**PDSA template**

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| **Aim (overall goal for this project)** | | | | | |
| To design and implement an electronic patient record template (EPRT) that improves the quality of record keeping in OOKP patient follow-up. | | | | | |
| **Change idea** | | | | | |
| Use Microsoft Excel to design an EPRT. Implement this template in follow-up consultation and measure its effect. Iteratively modify the template based on user experience and data. | | | | | |
| **PDSA objective: Describe the objective for this PDSA cycle** | | **Cycle No: 1** | **What questions do you want answered for this test of change?** | | |
| To implement version 2 of the EPRT in clinic. | | | What kind of issues/challenges did the user face from using record template?  How satisfied is the user that the template met their needs?  Did using the template improve adherence to SE STAR score?  Did using the template improve adherence to follow-up score?  What can we do to make the template even better next time? | | |
| **Predict what will happen when the test is carried out.** | | | **Measures to determine if prediction succeeds** | | |
| * Some fields will be left blank. * There will be issues with drop down menus – mostly arising from copying and pasting. * Writing the paper notes as well as in the template will be time consuming. * There will be more adherence to SE STAR criteria and legibility will improve greatly. * Time taken to complete decreases over the course of the clinic as more are completed. * Issues regarding drawing quality in diagram section. | | | * SE STAR score deductions. * Follow-up score deductions. * Documentation time. * Observe and record issues encountered. | | |
| **Plan** | | | | | |
| **List the tasks needed to set up this test of change.** | | | **Person responsible** | **When to be done** | **Where to be done** |
| * Download latest version of template onto trust computer. * Be present in clinic to observe issues. | | | JE (student). | Before 15/12/20. | Sussex eye hospital. |
| **Do** | **Describe what happened when you ran the test.** | | | | |
| **Three EPRs were compelted.**  **CL (user) comments:**   * A diagram section is ‘clunky’ and difficult to draw with. * Useful to include some screening questions. * Superfluous patient information like ‘address’ and ‘contact number’ are not necessary. If patients DNA they will be contacted by secretary, rather than in clinic.   **JE Comments:**   * It is extremely difficult to draw even crude diagrams in Excel. Might be better to provide a template with annotation boxes instead. * Some template bugs. If R eye is selected as ‘blind/absent’ relevant cells are greyed out in the L eye column. * The only sections that use drop down lists are ‘visual acuity’ and ‘IOP’. Other drop down sections should be removed in favour of ‘free text’. | | | | | |
| **Study** | **Describe the measured results and how they compared to the predictions.** | | | | |
| * Almost all aspect of SE STAR criteria adhered to. With the exception of ‘headings’, which were incomplete in all three EPRs. * Adherence to follow-up score was good but ‘macula’ of the patient was never commented on. * Although paper notes also had to be completed in the clinic, this did not affect timings. * The documentation time for each EPR was 5:26, 4:43, 5:35. While timings did not decrease, this sample size is too small to draw conclusions.   **NB:** We were made aware following the clinic that due to the COVID-19 pandemic, all in person appointments would be stopped until further notice. | | | | | |
| **Act** | **Describe what modifications in the plan will be made for the next cycle from what you learned.** | | | | |
| * Most pressing: How to continue collecting data without patients coming to the clinic. * Add pre-written heading to improve adherence to SE STAR criteria * Remove drop down lists from all sections other than ‘visual acuity’, ‘IOP’, and ‘medications’ * Fix glitch relating to relevant cells ‘greying out’ * Encourage user to use diagram section. | | | | | |