



Supporting the 18-week Patient Pathway

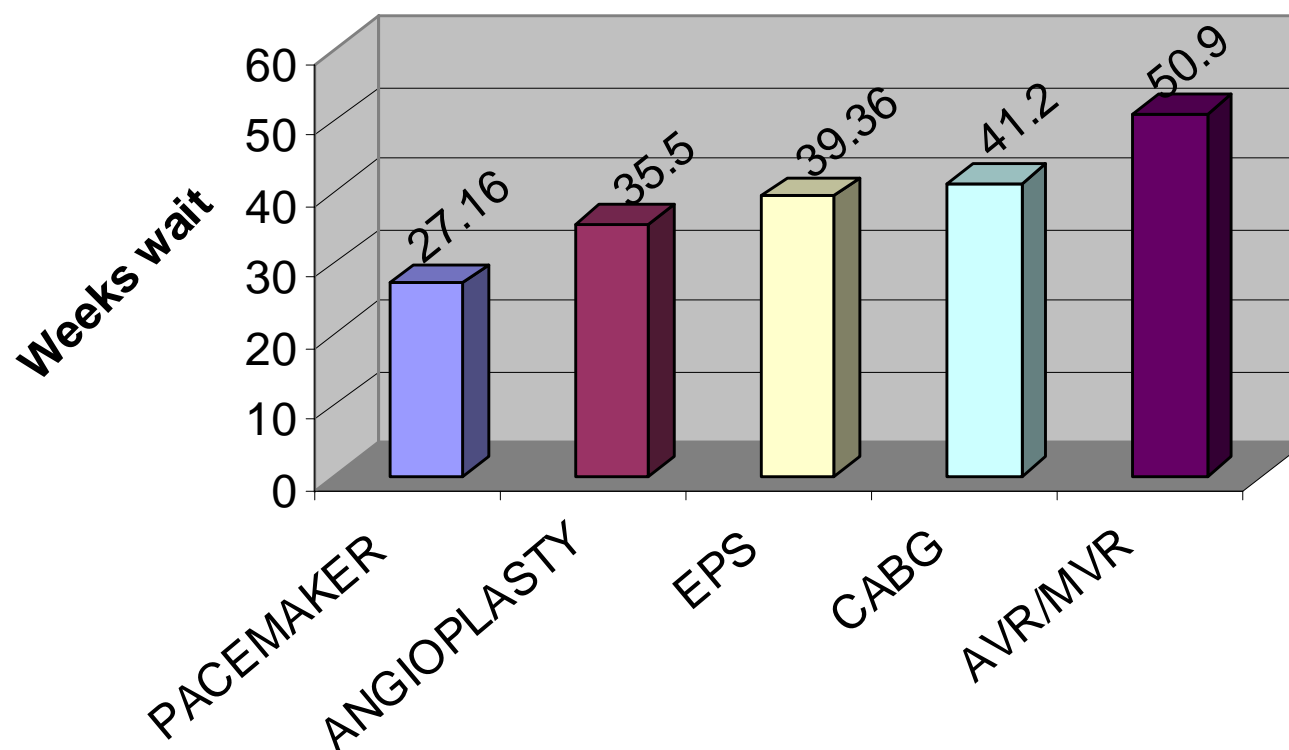
North West London Cardiac Network

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Work to Date

- Appointment of a Cardiac Network 18 week project lead January 2006
- Baseline Assessment March 2006 spanning admitted cardiac patient pathways:
 - Angioplasty
 - Pacemaker/device insertion
 - Electrophysiology study/ablation
 - Coronary Artery Bypass Graft (CABG)
 - Aortic and Mitral Valve Replacement

Wait times from GP referral to first treatment (March 2006)





Emerging Themes

- Highlighted existing areas of good practice
- Bottle-necks & variation in Diagnostics; particularly Echocardiography
- Inconsistent booking policies & waiting list management
- Inconsistent management of DNAs
- Poor data capture mechanisms: paper-based systems
- Capacity issues in some pathways e.g. electrophysiology

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Service Improvement Projects

- GP Referral
 - Standard letter templates
 - Education & Communication
 - CAS
- Waiting list management
 - Validation of waiting lists
 - DNA Project:
 - DNAs protocols, monitoring and adherence, reminder letters/calls, investigation of DNA rates, dedicated contact line for cancellations



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- Diagnostics & Outpatient Services
 - Demand and capacity Studies
 - Identify & clear 'back-log'
 - Implementation of partial booking across diagnostics (new – follow-up)
 - Development of 'one-stop services' Outpatients & Diagnostics
 - Clinic outcome sheets (RTT)

SERVICE IMPROVEMENT - IT'S NOT ROCKET SCIENCE!

- Engage with the clinical teams delivering the service
- Promote ownership in order to maintain sustainability



Next Steps

- Measure and cost the 'back-log' on a PCT by PCT basis
- Form a Network-wide 'Strategy Group':
 - IT solution
 - Develop strategies to support data collection and measurement of the RTT
 - Spread and implement good practice identified via the PDSA cycles
 - Agree referral pathways between secondary and tertiary care