

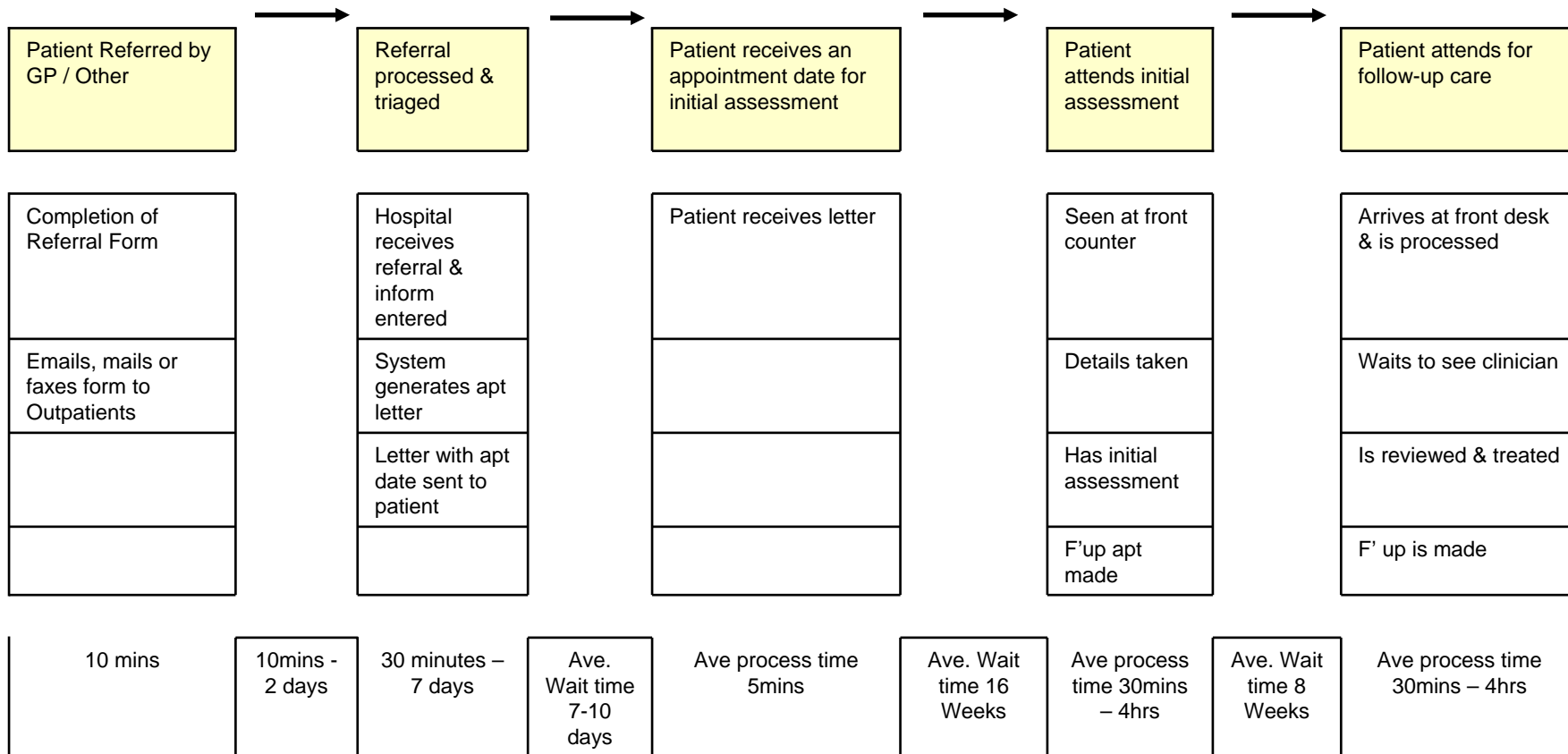
Outpatient Reform

Presenters: Belinda Rickard

Melinda Cosgriff



Current Situation - Process



Current Situation - Problems

Management / staff perspective:

- Budgetary constraints
- Fixed booking system

Patient perspective

- Wait to get an appointment
- Parking and physical environment
- **Finite funding environment that is capped, to create opportunities privatisation of clinics is an option**
- **Gains have been made in Waiting Times**
- **No equity in present booking system**
- **Physical environment is clinical and old.**





Leaders Need to Shift Current Thinking

CURRENT



FUTURE

- Provider first
 - Waiting is acceptable
 - Errors are to be expected
 - Add resources
 - Reduce cost
 - Problems not visible
 - Maximise use of capacity
 - Functional management
- Patient first
 - Waiting is unacceptable
 - Defect free processes
 - No new resources
 - Reduce waste
 - Problems visible
 - Minimise cost of capacity
 - End to end processes



Tools and Processes Required for Reform



Use 20% of Tools to achieve 80% of benefits

LEAN
Value Stream Mapping
Kanban signals
Visual workplace/5s
Match resources to demand
Work standardisation
Employees involvement
Rapid improvement events

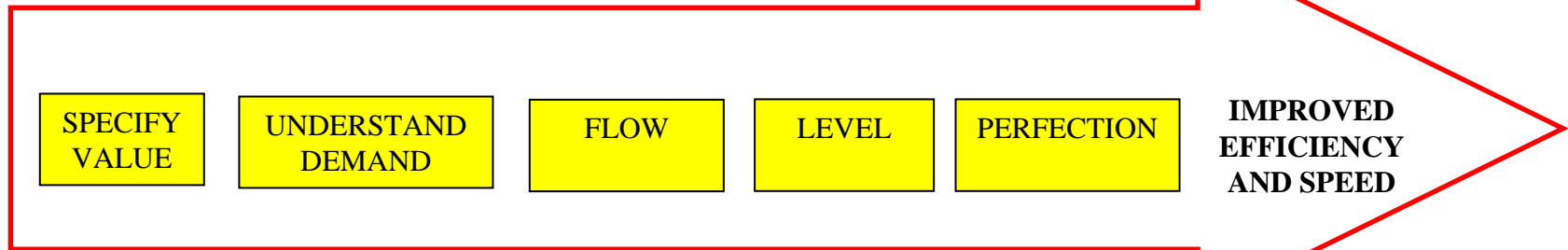
SIX SIGMA
DMAIC
Pareto charts
SPC/Measures
Voice of the customer
Capability Analysis
Fishbone diagram
Histograms



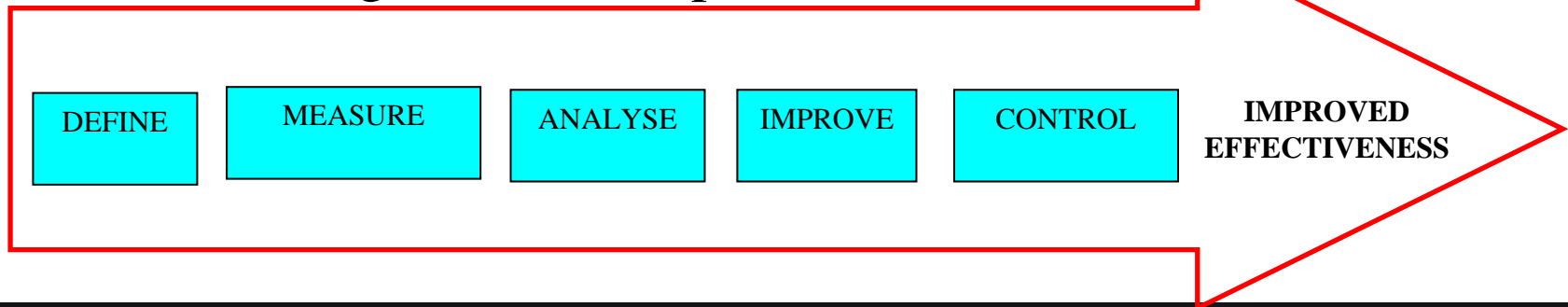


Lean Sigma. Complementary Not Competing

Lean – focuses on dramatically improving flow in the value stream and eliminating waste



Six Sigma – focuses on eliminating defects and reducing variation in processes



5S's of Lean

1. Sort
Remove unnecessary items
2. Set in order
Implement visual control
3. Sweep and shine
Clean the work area
4. Standarise
Operate according to standards and procedures
5. Sustain
Continuous improvement of workplace conditions



1 2 3 4 5



Sustain the gains



Key strategies / actions / innovations –

Six Areas were identified for Action:

1. Improving Access
2. Policy and governance development
3. Environmental improvements and creating capacity
4. The patient medical journey and related processes
5. Promoting discharges
6. Workforce role enhancement: Allied Health, Clerical Staff and Nurses



Key strategies / actions / innovations –

Improving Access:

- Standardisation of Referral Template
- Referral Triage Guidelines
- General Practice Liaison Nurse
- Fax back forms to Referrers-To improve the quality of referral information
- Development of Neurology Referral Guidelines for GPs
- Increased to Primary sector
- Improved formatting of appointment letters and soon to be available in 10 languages

Policy and Governance Development:

- Establishment of Data, Finance and Executive Committees with membership that represents the whole Health service
- Medicare Process reviewed and standardised
- FTA Process reviewed and standardised
- FTA Policy Development
- Review of financial arrangements in Bulk-billed Clinics



Key strategies / actions / innovations –

Environmental improvements and creating capacity:

- Lighting in department has been improved
- New paediatric play areas on each campus
- Painting of the Austin OPD site
- Televisions installed in each clinic waiting area
- Agreed Flow Measures:
 - FTA Rate
 - Cancellation Rate
 - Referral Rate
 - Discharge Rate
 - Overbooking Rate
 - New: Review Appointment Ratio
 - Conversion Ratios to Elective Surgery Waiting List

The patient Medical Record journey and related processes:

- Process mapping of Medical Records journey from appointment creation to actual appointment, this was to identify churn and remove unnecessary steps and add value adding ones
- Key recommendations will be drawn from this work
- Design for a new medical record trolley will also be a factor





Key strategies / actions / innovations –

Promoting Discharges:

- Discharge Audit (50K free episodes are created annually and this slows the system down)
- Discharge awareness campaign for Medical Staff
- Improved data management to ascertain and monitor the quality of our performance
- Increased communication to the Primary Sector

Workforce role enhancement, for Clerical Staff and Nurses:

- Clerical Position re-design, Clerical Leads
- Extended scope of practice for Division 2 Nurses:
 - GP Liaison Nurse
 - Plaster Technicians
 - Medication endorsement
 - Family Planning Clinic
 - High Risk Foot Clinic
- Extended scope of practice for Division 1 Nurses:
 - Ear, Nose and Throat
 - Urology
 - Breast
 - Cardiology and Respiratory
 - Nurse Leads, to be introduced
- Allied Health: Enhanced Role for Physiotherapists:
 - Neurosurgery
 - Orthopaedics



Visualisation is an Essential Tool

Austin Health Failed To Attend Policy

- **First FTA.**
Patients are sent a letter with a new appointment, which has been signed off as 'Urgent' or 'Next Available'
- **Second FTA.**
Patients are discharged from clinic back to their referring practitioner.
- A letter regarding this is sent to patient and referring practitioner

2 Missed Appointments and your patient could be out of the game!

FTA Policy Campaign

Every day **100** Austin Health patients do not turn up for their appointments

Please call and cancel your scheduled appointment so someone else can fill the slot.

Outpatient Appointment Line **9496 2444**

FTA Awareness Campaign

Discharge Awareness Campaign

REMEMBER YOU CAN DISCHARGE PATIENTS BACK TO THEIR PRIMARY CARE PROVIDER

Austin Health OUTPATIENTS DEPARTMENT

CLINIC: _____
 URN #: _____
 NAME: _____

FOLLOW UP ACTION:

DISCHARGE (Please check this box if the patient is already booked out.)

Next Appointment
 Date: _____
 Time: _____
 Please tick a box to call or email your next appointment.

TRANSFER **REFERRER**
 You must take this slip to the clinic desk in order to book your next appointment.

Please fill out the appropriate box on the Appointment Slip

And place in the tray located on your desk.

This will help clerical staff to discharge them from the system





Outcome Comparison

Measure	August 2005	August 2007
Average waiting time from referral to first appointment	20 Weeks	16 Weeks
Percentage of patients who "Did Not Attend" their scheduled appointment	14.5	17.4
Percentage of appointments for "new" patients	29.6	38
Total number of Outpatient patient attendances	13,298	13,763
Referral Rate	23.6%	23.9%
Discharge Rate	6.9%	10.6%
Overbooking Rate	24.9%	26.7%
Cancellation Rate	11.4%	11.7%





Lessons Learnt

- Agree on performance measures
- Take a system approach, do not focus on one measure
- Executive engagement and support is essential
- Focus on flow
- Review your existing clinics with clinicians, give them data
- Improve the efficiencies of these clinics and capacity will be created
- Create business rules

