

The Allergy Alert Process

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Background: There is currently a concern that there can be delays in putting new allergy alerts onto Semahelix (and therefore them being visible on Clinical Portal). Recent additional mandatory training (the Oliver McGowan training) expressly emphasises the importance of this for patient care and safety

SMART Aim

To improve the timeliness and quality of new alerts being uploaded to Semahelix by the end of March 2023 as evidenced by data collected by the team inputting the data.

Plan

Initially two areas were identified as causing delay to the process. The first was insufficient information being received by the teams on the referral email, resulting in the team having to go back and ask for more information. The plan was initially to design an online form with a mandatory field so people could not submit it without the correct information. However, after some discussion with the wider team this was found to not be a viable option because:

- The IT solution was not available and therefore a comms team form would be an alternative option.
- The introduction of Care Flow in 6 months-time would render the form obsolete anyway.
- Initial data suggested the lack of information was the lesser of the two problems.

It was decided (using the idea sorting matrix) that the online form would therefore have low impact but would be high effort and therefore, the idea was abandoned.

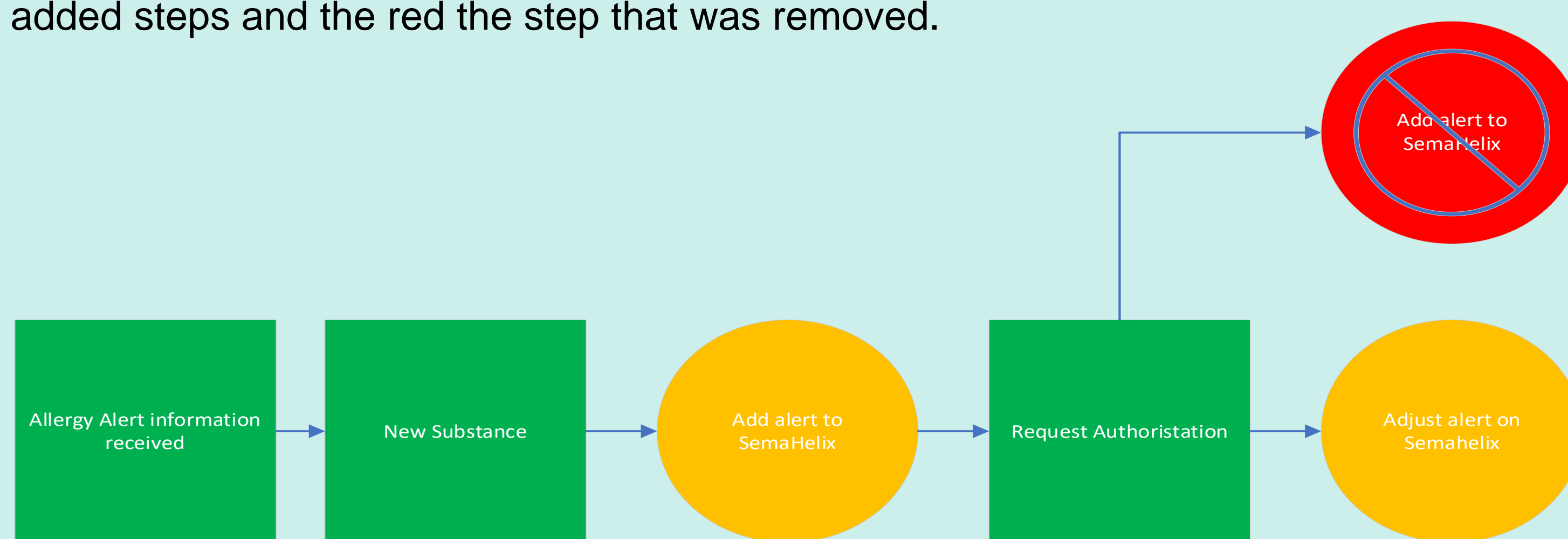
The second area of delay was that new allergy's (new substances not already in Semahelix) need authorisation from a Dr and a senior administrator. The initial data collection showed that this accounted for 87% of the delays.

The plan for the second issue was to change the process slightly by adding in a step. That would mean that allergy alerts were added and then after the authorisation process, they would be adjusted.

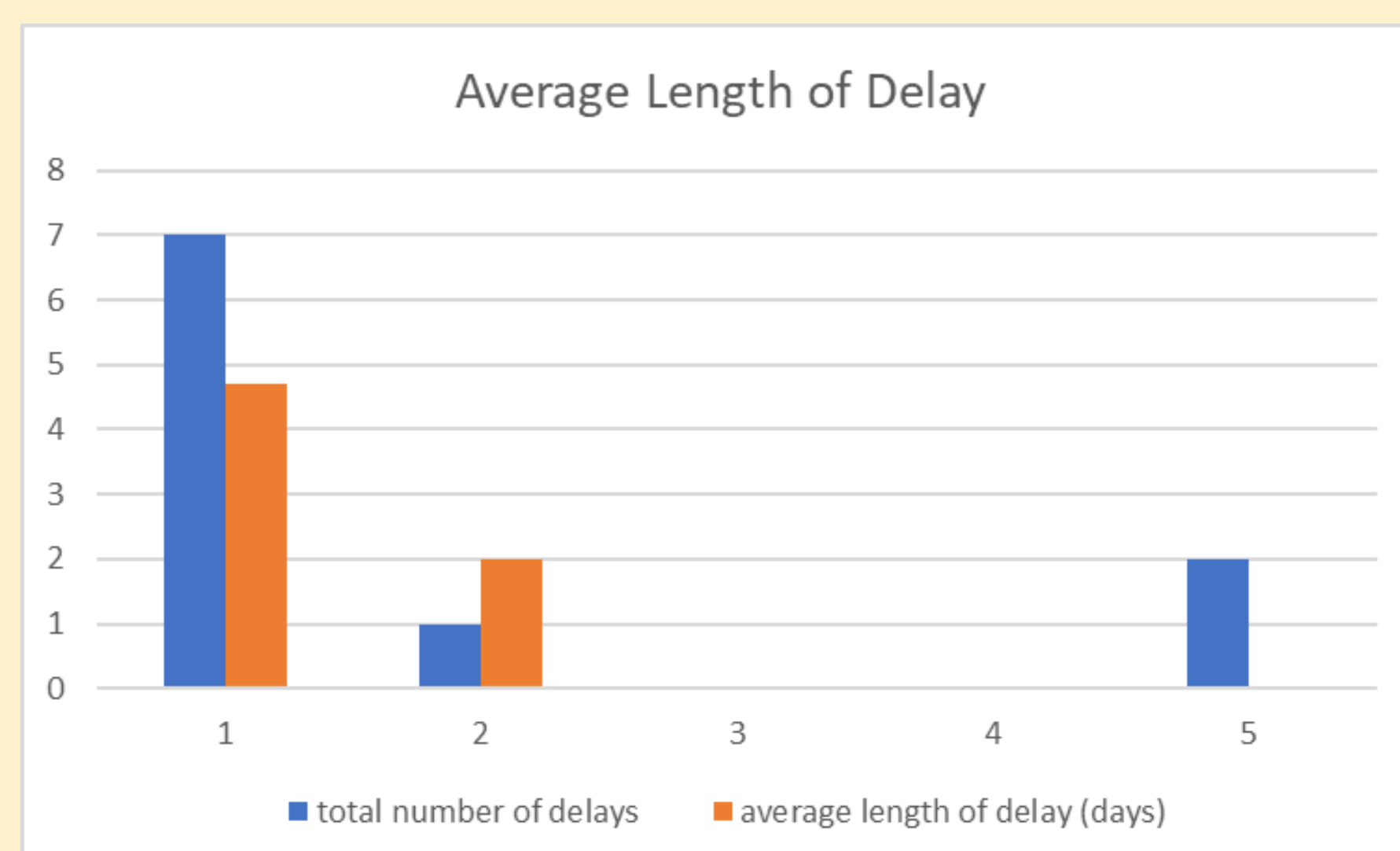


Do

The new process was put in place by the team that upload the alerts to semahelix. The process essentially remained the same with an added step of uploading the alert to Semahelix under a generic term, with an end date. This meant the alert was visible to all users and then after authorisation it was updated with more detail. Adding an end date meant that the alert stayed visible rather than having to be removed, and therefore the governance and recording of the alert was intact. The diagram below shows the process with the yellow indicating the added steps and the red the step that was removed.



Study



Prior to the change in the process there were 35 overall requests. Of these there were 8 requested that needed to be escalated and resulted in delays. 7 were awaiting authorisation and 1 was incorrect information. The delays were for an average of 4.71 days.

After the change in process there were 2 delays, both were for authorisation, but both were sorted in the same day. The team report that the change in process adds not noticeable time to their workload.

There was however no difference in data reporting of allergies in the five weeks before the change in process and the five weeks after the change in process. It is worth noting that of the 13 datixes during this ten-week time frame, 6 were for antibiotics, 4 for food and 3 for latex allergies. Four were unknown for the patient and the other nine were known and documented but not always in the right place (for example, no wrist band, written on white board not notes, not on blue spier, or food allergies not noted for anaesthetist. This does highlight the need for a Standard Operating Process of how, what and where to document allergies.

Act

After a further meeting it was decided to adopt the change in the above process as the team reported a significant decrease in delays and not noticeable time added to the workload. There is also now the option of phoning or texting the consultant for urgent advice or information as it was recognised that the volume of emails was contributory factor to delays.

The team have also used the British National Formulary (BNF) to help identify generic versus brand names for common drugs to minimise the need to escalate the request to others.

The Team noted that there was more work to be done in writing a SOP and policy for allergy alerts, however it was determined that this work sat within the Care Flow work stream and was separate to this project. This SOP will also include as an appendix a clinician's guide to allergic reactions and who to contact for advice around other types of alerts (for example safeguarding or IPC).