**Quality Improvement Project (QIP) Home visit**

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|  |   |  Supervisor Feedback  |   |
| **Date** *\*automatically inserted* | **GP Trainee entry** | **BE, ME or AE****Below expectations, Meets expectations, Above Expectations** | **GP Supervisor comments** |
| **Project Title and why it was chosen***You should explain what trigger (case, data or events) led you to look at this area. You should comment on the likely impact of this on patients, and review the guidance or evidence that is relevant to the area (e.g. a literature review).* | I had gone on a home visit whilst at the practice and the patient had expressed her relief that I had arrived before the taxi taking her to her hair appointment arrived. I had felt on several previous home visits that the patient could have come down to surgery rather than requesting a home visit. Home visits are obviously more time consuming than seeing patients in surgery. In addition there is full access to the medical notes if patients are seen in surgery and easy access to diagnostics such as ECG if needed.My aim was to ensure that all home visits undertaken at the surgery were clinically indicated and alternatives such as telephone advice/attendance at the surgery were considered. |  |  |
| **Project Aim***When explaining your project aim, consider what you are trying to accomplish, how will you know that a change is an improvement and what changes could you make that would result in improvement in patient safety or patient care?*  | This QIA looked at a review of the home visit policy at the surgery to ensure that home visits were undertaken if clinically indicated and other alternatives considered if appropriate. I was responsible for leading on the review.  |  |  |
| **Describe what baseline data or information you gathered***You should explain how you understood the current position in order to decide that improvements were needed. Explain which QI tools or methods you used to fully understand the ‘problem’ you were trying to solve. Suitable methods would include QI tools for example; assessing baseline data, process-mapping, conducting a survey and using fishbone analysis.**Quality improvement requires attempting to measure some change, though the nature of the measurement will be different in different projects and some data could be available before the start of your personal involvement.* | The number of home visits undertaken in the practice each day by the doctors was collected for three weeks as a baseline. |  |  |
| **Describe what subsequent data or information you gathered***How did you measure and evaluate the impact of change? You should share enough data to demonstrate outcomes; you may not need to share all your data.* | Following the introduction of the first change, the number of home visits performed each day was collected. The first change proposed was a discussion on the telephone with the patient/carer requesting the visit and the on call doctor. The patient would then be triaged to having a home visit/directed towards another service/given telephone advice or given an appointment in surgery. The results were plotted on a run chart (see separate document). The first proposed change did not influence the number of home visits performed. The duty doctor was often too busy to effectively and safely triage all requests for home visits, prior to the coffee break when home visits were distributed among the doctors present. In addition if it was felt that the patient could safely attend the surgery, there were often no free appointments in surgery. It was decided after studying the results not to persist with this change after a period of two weeks. A second change was introduced and a further data collection undertaken. The second change involved the doctor being allocated the visits phoning the patient/carer to triage the home visit request. If the patient required an appointment in surgery, the doctor concerned could add them to their surgery appointments. A run chart demonstrated that this second change did reduce the number of home visits although there was not a significant difference shown on a run chart. |  |  |
| **How did you plan and test out your changes?***Effective QI work involves testing out changes (small cycles of change) and then learning from this experience and building on it. How did you apply this principle to your QI project?* | See the section above: after the initial proposal to ask the duty doctor to triage all visits we changed and allocated to individual doctors who had an incentive to follow things up and the visit rate dropped  |  |  |
| **How have you engaged the team, patients and other stakeholders throughout the project?** *Describe any challenges of getting different team members engaged with your QIA.**Describe how you maintained momentum e.g. planning for an early win:win.* | I discussed the issue informally over coffee with the other doctors, some of whom shared my frustrations. I then discussed the process at a practice team meeting. The practice manager and the reception team were very keen to reduce the number of visits if possible to ensure that afternoon surgeries started on time and urgent paperwork could be done at lunchtime. The reception staff suggested that patients were told that a doctor would phone them back to discuss the visit request to ensure they were seen by the most appropriate person in a timely manner. I produced a series of run chart which I displayed in the meeting room to demonstrate the impact of the changes introduced. It became clear after the first change was ineffective that there was some resistance to the idea of telephone triage by some doctors. After listening to their concerns, I contacted a random selection of ten patients requesting a home visit that had been triaged and asked them about their experience. All ten patients stated that they felt it was appropriate to contact them and were happy with the outcome. One patient stated that she had gone for a coffee after attending the surgery – the first time in 2 years! |  |  |
| **Summarise the changes as a result of your work and how these will be maintained.** If improvement was not achieved, explain why and what you learnt about this.*Describe how you relayed your results to the team and the feedback you received.*  | The new policy will probably be continued by certain doctors who are keen to reduce the number of home visits they personally undertake. Several of the doctors are not keen on the change and just undertake the visits allocated to them. The feedback and reaction to the changes is discussed above.  |  |  |
| **What have you learnt and have you got any outstanding learning needs?** *Think about what you will maintain, improve and stop in QIA?* *It is important to consider what changes you might need to make as you continue to engage with QIA, for example consider the size of project, the amount of evidence collected, how you worked with others, the effective use of IT, its value to long term care and its impact on sustainability (health outcomes for patients and populations from an environmental, social and financial perspective)* | This project was challenging. Although I felt it was very important to reduce the number of unnecessary home visits (and ensure the patient was seen in the best environment with appropriate resources), not all the doctors felt the same way – some feeling that triaging the request could effect the doctor-patient relationship and possibly led to complaints. The patient survey did help to alleviate these fears and was an excellent idea which helped ensure that the project continued. (My trainer suggested this – he had used it previously when introducing telephone triage). In future I will be much more aware that even if I feel that there is a need for change (and there are very good reasons for the change) not all concerned will share my beliefs. Going forward I will try and gain a better understanding of everyone’s views to try and ensure that there is shared commitment to the project. Due to limited ‘buy in’ from all staff members, the sustainability is less clear.  |  |  |

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| **Based on this piece of work, please rate the overall competence at which the trainee has shown that they are performing:**Below level expected prior to starting on a GP Training programme              ▢                                                        Below the level expected of a GP trainee working in the current clinical post ▢At the level expected of a GP trainee working in the current clinical post                        ▢Above the level expected of a GP trainee working in the current clinical post   ▢  |
| **Identified continued learning needs in relation to the QI process [to be completed after discussing the assessment with trainee]** |

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*Completion of this project is a mandatory part of GP Speciality Training; failure to complete all parts will affect training progression.*

*Feedback that the trainee is Below expectation in some sections does not mean that the project needs to be repeated although there may be agreement that this is the best way to get evidence for the competences which this part of training provides evidence for.*

*The assessment of overall competence at which the trainee is performing in this assessment will influence the ES’s overall assessment in the ESR for the year of training in which it is carried out.*

Trainees are welcome to share relevant (Caldecott compliant) data related to this project with this entry. Please note that some file formats will take up more space, using formats like pdf will take up less space. The GP Supervisor is not expected to work through a presentation to find the data which should be clearly demonstrated on this form or referenced.