A Haven for Fatigue

Standardising first outpatient visit experience for young people with Chronic Fatigue Syndrome

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Problem
Chronic fatigue syndrome is a debilitating illness for young people. Having travelled a long difficult journey to the service, a random approach to their first visit isn't a recipe for recovery

Background
NICE guidelines recommend that all patients are given an explanation and written information about their condition to improve their experience of care.
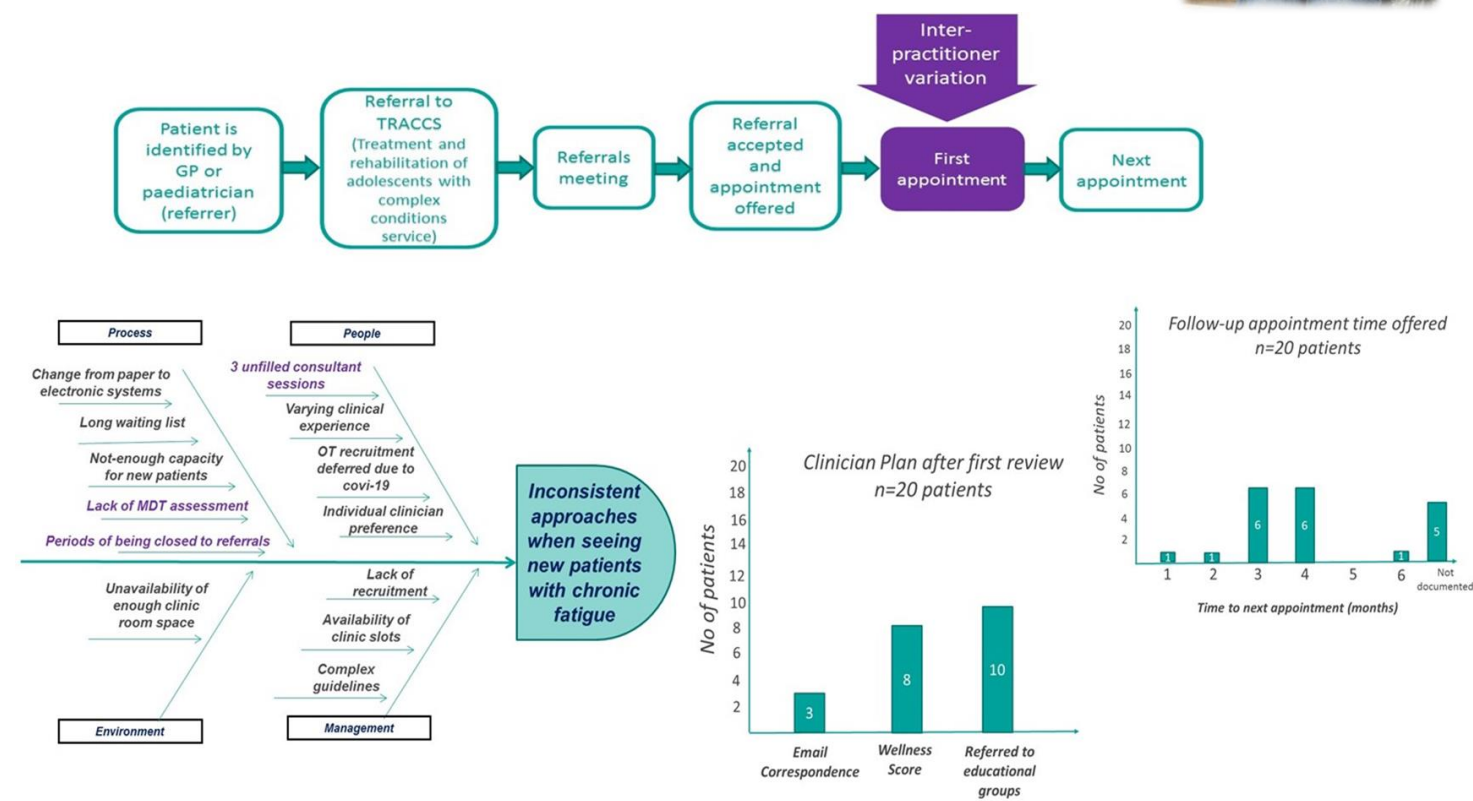A general wellness score helps to describe current functioning (scale 0-100) and gives insights about how the disease affects a young person. The education groups provide information on graded exercise, sleep and pacing which are fundamental to managing and improving symptoms of Chronic Fatigue Syndrome.

Diagnostics

Aim
All patients who attend for their first clinic visit to the service will have a standardised approach* to the interventions made available to them by August 2020

*offered a minimum of 4 basic interventions

By August 2020, All patients attending their first clinic visit will have 4 interventions to improve their experience.
- *recording of wellness score*
- *facts sheets*
- *referral to groups*
- *3-4 months follow up*

Measure
Aim: All patients with Chronic Fatigue Syndrome (CFS/ME) who attend for their first clinic visit to the service will have a standardised approach to the interventions offered to them by August 2020
Chosen measure: No of interventions recorded in plan (wellness scoring, provision of written information, referral to groups and standardised follow up visit interval)
Inclusions: All patients diagnosed with Chronic Fatigue Syndrome
Exclusions: Patients who do not meet the criteria for Chronic Fatigue Syndrome
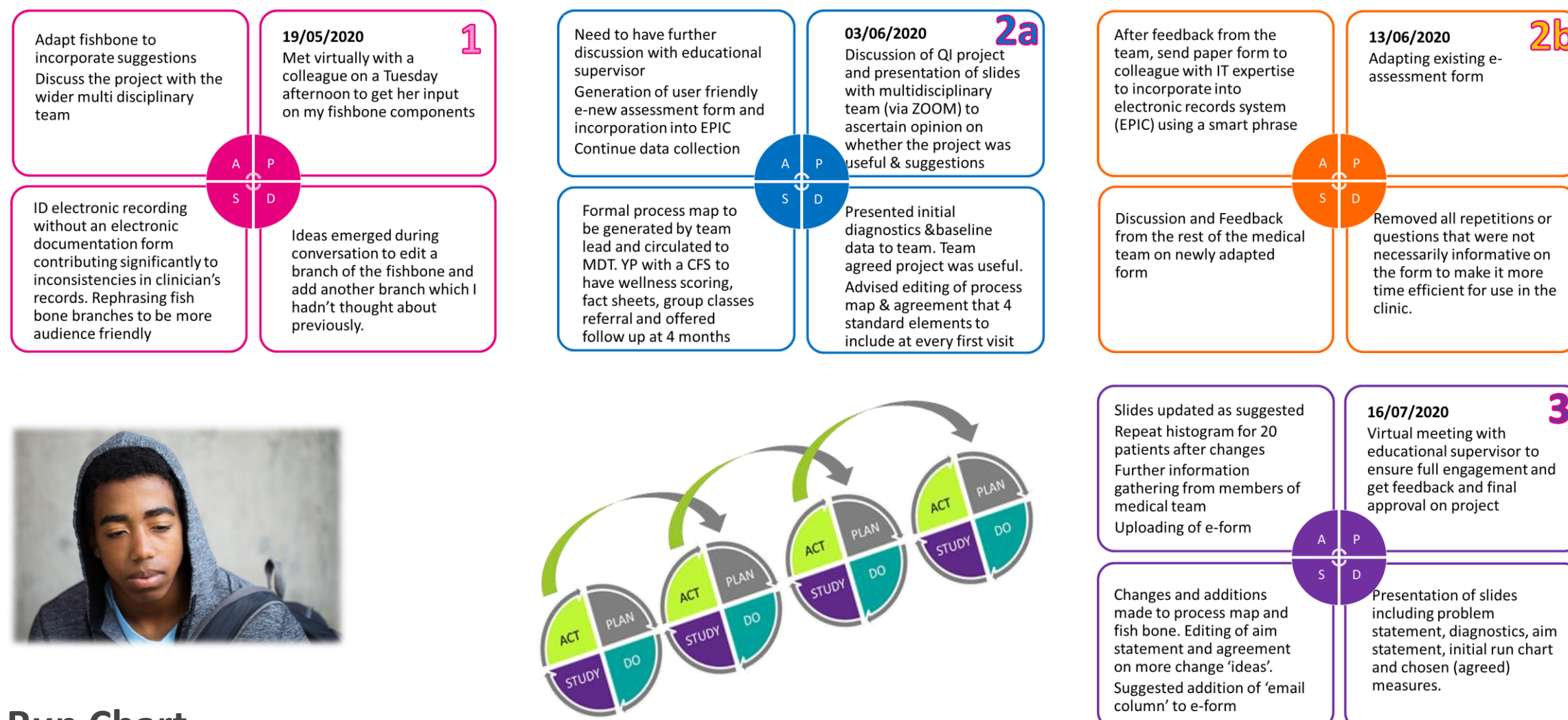**Sampling:** Every cycle of 20 patients, sampled 1-2 monthly
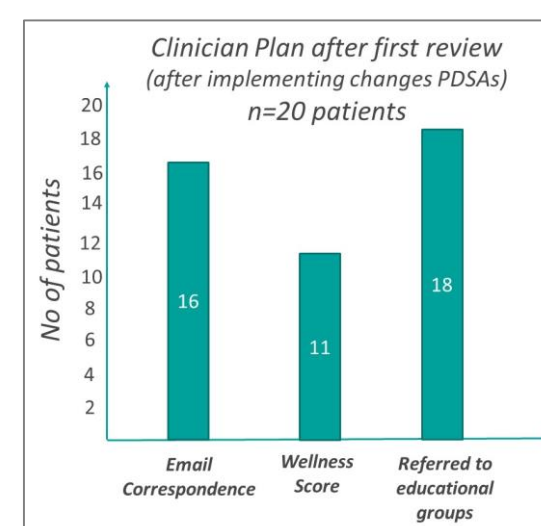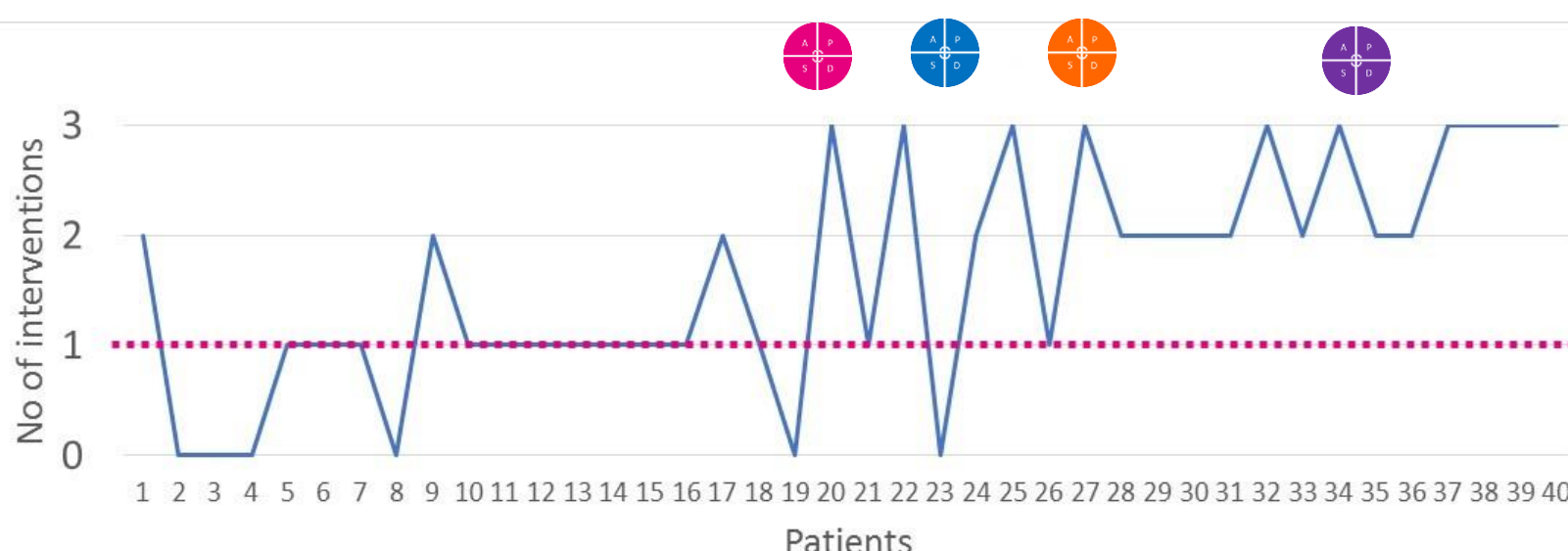
Our change ideas

- TRACCS team discussion to agree on standards
- Edit new patient assessment form to make it more user friendly
- Upload new assessment form as a template in the e-record system (EPIC)
- Ensure all new patients diagnosed with CFS/Me receive fact sheets either by post or via email
- Have database with email contact for all patients – by adding email column on new assessment form

PDSA cycles

1 — Adapt fishbone to incorporate suggestions. Discuss the project with the wider multi disciplinary team
19/05/2020 Met virtually with a colleague on a Tuesday afternoon to get her input on my fishbone components
ID electronic recording without an electronic documentation form contributing significantly to inconsistencies in clinician's records. Rephrasing fish bone branches to be more audience friendly
Ideas emerged during conversation to edit a branch of the fishbone and add another branch which I hadn't thought about previously.

2a — Need to have further discussion with educational supervisor. Generation of user friendly e-new assessment form and incorporation into EPIC. Continue data collection
03/06/2020 Discussion of QI project and presentation of slides with multidisciplinary team (via ZOOM) to ascertain opinion on whether the project was useful & suggestions
Formal process map to be generated by team lead and circulated to MDT. YP with a CFS to have wellness scoring, fact sheets, group classes referral and offered follow up at 4 months
Presented initial diagnostics &baseline data to team. Team agreed project was useful. Advised editing of process map & agreement that 4 standard elements to include at every first visit

2b — After feedback from the team, send paper form to colleague with IT expertise to incorporate into electronic records system (EPIC) using a smart phrase
13/06/2020 Adapting existing e-assessment form
Discussion and Feedback from the rest of the medical team on newly adapted form
Removed all repetitions or questions that were not necessarily informative on the form to make it more time efficient for use in the clinic.

3 — Slides updated as suggested. Repeat histogram for 20 patients after changes. Further information gathering from members of medical team. Uploading of e-form
16/07/2020 Virtual meeting with educational supervisor to ensure full engagement and get feedback and final approval on project
Changes and additions made to process map and fish bone. Editing of aim statement and agreement on more change 'ideas'. Suggested addition of 'email column' to e-form
Presentation of slides including problem statement, diagnostics, aim statement, initial run chart and chosen (agreed) measures.

Run Chart

Number of interventions offered per patient
Wellness scoring =1   Fact sheets =1   Referral to groups = 1

Clinician Plan after first review (after implementing changes PDSAs) n=20 patients

LSP QI Change Champion — Supported by QIC learn

Model for improvement

Background
Our service had been closed to referrals for a few months. On re-opening we had a flood of new patients to see.

What do I want to achieve? — **AIM** — To offer a standardised approach to all new patients during their first consultation. (Reduce variation by at least 50% & increase median score of interventions from 1 to 2.

How will I know if I've achieved it? — **MEASURES** — Variation in interventions offered by clinicians approach during 1st appointment

What ideas have I got to help me achieve my aim? — **CHANGE IDEAS** — Engaging with clinicians on the team. Incorporating their ideas into clinic appointments.

How will I test my ideas? — Periodic measurement will determine whether or not the improvement has remained consistent as clinicians rotate and patient feedback reflects this.