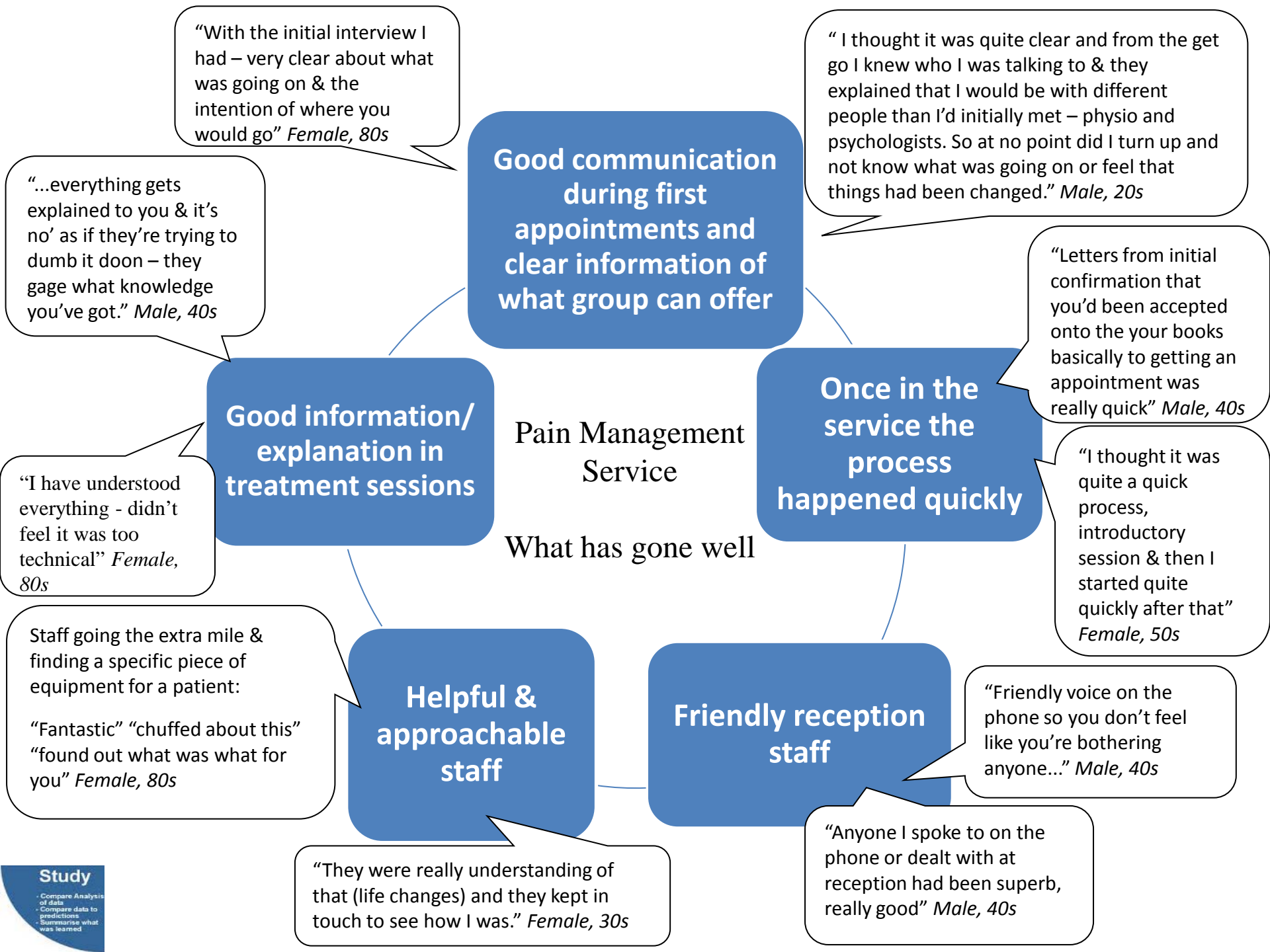
However we are legally obliged to share information if it relates to harm to you or to others.

We are going to record your experiences either by written notes or tape recording and you can choose the method you prefer.

If you would like to share your experiences with us please speak to us at the end of your group or 1-1 session or call us on 0131 637 8128 to arrange a suitable date and time.

What is your general experience of the pain management service?

- *Prompts:*
- *How were the letters/information we sent you about the service?*
- *Why did you think you were coming and what did you know about what we could offer you?*
- *How was your experience of your first appointment here?*
- *Have you had to re-arrange any appointments with the Pain Management Service? What was that experience like? What were the reasons why?*
- *What was your experience of the staff you came in contact with like either over the phone or face-to-face?*
- *How did you feel when coming to this service?*
- *Any further comments of what went well and what could have been better?*



"I need to look at after-care support. Probably the worst thing for me was not having the extra support I needed while going through the PMP. Medication wise I have no support. Going to be changing GPs" *Female, 20s*

"they said you would see a psychologist & I was like, right ok, but again there was no explanation as to why it would be a psychologist. What the relevance of that was...?"
Male, 40s

"It was more along the lines of, oh well, there's this pain management course that I could send you on – do you want to go on it? That was basically all I got asked. I didn't get any information regarding it from my GP." *Female, 40s*

Better information before people come here, so they know what to expect

"I've asked to be referred to Midlothian Active Choices to look at suitable exercise classes in Midlothian – however not available in other areas of Lothian – don't know why?" *Female, 60s*

Making sure people have access to what they need after the group finishes

"For us anyway we could have done with a wee bit more time to chat." *Female, 60s*

More time to talk to other people in the group

"Could have had longer break...time for coffee & toilet & of course people want to have a wee chat" *Female, 60s*

"trying to read the slides, weren't very clear – slides were fine probably in the dark but it had coloured writing – very difficult to read. The whole screen could have been bigger" *Female, 60s*

"Toilets were very hard – walking sticks – toilets too low – needed handles" Unaware there was a disabled toilet *Female, 60s*

Pain Management Service

What we can improve

Better phone access to reception & clearer information about when we will call you back

"I left a message but I didn't know if anyone had got the message – 2/3 days before anyone got in contact – difficult" *Female, 50s*

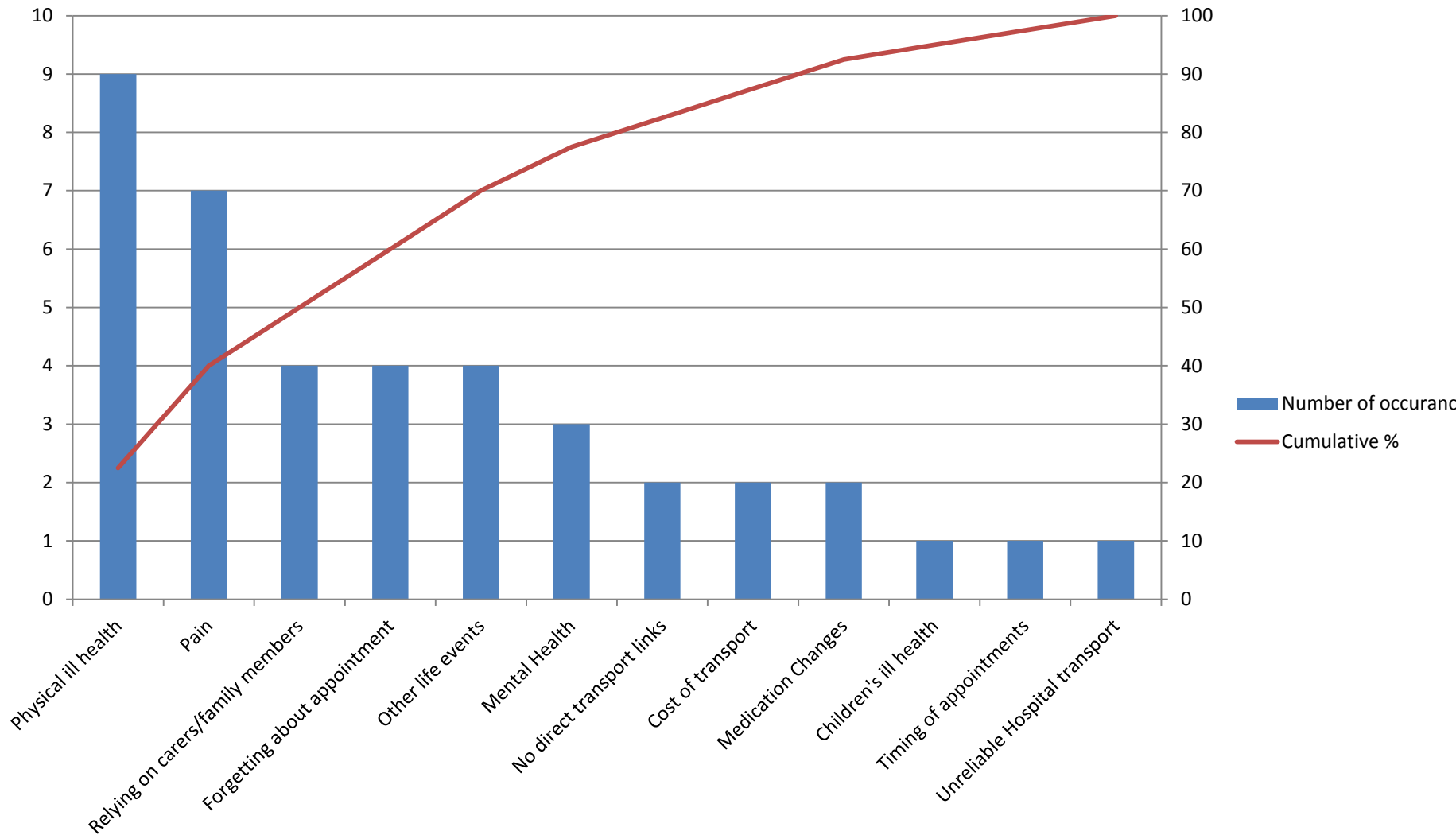
"If I dinnae (have a lift) it would be two maybe three buses & that would just be by the time I got here I wouldn't be in any frame of mind – I would just be agitated & sore & pretty irate – not at you guys but just at potholes & people in Edinburgh in general" *Male, 40s*

Easier access to location

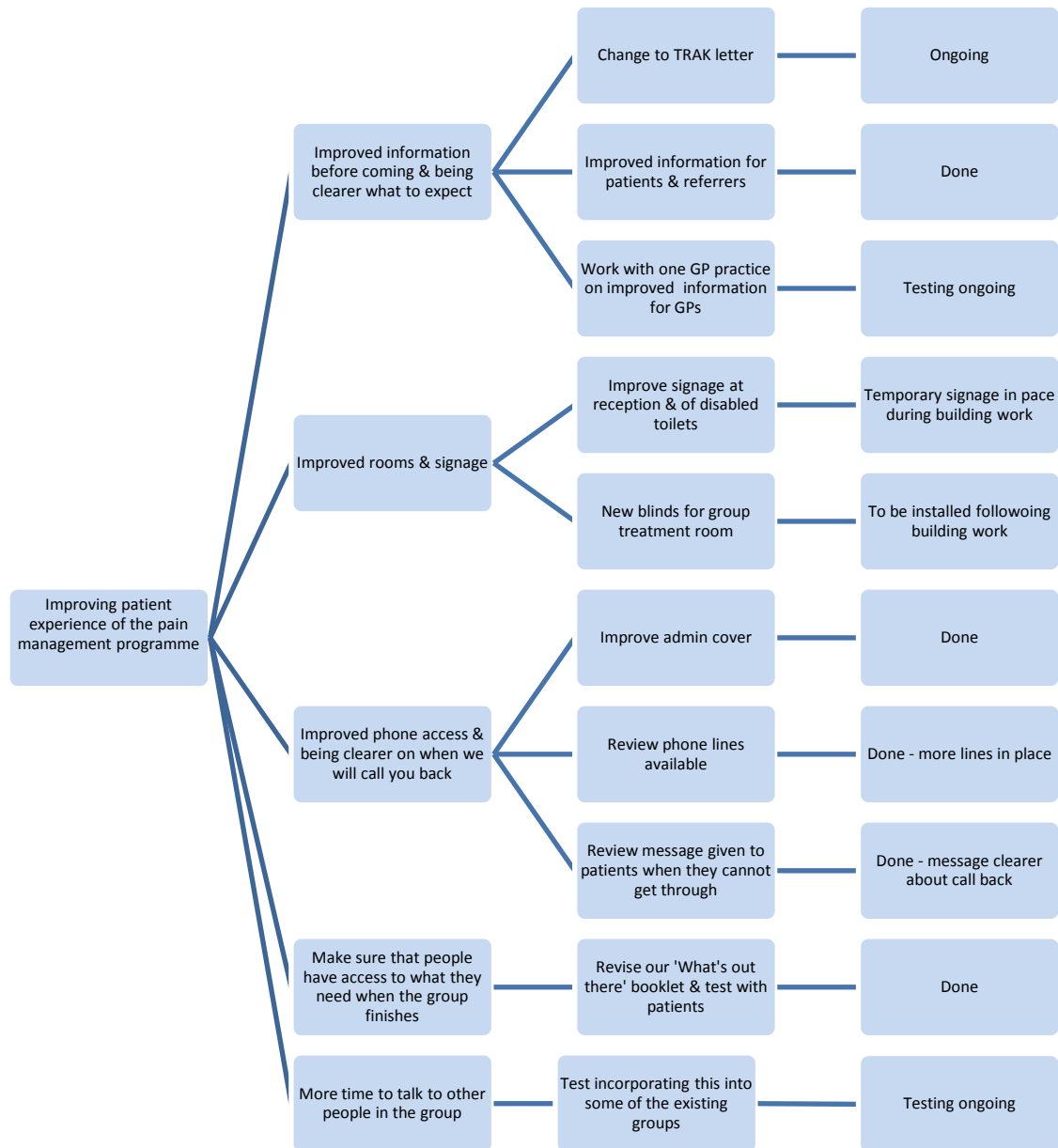
"The only thing is the travelling because I'm through in West Lothian it's putting another 2 hours onto the already 3 hrs long course so that makes it a very long day. If you're not having a good day that sometimes can, I mean I've thought about 'oh I really couldn't face this today'" *Female, 40s*

Improvements to rooms & signs in the building

Pareto analysis for patient reasons for non attendance (n=22)



Patient experience improvements from patient interviews.





Better phone
access to reception
& clearer
information about
when we will call
you back

Phone lines were
changed so all
admin staff could
easily answer

Patients are able
to leave a
message if admin
are engaged on
another line

Clearer answer
machine
message about
response time



Better information
before people
attend, so they
know what to
expect

Information sheet
about our service
adapted to give to
GPs and other
referrers

Meeting with a GP
surgery to get their
feedback on their
understanding of
our service

Speaking to Pain
Clinic about the
confusion patients
have with our
service



Making sure people have access to what they need after the group finishes



'What's out there' booklet redesigned & patient feedback gathered



There's a lot of information here.
There is more going on than I thought.
The booklet is clear to read.



I can't use the tear off slip as I will lose information on the page behind.
Information on exercise referral could be clearer.



There is not as much information for West Lothian.

Developing the culture of QI – getting the team involved.



Staff: what matters to you?



What has worked in changing the culture

- Keeping QI on the agenda
- Ongoing training in QI for the team – QI is not just doing what we have always done!
- Data and ways of presenting the data eg pareto
- Discussing and agreeing to change ideas via team meetings
- Getting the team involved in tests of change, collecting data and presenting results at QI meetings (6weekly)
- QI life as a “common vehicle” for QI projects

**QI for the
Pain
Management
Team**

**team
working**

"It's been nice to work as a team"

It's been good to: "come together,
including the admin team"

Admin changes (more
phone lines for example)
have "made clinical work
easier...people are less
aggressive at the start" (of
consultations).

"We've all been interested to see
why patients don't attend and we
want a good service, but this is
good for us too"

"I have a clearer idea of what's
going on. It's given me a better
idea of the service overall,
including the admin part"

"when you can see data and you
see that the effort you put in has
made a difference...it's a
reward.....it gives you a reward"

"it's been good to see positive
change and to make an impact"

It's been good to see "how much more refreshed
the service is. I've been here xx and the service
has definitely changed"

**benefits for
staff**

**benefits for
patients**

**doing things
differently**

"it's been good to
formalise some of our
ideas and make more
definite projects" (rather
than just talk about them)

"We've had a bit
of space to think
of good ideas"

It's been good to "take a step back
and not just do what we've always
done"

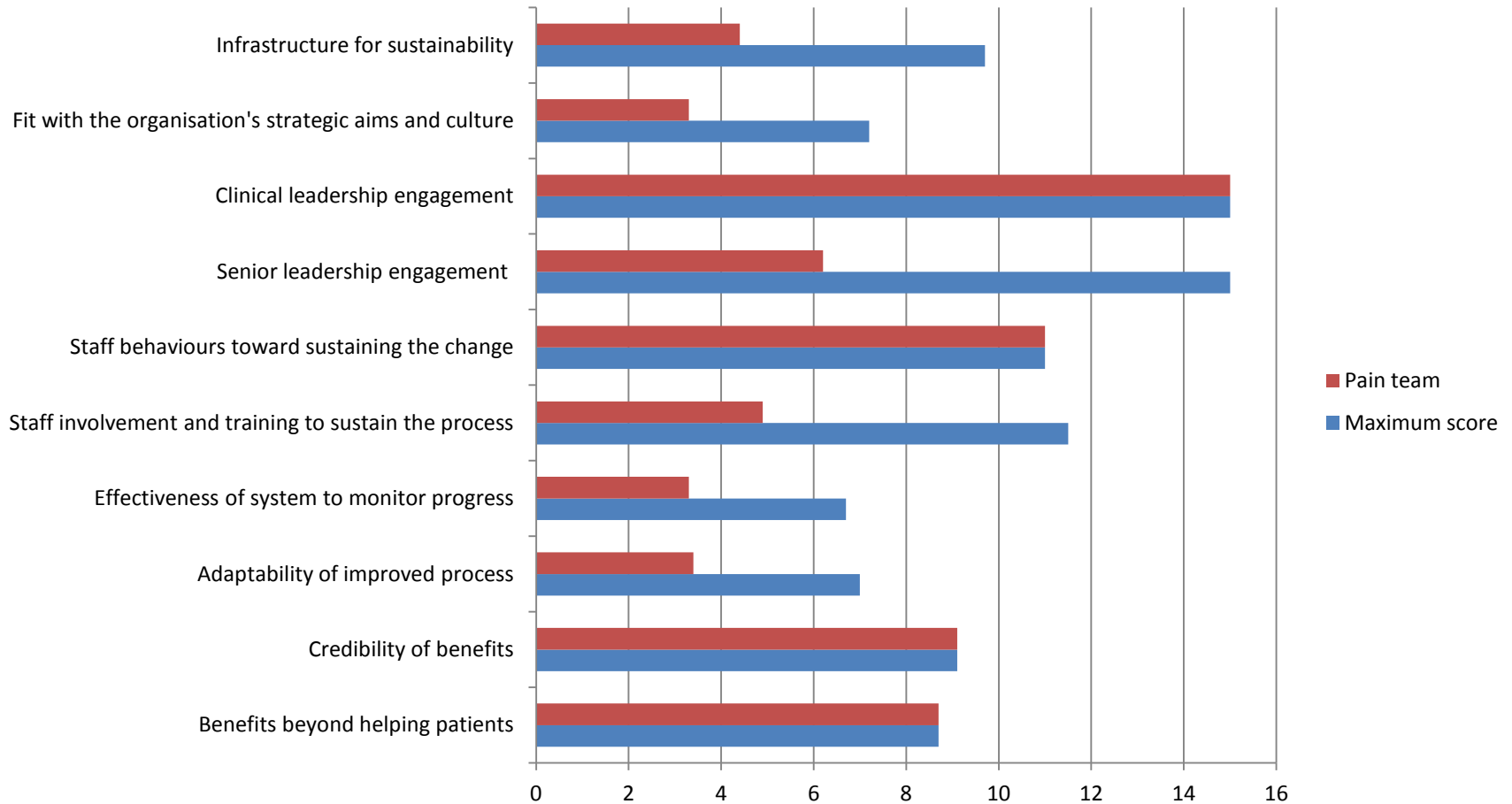
"a fresh pair of eyes has been helpful"

Big change has been "interactions with patients and finding
out what they want"

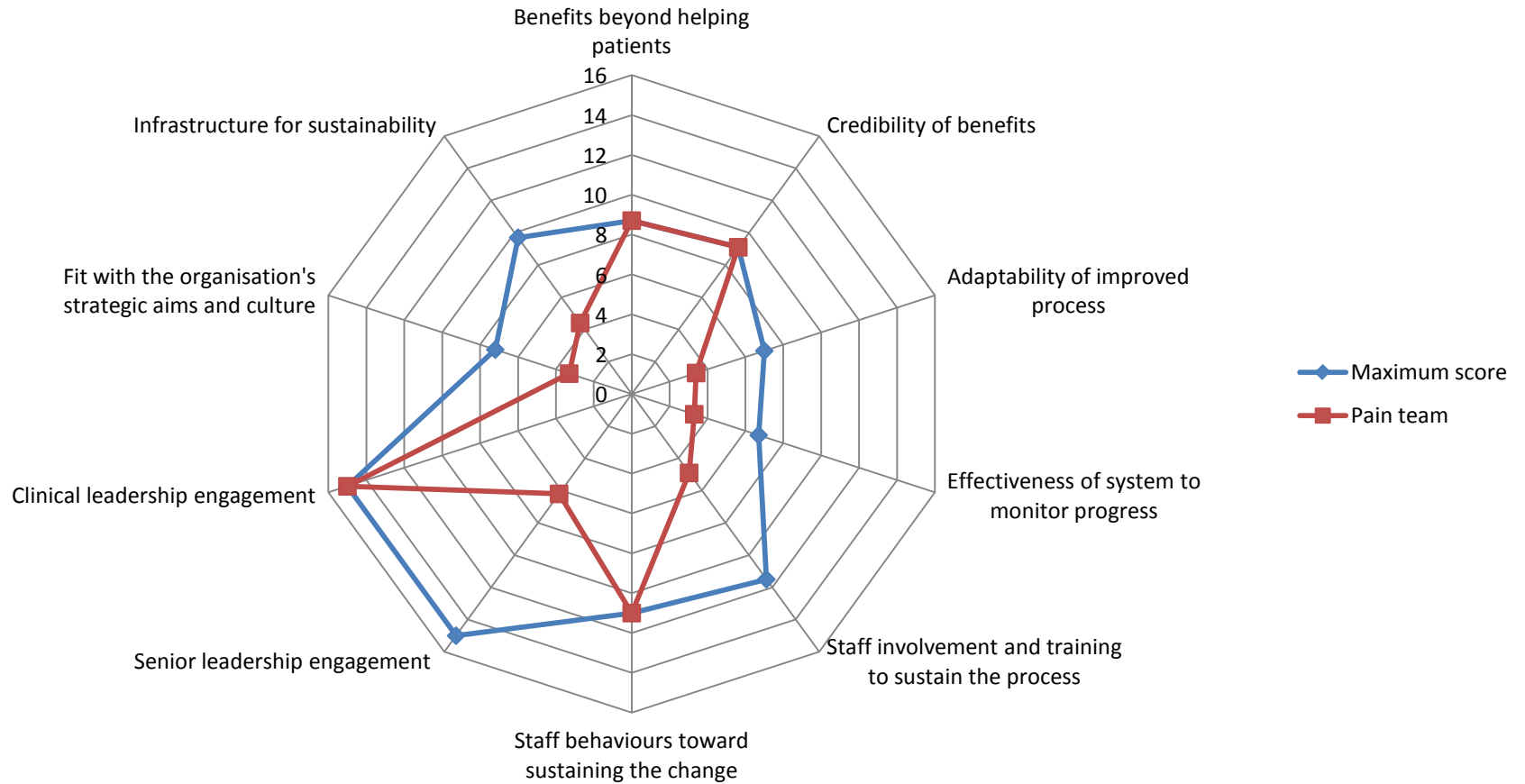
This has built on our patient feedback work but the biggest
change is "we'll just ask the patients...and we make changes
much quicker"

"Staff feel under less pressure and that makes them happier
at work - the patients see this"

Sustainability tool -pmp



pmp



Key recommendations

- Infrastructure for sustainability – important to have space in job plans and support especially with data from IT and analytics
- Senior leadership engagement – investment and support for this work is very welcome but that the ‘old’ ways and focus on performance still dominate.
- Adaptability of improved process – there was a consistent message that this programme still relies on individuals, although there was a degree of confidence that this would change over time.
- It was also acknowledged that developments in training and in monitoring systems (data) had been positive, but that there was still more needed. This included the need to train more senior individuals who could lead several strands of work.

Current and future directions

- Training – key members of team attending QI academy
- Ongoing support from QI team
- Still some data limitations
- Development of more projects
- Spreading QI into more areas of clinical health psychology.

Acknowledgements

- The pain management team would like to especially acknowledge the role played by Dr Liz Bream – QI Fellow and Public Health Consultant in our QI journey.