Enhancing Blood Collection Processes: A Phlebotomy Clinic Improvement Project

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Aims: To determine whether an in-house phlebotomy clinic would reduce the length of time taken for blood tests to be completed and results reviewed within the CAMHS Eating Disorder Service in Coventry and Warwickshire Partnership NHS Trust, which would reduce patient safety incidents caused by these delays.

Methods: Collation of baseline data which includes the timeframe in days between:

Blood tests being requested and blood tests being taken.

Blood tests being taken and blood results being reviewed.

Blood tests being requested and blood results being reviewed.

This baseline data has been displayed in a statistical process chart to show the current length of time taken for each of the above. The baseline data also shows which patients had abnormal blood results that required A&E attendance for urgent repeat testing. It also reviews the near misses that occur due to the length of time taken to review blood results.

Testing change ideas using Plan-Do-Study-Act cycles for each change idea:

Created a central list of all patients who have had blood tests requested.

Introduced standardised days for checking if the blood test has been taken and reviewing the results accordingly.

Increased the number of standardised days for checking if the blood test has been taken.

Development of an in-house phlebotomy clinic.

Results: The statistical process charts show that since introducing the change ideas, the overall mean for the timeframe between blood tests being taken and blood results being reviewed has reduced from 17 days to 2 days. This shows the change in process has had a positive impact on this step. However, the same improvement has not been shown in the timeframe between blood tests being requested and blood tests being taken, nor blood tests being requested and blood results being reviewed. We hope to see an improvement in these two steps with the introduction of our in-house phlebotomy clinic.

Conclusion: Our findings show that the changes in process have had a positive impact regarding the reduction in time between blood tests being taken and the blood results being reviewed. We hope to see a continued improvement in this and all steps of the process with the introduction of our in-house phlebotomy clinic.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving Awareness of Doctor Availability Within a Community Learning Disability Team

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Aims: To improve multidisciplinary team awareness of doctor availability within the East-North-East Leeds Community Learning Disability Team.

To create and implement a resource listing accurate availability per half-day, contact details, and named cover in cases of absence.

To improve team communication, reduce uncertainty, and streamline contact and escalation processes.

To utilise baseline and post-intervention outcome measures to assess improvements in practice.

Methods: This project was formulated following reports of uncertainty around doctor availability, inefficient methods of contact attempts, and with no current effective rota system in place.

A Plan-Do-Study-Act (PDSA) approach was taken to assess and adopt continuous improvement throughout.

Baseline questionnaires were distributed to staff to assess current levels of awareness of doctor availability, escalation pathways, and perceived usefulness of a planned resource.

Key stakeholders (consultants, resident doctors, managers, senior administrators) were engaged to adapt and expand a current limited senior doctor rota, to include all doctors, named cover, enhanced contact methods, and a wider audience. This utilised Outlook calendars, was displayed in the team office, and was updated weekly.

Post-intervention questionnaires were circulated to assess the impact of the intervention.

Further procedures were implemented to sustain this change, including commitments from permanent staff to take responsibility in maintaining the resource, standard operating procedures formulated for administrative and medical teams, and safeguards created to identify future issues encountered.

Results: Response rates from staff were 32% and 36% pre- and post-intervention respectively.

Staff confidence in knowing which doctors were available and when rose from 22% to 91%.

Staff knowledge of how to immediately contact an available doctor rose from 44% to 91%.

Staff knowledge of how to further escalate concerns rose from 67% to 91%.

91% of staff reported using the resource, 91% found it useful, and 82% found it accurate.

Further adaptations were made as the project progressed and in response to feedback and issues encountered.

Conclusion: This project successfully resulted in improving awareness of doctor availability in all domains measured, and was well received.

By developing a clear, accessible rota and engaging staff in its use, staff confidence and team communication improved.

This project led to lasting changes in practice, ensuring ongoing effectiveness sustained beyond the project's conclusion.

Key points of discussion include engagement of key stakeholders in planning, implementing, and sustaining improvement, ensuring feasibility and longevity. Furthermore, reflecting on the effective use of PDSA principles with simple, measurable changes, and implementing ongoing review processes.

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Heritage and Health – Improving the Wellbeing of the Older People in the New Forest Through Understanding the Barriers to Access and the Creation of a Heritage and Nature Group

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