

Introduction of Venepuncture in Gynaecology Outpatient Clinics to Improve Patient Experience and Reduce Care Delays

Project leads: Hannah Macafee, Danielle Stone - Gynaecology Specialist Nurses

Background:

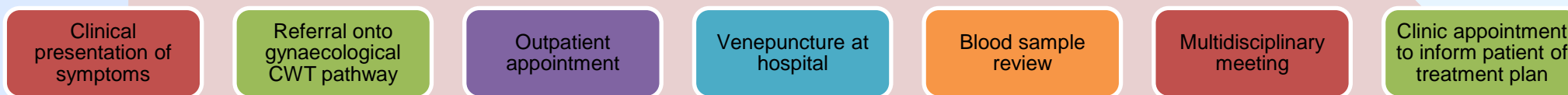
Blood samples are often required when investigating gynaecological cancers, (Akbari et al., 2020). However, venepuncture services were not offered in clinic.

Idea/Aim:

To train clinical nurse specialists (CNS) to perform venepuncture in gynaecology outpatient clinics; preventing care delays.

Strategy for Change:

The 'PDSA' cycle was used to introduce and analyse the quality improvement on a small scale (Healthcare Quality Improvement Partnership, 2015).



SMART Aims:

Specific:

- Aim is to reduce delays on CWT (cancer waiting time) pathway for suspected gynaecological cancer patients by allowing clinical nurse specialists to perform venepuncture in outpatient clinics.
- Clinical nurse specialists are the 'change agents'; responsible for implementation of change (Alagoz et al., 2018).

Measurable:

- To measure the success of the project, an audit will be undertaken (Flottorp et al., 2019).
- Review previous MDT meetings over a set period of time (6 months), identifying the number of meeting outcomes highlighting a requirement of blood samples to be taken.
- The number of MDT outcomes mentioning blood samples are measured pre and post QI implementation, ensuring that change is measurable (Flottorp et al., 2019).

Achievable:

- It is a common inconvenience for patients currently - exacerbated by clinic location move to city centre.
- The key stakeholders include CNS team, gynaecologist consultants and women's health clinic (WHC) staff (Bell et al., 2016).

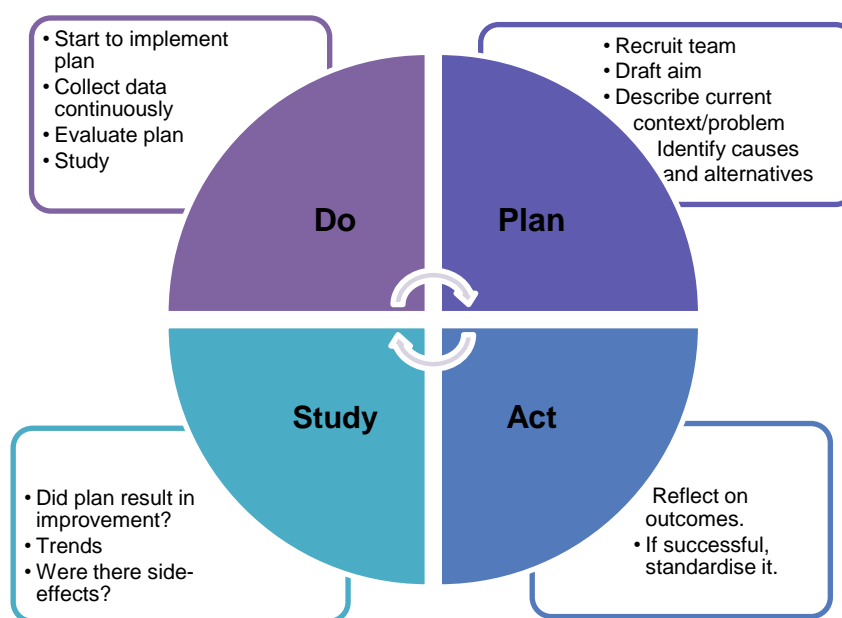
Relevant:

- The change aims to positively impact the efficiency of patient care.
- The change requires stock: e.g. blood sample bottles, needles, wipes etc. and the education of staff.

Timely:

- Review over 6 months: October 2023 – March 2024. Change initiated December 2023.

Results/Effects of Change (PDSA Cycle)



Plan

- Change agents are the gynae CNSs. Stakeholders include gynae consultants and Women's Health Care team.
- Aim is to prevent patient care delays after having been referred to suspected cancer referral (SCR) pathway.
- Current problem is that patients who are on SCR pathway are experiencing delays in treatment planning due to additional venepuncture appointments that are required on separate site to outpatient clinics.
- Attributing factors include: lack of venepuncture training for CNS and WHC team.

Do

- ANTT and venepuncture training completed by CNS team.
- Supplies for venepuncture acquired by ward manager.
- Data: numbers of cases where MDT outcomes highlight requirement of blood samples to be taken pre and post change implementation.

Study

- Please see chart 1 below, displaying effects of change (numerical data).
- Clinical nurse specialists both started new role October 2023. Therefore, first decline in number of blood samples required may be linked to increased job confidence.
- Increase in numbers for February noted. Types of gynaecological cancers investigated per month – as ovarian patients require tumour marker Ca125. If there were more ovarian diagnoses February, the increase of blood samples may have been linked. However, data does not support this theory; highlighting a requirement of a further PDSA cycle.

Act

- Next step is to complete a further PDSA cycle. Disseminate new project idea to more WHC staff, to raise awareness of new capacity for venepuncture.

Number of MDT outcomes including blood samples to be taken

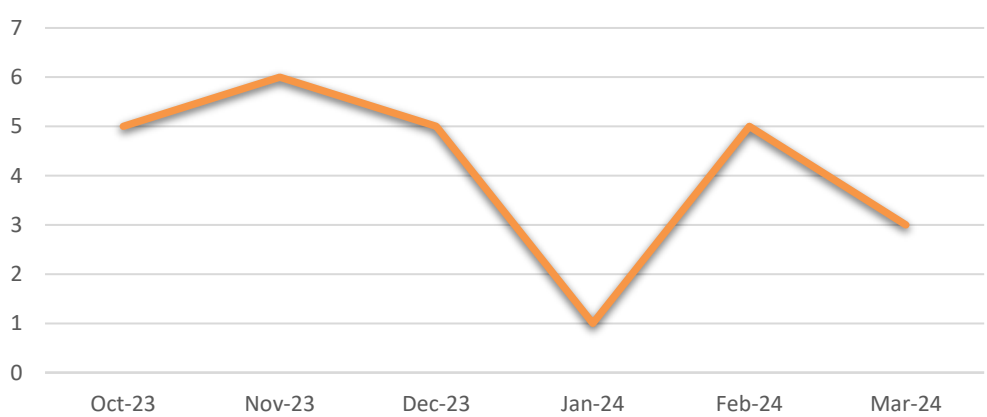


Chart 1

Conclusions:

- If the change provides beneficial change, other staff within Women's Health Centre could be trained in venepuncture to further improve clinic efficiency. E.g. HCAs, nurses.
- Next step is to complete a further PDSA cycle.
- Disseminate CNS ability to perform venepuncture to raise awareness of capacity.

For more information or to share ideas, please email Hannah.macafee@boltonft.nhs.uk or Danielle.stone@boltonft.nhs.uk.

References

Akbari, M., Charkhchi, P., Cybulski, C., Gronwald, J., Narod, S. and Wong, S. (2020) 'CA125 and Ovarian Cancer: A Comprehensive Review', *National Library of Medicine*. 12(2). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7763876/> Accessed: 3rd April 2024.

Alagoz, E., Brown, R., Chich, M., Hitchcock, M. and Quanbeck, A. (2018) 'The use of external change agents to promote quality improvement and organizational change in healthcare organizations: a systematic review', *BMC Health Services Research*. 18(42). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5785888/#:~:text=External%20change%20agents%20are%20fundamental,in%20achieving%20desired%20organizational%20changes>. Accessed 3rd April 2024.

Bell, C., Chan, C., Chertow, G., Harel, Z., McQuillan, R., Nesrallah G., Silver, S. and Weizman, A. (2016) 'How to Begin a Quality Improvement Project', *Clinical Journal of the American Society of Nephrology*. 11(5), p. 893-900.

Fereday, S. (2019) 'A guide to quality improvement methods', p9. [https://nhfd.co.uk/20/hipfracturer.nsf/b83841ab51769e1d802581a4005978ed/205c2976b502ffc2802581ee0053a23f/\\$FILE/HQIP%20guide%20to%20QI%202017.pdf](https://nhfd.co.uk/20/hipfracturer.nsf/b83841ab51769e1d802581a4005978ed/205c2976b502ffc2802581ee0053a23f/$FILE/HQIP%20guide%20to%20QI%202017.pdf) Accessed: 3rd April 2024.

Flottorp, N., Ivers, N. and Jamtvedt, G. (2019) 'Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies', *National Library of Medicine*. <https://www.ncbi.nlm.nih.gov/books/NBK549284/> Accessed 3rd April 2024.