

Increasing CMC usage using QI methodology in the Emergency Department

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Background

The improvement project was carried out in a large multi-site acute hospital Trust and involved various specialities, including two Emergency Departments, two acute frailty teams and renal services.

Improvement team members included representatives from various speciality services and disciplines with an interest in end-of-life care. The teams were supported by the Clinical Lead for end-of-life care and more recently an Improvement Lead.

The focal patient group of this work was those thought to be in their last 12 months of life, for whom the offer of advance care planning is paramount.

Methods

We used flow coaching methodology to support the trust-wide adoption of CMC, based on key goals of reducing the variation of care and improving patient flow. The 'Big Room' met each fortnight and included project team representatives alongside other CMC users discussing progress and troubleshooting obstacles. We used Plan-Do-Study-Act (PSDA) cycles to trial potential solutions focusing on the improvement goals.

The impact of our work will be measured in several ways, including:

- both the number of staff with CMC logins and active CMC logins;
- the number of logins each month, trust-wide and within individual teams; and
- the number of care plans created/updated each month, trust-wide and within individual teams.

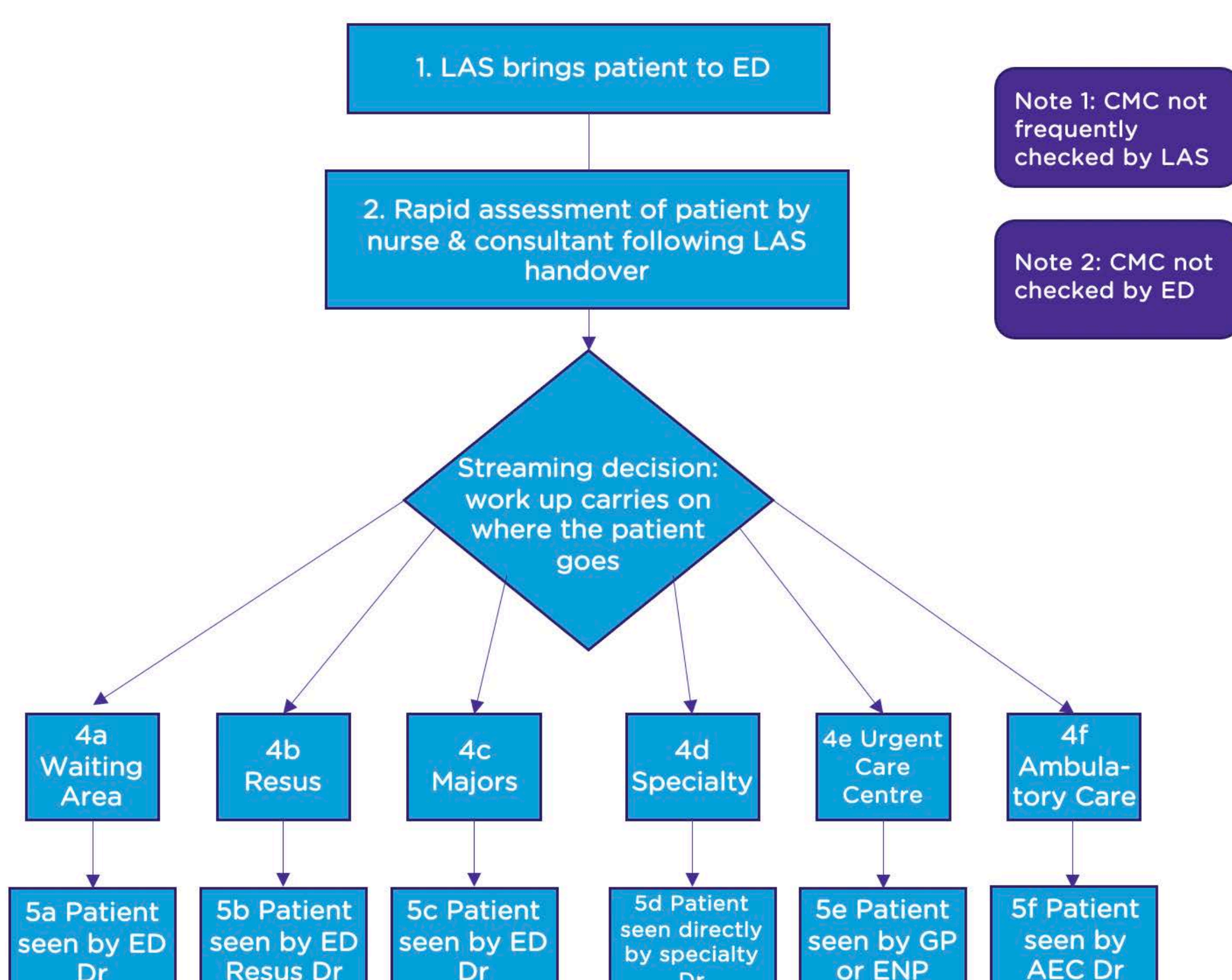
Results

Although CMC improvement work remains in progress, we have made significant developments to date. A centralised process is in place for training and gaining CMC logins. Work has also been completed on reporting and ensuring staff logins are correctly attributed to teams.

We have focused particularly on the emergency department at Charing Cross Hospital, where we have trained 21 staff in six group training sessions, two (9.5 %) were doctors and 19 (90.5%) nurses.

The impact of our work is that appropriate staff are now aware of CMC and have a system login, which takes us huge strides toward solving the challenge of wider CMC adoption across Imperial. This will, undoubtedly, greatly benefit patient care by allowing cross-organisational visibility of patient wishes and preferences.

ED Process Map for patients being brought to LAS: as is



Introduction

Coordinate My Care (CMC) is a web-based shared urgent care record enabling professionals to share care plans across organisational boundaries. This improves communication between professionals and helps meet the patient's priorities and wishes as they move between care settings.

Although CMC is well-embedded in key teams (343 existing users across the Trust), it is not in routine use across the organisation. This can lead to key information regarding treatment decisions and patient's wishes being overlooked on admission.

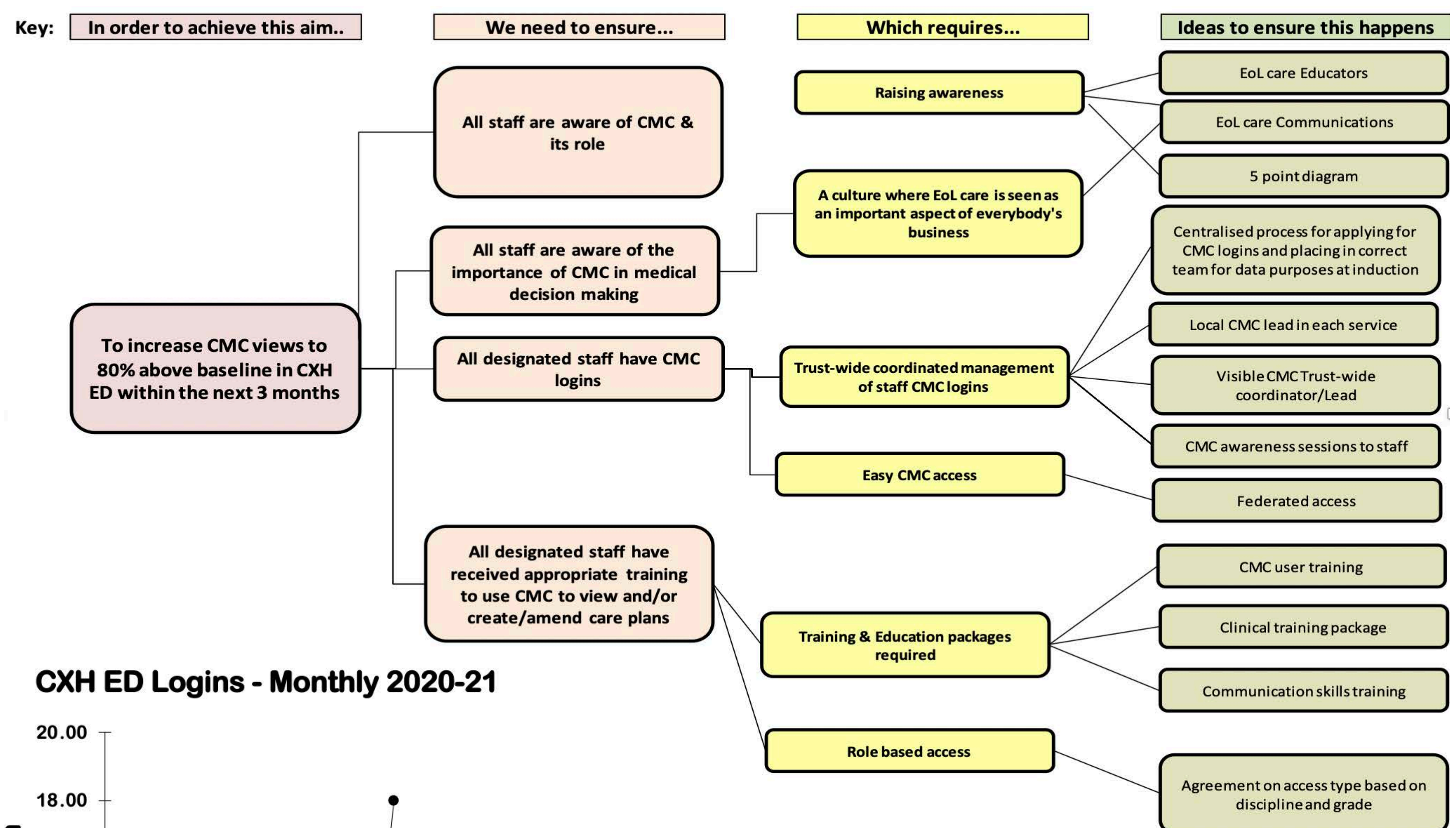
The specific improvement goals for this work include:

- increasing awareness of CMC and its role in patient care across the organisation, particularly within front door services;
- increasing the number of staff, particularly front door services, who have completed CMC training and received a login; and
- increasing the number of logins to CMC from front door services.

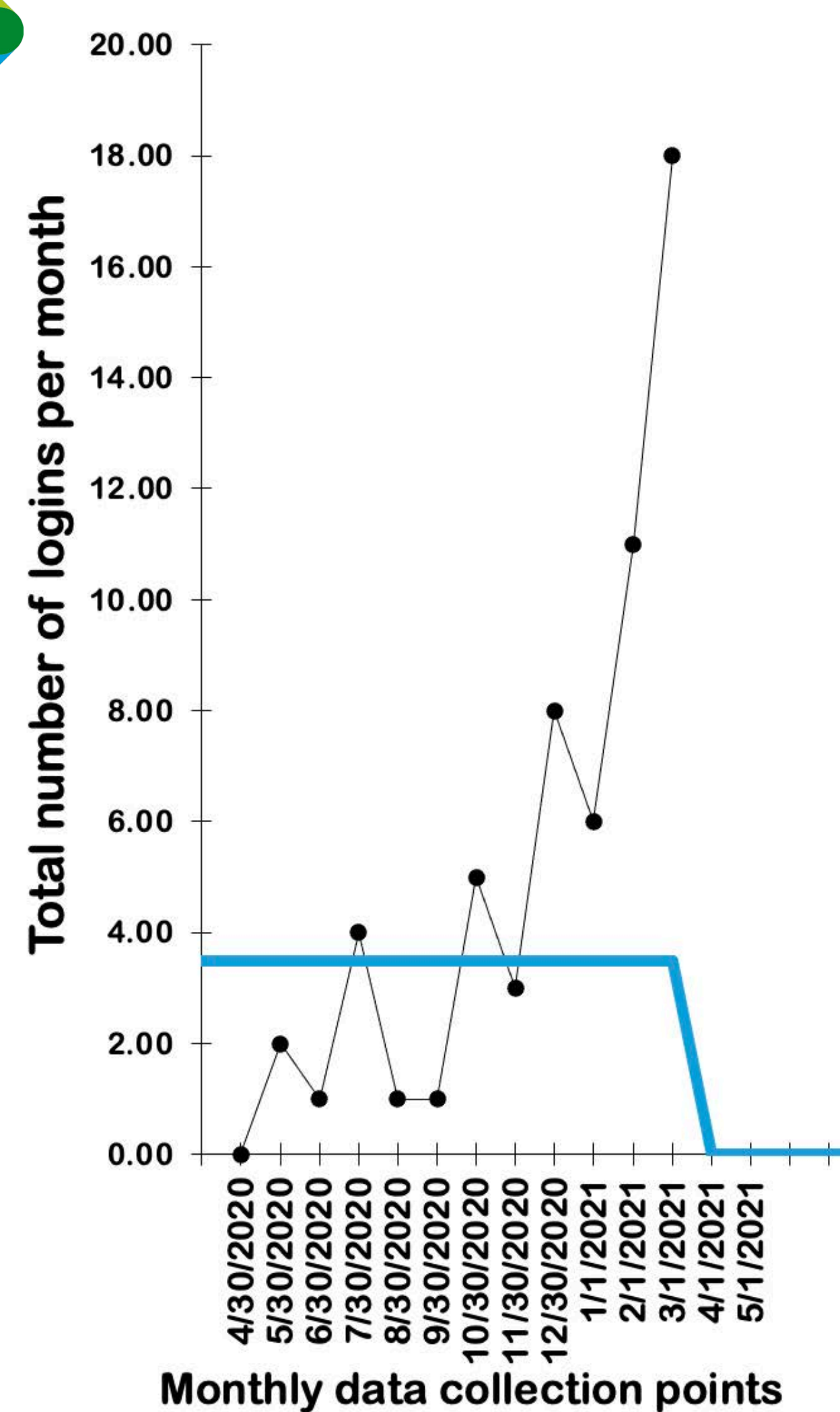
We will also explore the centralisation of advance care planning and CMC training, the process of gaining CMC logins and standardisation of reporting to support the development of trust-wide leadership in this area.

Required changes to practice were identified and incorporated within a driver diagram (below). We designed interventions from these, including:

- five-step login summary poster and email drops;
- CMC awareness sessions at handover and team meetings;
- both virtual and face-to-face CMC education sessions; and
- identifying optimal processes within departments for checking for CMC records.



CXH ED Logins - Monthly 2020-21



Conclusions

The key impact of these changes is two-fold: 1) Growing acknowledgement of advance care planning and CMC adoption as a trust-wide priority being developed and managed internally and 2) Working with individual teams and departments, at the grass roots level, to understand how they will use CMC and amending/adapting training to meet their needs.

To ensure sustainability, we will continue a centralised approach to CMC training, login creation and data reporting management and use the flow coaching methodology to engage other teams and support wider adoption processes.

What worked well

- Use of the big room and flow coaching methodology to engage project teams and provide peer support/sharing of knowledge throughout the implementation process.
- Five-step login summary poster and email drops.
- A combination of virtual and face-to-face training on advance care planning and CMC use.
- Process centralisation for gaining CMC logins.
- Process mapping with individual teams to help determine the best workflow and support appropriate training.

What we would do differently

- Project teams would benefit greatly from having more time with the leads on hand to support education & training.
- Project teams would have benefitted from focused education on QI tools and methodology to support implementation.