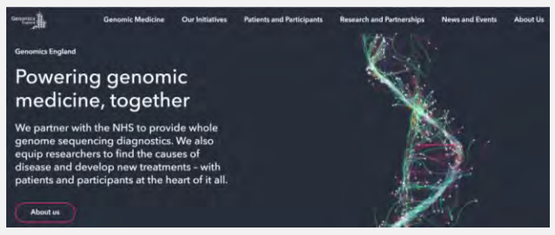
5 **W**hole Metres of Heart-Sinking **G**enome **S**equencing

Atkinson N, Great Ormond St Hospital NHS Trust

BACKGROUND

Organising genetic blood tests in our hospital is a heart sink. It takes ages and doctors don't know how to do it. Families aren't consented properly, testing gets delayed whilst doctors get stressed and distracted from helping their patients



Explore your ONE thing…

Describe the ONE thing you want to work on	What did this score in Choose ONE thing? *(0-8)*
Improving the quality, efficiency and user-experience of junior doctors consenting for and requesting whole genome sequencing blood tests	*2*

Look around you and observe what is happening.

-Heart-sink task for junior doctors who aren't given formal training on this process. Doctor's don't know to how take consent properly and aren't aware of 'electronic shortcuts' for all the documentation involved so they print, handwrite, scan and upload the forms

-Families would probably describe confusion as to why this is such a big process in terms of consenting and paperwork and would also report variable experiences in terms of quality of communication to them during the consenting process

-The lab may report difficulties processing paper forms sent hap-hazardly via email compared to the electronic system

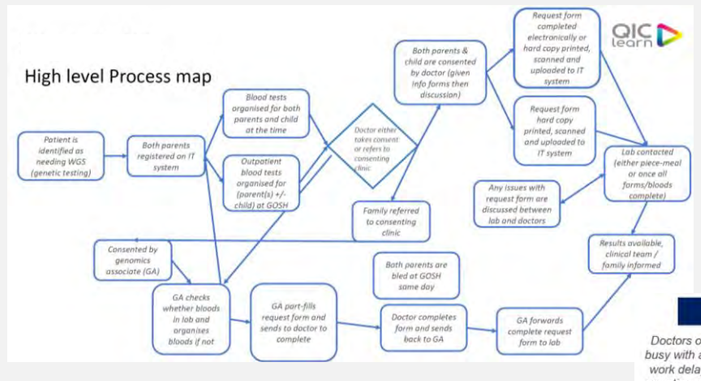
Is it a BIG problem?

Near-daily within Neurology, multiple times daily within the trust

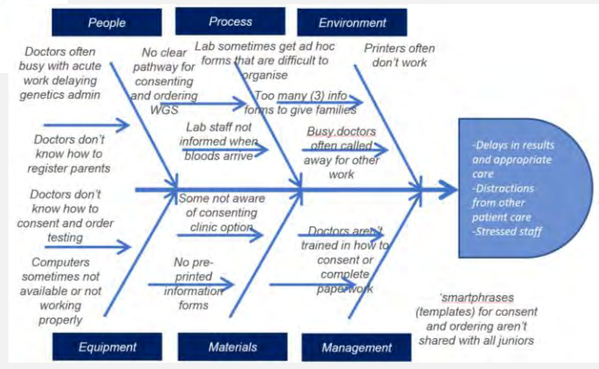
Is it a problem that exists elsewhere?

Within the trust. Don't know what other trusts are doing

DIAGNOSTICS



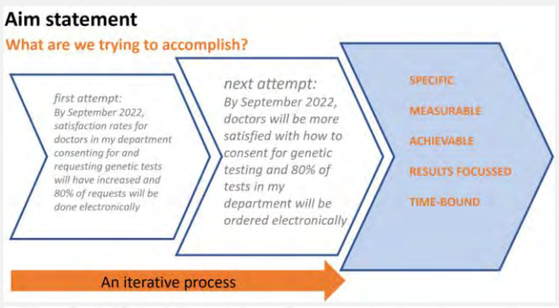
It takes forever…



AIM & MEASUREMENT DEFINITION

Aim statement

What are we trying to accomplish?



Choose & define your baseline measures

7 steps to measurement

Aim: *By September 2022, doctors will be more satisfied with how to consent for genetic testing and 80% of tests in my department will be ordered electronically*

Chosen measure: *Peer whatsapp 'survey' of:-*

A) satisfaction with knowing how to consent

B) Whether a doctor's last testing was done electronically or with paper forms

Inclusion: *Survey responses from junior doctors working in my department*

Exclusions:

A) Responses from consultants

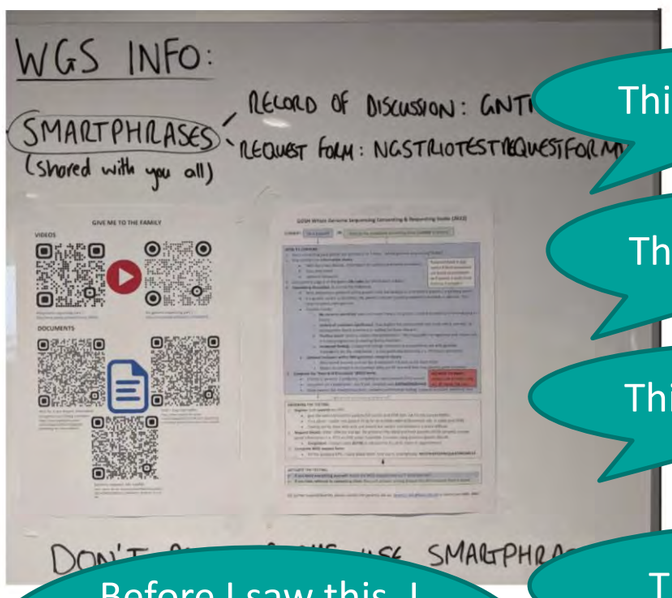
B) Incomplete test requests

C) tests from outside of my department

Sampling method: *Responses to two questions posted on team whatsapp group, posted periodically after PDSA cycles*

Change Ideas	LOGICAL? Definitely = 2 Maybe = 1 No = 0	QUICK & EASY? Definitely = 2 Maybe = 1 No = 0	EXCITES ME? Definitely = 2 Maybe = 1 No = 0	SCORE Logic X Quick X Exciting
Example: My best idea ever!	*2*	*1*	*2*	*4*
Written guide to consent and ordering whole genome sequencing	2	0	1	2
Admin team to email families with information sheets and video links	2	0	1	0
Teaching session for junior doctors	2	1	1	2
Get lab to eradicate paper forms and reject paper requests	2	0	1	0
Increase district general hospital awareness and access to testing via written guide to requesting sent to all local epilepsy teams	2	0	1	0

Doctors Office Whiteboard



This is fantastic!

This is brilliant!

This is Awesome!

This is great Neil!

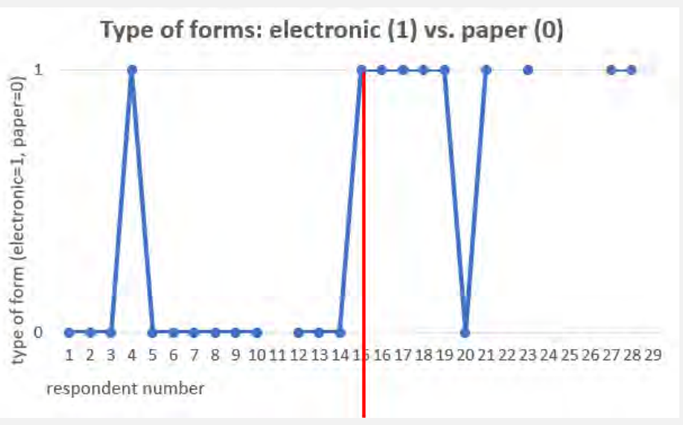
Before I saw this, I didn't activate anything

PDSA cycles

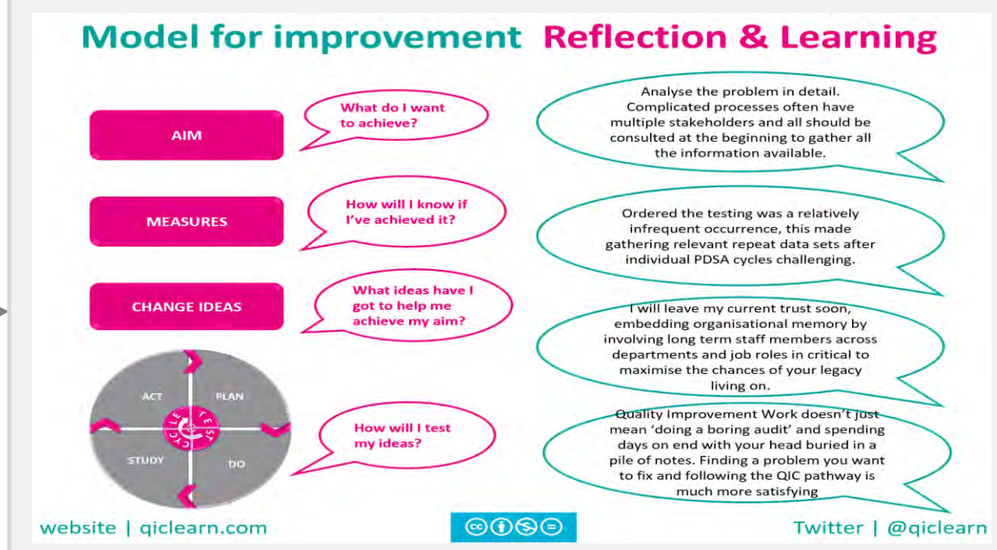
PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Discussion with genetics team and neurology consultant	Met and discussed current process and resources	-Signposted to information videos and info leaflet - Outdated consenting information document highlighted	-Review videos and highlighted documentation -create updated user-guide for doctors
1.2	Create whole genome sequencing consenting and requesting user guide	Created draft user-guide	Informal positive feedback from peers	Draft user-guide for further discussion with genetics team
1.3	teaching and feedback session for junior doctors	Delivered during departmental weekly teaching	Positive feedback, asked to include QR code to record of discussion form	Requested QR code included
2.0	Rationalise shared drive folder, currently has two genetics folders with disorganised files	rationalised information, including addition of my user-guide		
2.1	(future) teaching session in new junior doctor induction	planned		

RUN CHARTS

RED line = intervention 1.1-1.3



REFLECTIONS & LEARNING



| qiclearn.com | londonpaediatrics.co.uk

| @qiclearn | @LondonPaeds

Acknowledgements: Dr Emma Wakeling, Dr Robert Robinson, Danielle Newby, Blanche Griffin

QI Change Champion

Supported by QIC learn