

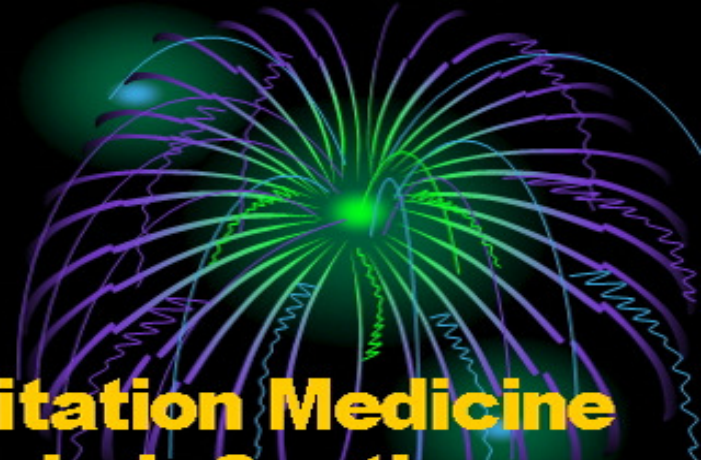


Goodness gracious me !! *(or what we learnt from a simple audit)*

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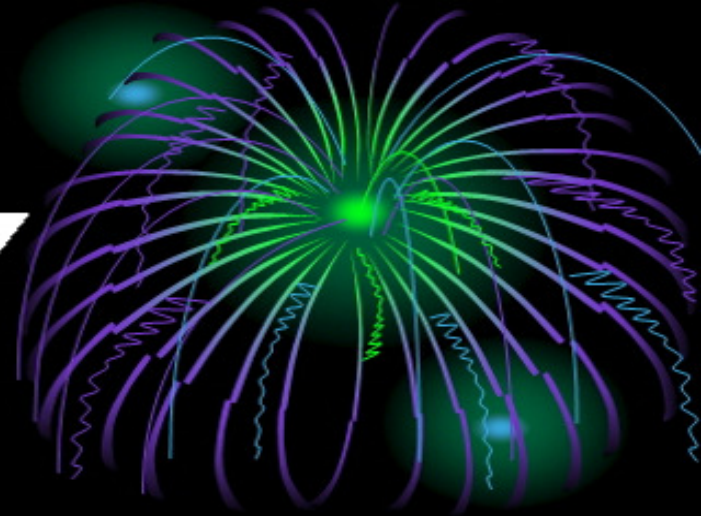
STANMORE SPECIALIST WHEELCHAIR SERVICES

Background



- **In 2004, the British Society of Rehabilitation Medicine (BSRM) published “*Specialised Wheelchair Seating – National Clinical Guidelines*”**
- **This included maximum timescales for elements of the service. The recommended timeframe for referral to assessment was thirteen weeks (91 days) in line with the DH standard for referral to outpatient appointment.**
- **This study audits the performance of the Stanmore Specialist Wheelchair service (SWS) against this guideline.**
- **Stanmore SWS provides special seating and electrically-powered indoor/outdoor wheelchairs (EPIOCs). Both elements were included in this audit.**

Initial methodology



- **A baseline retrospective audit of the data from 01/04/2003 to 31/03/2004 was performed.**
- **The referral dates for all clients assessed in the multidisciplinary team (MDT) clinics were retrieved.**

Initial results

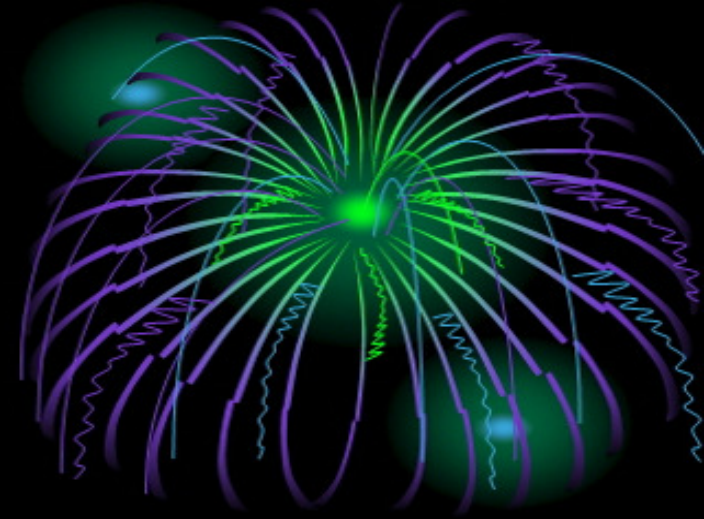
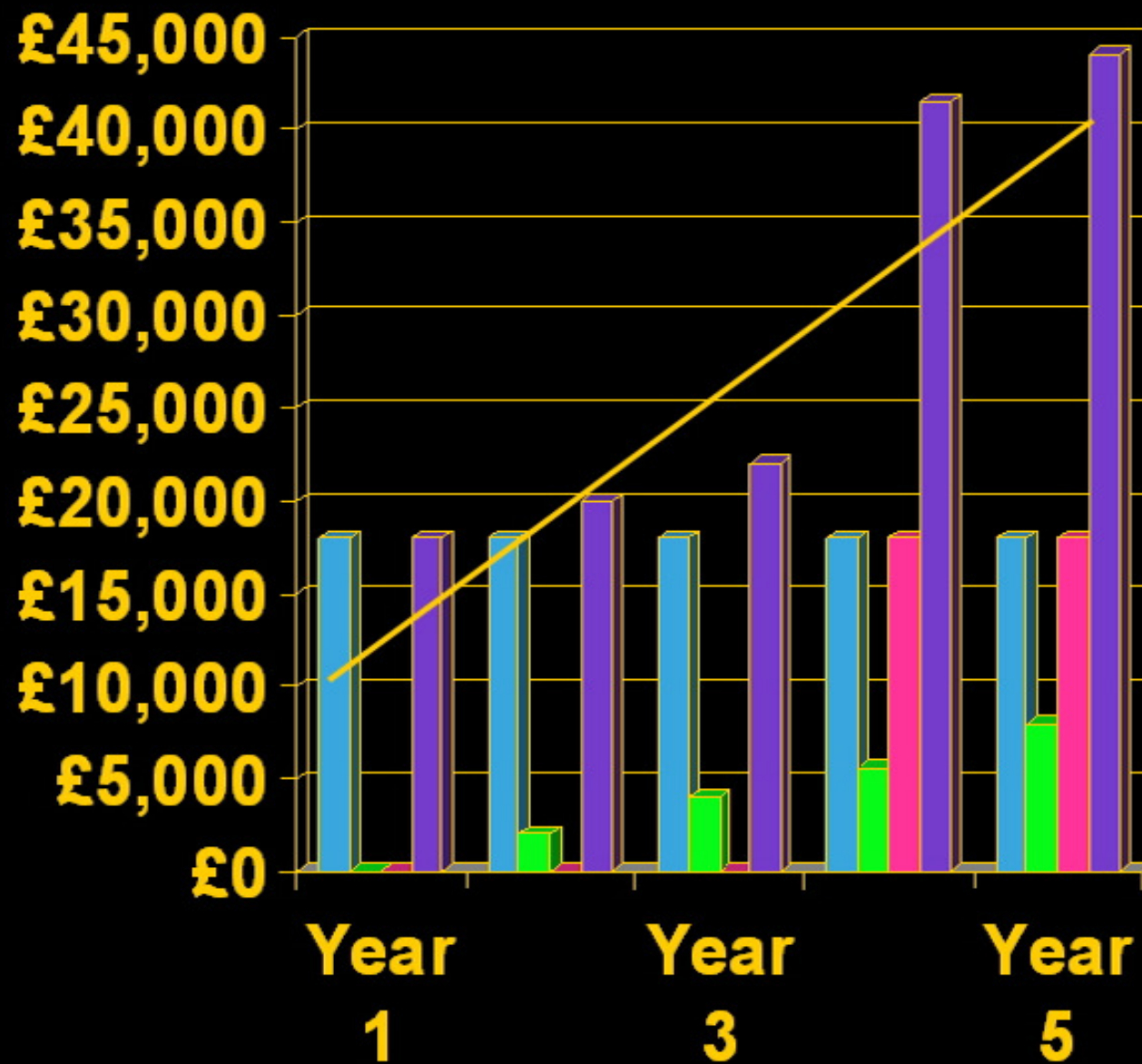


- **Overall compliance with the guideline was a disappointing 60%**

	2003/2004
<i>Total no. MDT clinic assessments</i>	364
<i>Of these: number seen in <91 days</i>	218
<i>% seen in <91 days</i>	60%

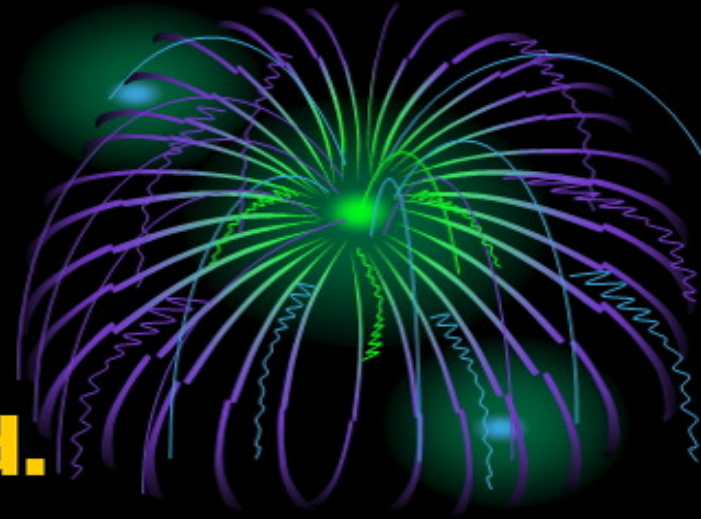
Outcome

- **Could compliance be improved by changes to the service?**
- **Three areas for improvement were suggested:**
 - **Use resources more effectively by:**
 - minimising DNAs to clinics
 - covering for annual leave to increase numbers of clinics
 - **Optimise use of clinic slots by:**
 - ensuring referrals are appropriate
 - better prioritisation of referrals
 - **Better liaison with purchasers to:**
 - discuss more effective models of service
 - agree joint strategy if/when funding restricted
 - ensure understanding of service costs



Re-audit

- **All changes were implemented.**
- **Data from subsequent years was audited to monitor the impact of the changes.**
- **Referral dates for all clients assessed in MDT clinics from 01/04/2004 - 31/03/2005 and 01/04/2005 – 31/03/2006 were retrieved.**



Results of re-audit

- Overall compliance was again disappointing and seemed to be getting worse despite the changes having been implemented successfully.**

	2003/4	2004/5	2005/6
<i>Total no. MDT clinic assessments</i>	364	376	401
Total seen in <91 days	218	182	179
% seen in <91 days	60%	48%	45%
Average wait	110 days	157 days	213 days
Range (days)	1-900	1-1434	1-1686

Why was there no improvement in the referral-to-assessment timeframe when changes had resulted in more assessments being completed?

- Were more referrals being received?

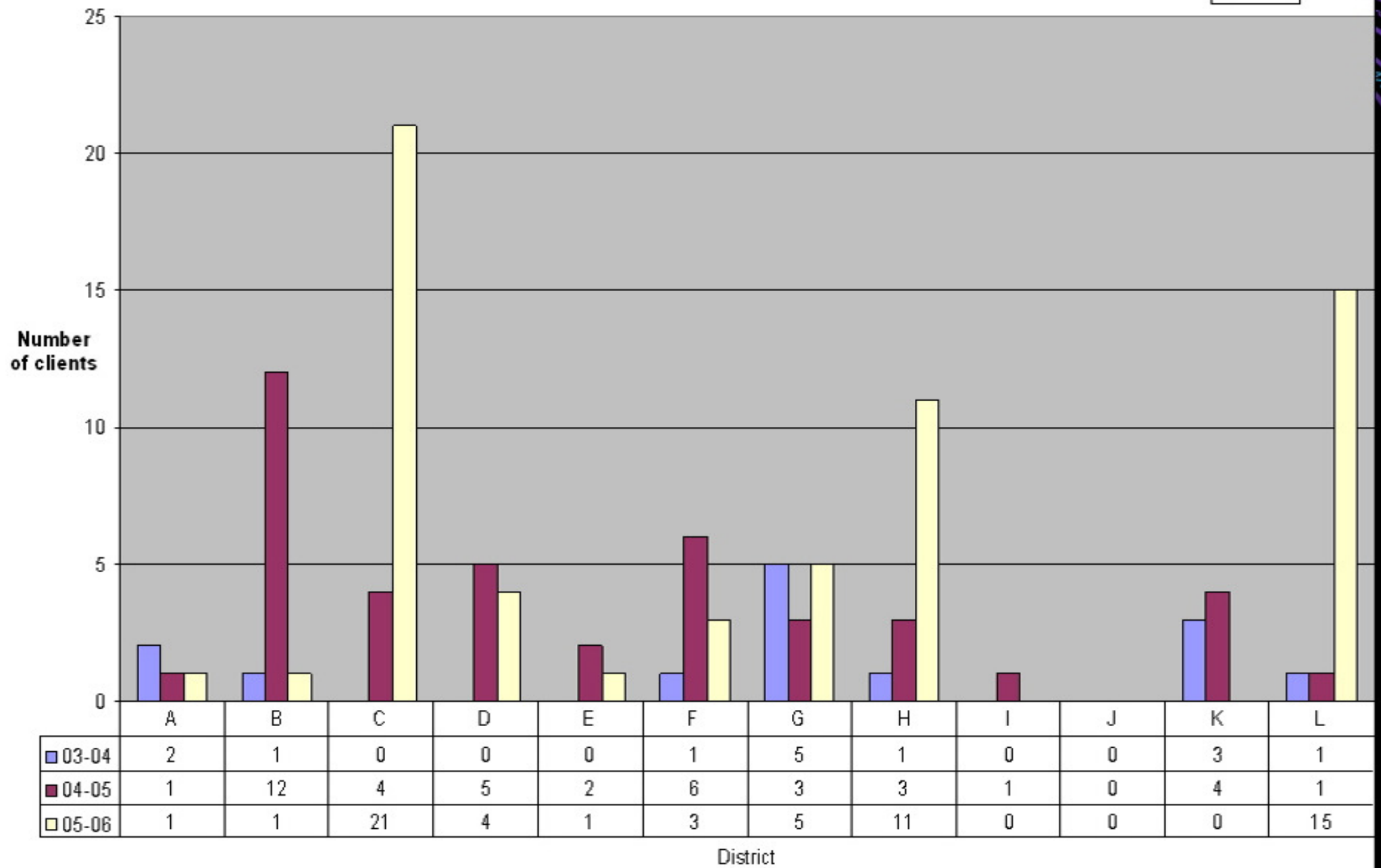
	2002/3	2003/4	2004/5	2005/6
No. referrals received	425	448	388	413



- **Do waiting times reflect, in part, the embargo on assessment activity once the annual equipment budget has been consumed?**

Clients waiting > 1 year for assessment

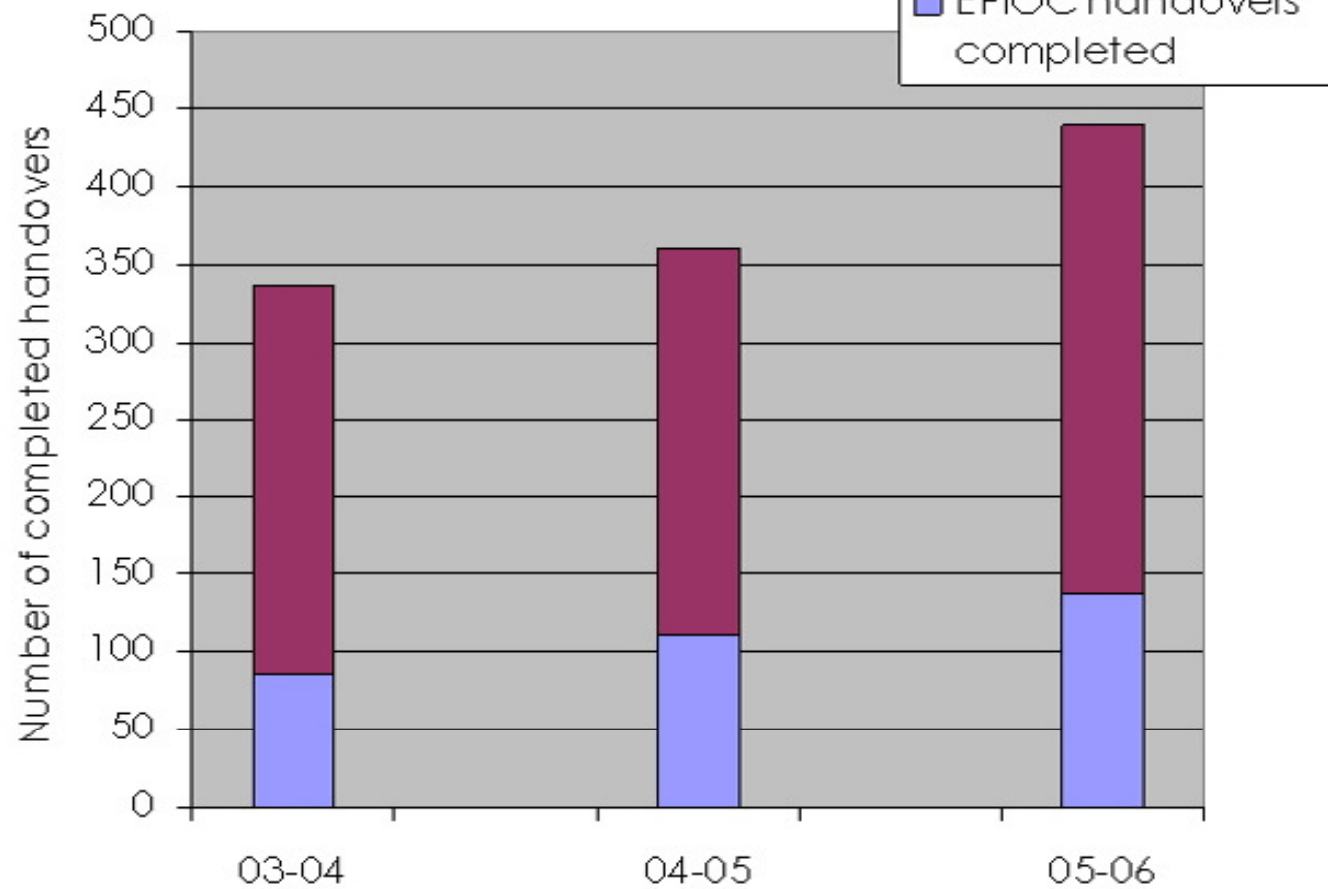
03-04
04-05
05-06





- **Was other activity, that was not being captured, using up the budget?**
- **It was suggested that an analysis of handover data might be informative**

Completed handovers 2003-2006



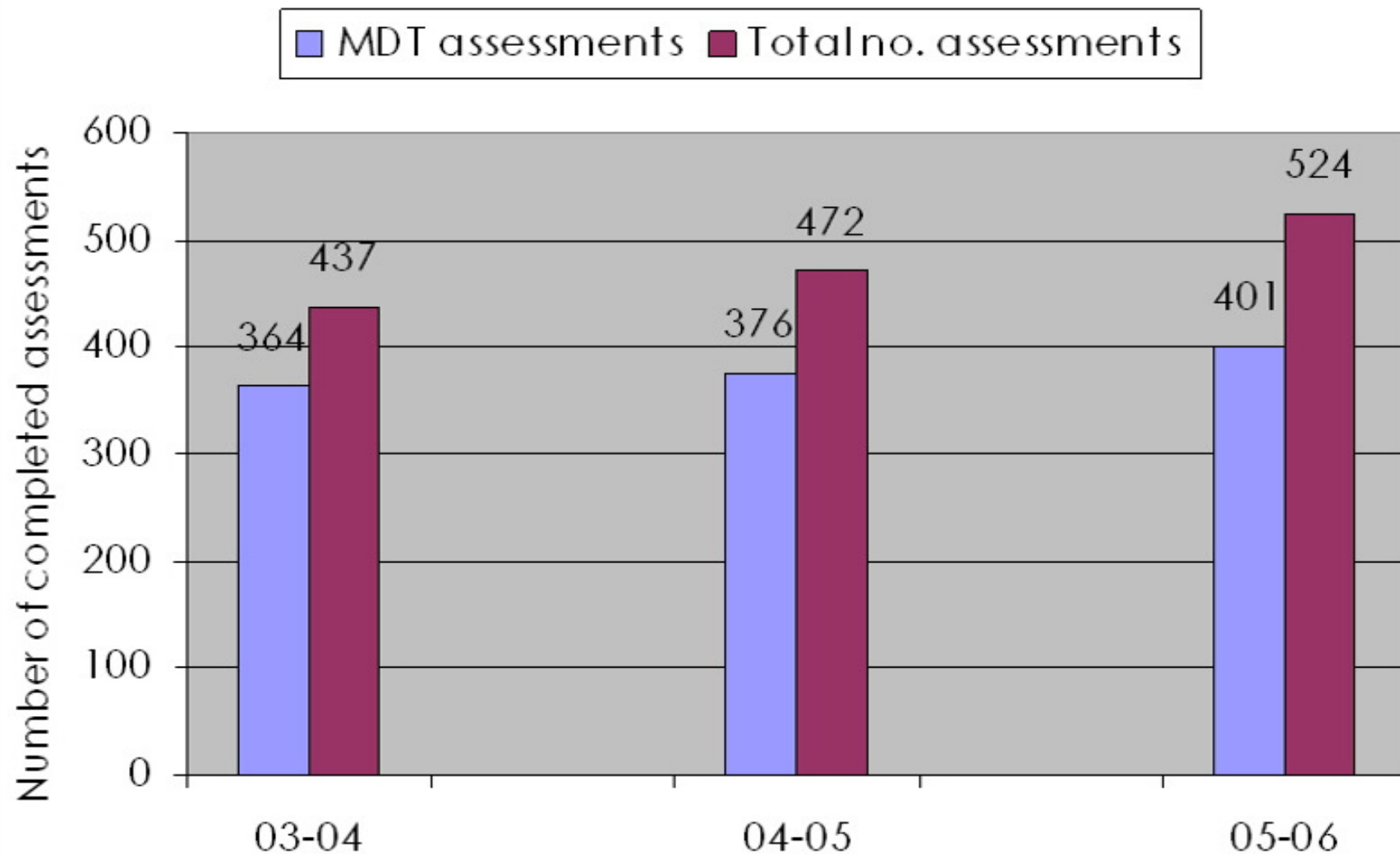
- **While the number of assessments completed had increased by 10% in 05/06 compared with 03/04, the number of handovers had increased by a surprising 30% !**

The Hidden Data



- **Many systems had been provided to existing clients who had by-passed the formal re-referral and assessment procedure because they were being re-assessed informally during review/maintenance appointments.**
- **To capture this 'hidden' activity, these episodes were added to the MDT assessments for each of the 3 years**

Completed assessments 2003 - 2006



With this more complete data taken into account, assessments have actually increased by 20% between 03-04 and 05-06.

What percentage of this total number of assessments took place within the 13-week guideline?



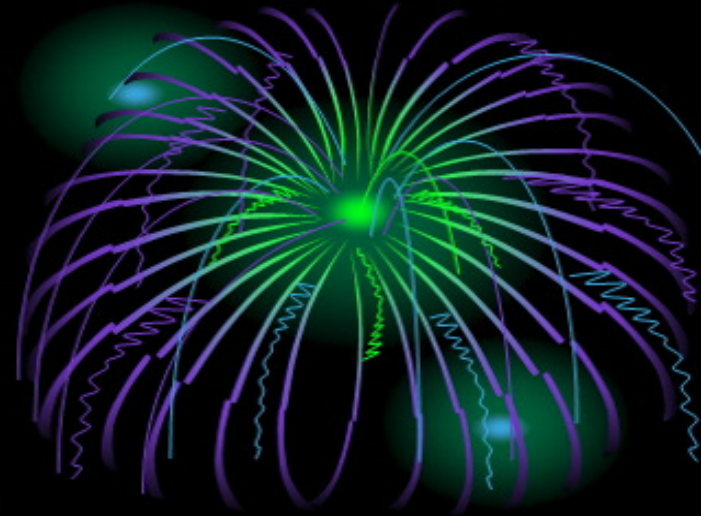
	2003/ 4	2004/ 5	2005/ 6
Total no. assessments	437	472	524
Total seen in <91 days	285	266	291
% seen in <91 days	65%	56%	56%

Conclusions -1



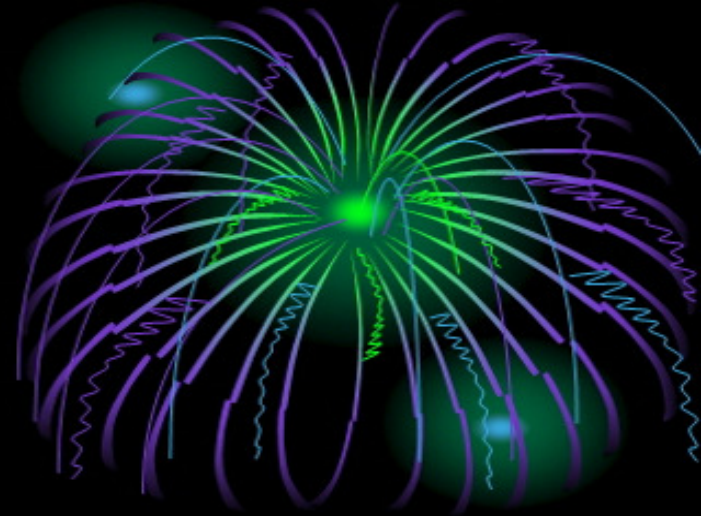
- **Despite service improvements over the period audited, the timeframe from referral to assessment remains disappointing.**
- **The service is falling well short of complying with the BSRM guideline.**

Conclusions -2



- **However, the revised figures demonstrate better compliance than analysis of MDT assessments alone. As the additional activity relates only to existing clients, it appears that they are getting a more efficient service.**
- **This was an agreed strategy with our purchasers.**

Conclusions - 3



We are being efficient!

- **In an attempt to retain the MDT assessment clinic slots for new and more complex cases, the service has developed alternative mechanisms to review and support existing clients.**
- **We are performing more work year on year with the same complement of staff.**

Conclusions - 4

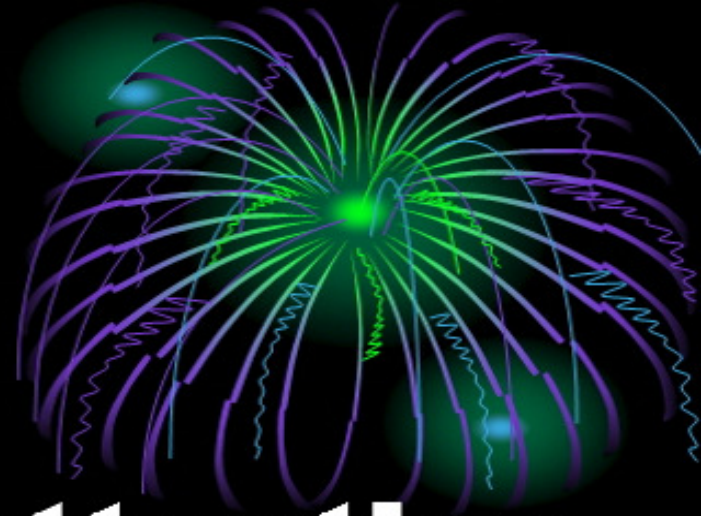


- **We have demonstrated a link between underfunding and long waiting times.**
- **However, our dialogue with purchasers to date, has not resulted in the necessary funding to support improvements in waiting times.**

Discussion



- **Achieving compliance with the 13 week guideline - what are the obstacles in our way?**
 - lack of staff capacity
 - lack of space
 - inadequate hardware budgets
- **Is the 18 week pathway the way forward??**



Thank you for your attention

Any questions??