SERVICE OPPORTUNITIES

DUPLICATION

There is an opportunity to improve the use of Clinical Portal to enable the sharing of information digitally and securely.

EMPOWERMENT

Through encouraging nurses and therapy team to use their professional judgement to enable patients to be discharged without having to wait for consultants to make decision.

DIGITAL REQUESTS

Digital requests system would reduce need for use of intern mail and paper based cards, saving clinical time and providing a digital paper trail which could be tracked easily.

VETTING

There is an opportunity to develop a vetting pathway to reduce inappropriate referrals.

SYSTEMS

Consistant system so that it is possible to see data across Lanarkshire sites.

DETECTION AND DATA

New technologies such as real-time technology and machine learning were highlighted by a participant as having potential for the detection of AF.

INNOVATION

There is an opportunity for a team member dedicated solely to arrhythmia analysis for stroke team to enable more time for engaging and supporting innovation.

DEVICES

Through enabling patients to share their data and supporting patient owned devices such as AliveCor there is opportunity to reduce the reliance on hospital owned devices.

DIGITAL HEALTH & CARE INSTITUTE

SERVICE CHALLENGES

DUPLICATION

Duplicate paper and digital results are circulated in part due to lack of awareness that report is added to Clinical Portal as soon as it is produced.

NON DIAGNOSIS

Patients often call the Stroke Liaison Nurse hub due to lack of communication about their results. Normal results are not always reported to the patient.

REPEATED REFERRAL

Patients are often referred for further prolonged monitoring as tests have been unable to detect any evidence of AF or other conditions and access to other tests is limited.

CHASING RESULTS

Patients often call the Stroke Liaison Nurse hub to enquire about results rather than waiting for a letter meaning a lot of time is spent following up referrals and results.

SYSTEMS

The Space Labs equipment and system is used by 2 of 3 sites in NHS Lanarkshire, making it difficult to share information across sites.

DETECTION AND DATA

AF can be present for brief episodes over 2-3 years which can develop into permanent AF. Detection is difficult when limited to 24 to 72 hour monitoring tests.

INNOVATION

It can be difficult for staff to engage in innovation within current working week, resulting in working weekends and overtime which is not sustainable.

RETURNING DEVICES

Devices are often not returned, damaged or lost, e.g. devices returned to A&E at the weekend which impacts timescales as well as using budget to replace.

LOST REFERRAL CARDS

The consultant often physically walks paper-based request cards down to the cardiology ward to avoid risk of loss and delay due to internal mail.

PATIENT EXPERIENCE

Patient's are limited for bathing and can find the device bulky, particularly for lying in bed. Electrodes can fall off or get caught also making it difficult to go about normal routine.

WAITING TIMES

There can often be a wait for availability of staff to fit monitors due to shortage of staff.

VETTING

Inappropriate referrals can be a drain on time and resource due to lack of information being provided or the requested tests being unsuitable for medical query.

ACCESSIBILITY

Getting to an appointment can be challenging for a patient coming in for a short appointment. Patients often need to be accompanied or rely on patient transport.

VARIATION

There is a lot of variation in the standard monitoring time across sites from 24 hour to 72 hours for example one site uses 3 x 24 hour tapes for 72 hour monitoring.

TIME PRESSURE

Often patients don't know why they have been referred, feel anxious about the tests. Time is required to allow for patient empathy as well as undertaking all fitting activity and explantion.

QUALITY OF DATA

The quality of the data impacts on the analysis time and effective diagnosis. The importance of skin preparation for ensuring good quality data is understood but often the Assistant Technical Officers (ATO) who normally do fitting don't see impact on data quality of poor application as they are not analysing the data.

PATIENT COGNITION

Patients often forget they have an appointment or are unsure why they have the appointment due to cognitive impairment. The current technology can also seem frightening to some patients, particularly if they are unsure what it is and its purpose.