

Aspiring to Excellence: Quality Improvement in Axial Spondyloarthritis at University Hospital Southampton

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Axial SpA works silently. We don't.

BACKGROUND

Axial spondyloarthritis (axSpA) can be associated with a delay to diagnosis. Anecdotal evidence at UHS suggested that patients were referred via different pathways and that some were not having the correct MRI protocol for diagnosis.

OBJECTIVES

Aim 1: Reduce time from presentation of AS in primary care to rheumatology referral

Aim 2: Reduce variation in use of imaging to diagnose axSpA

METHODS

Aim 1

- Map referral pathways
- Audit referral time
- Survey GPs
- Explore patient perspectives:

"Felt embarrassed explaining why I thought I might have AS"
"No-one ever believed me"
 "Mechanical back pain is so common"
"If you can touch your toes, you don't have it"
 "You don't look like someone who has AS"
"I'm young, I'll get over it"
 "...because I was young and a woman"

ACTIONS

- New e-referral service developed, linked to axSpA clinic. Includes GP educational materials: live May 2021

Aim 2

- Identify how patients are currently imaged

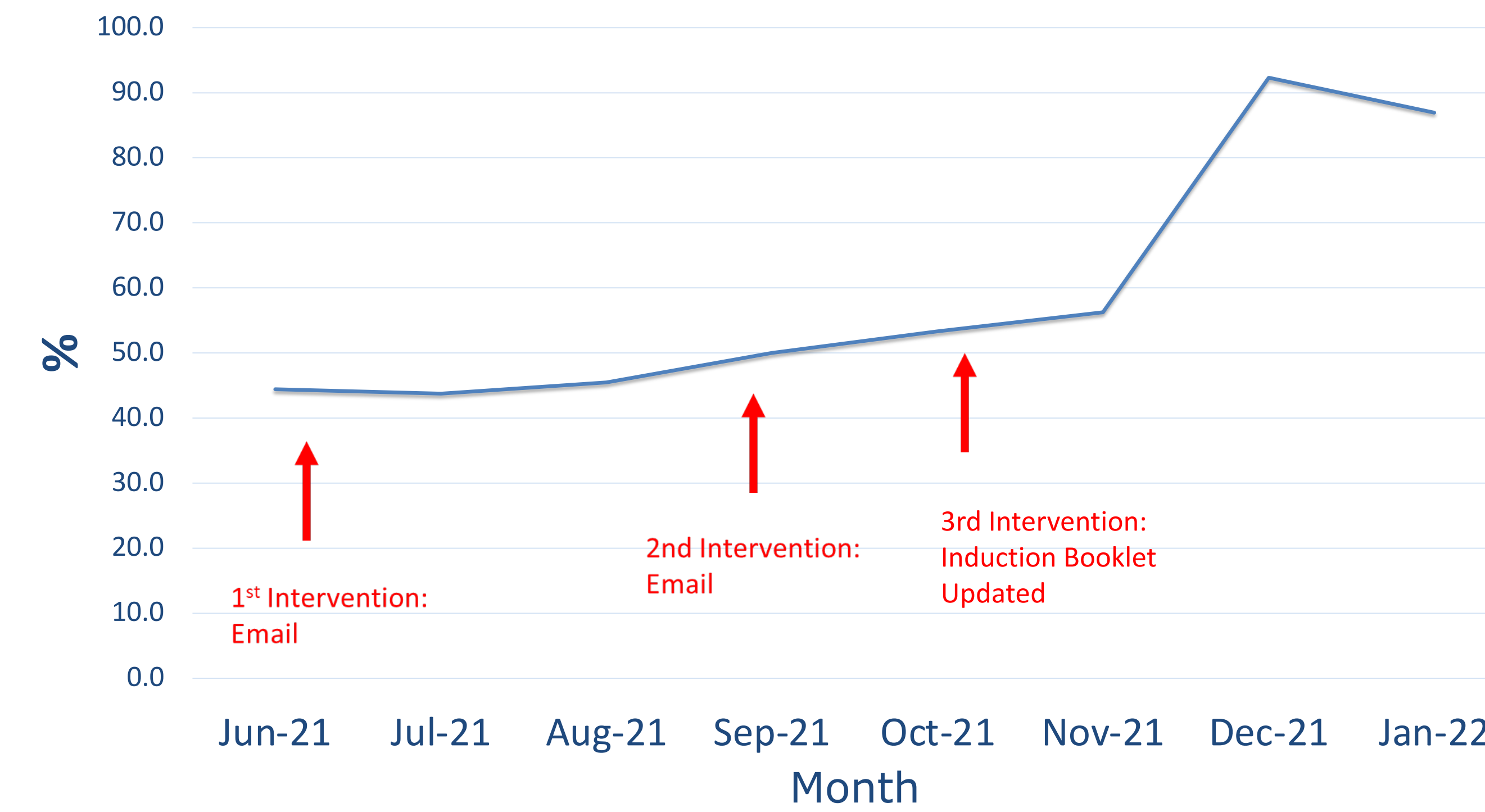
ACTIONS

- Introduced new MRI protocol: live June 2021
- Education provided re new protocol
- Ongoing monthly audit with feedback to requestors
- Amended junior doctor induction document

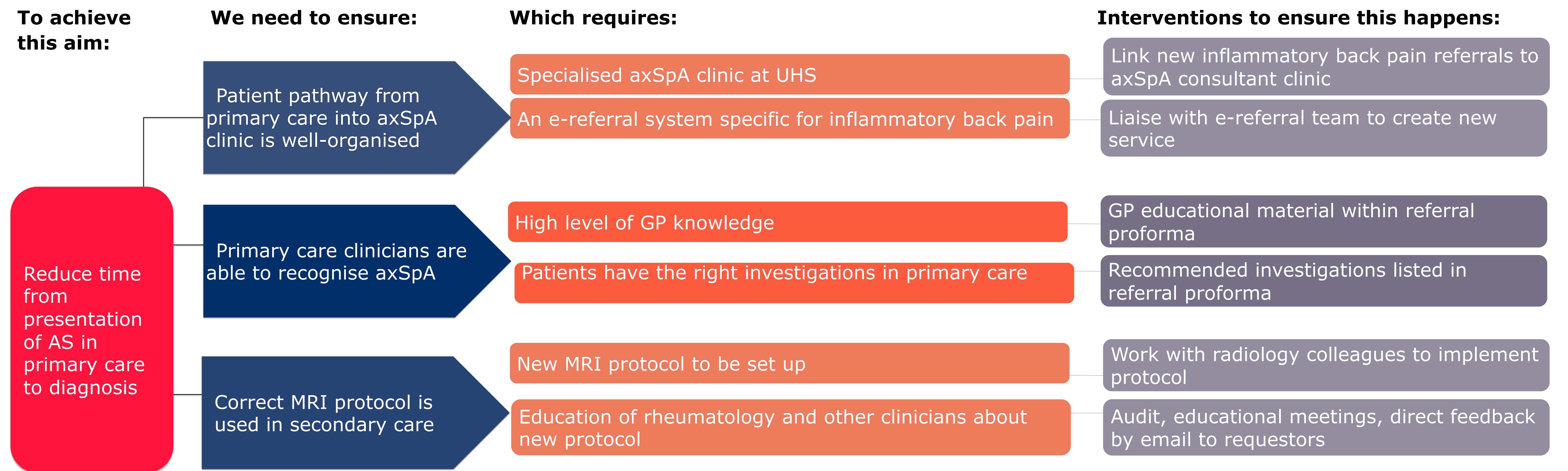
RESULTS

- Baseline audit: median referral time 1-2y; range 0-14y
- From Jun to Dec 2021, 13 patients were referred via the new axSpA service
- 12/13 referrals were for suspected axSpA
- Of these, 7/13 were new referrals; 6/13 were known to have AS requiring a new appointment at UHS
- 6/7 new patients had CRP and 3/7 had pelvis x-ray in primary care

Percentage of correct MRI requests June 2021 - January 2022



DRIVER DIAGRAM



CONCLUSION

- New e-referral system is being used successfully with patients now booked to specialist clinic
- New MRI protocol has reduced resource use in radiology with a high proportion of patients now having correct scan
- Further investigation is required (1) to find out if delay to diagnosis is improving (2) to obtain qualitative feedback from GPs about referral system and GP educational needs



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