

Improving wait times for Outpatient Transthoracic Echocardiograms in the Cardiac Investigations Department (CID)

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Quality Improvement Awards 2024

Aim: To improve waiting times over the next 18 months, for outpatient transthoracic echocardiograms (TTE's), with the aim of performing 99% of scans within 6 weeks of the referral date as set by the NHS England guidelines.

Background: TTE's are a popular, non-invasive imaging tool to assess the structure and function of the heart. They provide important diagnostic information to a range of specialities that can directly impact a patient's management and potential treatment. Therefore, an emphasis on performing these scans within a recommended timeframe of ≤6 weeks is set by NHS England in the Diagnostics Waiting Times and Activity (DM01) Guidelines to ensure efficient and effective patient management.

In February 2023 approximately 40% of patients were receiving their Transthoracic Echocardiogram (TTE) within the recommended timeframe. This delay for 60% of patients, not only directly affects the patient, but also breaches the national guidelines and our adherence to the Trust values of being 'Safe and Effective' and 'Exceeding expectations'.

Change ideas:

Increase capacity with:

1. Increasing locum lists (Short term)
2. Enhancing working list initiative (WLI) rates for permanent staff
3. Developing specialist roles to attract qualified staff and increase number of permanent BSE accredited staff.
4. Progressing echo trainees

Improve efficiency with:

5. Employing 2 x echo assistants
6. Monthly departmental training /QA sessions
7. Optimise reporting space and time
8. Delegation of roles and responsibilities

Encourage collaboration by:

9. Bi-annual CID working group meetings with key stakeholders
10. Stakeholders feedback surveys
11. Staff feedback surveys
12. Patient feedback surveys
13. Improving communication channels (Weekly communications email from lead to staff, quarterly departmental newsletters)

Learning:

- Implementing more locum lists in April 2023 had the most significant impact on TTE wait times (Chart 2).
- Locums were only a short-term solution to allow for the building of a sustainable workforce to meet ongoing demand.
- Multiple changes were implemented over the course of this project to target initial sustainability weaknesses
- A limitation to this study is the omittance of measuring the effect of each individual change, however the plateauing in the data's variation from October 23 (Chart 2) combined with a simultaneous decline in locum list /increase in permanent staff output (Chart 3) suggest the cumulative changes are effective in sustaining the output.

Next steps:

- Perform an up-to-date sustainability model analysis
- Brainstorm ideas on how to reduce locum input to 0%

50% Trainees achieved BSE theory. 50% achieved full BSE accreditation

5 new permanent staff started – all with TTE BSE accreditation

100% of patient's surveyed would recommend the service

CID staff job satisfaction has increased to 88.9%

Chart 1: Implementation of changes - timeline

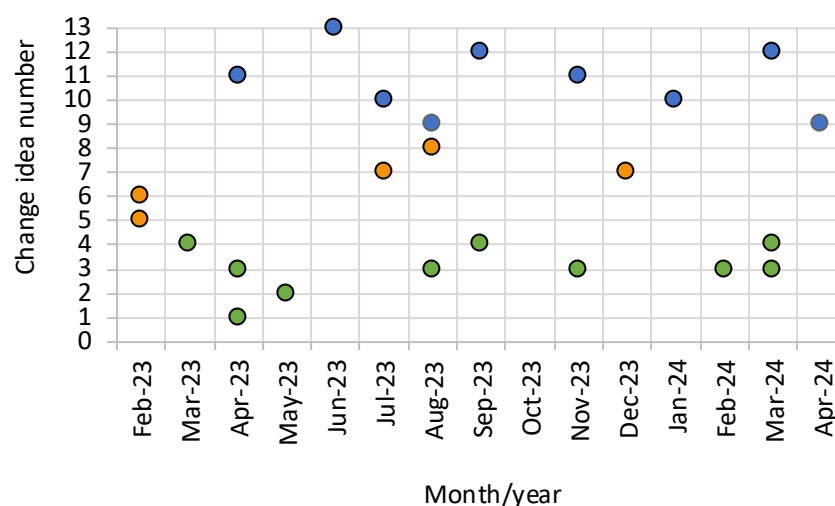


Chart 2: % TTE's performed within 6 weeks

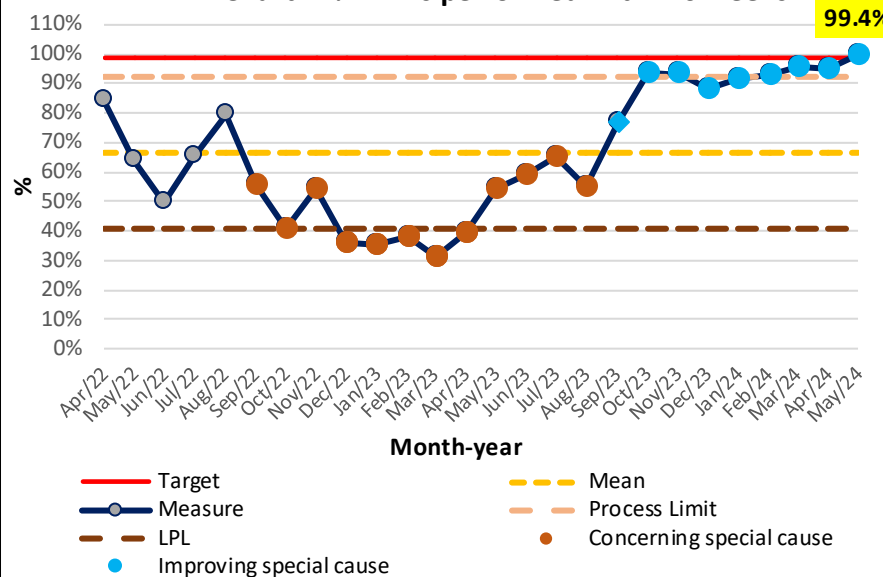
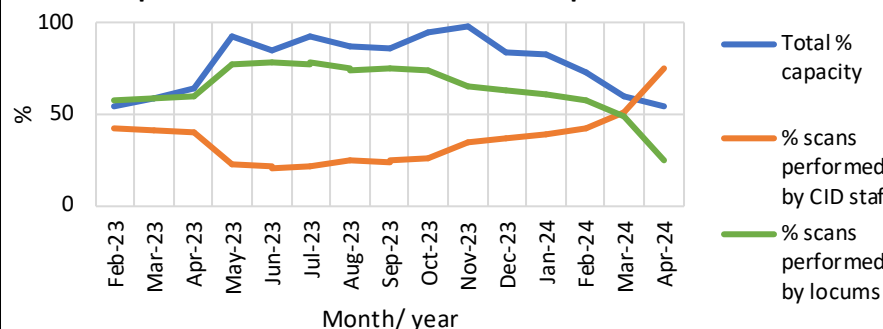


Chart 3: % of CID capacity filled and distribution of scans performed between locums versus permanent staff



PLAN

ACT

DO

STUDY

Cardiac Investigations – Echo service

Wait times for outpatient TTE's have significantly improved over the last 16 months. In May 2024 99.4% of scans were completed within 6 weeks of referral, achieving our projects aim.

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust