

# IMPLEMENTING A DIGITAL PATHWAY FOR ADULT VV- ECMO PATIENTS

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# Introduction

- “High quality information leads to improved decision making which in turn results in better patient care, wellbeing and safety. There are potentially serious consequences if information is not correct, secure and up to date”

NHS England (2016) Data Quality Guidance for Providers and Commissioners

## Collaboration with ECMO Team

- Mapped out the ECMO Patient Journey
- Identified areas of information transfer
- Identified individuals involved
- Identified areas for improvement



# The Digital Pathway as a Solution

Referral  
and  
Clinical Review

Transport  
and  
Location History

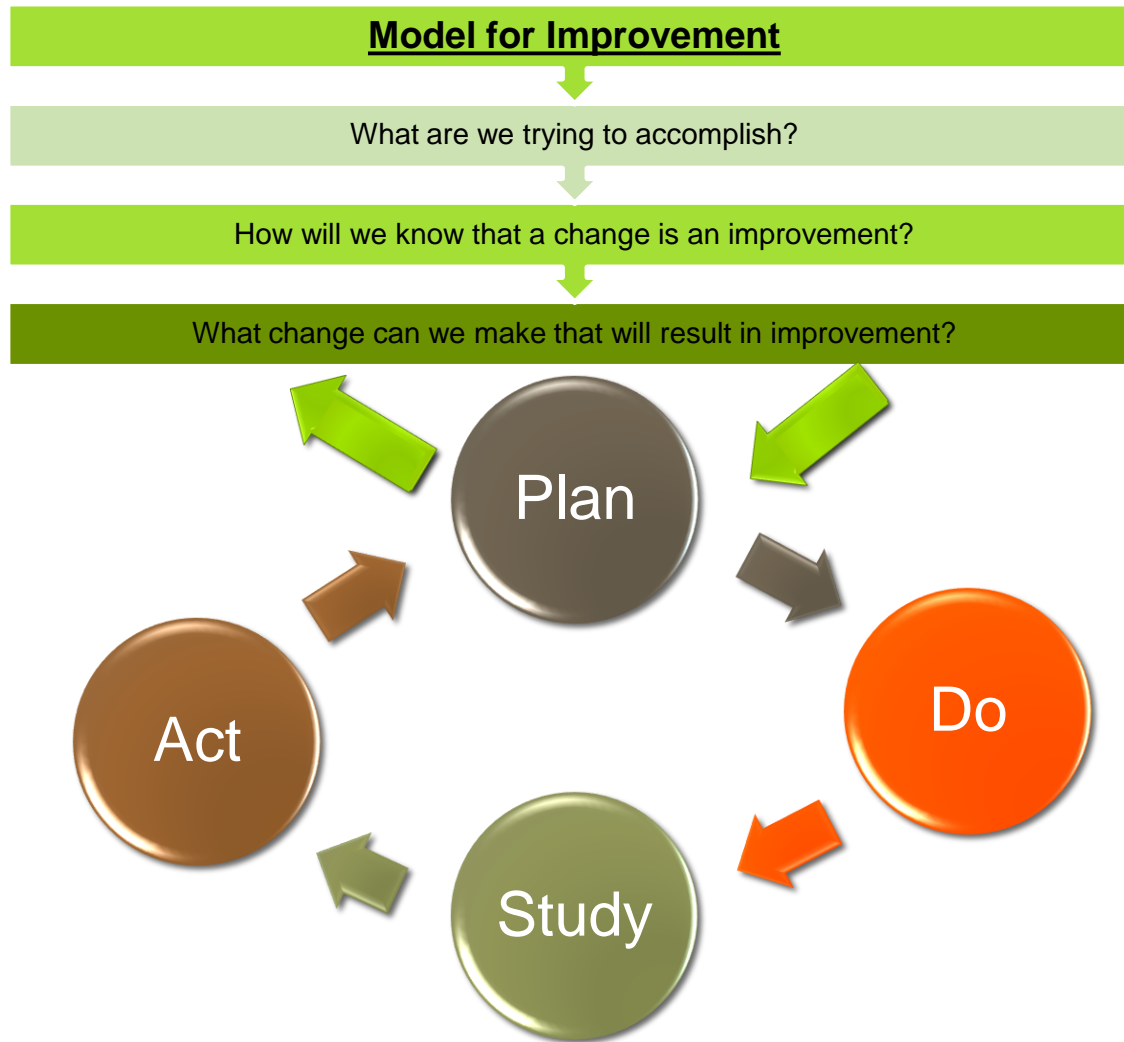
Admission  
and  
Daily Update

Contacts,  
Documents  
and  
Reports

MDT

Repatriation  
and  
Pathway Exit

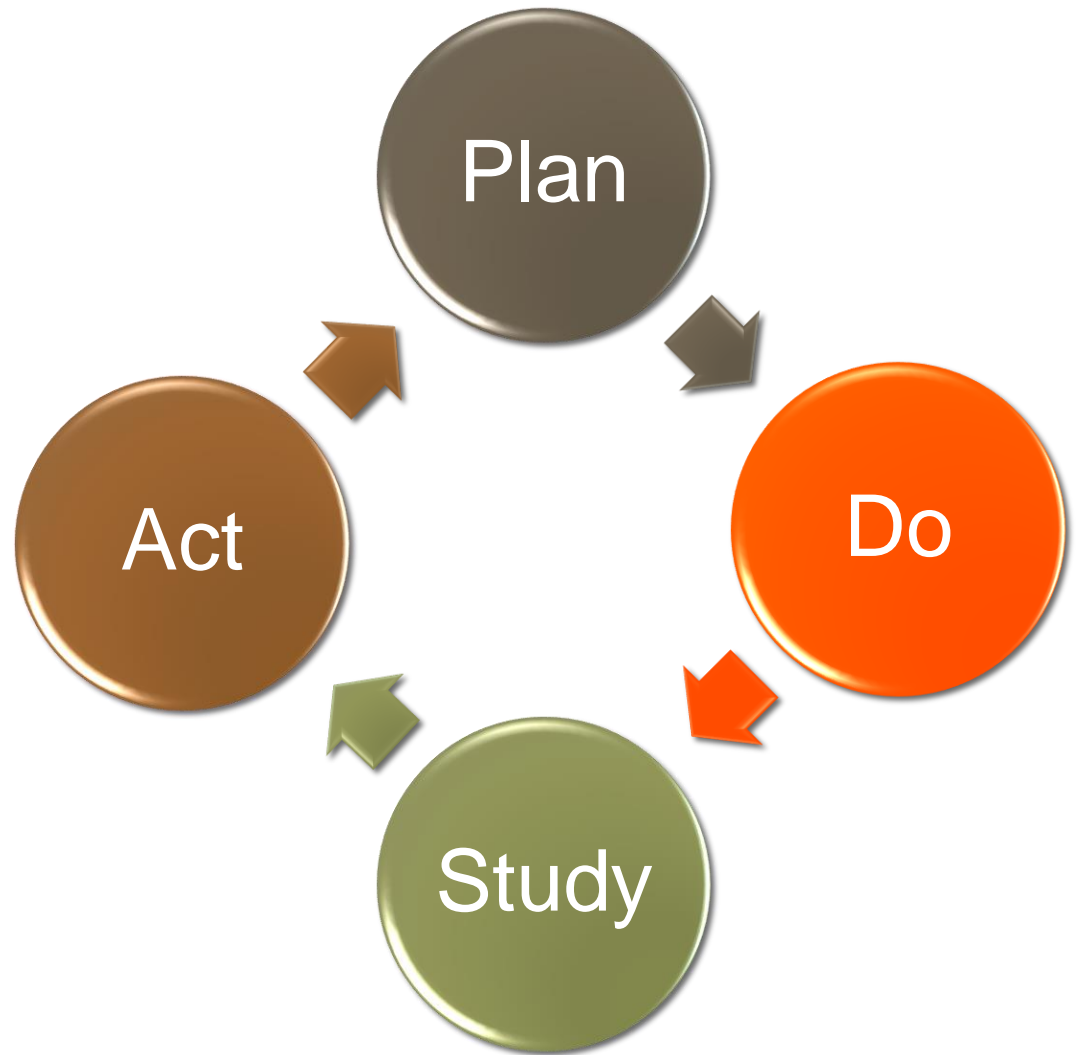
# PDSA CYCLE



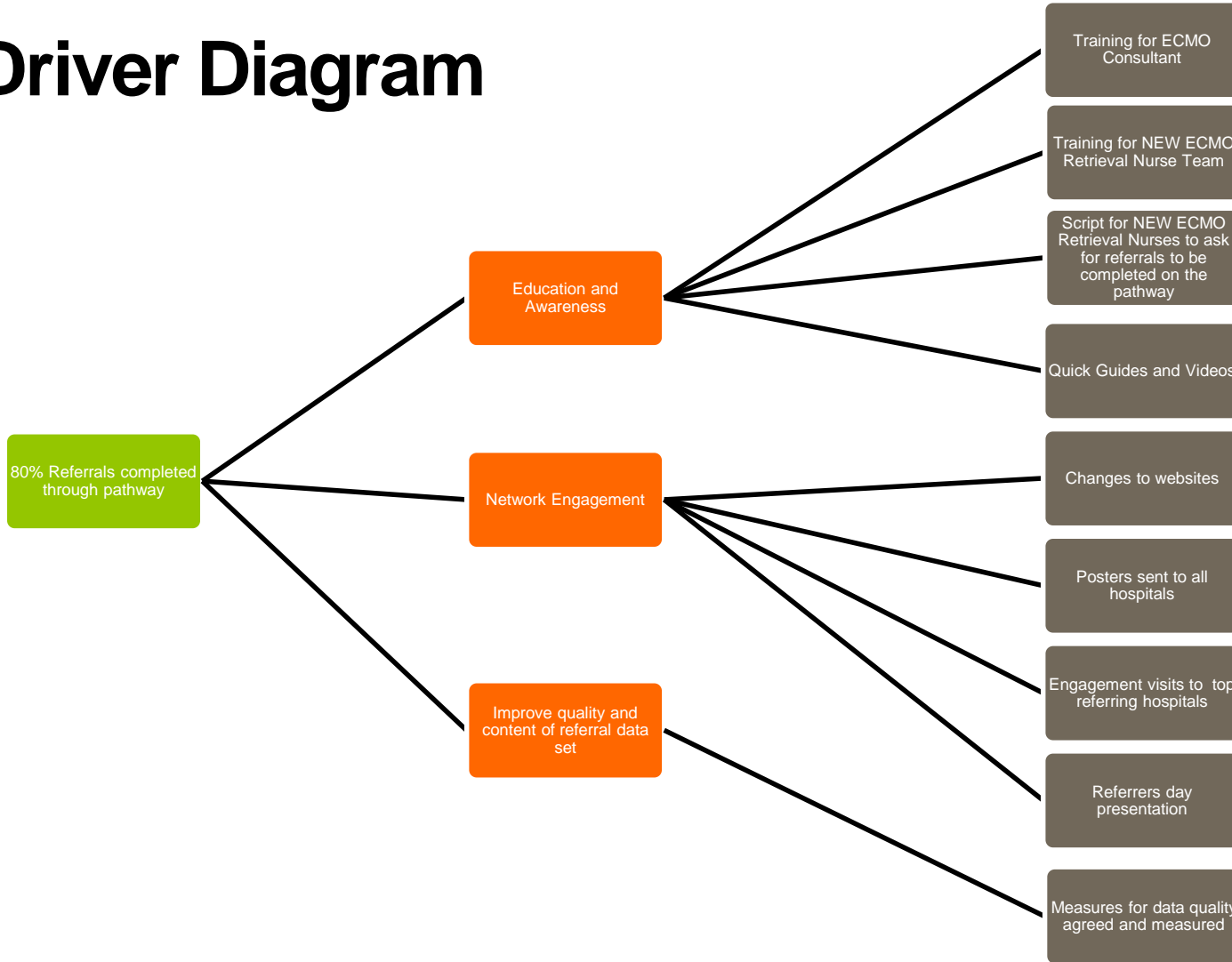
# Planning the Implementation

## Aim

- 80% of all referrals for VV-ECMO to Royal Brompton Hospital performed using digital pathway directly



# Driver Diagram



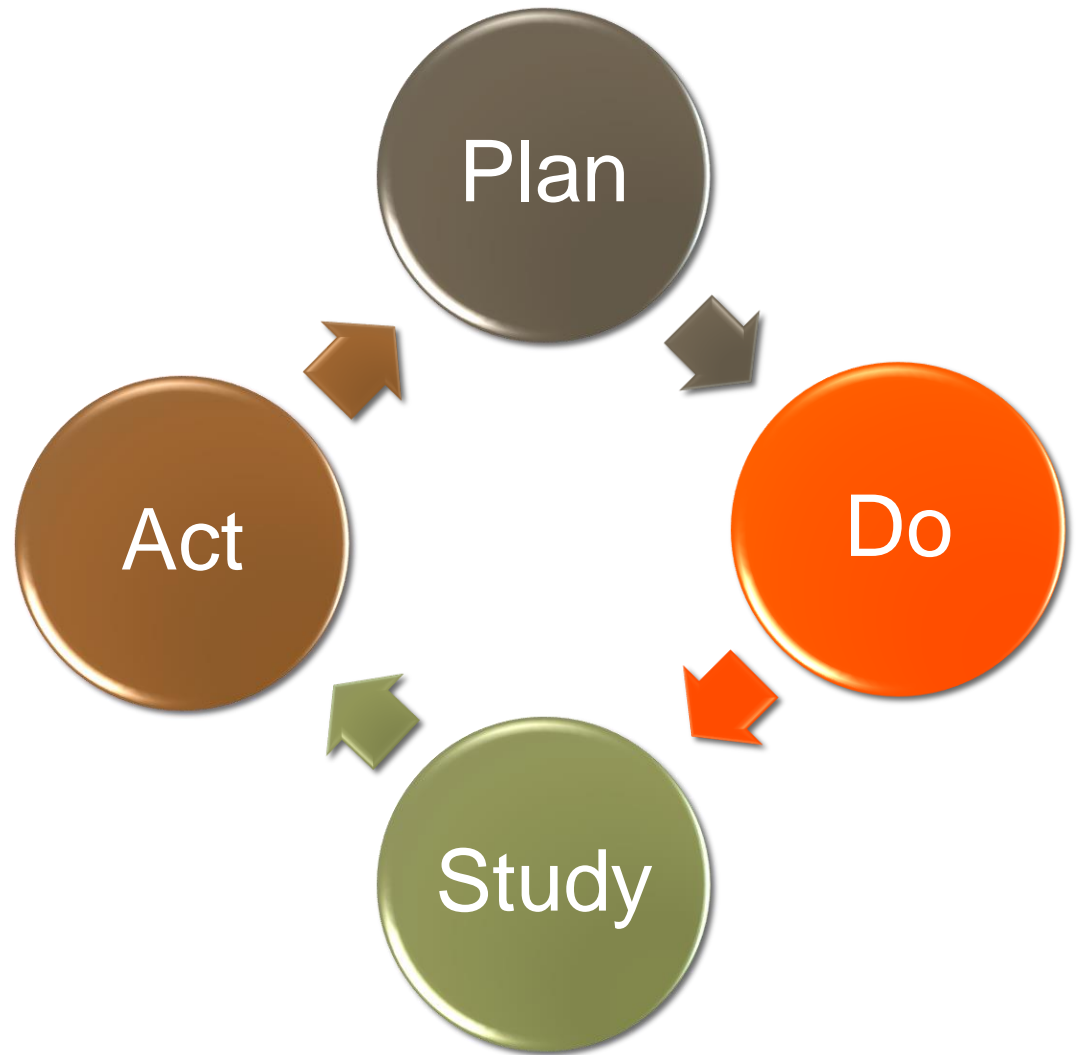
# Evaluation Planning

## Process Evaluation

- Feedback from pathway users

## Outcome Evaluation:

- Number of referrals monthly
  - Completed on pathway
  - Completed on paper
- Number of referring hospitals using the pathway to refer patients
- Number of completed fields on referral page
  - Ppeak and Pplat used as examples





# Identification of Hospitals

- Highest referring hospitals prior to implementation
- Over 15 referrals in 4 years (2011- 2015)
- Oxford University Hospitals NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- Gloucester Hospitals NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- The Hillingdon Hospitals NHS Foundation Trust
- Milton Keynes University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust (Stoke Mandeville Hospital)
- Chelsea and Westminster Hospital NHS Foundation Trust
- Whittington Health NHS Trust
- London North West Healthcare NHS Trust (Northwick Park Hospital)

# Education and Awareness

- 6 referring hospital visits
- 2 study days held for referring hospitals
- 1 referrers day presentation
- Training sessions for ECMO Consultants
- Training for new ECMO Retrieval Nurse Team



# Process Evaluation

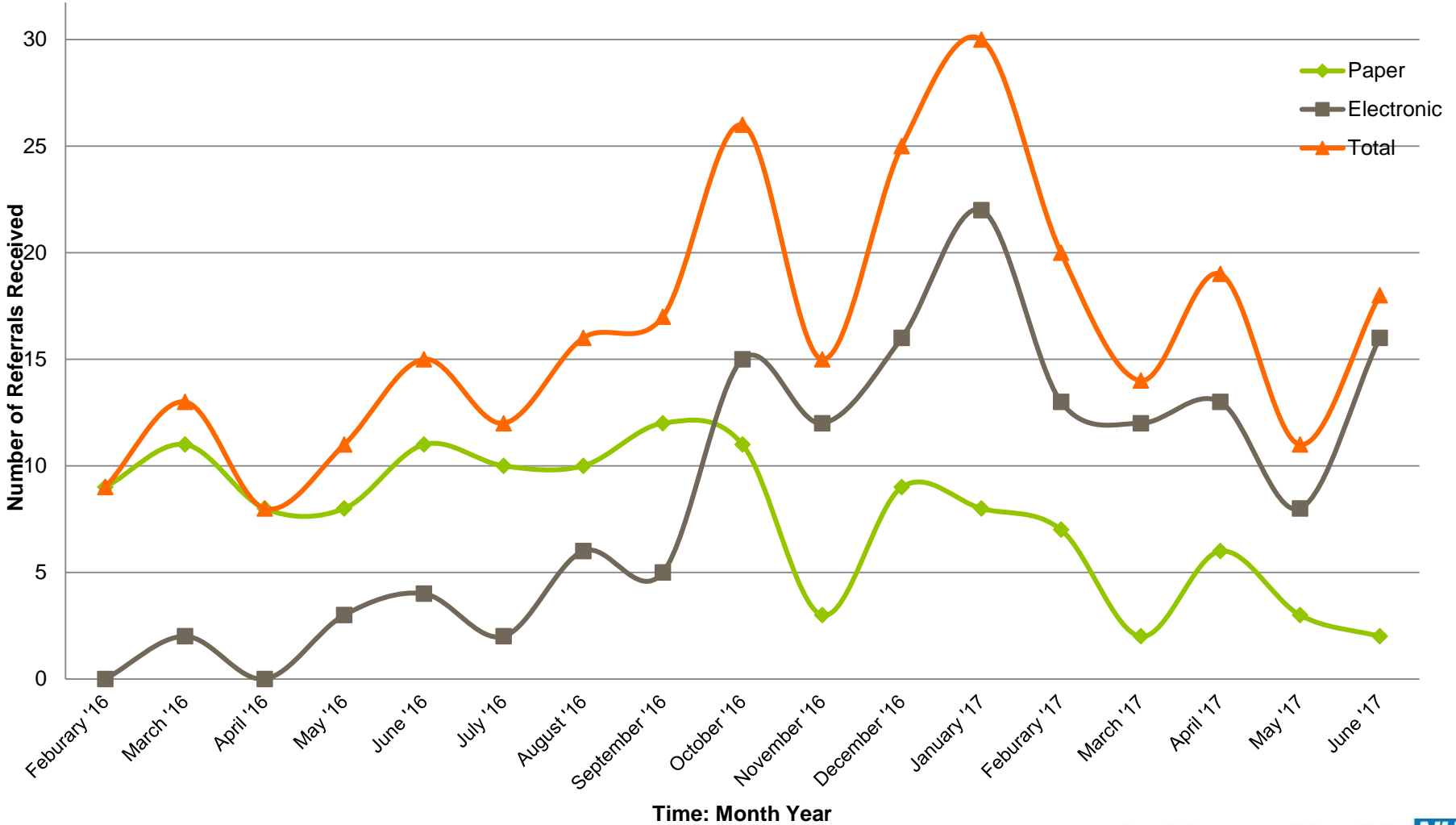
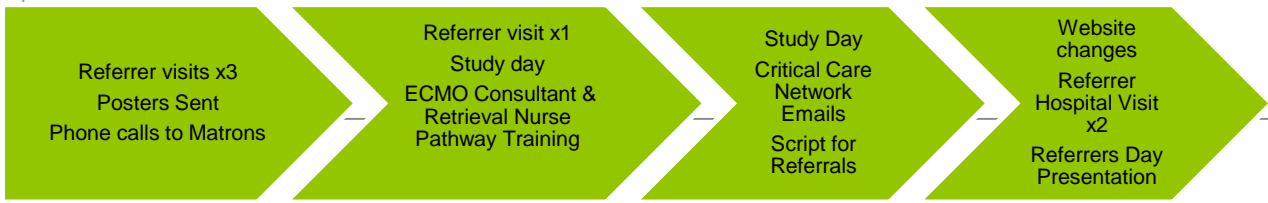
“The digital pathway makes it easier for us to record our decisions”

“It would be really useful to be able to upload documents”

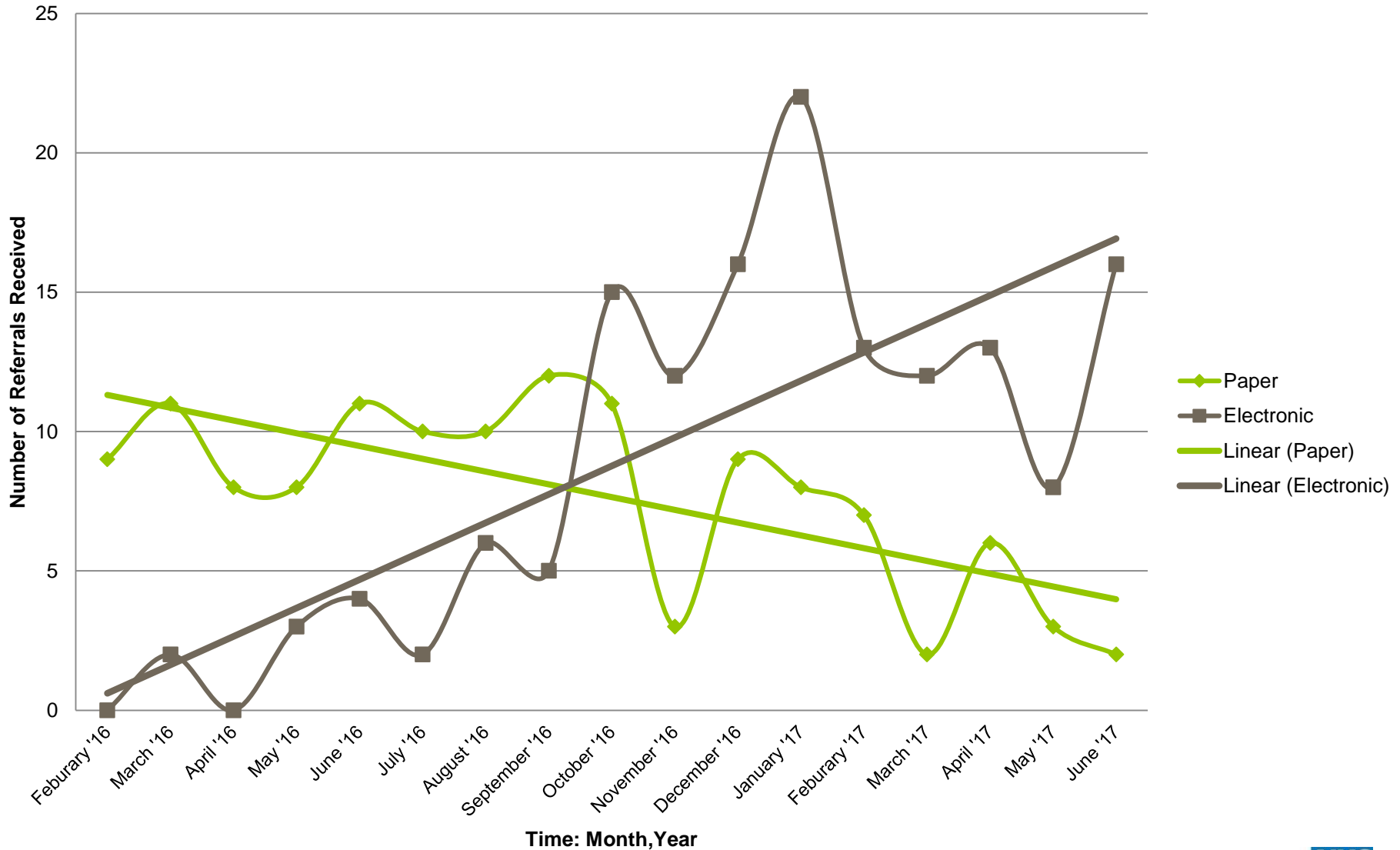
“Technical support has been really beneficial”



# Number of referrals completed: electronic versus paper

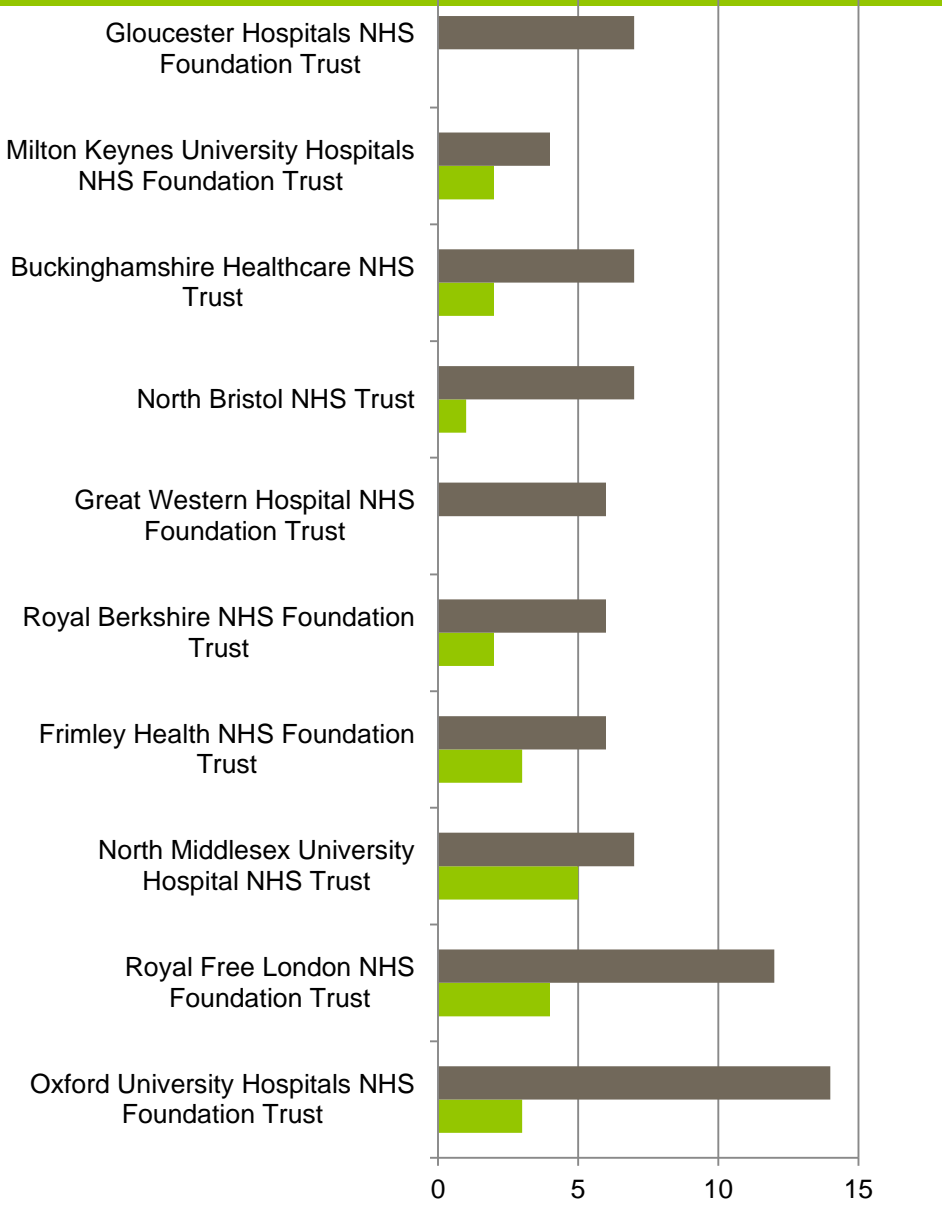
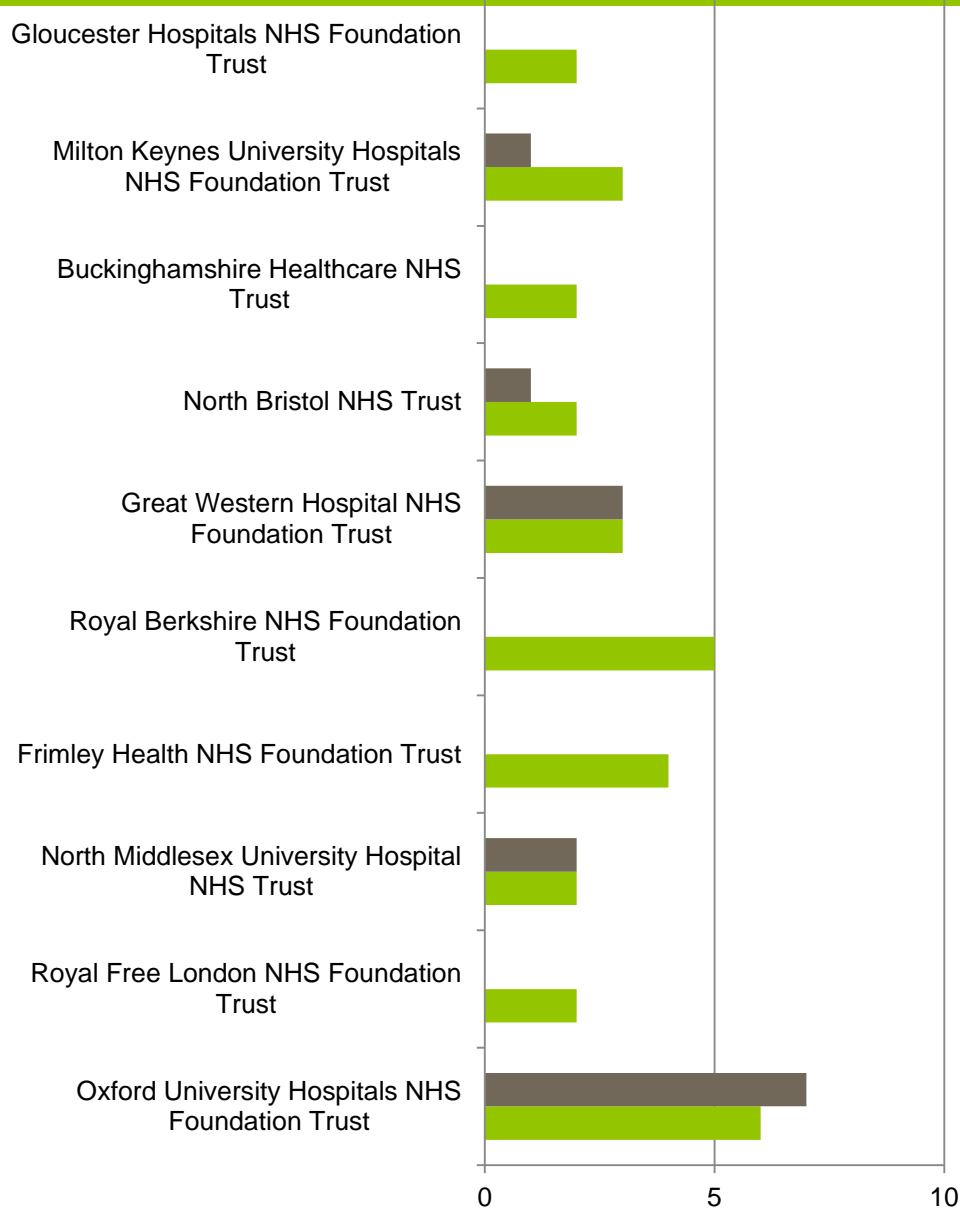


# Trend of Number of Referrals Completed: Electronic vs Paper



# February 2016 – August 2016 (7 Months)

# September 2016 – June 2017 (10 Months)



■ - Paper  
■ - Electronic



# Data quality: paper versus electronic

	P Peak Given	P Plat Given	Overall average number of fields completed
Paper Referral	59%	64%	55%
Electronic Referral	84%	80%	72%

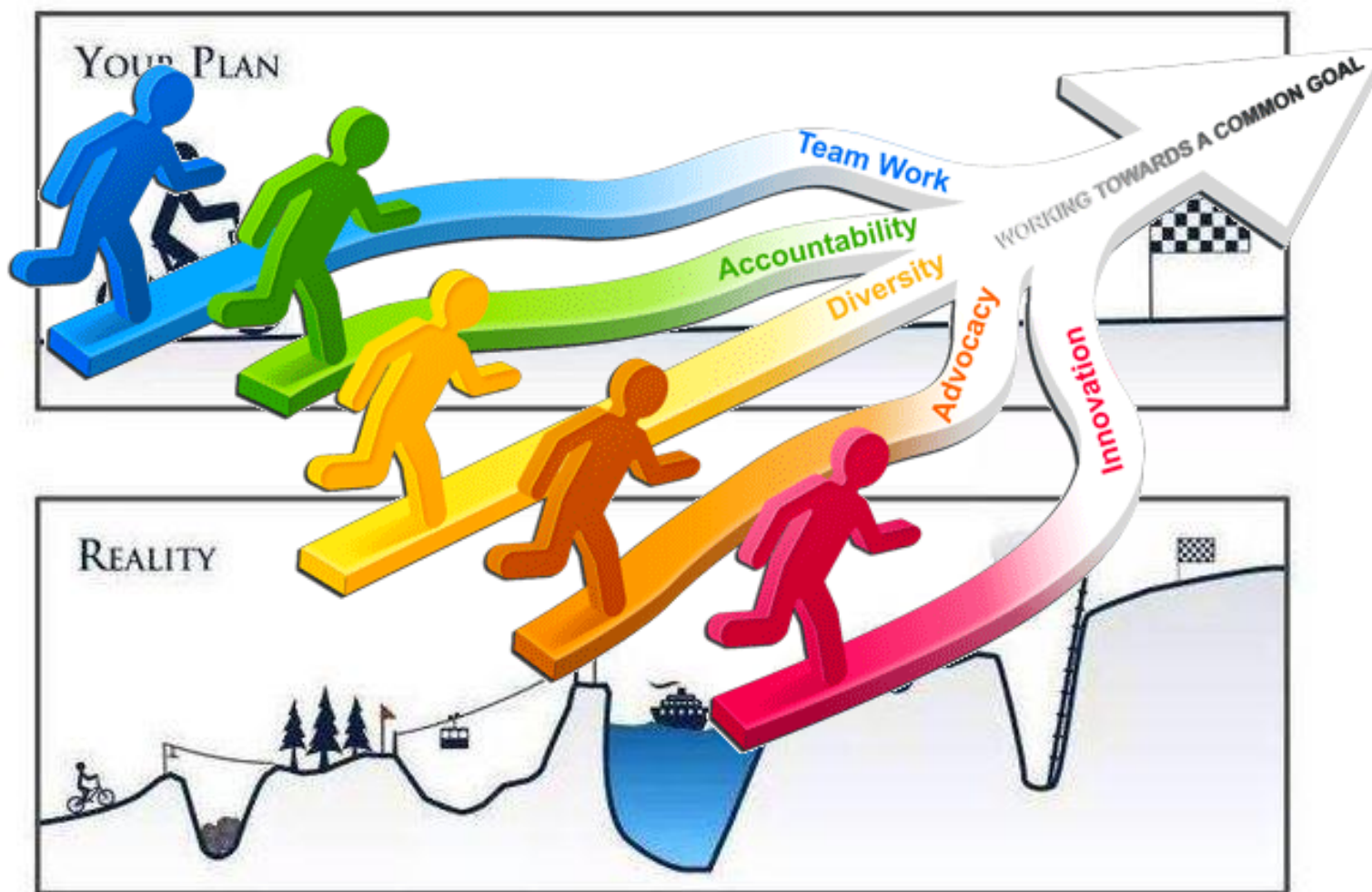
# Acting on the Results

- Train the trainer
  - To provide sustainability
  - To allow self management
- Transition to business as usual
  - Reporting directly off pathway
  - Regular meetings for feedback





# Conclusion



# References

- Institute for Healthcare Improvement (2017) *How to Improve* Available from <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx> Accessed: [27/07/2016]
- NHS England (2016) *Data Quality Guidance for Providers and Commissioners* London, NHS England



[www.hospitaltohome.nhs.uk](http://www.hospitaltohome.nhs.uk)

With thanks to Dr Gillian Halley, Julie Combes and Jo Keating

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