



# **New Approaches to Old Problems in Ambulatory Services**

# Issues in Ambulatory Services

- **Access is our greatest issue**
  - Aging populations/increased life expectancy
  - Increasing rates of chronic diseases
  - Increased public expectations
  - New technologies
  - Crisis in health care professionals numbers
  - Funding issues nationally, regionally and locally

# Auckland District Health Board

Four hospitals amalgamated in 2003 onto to two sites:

- **Auckland City Hospital- inpatient**
- **Greenlane Clinical Centre- Outpatient/Ambulatory**



# Auckland District Health Board

- **Biggest DHB by turnover in NZ**
- **Service population- 457,220**
- **Diverse cultures and ethnicity:  
decile 8-10**
- **Majority at working age currently:  
2021- 14% > 65**

# NZ Funding Arrangements

- **Population Based Funding Formula (PBFF) introduced in 2003**
- **Adjusters used** (Pop. Based weighting and average costs per person; Recognised unmet needs; Rural adjustor; Tertiary adjustor (no longer in place))
- **ADHB- 51% of funding from Inter District Flows**
- **Only DHB provider for many services in the region and country**

# Governmental Waiting List Management

- **Elective Service Performance Indicators**
- **Principles of clarity, timeliness and fairness**
- **National Scoring Tools- Clinical Priority Assessment Criteria (CPAC) score**
- **Thresholds for acceptance**
- **Triage of referrals**
- **Production Planning**
- **MOH monitors compliance monthly**

# Patient Flow Management

## Route causes of blowouts/non-compliance:

- Too many referrals accepted for capacity
- Too many follow-up appointments- less first appointments per clinic
- Too many patient accepted for surgical waiting lists- more follow-ups generated
- “Carve-outs” at expense of other waiting lists



# Patient Flow Management

- **Short Term “Fixes”**
  - Clean up of waiting lists
  - Extra clinics- evenings and weekends
  - Seconded extra staff into clinics
  - Extra day surgical procedures- evenings and weekends
  - Outsourced to private providers

# Patient Flow Management

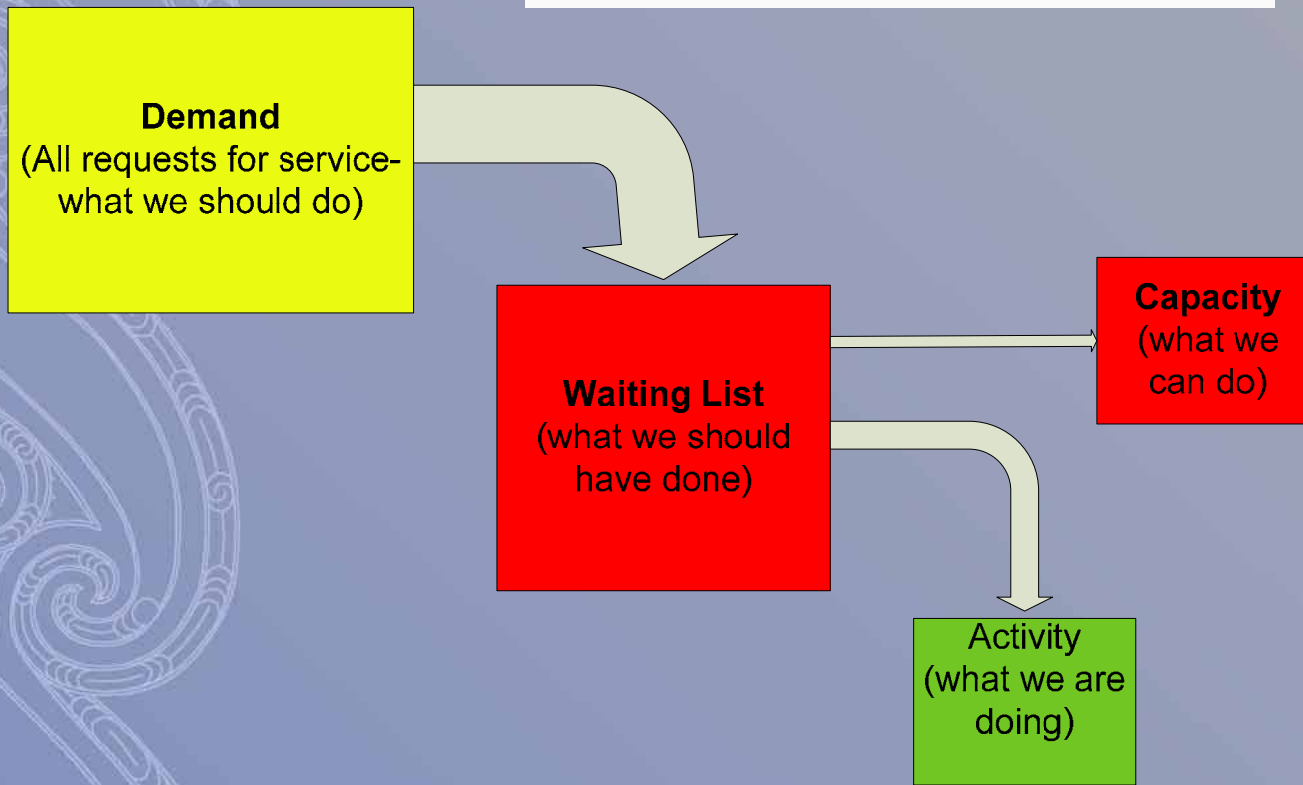
- **Long Term Management- Clerical/Infrastructure**
  - Look at scheduling and booking processes-streamline
  - Manage patient process through system
  - Managing DNAs
  - New technology – more mobility- electronic clinical records, xrays, equipment- retcam, photos for virtual clinics
  - Increasing space
  - Monitoring and reporting

# Patient Flow Management

- **Long-Term – Clinical**
  - Examine waiting list management- by service and subspecialities \*
  - Analyse referrals, develop sustainable access criteria and thresholds
  - Implement guidelines for referrals
  - Implement guidelines for management by primary care- shared care
  - Guidelines for numbers of follow-ups per sub-speciality developed and implemented

# Patient Flow Management

## Demand and Capacity

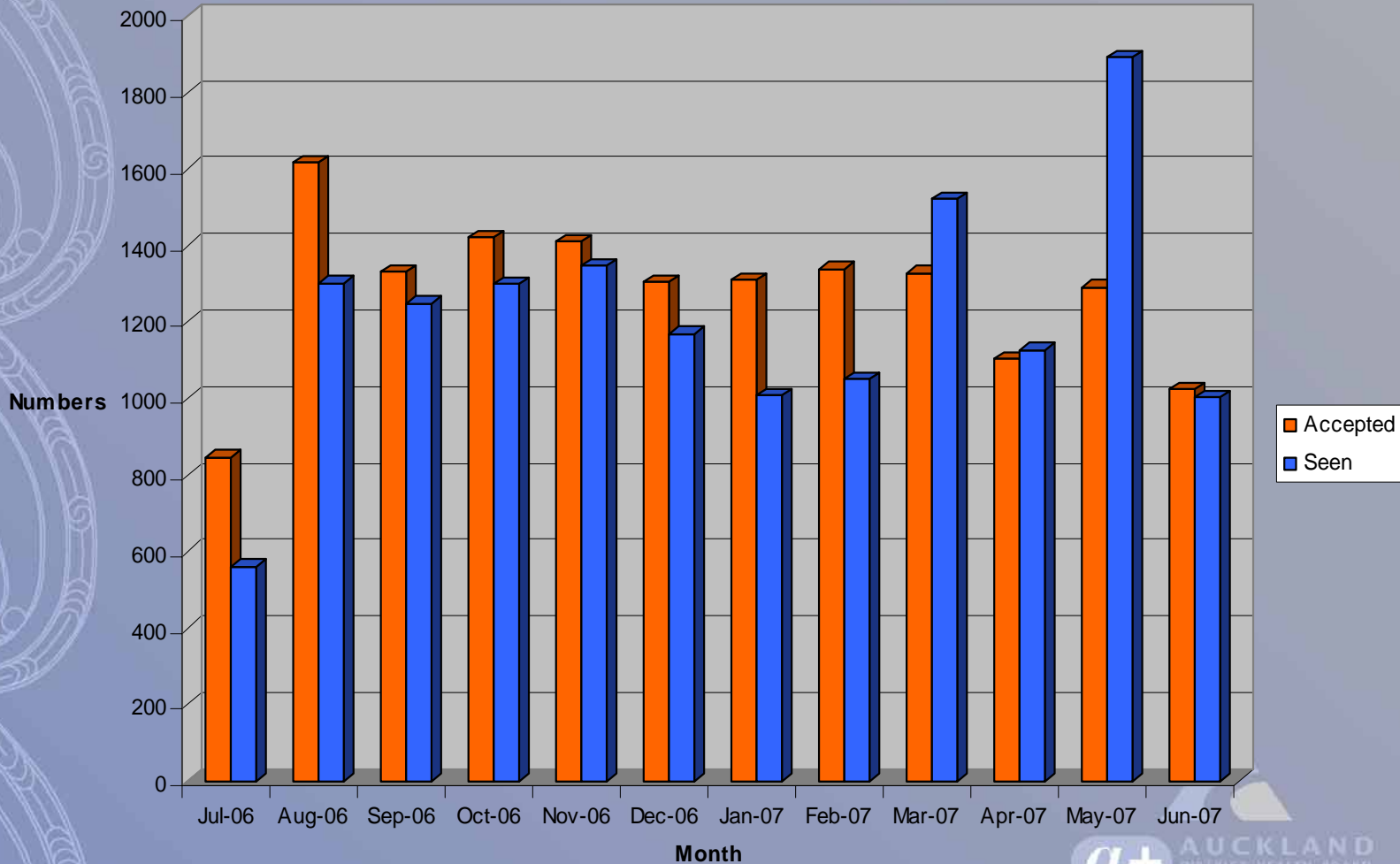


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# Patient Flow Management

## Referrals Management



# Patient Flow Management

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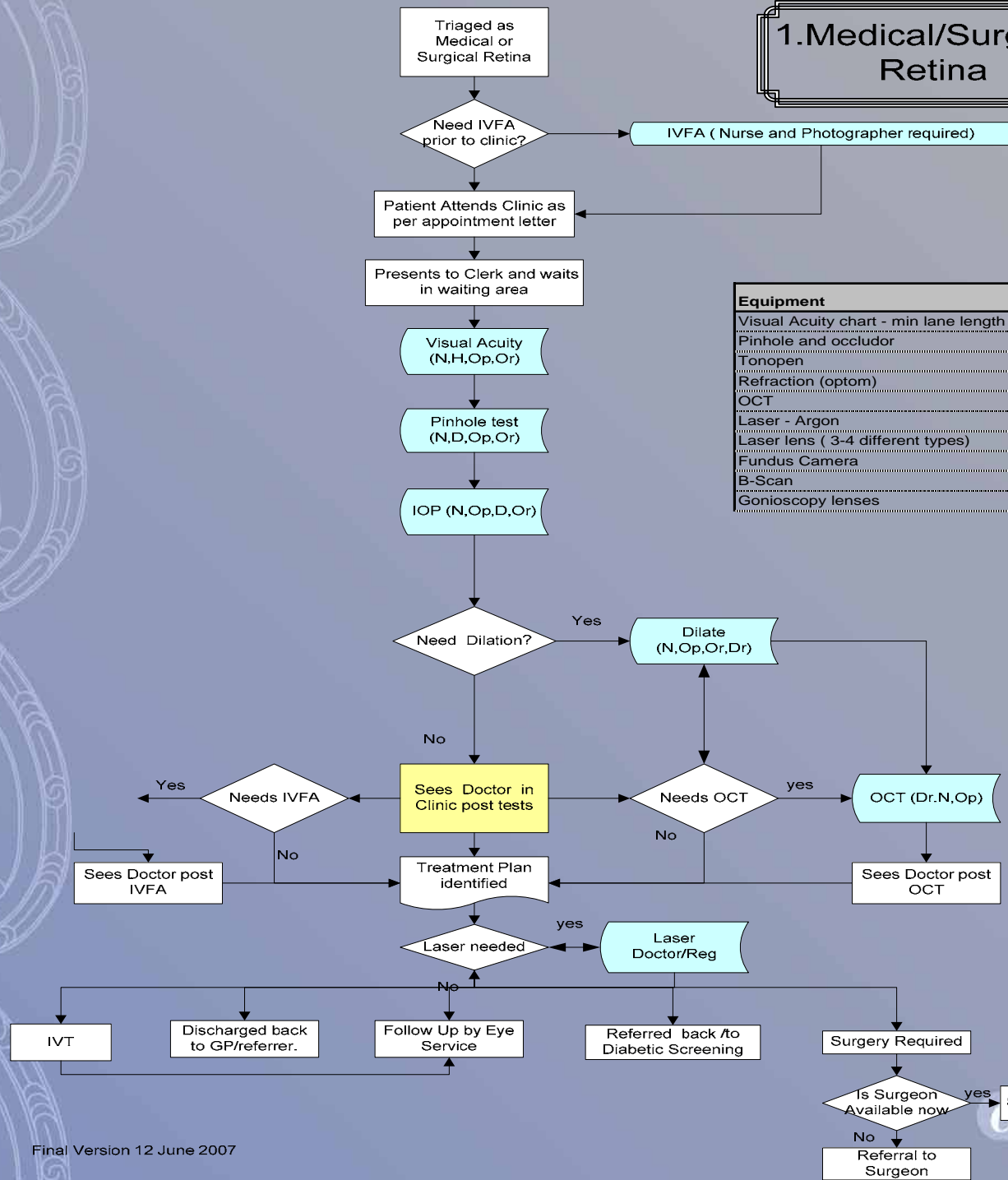
# Patient Flow Management

- **Long-Term Management-Clinical**
  - Implement new roles/clinics
  - Nurse Specialist roles
  - SubTenons NS
  - Nurse Practitioner role
  - Optometrists

# Patient Flow Management

- Reduce follow-ups by Consultants- guidelines for management, follow-up by other health professionals
- Reduce clinic appointment times and procedures during appointments \*
- New ways of working- after hour clinics, Virtual Clinics, Outreach Clinics, working with primary care clinics, NGOs
- Develop relationships with private facilities- shared care

# 1. Medical/Surgical Retina



Equipment	
Visual Acuity chart - min lane length 4m.	
Pinhole and occludor	
Tonopen	
Refraction (optom)	
OCT	
Laser - Argon	
Laser lens ( 3-4 different types)	
Fundus Camera	
B-Scan	
Gonioscopy lenses	



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# Patient Flow Management

- **Conclusion**
  - Managing and improving flows is ongoing work
  - No “Magic Bullet”
  - Strategies need to be multifactorial
  - Impacts of improving in one service may impact on another