

# EQIP Champions Monthly Call Planner

## Tuesday 17 December 2019

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call  
2:00

## Tuesday 21 January 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call  
2:00

## Tuesday 18 February 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call  
2:00

## Tuesday 17 March 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call  
2:00

## Tuesday 29 April 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call  
2:00

## Wednesday 13 May 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call  
2:00

## PROGRESS REPORT

EQIP champion name: Fiona Short

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Trust/Health Board team name: Southport and Ormskirk NHS Trust

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Trust/Health Board team members:

Dr Shyam Mariguddi, Dr Usha Natarajan, Andrew Bowness (PA) Fiona Short (ESN)

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**Project Aim** To obtain 50 pieces of feedback from children, young people and families by May 2020. Rationale – we feel that the clinic needs to reflect the needs and expectations of our children and families. By collecting feedback from our patients and families we can look at our service and see if and what needs to be changed. We ourselves have a number of ideas but want to see what our patients require. [Great aim and very patient family focused](#)

**Test 1 : What? Ask the patients and families are happy to take part in feedback .**

One simple question : “We are planning a family and child feedback/survey on our epilepsy services to help us improve.

It would involve 5-10 minutes of your time while waiting.

Would you and your child like to participate?

Please tick and pass back to the reception.

Thank you

YES

NO

**When ? (and Where)**

Given to families at the end of clinic to complete and give to reception on the way out . (They have to go to reception anyway to make their next appointment ). In children’s OPD.

**Who? (and why who / why not who!)**

Prior to clinic ,we decided to give the questionnaire only to follow up patients who we knew would be attending clinic again. The following were excluded:

New patients (not all of them were epilepsy)

Patients who were being discharged (as we are unlikely to see them again).

**What happened?**

Clinic 1 – 7 patients scheduled, 6 attended, 1 x DNA.

Of these, 1 patient was excluded because he had been given a general paediatric appointment incorrectly . 1 patient was excluded as he is under another hospital and will only see the team sporadically. 1 patient was excluded as they were a new patient. This meant 3 forms given out and 3

Clinic 2 – 8 patients scheduled, 1 x DNA 1x cancelled due to illness, 1 x new patient and 5 x follow up patients.

Of these, only 5 children were included, all 5 families completed the forms.

Clinic 3 – 2 patients booked , 2 patients attended both follow up patients. 2 x responses received.

We also had 2 inpatients at the time who were asked the question and agreed to be part of our feedback exercise.

[These are actually multiple tests which is fantastic as you are learning after every encounter you have detailed above](#)

## **What next ?**

Time to complete our 2<sup>nd</sup> test, compiling a questionnaire. [Could insert by when just for the team really to keep your tempo up.](#)

## **Difficulties perceived:**

Dr M will be on leave so no OPA until 31<sup>st</sup> Dec. [theory and prediction also good to recognise](#)

## **How will we combat this ?**

Ask any families upon presentation at the paediatric unit / A&E for their feedback once questions are set.

## **Challenges :**

Business of the ward / department has meant we cannot meet to discuss.

We asked a number ([how many](#)) of our teenage population if they would be willing to be part of a young person's feedback group – response was good overall but 1 patient is soon to be discharged and does not feel like they will want to be part of such a group and one boy, who would be ideal declined the invitation as he does not feel his epilepsy is a problem and so does not want to talk to other young people about it.

Dr M on leave so no clinics until end of Dec.

## **Successes:**

Everyone we asked wants to be involved in feeding back to us . We had 100% feedback.

Renewed sense of purpose in the team as a whole.

Attendance at supplementary training – more tools and questions which could be useful.

## **What's next?**

Start to formulate our questions

Decide on which method best to use – digital or paper based.

Look at trialing agenda setting.

[Great start and good application of the tools and techniques we discussed at the event.](#)