Teledermatology to reduce face-to-face appointments in general practice during the COVID-19 pandemic: a quality improvement project

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Supplementary Material - Quality Improvement Tools

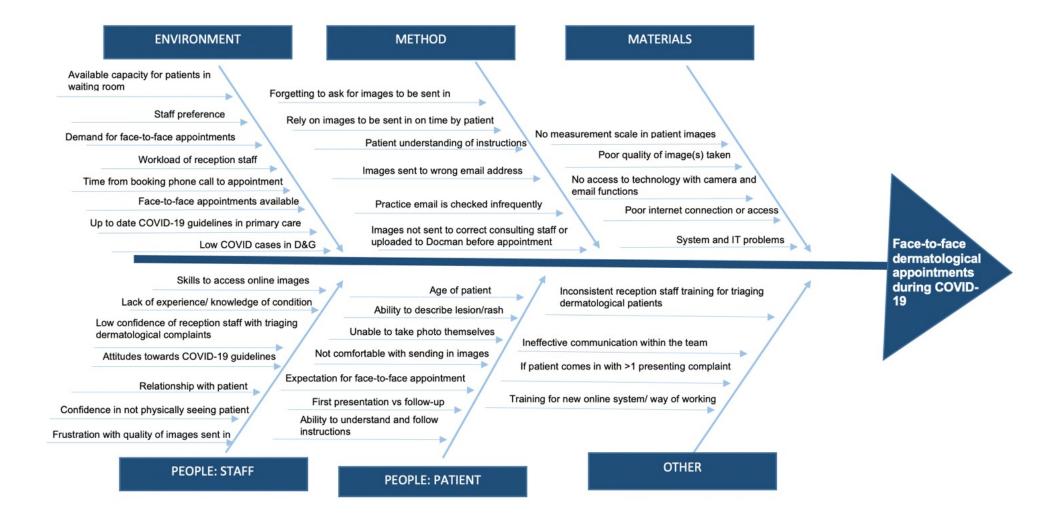
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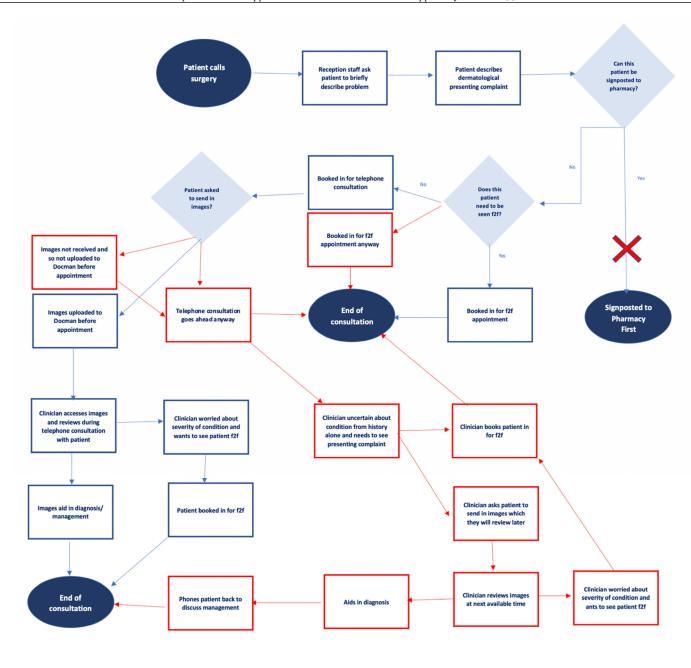
Slide 3 — Fishbone diagram of possible factors contributing to high face-to-face dermatological appointments during COVID-19

Slide 4 – Process map capturing the true system (red) of dermatological patient journey from booking phone call to end of consultation

Slide 5 – Stakeholder analysis grouping individuals interested in and/or likely to be affected by the project

Slide 6 – Drivers' diagram used as a roadmap connecting change theories with the project goal





KEY:

Oval = start or end point Rectangle = actions Diamond = decision point

Red arrows and rectangles = additional steps occurring in the present system and are likely contributing to the number of face-to-face dermatological appointments.

Red cross = no evidence of the process occurring

(Abbreviation: f2f = face-to-face)



	 Project advisors IT department 	Practice managerAdmin staffSecretary	 General practitioners Advance nurse practitioners Patients Reception staff GP tutor QI project lead (year 3 ScotGEM)
n	- Student colleagues	- Pharmacists	 Medical students GP specialty training doctors Foundation year 2 doctors
	 Paramedic crew Nurses Health care assistant District nurses Community midwife Community psychiatric nurse 	- Cleaners	 Wider community D&G health board Public health Dermatology consultants Dermatology secretary

Low Medium High

Impact on stakeholder

