Understanding your pathway: The 'Last 10 Patients' QI tool: Experience of NHS Lothian Dermatology pathway

Developed and tested by NHS Lothian's Dermatology team before the outbreak of COVID-19, the 'Last 10 patients' QI tool can help those trying to understand patient flow within their pathway to identify their longest waits. For further information you can download the full case study.
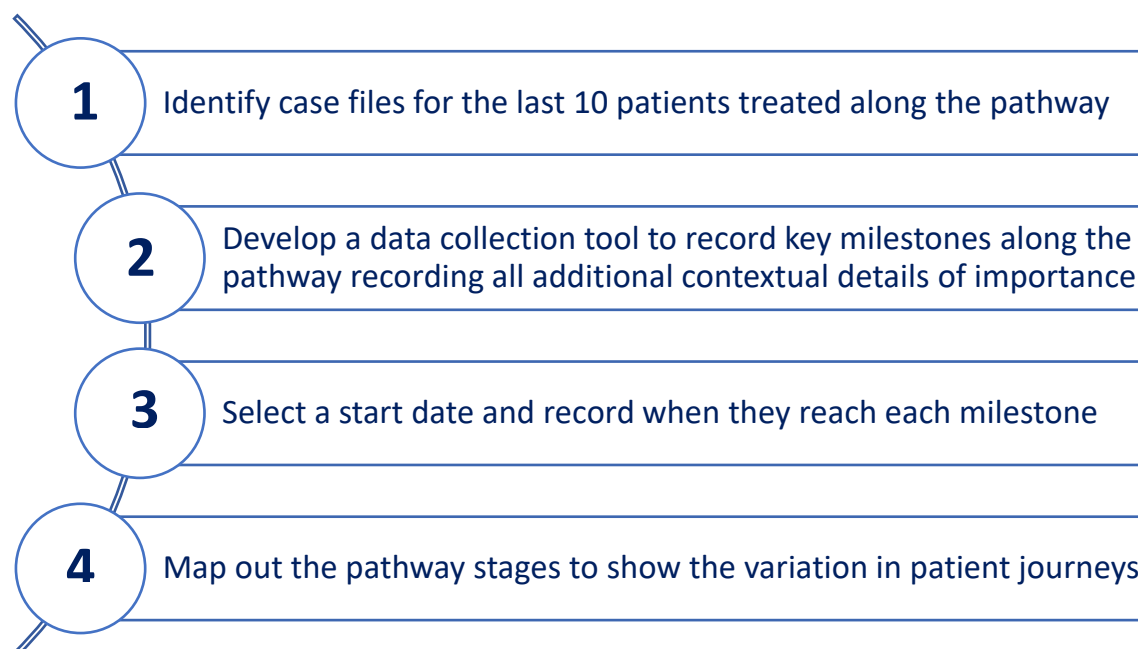
COVID-19: Understanding pathway flow without patient engagement?

As shown by NHS Lothian, the tool can use existing data without requiring teams to conduct face-to-face patient interviews to capture patient experiences. Therefore, with current COVID-19 restrictions in place as elective and planned services restart, the innovation by NHS Lothian and their shared learning provides timely insights for teams looking to understand patient flow within a pathway quickly who are unable to engage with their patients as they previously would have done.

NHS Lothian's Experience

As a board involved with the Access QI programme, NHS Lothian identified that their dermatology pathway faced a high volume of referrals and a long waiting time for skin cancer patients therefore would benefit from a more immediate service redesign. Soon it became clear that whilst talking to clinicians provided essential information, they would need more information to understand *where* and *when* longest waits were within the pathway. They also needed to do this quickly as were facing limited capacity and time.

Drawing upon previous training team members had received from the Lothian Quality Academy they decided to use the 'Last 10 Patients' tool. The tool has 4 key stages:

1 Identify case files for the last 10 patients treated along the pathway

2 Develop a data collection tool to record key milestones along the pathway recording all additional contextual details of importance

3 Select a start date and record when they reach each milestone

4 Map out the pathway stages to show the variation in patient journeys

Innovative ways to visualise pathway flow data

The team chose their pathway start and endpoints as when a GP refers a patient (all referrals for possible skin cancer go to dermatology in NHS Lothian) and patients being transferred to oncology (who assured the team they had minimal waiting times). Additionally, to avoid the mapping exercise

taking months the team realised they could use cases reviewed at a Multidisciplinary Team Meeting two months prior in order to identify those patients who will have completed their pathway. The case notes helped the team identify nine milestones in the pathway. They initially used the template provided in the guidance however realised that presenting pathway milestones as a linear process could be misleading as for some patients this was not representative of their experience.

Therefore, the presented the same information as a graph and found it was easier to understand patient flow within the pathway chronologically rather than the expected pathway order. Plus, the graph also allowed time lapses between milestones to be much more evident.

The team also undertook a Pareto analysis using mean waiting times which clearly showed them that the longest waits were between the patient's initial biopsy and receiving the pathology report so now they had a clear recommendation that understanding that delay could produce the biggest reduction in patient waiting times. By using existing data the team were able to diagnose where the longest waits within their system were and provide essential evidence for developing change ideas with the Melanoma Action Plan Group.

"This Last 10 patients exercise was a validation of where we felt the pressure points were (across the pathway)" **NHS Lothian team member**

Tool guidance and help

Healthcare Improvement Scotland (HIS) have developed a user friendly tool and guide to help teams wanting to visualise patient flow by collecting their own Last 10 Patients data. This can be downloaded here. This is currently still being tested so if you do use it please let us know, your feedback is invaluable.