

Spirometry clinic PDSA 28.11.2024

Aim (overall goal for this project)			
The aim of this project is to deliver 1000 high quality, spirometry investigations over an 18 month pilot period in community settings across South Ayrshire.			
Change idea			
Test the implementation of a community based Spirometry clinic in South Ayrshire using Girvan Community Hospital (GCH) as the pilot site.			
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 1	What questions do you want answered for this test of change?	
Test a mock run through of the spirometry clinic at GCH. Test a mock run through of the spirometry testing process. Provide training on the spirometry machine to the appointed HCSW that will be carrying out the spirometry testing.		Is the environment at GCH suitable for the clinic? Is the predicted process for spirometry testing robust? Are there any early stage troubleshooting questions that can be answered at this point? Does the HCSW need any additional training / support before testing with patients at GCH? Does the GCH admin team need any information / support prior to the first clinic? Does the GCH admin team need any specific information from the HCSW following the clinic?	
Predict what will happen when the test is carried out		Measures to determine if prediction succeeds	
Gillian McDonald (spirometry testing HCSW) will be able to navigate and work the new machine after training opportunity is provided. The clinic room will be a suitable environment for spirometry testing. All equipment parts will be available for the mock run through - ? Need to determine which disposable parts will need ordering before commencement of the clinic at GCH. A complete spirometry test on a mock patient will be successfully carried out.		Completed spirometry test. Spirometry result from the machine. Expert reference group member feedback. HCSW staff experience – confidence.	
Plan			
List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
1. Site visit to GCH to identify as an appropriate site		October 2024	
2. Ensure access to appropriate spirometry testing equipment		November 2024	
3. Ensure key stakeholders including clinical physiologist and HCSW available for mock test date at GCH		November 2024	
4. Ensure GCH admin team available and book out an appropriate room for the mock run through		November 2024	



Do	Describe what happened when you ran the test
	<p>Equipment - Spirometry testing machine was available – Charging cable missing and to be collected / delivered from medical physics. Gillian Toole (Highly specialist clinical physiologist) and Gillian McDonald (HCSW) were in attendance. Gillian and Gillian familiarised themselves with the spirometry machine. Machine set up and calibrated. Agreement that machine will be calibrated at the beginning of the clinic. A calibration log is to be kept and it was also noted that this log is kept digitally on the machine records. Some parts of the spirometry testing machine were noted to be disposable and will need ordered along with the reporting paper. An action was taken by Rachel to order the necessary parts. Gillian and Gillian commented that the spirometry testing machine was user friendly and has good functionality.</p> <p>Environment – The clinic room had been booked out and was available. The room was noted to be very warm and there was an action taken to discuss room temperature prior to clinic commencement. The room was spacious and had an appropriate area for patient consultation and machine set up. It was agreed that Gillian McD will go to the reception area to call and collect the patients at their appointed time.</p> <p>Staff – Gillian and Gillian performed successful spirometry testing on two different mock patients. Gillian T provided Gillian McD with some training and support around the testing process. This has provided some assurance that the testing will be done to a satisfactory level at the clinic. Patient results will be printed from the machine. It was agreed that Gillian McD will highlight the appropriate results on the printed sheet before returning them to GCH admin team. Gillian McD will also narrate on the printed sheet if the test was conducted with a “good blow” or “poor technique”.</p> <p>Gillian McD will issue the patient with a patient experience questionnaire following the spirometry test. GCH admin team will scan the printed document and send it to the referrer for follow up with the patient. Paper copies of the result will be kept in a clinical records folder.</p>
Study	Describe the measured results and how they compared to the predictions
	<p>Equipment functionality was satisfactory.</p> <p>Staff experience using the equipment was positive.</p> <p>Expert reference group feedback of the mock experience was positive.</p> <p>A spirometry test on 2 mock patients was successfully completed with results printed from the machine.</p> <p>Time per patient appointment reviewed and agreed as 3 patients for an afternoon clinic or 6 patients for a full day clinic.</p>
Act	Describe what modifications in the plan will be made for the next cycle from what you learned
	<p>Referral form amendments to be completed.</p> <p>Spreadsheet to be developed with agreed data for collection – Donna’s admin team</p> <p>Gillian McDonald has taken the spirometry machine away to familiarise herself with the functionality of it.</p> <p>Spirometry machine to be calibrated at the beginning of each clinic</p> <p>Gillian McD will highlight the appropriate (? FEV1 / FVC) results on the printed sheet before returning the sheet to GCH admin team.</p> <p>Gillian McD will also narrate on the printed sheet if the test was conducted with a “good blow” or “poor technique”.</p> <p>? Dr Phillip Hulme to interpret the spirometry test results as “mild / moderate / severe”</p> <p>Rachel will order the consumables (disposable parts and the printing paper) for the clinic.</p> <p>Potential clinic day to be a Tuesday – TBC and Donna to check room availability at GCH.</p> <p>Development of a Patient experience questionnaire to be used on the day of the spirometry test</p> <p>Consider potential scale up of project to North Ayr Health Centre</p> <p>? development / use of a patient information leaflet</p>



Spirometry clinic PDSA 2 - 28.01.2025

Aim (overall goal for this project)			
The aim of this project is to deliver 1000 high quality, spirometry investigations over an 18-month pilot period in community settings across South Ayrshire.			
Change idea			
Test the implementation of a community-based Spirometry clinic in South Ayrshire using Girvan Community Hospital (GCH) as the pilot site.			
PDSA objective: Describe the objectives for this PDSA cycle	Cycle No: 2	What questions do you want answered for this test of change?	
<ul style="list-style-type: none"> Test the process of delivery of the first Spirometry clinic in real time with 3 patients undergoing Spirometry investigation. Ensure Gillian McDonald, the staff member conducting the spirometry investigations feels confident and competent in doing so. Test the usability and the suitability of the admin spreadsheet for gathering all appropriate data. 		<ul style="list-style-type: none"> Is the environment at GCH suitable for the clinic? Is the predicted process for spirometry testing robust? Are there any troubleshooting questions that can be answered at this point? Does Gillian (HCSW) need any support whilst undertaking the clinic at GCH? Does the GCH admin team need any information / support whilst undertaking the clinic? Does the GCH admin team need any other specific information from Gillian (HCSW) following the clinic? Are all fields on the data spreadsheet able to be completed from the information provided on the referral document and spirometry test print out? 	
Predict what will happen when the test is carried out		Measures to determine if prediction succeeds	
<ul style="list-style-type: none"> Gillian McDonald (spirometry testing HCSW) will be able to navigate and work the spirometry machine effectively. The clinic room will be a suitable environment for spirometry testing. All equipment parts will be available for the first clinic. 3 patients will complete spirometry testing on the day of the clinic. The data from the referral letters and the investigation result will be able to be used to populate the spreadsheet. The GPs will be updated of the spirometry result by email from Admin team. 		<ul style="list-style-type: none"> Number of completed spirometry tests. Spirometry result from the machine. Number of spirometry investigations confirming a diagnosis of COPD HCSW staff experience – confidence. Number of Patient feedback surveys completed. Number of populated fields on the data spreadsheet 	
Plan			
List the tasks needed to set up this test of change	Person responsible	When to be done	Task Completed
5. Identify 3 patients from Carrick area to attend clinic on 28 th Jan 2025.		January 2025	Complete
6. Send referral letters to the patients		January 2025	Complete



7. Follow up phone call to ensure attendance at the clinic		January 2025	Complete
8. Arrange for Gillian (HCSW) to have a site introduction to GCH		January 2025	Complete
9. Written S.O.P for Gillian (HCSW) and Donna Admin team. SOPs shared.		January 2025	Complete
10. Referral documents sent to Clinical Governance for approval		January 2025	Complete
11. Creation and testing of the data collection spreadsheet		January 2025	Complete
12. Ordering and availability of the disposable equipment and inhalers		January 2025	Complete
13. Booking of clinic room on 28 th Jan		January 2025	Complete
14. Ensure access to appropriate spirometry testing equipment on the day		January 2025	Complete
15. Ensure key stakeholders are invited to first clinic inc. Tim Eltringham and photographer		January 2025	Complete
16. Ensure GCH admin team available on 28 th Jan		January 2025	Complete

Do	Describe what happened when you ran the test
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Equipment –

The spirometry testing machine was successfully calibrated at the beginning of the clinic.

All equipment necessary to complete the spirometry tests was available for use.

Gillian commented that the disposable inhaler spacer was “fiddly” to use. The bottom of the spacer appeared like it may come loose during the test and that the weight of the inhaler was pulling it down. Gillian commented that she felt like she was holding the spacer together during the test.

Environment –

The temperature of the room was initially warm but was able to be cooled down to an appropriate temperature.

The room had the necessary resources available – weighing scales, stadiometer, handwashing facilities.

Gillian noted that there was no call button for her to use should she need assistance if a patient was to feel unwell. However, there was a telephone in the room and Gillian was informed that the number to call reception is 2400. The telephone number for immediate attention is 2222. Gillian took a note of both numbers.

People –

Gillian felt confident using the spirometry testing machine and was able to navigate the necessary functions for the spirometry test.

Gillian’s practice was of a high standard. Gillian provided information, support and encouragement to all patients. Patient engagement was of a high standard and all patients were happy to complete a patient satisfaction survey at the end of the appointment.

Although patients commented on feeling breathless and lightheaded during the testing, all patients tolerated the duration of the test.

2 patients commented that the test was more difficult and taking longer than they had anticipated.

Process -

The admin team provided Gillian with the list of patients attending the clinic and a copy of each referral form. The admin team directed the patients to the appropriate waiting area.

Gillian called each patient from the waiting area into the clinic room.



The duration of the spirometry testing appointments was between 45-55 minutes. Following the completion of the Spirometry test, Gillian issued the patient satisfaction survey. Two patients required assistance to complete the survey. Following completion of the test, Gillian highlighted / circled the appropriate results (FEV1/FVC and FEV1) on the printout from the machine and returned the results, the referral form and the patient satisfaction survey to the admin team. The FEV1/FVC and FEV1 results are to be clarified to assure that the correct numbers are being circled and transferred to the data spreadsheet. There was uncertainty around this and requires clarification. The admin team populated the data collection spreadsheet. However, there were fields that were unable to be populated. Shona McKie QI Advisor made notes on the spreadsheet document for team discussion. Admin team will forward the results to the patients GP for follow up. The admin team collated all paperwork in a folder and are storing it within the admin office.

Gillian raised a question about where she would leave the equipment and documentation should the clinic ever run over 5pm. Donna agreed to get Gillian an access badge and Gillian can leave the resources in the admin office.

Study	Describe the measured results and how they compared to the predictions
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All 3 patients attended the clinic and met the criteria for spirometry testing.
 All 3 patients completed the spirometry test and FEV1/FVC and FEV1 results were noted (although they need clarified).
 One patient struggled with technique.
 All 3 patients completed the patient satisfaction survey
 Data collection spreadsheet fields were populated from the referral form and the spirometry printed result. However, a few questions were raised for discussion at this point. Each one was highlighted and added as a note on the spreadsheet.

Act	Describe what modifications in the plan will be made for the next cycle from what you learned
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- Discuss disposable inhaler spacer options
- Clarify FEV1/FVC and FEV1 results / numbers to be highlighted by Gillian
- Check formula for result on spreadsheet against these numbers.
- Consider amending patient information leaflet to include length of appointment time to be around 45 minutes
- Review and amend patient satisfaction survey questions.
- Consider a scoring system for the patient satisfaction survey to match the data collection spreadsheet field
- Discuss points of note made on the spreadsheet with project team
- Consider who makes the referral to Quit Your Way service
- Consider if we want to measure the number of patients with specific symptoms. This data is on the referral form but not on the measurement plan
- Confirm with Gillian arrangements for next clinic
- Gillian to send a photo to Donna for an access badge
- Scope the scale up of project to North Ayr Health Centre and/or Troon



Spirometry clinic PDSA 3 - 11.03.2025

Aim (overall goal for this project)		
The aim of this project is to deliver 1000 high quality, spirometry investigations over an 18 month pilot period in community settings across South Ayrshire.		
Change idea		
Test the implementation of a community based Spirometry clinic in South Ayrshire using Arrol Park as a pilot site.		
PDSA objective: Describe the objectives for this PDSA cycle	Cycle No: 3	What questions do you want answered for this test of change?
<ul style="list-style-type: none"> • Test the process of delivery of the next Spirometry clinic in real time with 6 patients undergoing Spirometry investigation in the new clinic setting of Arrol park • Ensure Jan McCulloch (the staff member conducting the spirometry investigations) feels confident and competent in doing so. • Ensure the process for data collection and reporting following the clinic is robust, considering the circumstance around the transference of data • Further test the usability of the admin spreadsheet for gathering all appropriate data. 		<ul style="list-style-type: none"> • Is the environment at Arrol Park suitable for the clinic? • Is the predicted process for spirometry testing robust? • Are there any troubleshooting questions that can be answered at this point? • Does Jan need any support whilst undertaking the clinic at Arrol Park? • What is the process if a patient was to become unwell while having a spirometry test at Arrol Park? • Does the GCH admin team need any other information from Jan following the clinic at Arrol Park? • Are all fields on the data spreadsheet able to be completed from the information sent from Arrol Park?
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	
<ul style="list-style-type: none"> • Jan will be able to navigate and work the spirometry machine effectively. • The clinic room will be a suitable environment for spirometry testing. • All equipment parts will be available for the first clinic. • 6 patients will complete spirometry testing on the day of the clinic. • The data from the referral letters and the investigation result will be able to be used to populate the spreadsheet. • The GPs will be updated of the spirometry result by email from Admin team. 	<ul style="list-style-type: none"> • Number of completed spirometry tests. • Spirometry result from the machine. • Number of spirometry investigations confirming a diagnosis of COPD • Admin and clinical Staff experience and confidence. • Number of Patient feedback surveys completed. • Number of populated fields on the data spreadsheet 	
Plan		



List the tasks needed to set up this test of change	Person responsible	When to be done	Task Completed
17. Identify 6 patients from Ayr/Prestwick area to attend clinic on 11 th March 2025.		March 2025	Complete
18. Send referral letters to the patients		March 2025	Complete
19. Follow up phone call to ensure attendance at the clinic		March 2025	Complete
20. Arrange for Jan (practice nurse) to have a site introduction to Arrol Park and quality assurance session with Gillian Toole (clinical physiologist)		March 2025	Complete
21. Written S.O.P for Jan (practice nurse) and Donna Admin team. SOPs shared.		March 2025	Complete
22. Referral documents sent to GPs in Ayr/Prestwick		March 2025	Complete
23. Creation and testing of the data collection spreadsheet		March 2025	Complete
24. Ordering and availability of the disposable equipment and inhalers		March 2025	Complete
25. Booking of clinic room on 11 th March		March 2025	Complete
26. Ensure access to appropriate spirometry testing equipment on the day		March 2025	Complete
27. Ensure GCH admin team available on 11 th March and aware of updated admin processes		March 2025	Complete

Do	Describe what happened when you ran the test
Equipment –	<ul style="list-style-type: none"> There was a missing piece of equipment for calibrating the spirometer. However, Dr Hulme sourced a backup for this clinic Jan initially had issues getting access to the scanner. However, the Arrol Park admin staff were able to help resolve this There were issues with the scanner as information was cut off. Jan had to go to another building to re-scan three times to ensure that the printouts were sent in a readable format. Jan found it was easier to photocopy and scan the printouts to ensure that they were readable Jan does have a laptop that can be used during the clinic and is able to connect to the internet via an Ethernet cable. Limited WIFI within the building was noted. Only one patient had an issue with the spacer but Jan was able to support.
Environment –	<ul style="list-style-type: none"> The room was noted by Jan to be cold but the patients did not mention this. It was a short walk on a flat surface from the waiting area to the clinic room. This was beneficial as one patient required a wheelchair. Jan did not send patients back to the waiting room in between tests. There was a waiting room available with a member of staff that could support if a patient became unwell.
People –	<ul style="list-style-type: none"> Jan's practice was of a high standard. Jan provided information, support and encouragement to all patients. Jan was able to demonstrate the technique for the test and offered smoking cessation advice and education re respiratory conditions



- Two patients commented that they did not know what test they were getting and the first they had heard of was when they were phoned by GCH admin team.

Process -

- 2 patients DNA and 1 phoned to re-schedule at the last minute
- Jan did not receive the referral form so did not have the patient's medical history or GP information
- Reception phoned Jan to advise that the patient had arrived at reception
- Jan kept all the patients in the room in between tests and used this as a health promotion and education opportunity
- Jan would have liked to have known if the patient is on any medication, treatment or have been given inhalers for COPD
- Jan would have preferred that admin resources were available e.g. folder, paperclips, notebook, pens, etc.
- Jan was unsure of the process of letting the admin team at GCH know if a patient has DNA. Jan agreed to email the names of patients who DNA via the GCH clinical mailbox and ask them to be re-appointed.
- There is ongoing difficulties in capturing Quit Your Way referrals
- The patients that DNA are not recorded on the spreadsheet following the clinic.
- Admin team commented on challenges identifying the patients who did not attend the clinic.

Study

Describe the measured results and how they compared to the predictions

- From noting the missing piece of equipment, consider having an equipment content list to ensure all necessary parts are available before the start of the clinic.
- To account for low temperature in the clinic room, consider heating options.
- As there was a 50% attendance rate, try to scope reasons for DNA and troubleshoot (hypothesis that patients were unaware of reason for referral). To be discussed at next team meeting.
- There were some initial admin challenges but these appear to have been resolved as the clinic progressed.
- The Quit Your Way column remains unpopulated on the spreadsheet
- The patients that did not attend are not clear on the spreadsheet
- The patient experience / satisfaction score was unable to be completed on the spreadsheet as survey not distributed at Arrol Park.

Act

Describe what modifications in the plan will be made for the next cycle from what you learned

- Create a step in the process to allow Jan to access the referral document for each patient before the clinic.
- Consider the creation of an equipment content list
- Consider adding extra information (e.g. medication or inhalers) to the referral form -to be discussed at next team catch up
- Add a step in the process to ensure patients are contacted to explain the reason for the appointment -to be discussed at next team meeting
- Monitor DNA rates for each clinic site. Important to have this information on the spreadsheet
- Monitor the usability of the spacers with each clinician - check in with Gillian from recent clinic.
- Consider ordering a supply of admin equipment for Jan to use
- Link with Quit Your Way team re how to capture new referrals that attend the clinic
- Link with Donna and the admin team re how to capture DNAs and the number of times a patient has DNA
- Consider asking Jan to send an email to the admin team to inform of any patients who have not attended



Aim (overall goal for this project)			
The aim of this project is to deliver 1000 high quality, spirometry investigations over an 18 month pilot period in community settings across South Ayrshire.			
Change idea			
Test the draft of a Standard Operating Procedure (SOP) to be used in the community based spirometry service in South Ayrshire.			
PDSA objective: Describe the objectives for this PDSA cycle	Cycle No: 1	What questions do you want answered for this test of change?	
<ul style="list-style-type: none"> Ensure Jan McCulloch (staff member conducting the spirometry investigations) is able to follow the processes outlined in the SOP. Ensure the contraindications of spirometry are clearly outlined within the SOP for the staff member Ensure that health and safety procedures are outlined appropriately in the SOP Ensure the SOP details the process of transfer of data from the clinic to the data collection sheet 		<ul style="list-style-type: none"> Is the process of the Spirometry clinic matching the flow of the SOP? Is Jan aware of what to do if a patient has a contraindication for spirometry? Is this detail within the SOP? Does the SOP outline the process for a patient that becomes unwell during spirometry testing? Does Jan need any information from the SOP whilst undertaking the clinic? Is Jan able to send all relevant information to the team at GCH following the test using the information within the SOP? 	
Predict what will happen when the test is carried out		Measures to determine if prediction succeeds	
<ul style="list-style-type: none"> The SOP will mostly match the process of the clinic Jan will be able to navigate and work the spirometry machine effectively and refer to the SOP when appropriate. Patients who have contraindications will be advised they are not suitable candidates for spirometry and their GP will be informed as per the guidance in the SOP The GPs will be updated of the spirometry result by email from Admin team as per the guidance of the SOP. There may be a part of the Spirometry testing process that is not represented within the SOP 		<ul style="list-style-type: none"> Number of completed steps within the SOP process that match the steps within the spirometry testing process Number of completed spirometry tests vs tests that are not able to be carried out due to contraindications. Number of correctly circled Spirometry results highlighted by Jan as per the SOP. Clinical Staff experience and confidence using the SOP. Number of populated fields on the data spreadsheet 	
Plan			
List the tasks needed to set up this test of change	Person responsible	When to be done	Task Completed
28. Discussion with Gillian Toole who shared the clinical physiology SOP to ensure technical aspects were accurate		January 2025	Complete
29. Link in with Angela Hinde to ensure that health and safety procedures were accurate		January 2025	Complete
30. Review the process map to ensure that the SOP matches		January 2025	Complete



<p>31. Review PDSA carried out in GCH to ensure that any processes identified are updated</p> <p>32. Draft SOP produced, reviewed and approved by the spirometry working group (Philip Hulme, Vivienne Forbes, Emily Broadis and Rebecca Turner)</p>		<p>January 2025</p> <p>January 2025</p>	<p>Complete</p> <p>Complete</p>
<p>Do Describe what happened when you ran the test</p>			
<p><u>People –</u></p> <ul style="list-style-type: none"> Jan referred to the SOP when looking for which results to circle and, to identify what the process was after the test had been completed. Jan was unsure if she should be highlighting the pre or post figures on the print out Jan was unsure of the process of letting the admin team at GCH know that a patient did not attend. It has been discussed that Jan could send an email with the names of patients who DNA via the GCH clinical mailbox and ask for them to be re-appointed. <p><u>Process -</u></p> <ul style="list-style-type: none"> There were some challenges sending the printouts back to the admin team at GCH. Patient's name is on the printout but Jan did not want to add patient identifiable info to the body of the email. Within the SOP there is no detail as to what should happen with the printouts after they are scanned. It was agreed that the printouts would be stored in a locked cupboard in the room for up to 12 weeks before they are destroyed in confidential waste. 			
<p>Study Describe the measured results and how they compared to the predictions</p>			
<ul style="list-style-type: none"> Gaps were identified in the processes outlined in the SOP Despite some gaps, Jan could mostly use the SOP to clarify steps - particularly around the post test procedures Some ongoing issues around circling the correct figures/results on the printout were observed. Some issues around reporting back to admin team if a patient DNA and how we should send patient identifiable information were observed. Due to staffing issues at GCH, the data collection spreadsheet was not completed for a few days after the clinic 			
<p>Act Describe what modifications in the plan will be made for the next cycle from what you learned</p>			
<ul style="list-style-type: none"> Speak to Dr Philip Hulme regarding what figures / results to be circled on the spirometry test printout Amend the SOP to be clear regarding the process for reporting results Amend the SOP to be clear re process for DNAs to be re-appointed Amend the SOP to outline what to do with printouts after the tests have been completed Discuss if we are able to use patient identifiable information in emails between GCH and Jan Amend the SOP if including patient experience survey 			

Spirometry clinic PDSA 4 - 24.06.2025



Aim (overall goal for this project)		
By June 2026, 1000 high quality spirometry investigations will be delivered in community settings across South Ayrshire in order to confirm a diagnosis of COPD as early as possible		
Change idea		
Test the implementation of a community based Spirometry clinic in South Ayrshire using GCH, Arrol Park and Fullerton as pilot sites.		
PDSA objective: Describe the objectives for this PDSA cycle	Cycle No: 4	What questions do you want answered for this test of change?
<ul style="list-style-type: none"> • Ensure the process of delivery of the service is consistent across the different clinic sites. • Ensure the staff members conducting the spirometry investigations feel confident and competent in following all the processes. • Ensure the additional processes that were added following the last PDSA are robust • Test the introduction of the equipment list and ensure it is fit for purpose. • Ensure the patient experience is included in the process. • Ensure the staff members have access to the Quit Your Way referral postcards and that the QYW services are offered to the spirometry clinic patients. • Ensure the process for data collection and reporting following the clinic is robust across the different sites, considering the circumstance around the transference of data • Further test the usability of the admin spreadsheet for gathering all appropriate data. 		<ul style="list-style-type: none"> • Is the process for spirometry testing robust across different clinic sites? • Are any amendments or additions to the processes and the SOP required? • Are the environments appropriate for the clinic? • Do the staff members need any additional support whilst undertaking the clinics? • Do the staff members have any questions or comments around the spirometry clinic and the spirometry testing? • Is the process for patient feedback robust? • Are the QYW postcards available and being distributed to patients - is this an effective way of referring patients to smoking cessation services? • Is the data collection spreadsheet able to capture the referrals to QYW? • Does the GCH admin team need any other information? • Are all fields on the data spreadsheet able to be completed? • Will the equipment list be beneficial for staff carrying out spirometry testing?
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	
<ul style="list-style-type: none"> • The staff members will be able to navigate and work the spirometry machines effectively. • The SOP will be an accurate representation of the process. • The clinic rooms will be a suitable environment for spirometry testing. • All patients will be able to complete the feedback survey. • All patients will be offered QYW referral postcard. • The equipment list will correlate to all equipment used during a spirometry test 	<ul style="list-style-type: none"> • Number of completed spirometry tests. • Number of steps in the SOP that reflect the process. • Spirometry result from the machine. • Number of spirometry investigations confirming a diagnosis of COPD. • Number of QYW referral postcards given out / completed to patients. • Number of patients who are re-appointed if they DNA the clinic. • Admin and clinical staff experience. • Number of Patient feedback surveys completed. • Number of populated fields on the data spreadsheet. 	



<ul style="list-style-type: none"> Any DNAs will be reported back to the admin team at GCH to be re-appointed to the next available clinic. The data from the referral letters and the investigation result will be able to be used to populate the spreadsheet. 			
Plan			
List the tasks needed to set up this test of change	Person responsible	When to be done	Task Completed
33. Amendments and updates made to SOP around the process of delivery of the spirometry test		March 2025	Complete
34. Amendments made to the reporting process, updates to SOP made accordingly		May 2025	Complete
35. QYW referral postcards were sent to the staff members		May 2025	Complete
36. Creation of the equipment list		June 2025	Complete
Do	Describe what happened when you ran the test		
<p>Arrol Park</p> <ul style="list-style-type: none"> Email sent from GCH admin team to Jan on Monday 23rd at 16:10 to advise that there were no patients appointed to the spirometry clinic. However, Monday is a non-working day for Jan and the email was not received until 9am Tuesday morning at the start of the clinic. Telephone call made by Jan to GCH admin team to enquire - Jan was informed that there were no referrals to appoint. It was also mentioned that there are staffing issues within the GCH admin team. <p>Quality Improvement Advisor and Jan discussed the following:</p> <ul style="list-style-type: none"> Equipment list and environment SOP QYW postcards Staff experience <p>Girvan Community Hospital</p> <ul style="list-style-type: none"> Email sent from the team at GCH to Gillian on Monday 7th, stating that no patients had been appointed to the spirometry clinic. Gillian did not attend the clinic on Tuesday morning. Jackie McCulloch (QYW advisor) attended the clinic in the morning to start test of change. However, due to annual leave, Jackie did not receive the email that the clinic would not run until she arrived at GCH and was unable to see patients. Unclear reason why patients not appointed to clinic. 			
Study			
<p>Equipment list and environment –</p> <ul style="list-style-type: none"> Spirometer equipment list introduced to Jan and feedback obtained. Jan was unsure of Winspiro Pro PC spirometry software and cable. Jan suggested adding: 3l Calibration syringe, disposable spacers, salbutamol inhaler and disposable mouth pieces to the list. Jan scans all results at the end of the clinic. Jan noted that the scanning equipment is in another area of the building and the reception staff cannot do this for Jan as they are unable to leave the reception area. 			



- Jan noted that there is an option available to record good/ poor blow technique through the spirometry machine instead of writing it on the sheet. Variation noted with Gillian who hand writes on the result sheet. The option is also available to include smoking status on the spirometry machine. Jan does this.
- The spirometry equipment was safely stored in a locked cupboard. The room was suitable for spirometry testing with weighing scales and a stadiometer.
- Jan has access to a laptop and screen.

SOP -

- Jan is currently returning 2 copies of the result sheet with hand marked circled results and not one unmarked second printout to the GCH admin team
- The updated aspect of the SOP (5.8) with a return of an unmarked result sheet discussed with Jan.
- QYW aspect to be added to SOP
- Possibly review 5.3 – If patient becomes unwell, contact reception on extension 14949 - ? not telephone extension for Arrol Park / Fullerton
- Consider inserting reference point to Appendix 8.1

Quit Your Way -

- QYW postcards are available at Arrol Park clinic appointments and Jan would issue to patients – unsure if Jan completes for the patient and returns or if Jan issues to the patient for self-referral.
- This is currently not documented and communicated with GCH admin team. It is therefore not populated on the data capturing sheet and unable to be measured at this time.
- Consider potential for cross matching Spirometry patient names / CHI numbers with QYW service but is there the opportunity for building data collection step into the process by adding ‘QYW postcard completed?’ question somewhere?

Staff experience -

- Jan supports completion of patient experience feedback sheets with the patients.
- Jan stated that she circles both the pre and the post FEV1/FVC results as she acknowledges the importance of both results. Consider clarifying and defining the data that we capture for the purpose of the pilot as a Pre blow result. Consider the meeting with Project Team and Jan as an opportunity for staff reassurance around the next steps for patient care planning coming from Spirometry results being shared with GP and at patient review appointment.
- Jan commented that attendance at the Arrol park clinic over the last three weeks was 2 patients then 6 patients then 0 patients. Consider exploring and potential for weekly clinic or fortnightly clinic.
- Jan wondered if the Community respiratory nurses (Alison Jones) are involved in referring patients and / or are involved in the follow up of patients following the spirometry test.

Act	Describe what modifications in the plan will be made for the next cycle from what you learned
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- Above points to be discussed with project team at next meeting
- Amendments to Equipment list
- Amendments to SOP
- QYW considerations
- Consider adding clinic site to measurement plan and data capturing sheet to be able to filter per site
 - Number of community spirometry tests / patients seen per clinic/ site per month
 - ? spirometry results / test outcomes per site

