'Strawberry picking'

Improving the referral and triage process for infantile haemangioma

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Background

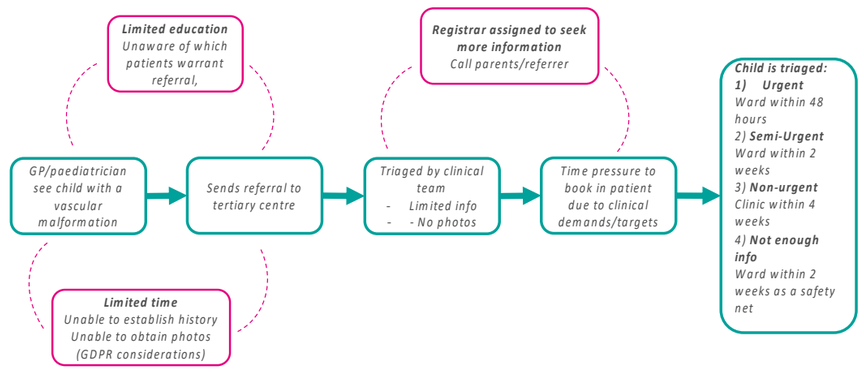
- Infantile haemangioma (strawberry birthmarks) are common affecting 10% of infants
- The majority will resolve without intervention but there are a small subgroup which need **urgent** treatment
- GOSH receives approximately 20 referrals for Infantile haemangioma per week – picking out those who need to be seen immediately is frequently challenging due to limited information on the referral
- Limited resources on the ward, especially in the COVID era, means it is vitally important children are seen in a timely manner and in the appropriate setting

Problem Statement

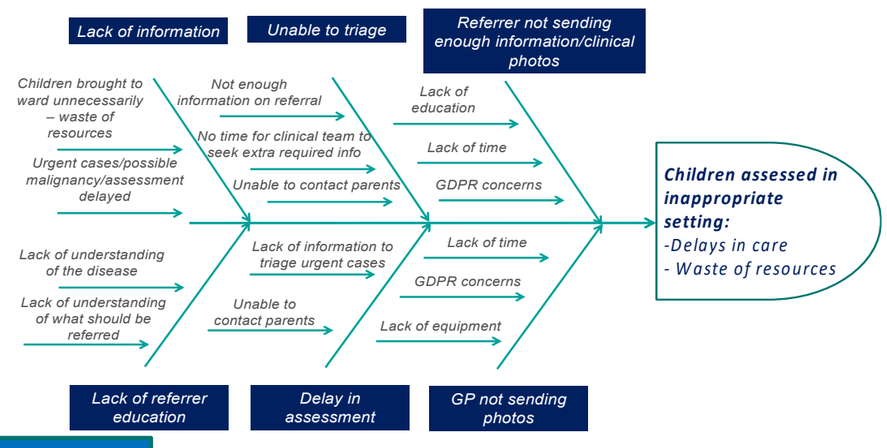
Referrals for assessment of infantile haemangioma often miss vital information leading to the child's first assessment not occurring in appropriate location

This can result in dangerous delays for patients, increases pressure on resources and results in frustration for all

High level process map



Fishbone diagram



Aim & Measure

Aim

- To increase the proportion of haemangioma referrals which are seen in an appropriate first setting to at least 6 out of every 10 patients by March 2021

Chosen measure

- Number of children seen in appropriate first setting

Inclusions

- *All referrals for infantile 'haemangioma' to the tertiary paediatric dermatology unit at GOSH*

Exclusions

- Congenital haemangioma, pygogenic granuloma, tumours, or other vascular anomaly

Sampling method & frequency

- Using weekly patient list and examining referral information
- Data collected weekly
- Can you do this for cases retrospectively? Yes
- Binary measure: 1= child seen in appropriate setting, 0 = child NOT seen in appropriate setting

Change Ideas

1) Referral template for all external referrals

2) Email address parents can send photos to directly when referred to save time chasing and GDPR restrictions faced by GPs

3) Education for DGHs/GPs on key elements to dictate treatment

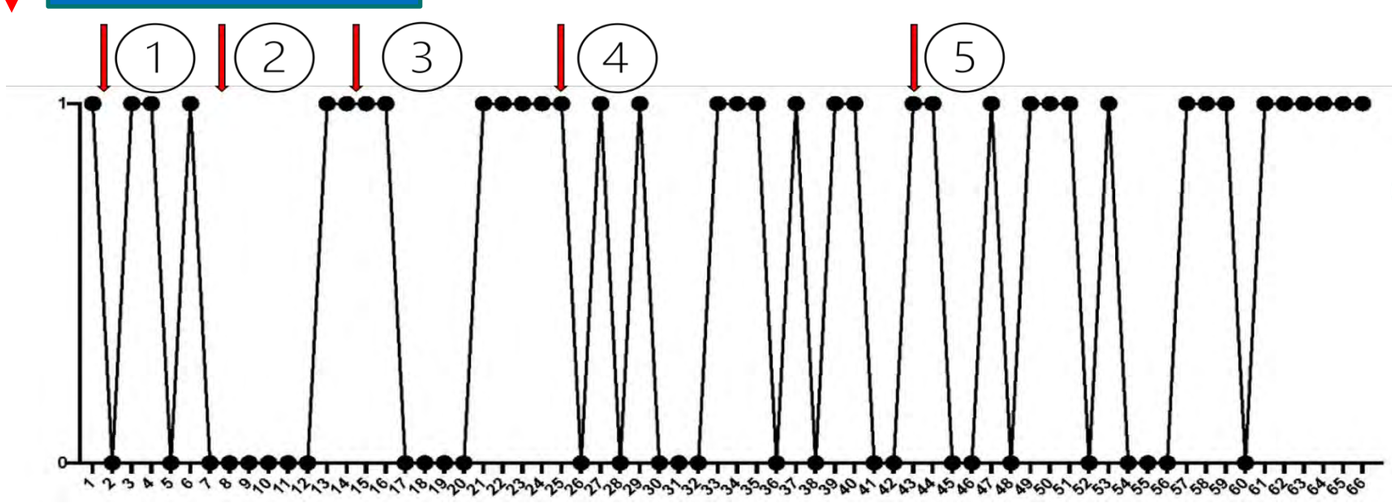
4) Use of a survey sent to parents immediately after referral received to capture key info – delegating this to admin will free up doctor/CNS time

5) Haemangioma triage telephone clinic all new referrals can be filtered into

6) Education for all referring clinicians

PDSA CYCLE	PLAN	DO	STUDY	ACT
1	Permission to act	Problem raised at business meeting Engagement of key stakeholder	Widespread frustration evident amongst consultants, junior doctors, ward staff	Important problem! Great motivation amongst team to pursue
2	Utilising phone referrals as an opportunity practise seeking key information	Registrars asked to seek all relevant information from phone referrals to allow effective triage of this cohort	Successful in seeking photos in most cases Key information for triage still missing	Lack of education amongst registrars in what is needed to appropriately triage Clinicians having difficulty sending photos due to lack of medical camera and concerns about GDPR
3	Triage checklist	Triage checklist for registrars to use when seeking additional information	Improvement in information for phone in referrals	Triage checklist successful – template built in to electronic record system
4	Dedicated email address for parents to send photos circumventing problems with medical staff taking/sending photos	Discuss with ICT Group mailbox set up	Increase in number of referrals with photographs Positive engagement from parents	Ask all referrers to ask parents to send
5	Dedicated triage clinic specific for haemangioma referrals	Discuss with ICT to set up a daily clinic list all new referrals are filtered into Registrars phone parents each morning and complete triage checklist and request photos to be sent to email address	Increase in number of referrals with ALL relevant information and photos and children seen in appropriate setting! Dedicated slot to do this 0830-0930h each day enables easy management of registrar workload When patients attend needs anticipated, e.g. prescriptions, need for imaging, therefore less time spent in department	Now a key part of the referral pathway All haemangioma referrals are directed to triage clinic

Runchart



Reflections

Inhouse education was unexpectedly poor
Address problems in easy reach first!

Very diffcult to change practise outside your trust

Building in checklists and dedicated time to triage maximised engagement.
Make it easier for colleagues to embrace the change than not!

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Team QI with special thanks to Hannah, Lukas & Nikki

QI Change Champion

Supported by QIC learn