



(re)Designing the Specialist Clinic Journey

**Specialist Clinics Redesign Demonstration
project**

Jane Evans, Manager Strategic Projects and Policy
Department of Health, Victoria

17 September 2009

Victorian specialist clinics services

Victorian public hospital specialist clinics provide scheduled or planned non-admitted services that require the focus of an acute setting to ensure the best outcome for a patient.

- In 2008-09:
 - 1.25 million medical/surgical occasions of service
 - 600,000 allied health occasions of service
 - \$572m was provided to the 17 Health Services

Victorian public hospital specialist clinics strategic framework (2009)

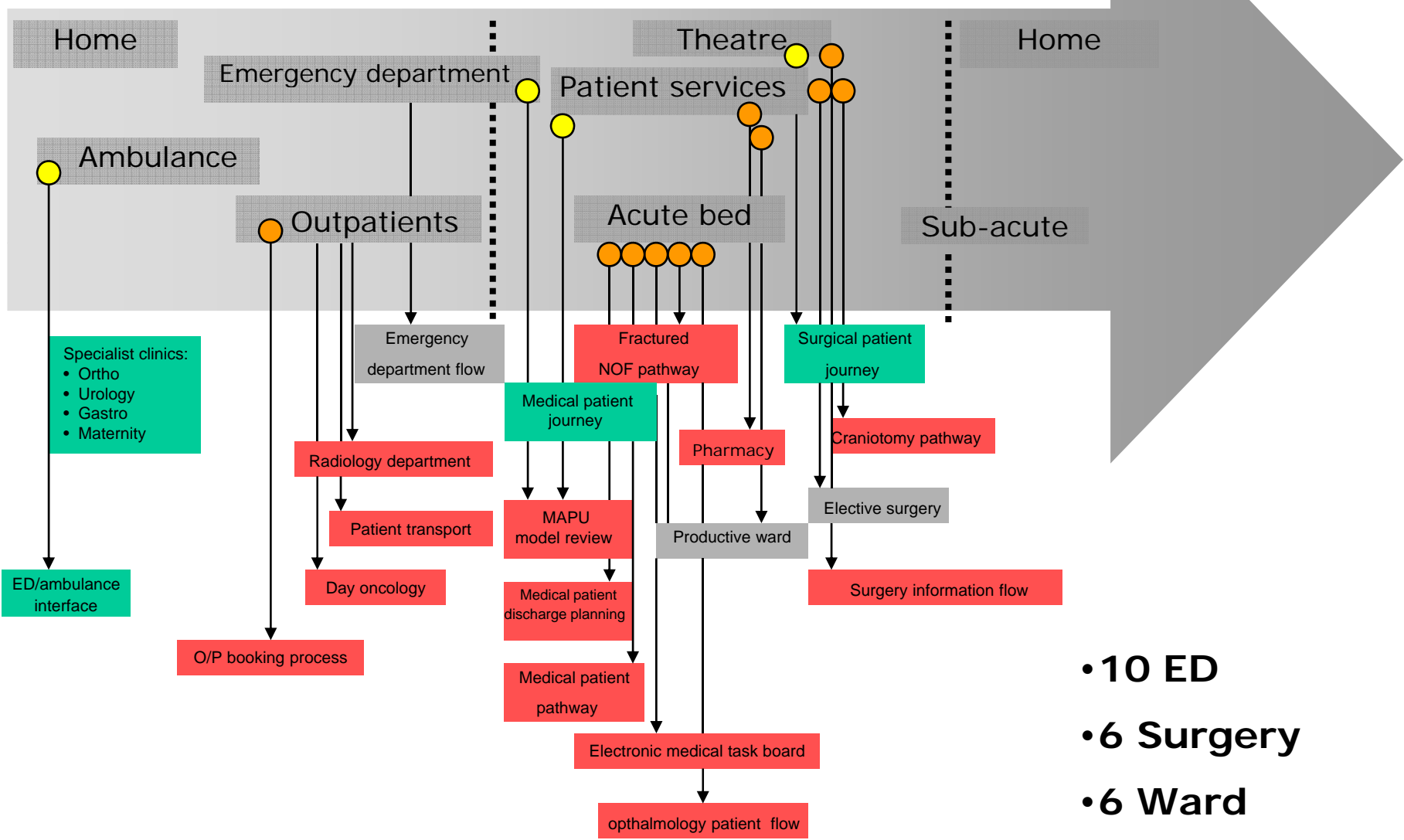
3 key objectives of the framework are:

1. Timely access
 - Patient journey standards – Redesign demonstration project
 - Access and discharge guidelines
 - New: Review ratio
2. Patient focus
 - Communications training
 - Standardised referrals
 - Infolines
3. Sustainable services
 - Allied health and nursing work
 - Minimum Data Set
 - Develop program measures

Redesigning Hospital Care Program

- 4 year statewide initiative, commencing July 2008 with \$5m funding p.a.
- Program objectives are to achieve measurable improvement in:
 1. Service delivery in priority areas
 - access
 - efficiency
 - service quality
 2. Health service capability for redesign

- Individual programs of work
- Collective programs of work
- Demonstration programs of work



- 10 ED
- 6 Surgery
- 6 Ward

Specialist Clinics Redesign project

Demonstration project:

Care pathways will be developed and evaluated during this project to address four key areas of high demand for specialist services in Victorian public hospitals

St. Vincent's

- Urology
- Gastroenterology
- Orthopaedics

Western Health

- Urology
- Gastroenterology
- Orthopaedics

Mercy Hospital for Women

- Maternity

Specialist Clinics Redesign project

QUALITY

**Outpatients:
A Big Vague Problem**

**CAPACITY /
DEMAND**

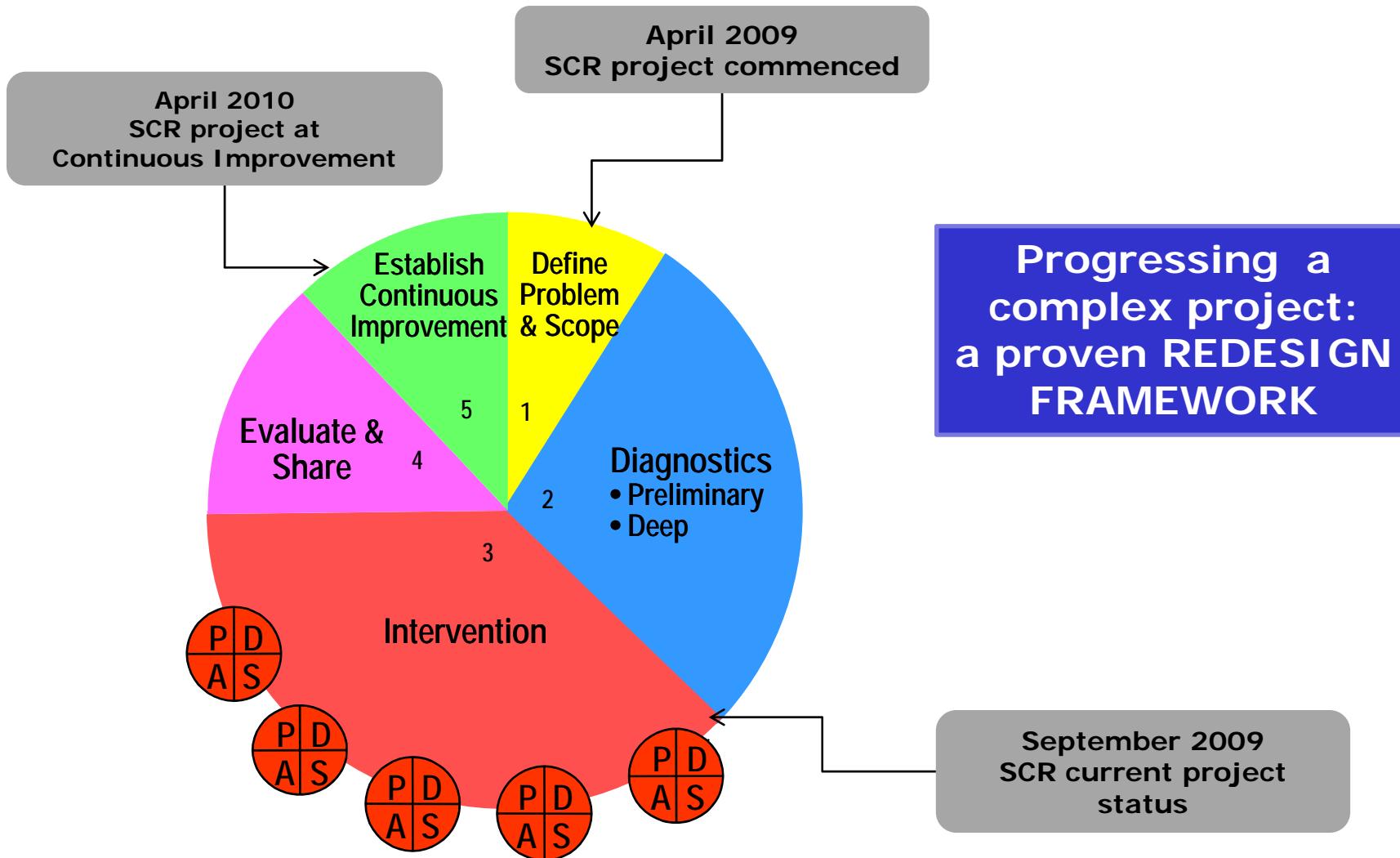
**ACCESS &
WAITING**



**LOW
PROFILE
SERVICE**

IT / DATA

Specialist Clinics Redesign project

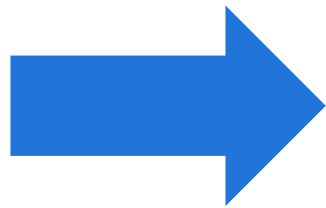


Defining the problem

- Data
 - minimal in the OP environment
- “Go see”
- Big Picture Mapping

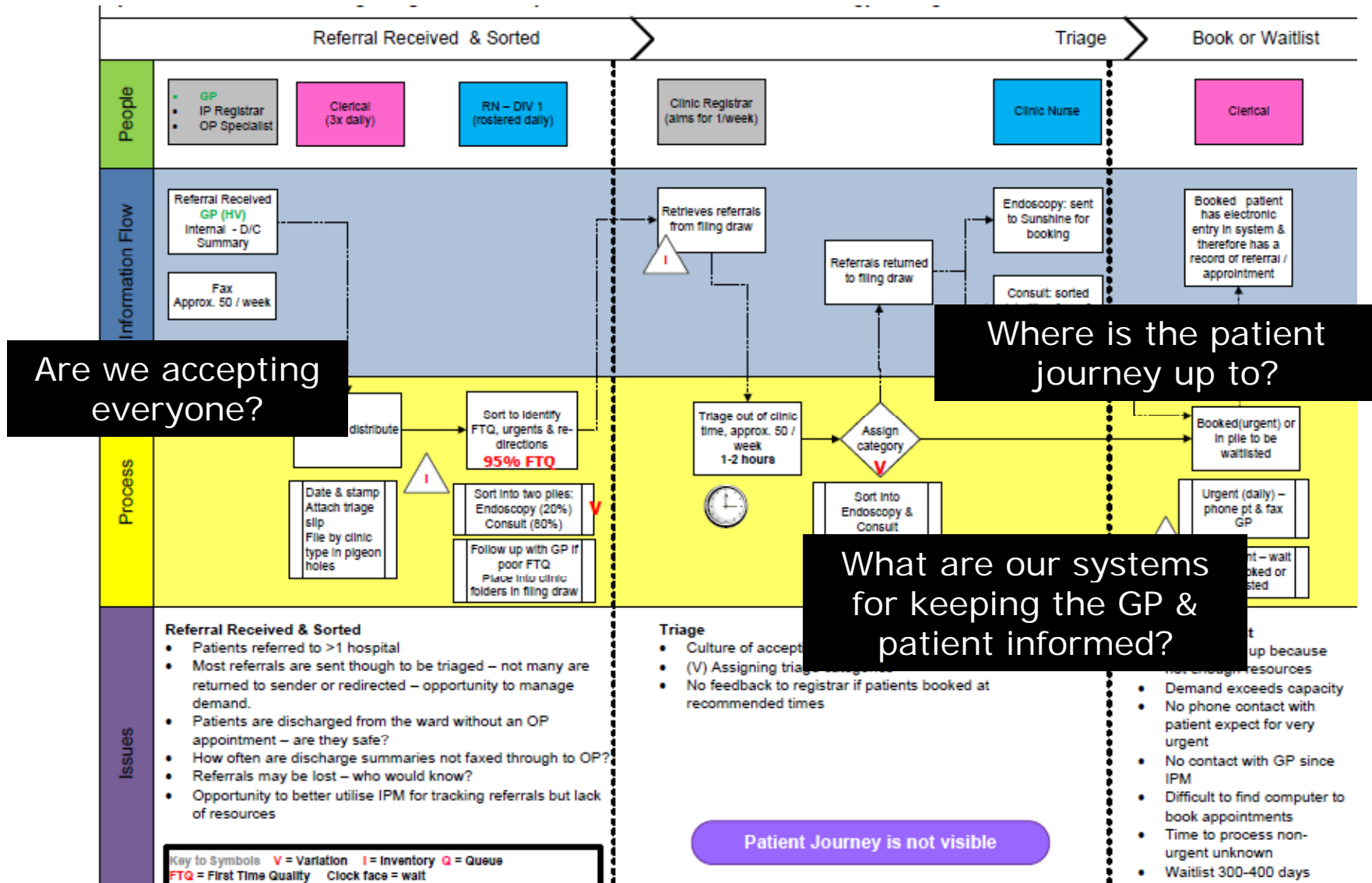


Diagnostics
•preliminary

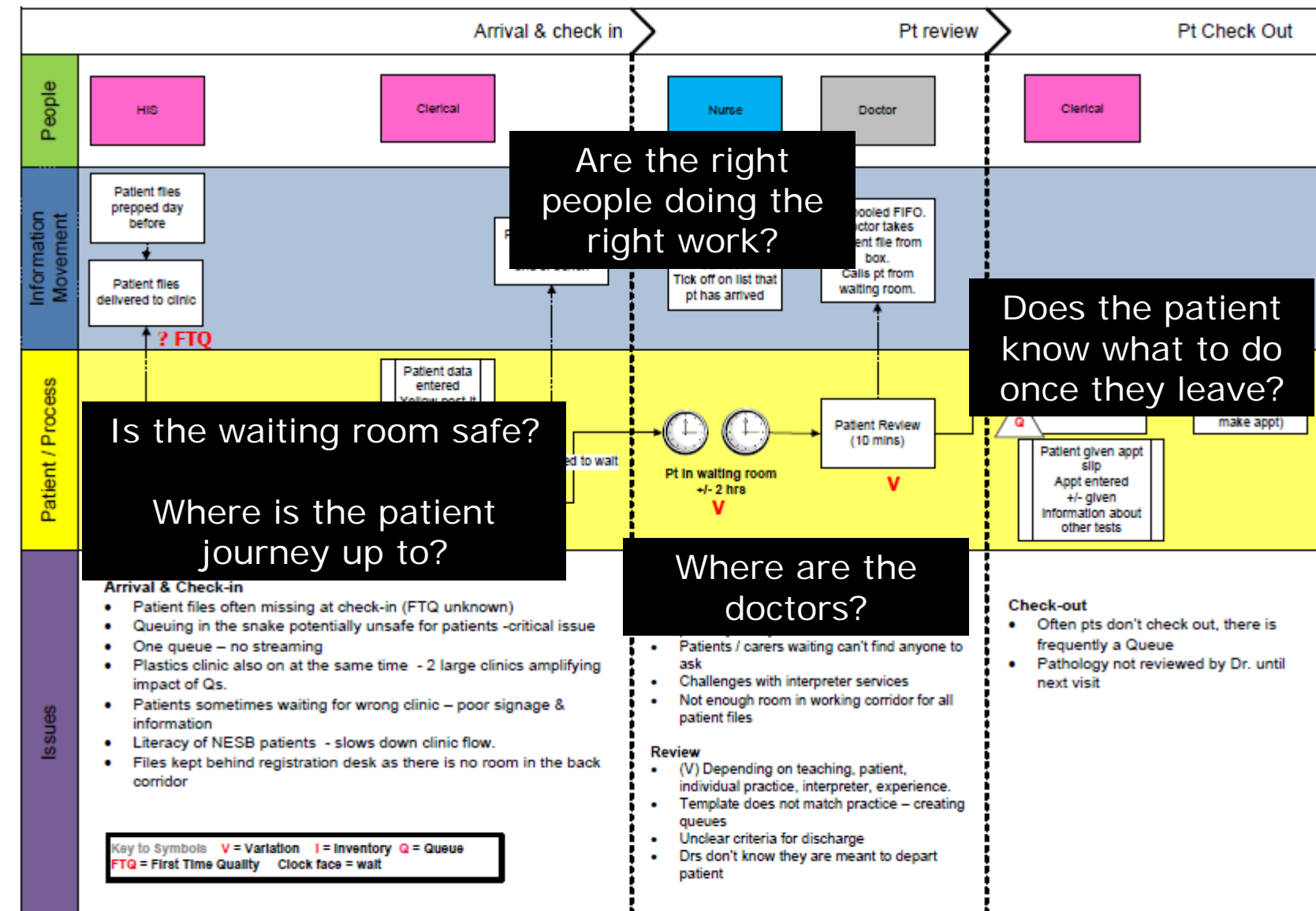


some common questions
emerged

Defining the problem: preliminary diagnostics

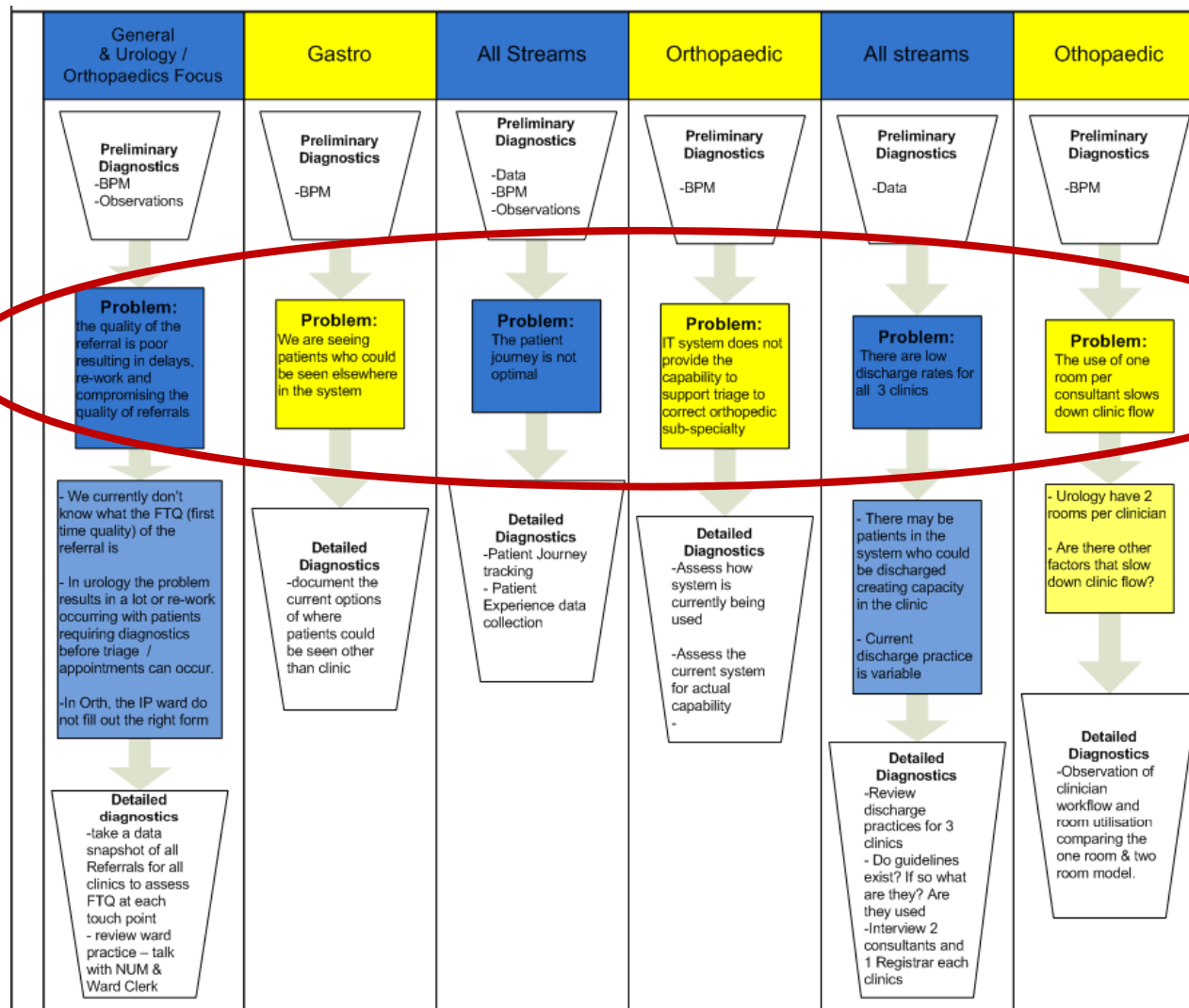


Defining the problem: preliminary diagnostics



Defining the problem

Deep Diagnostics Plan for one site



Diagnostics
•Deep

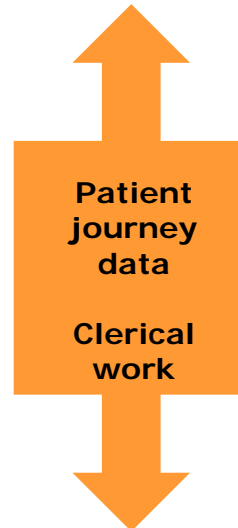
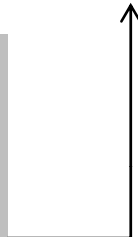
With our problems defined we had to dig deeper to understand them

The Patient Journey Problems

From Referral to appointment



- Quality of the referral
- Process flow
- Acceptance criteria
- Other options for review
- Waiting times
- Patient / GP enquires re referral / appointments (phone room tracking)



- Patient journey tracking process and patient experience**
- Clinic flow and utilisation
- Template review
- Clinician continuity of care
- Discharges
- DNAs



From Arrival to Discharge - MAJOR FOCUS



The referral process

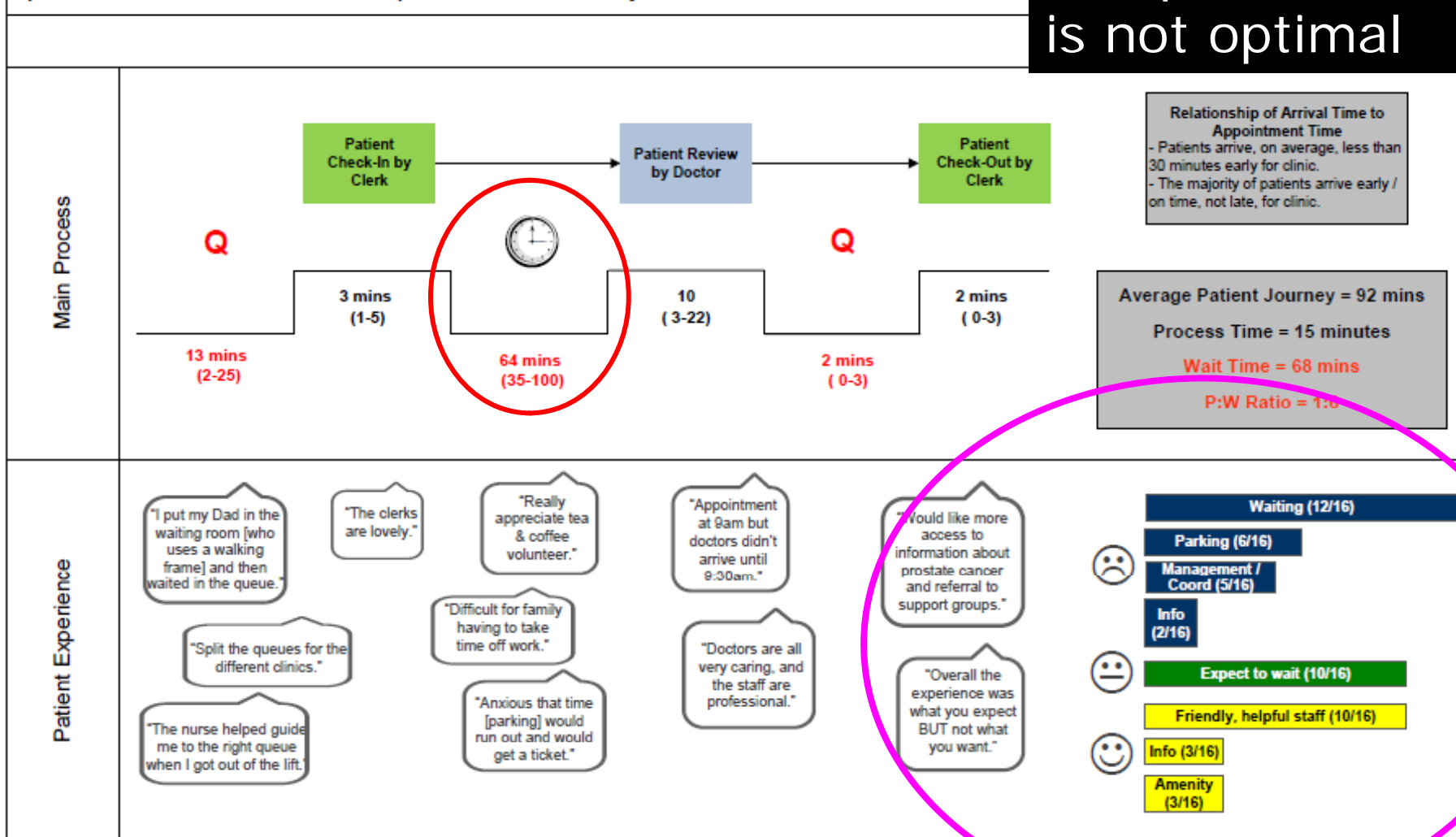
Problem:
The pile of unprocessed referrals is unsafe for patients



Intra Clinic Patient Journey

Problem:
The patient visit is not optimal

Specialist Clinic Value Stream Map: 20 Patient Journeys



Patient Experience

Problem:
The patient visit
is not optimal

"Overall the experience was what you would expect BUT not what you want."

"I had to ask the nurse if I had been forgotten."

"I had to wait ages in the reception queue. I was on crutches, so it was a bit of a pain."

"The clerks are lovely."

"The long wait – I don't really get it."

Patient Experience

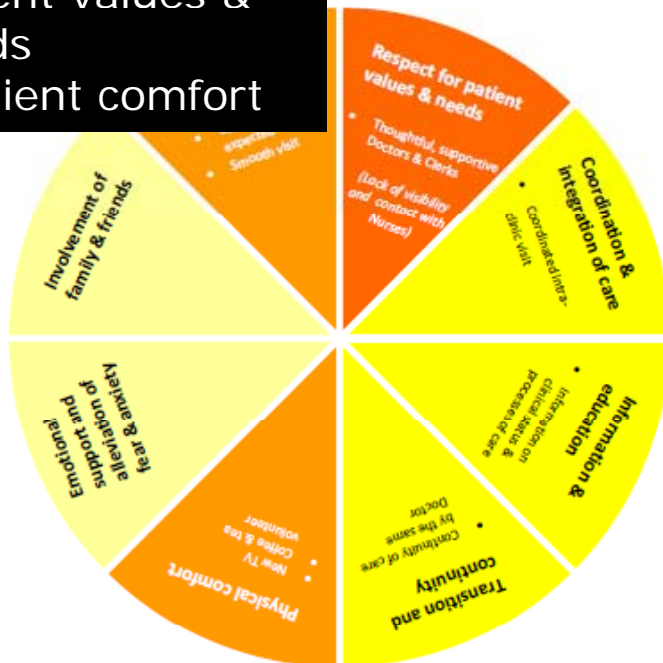
Problem:
The patient visit is not optimal

Thinc Lean  Building capability for redesign

Positive:

- Access to care
- Respect for patient values & needs
- Patient comfort

Dimensions of Care
Positive patient experience comments (30%)

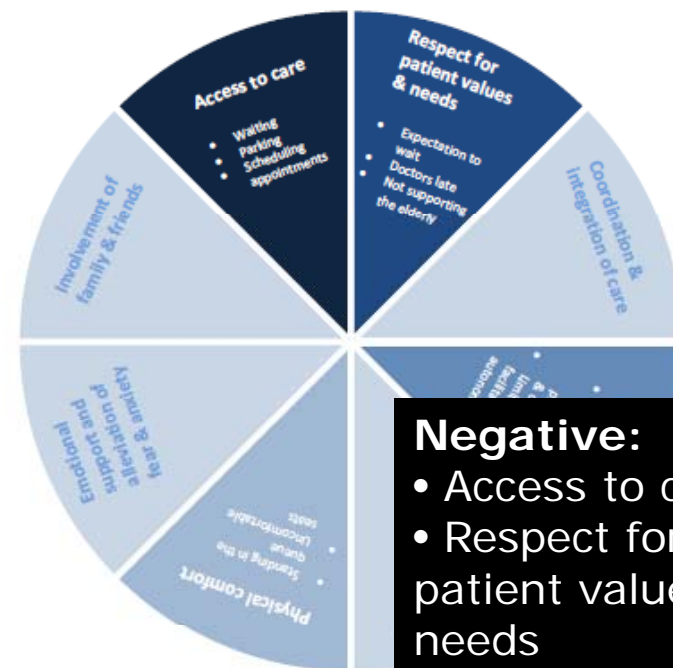


Patient-Centred Dimensions of Care provided by NRC+PICKER, a division of National Research Corporation.

Thinc Lean  Building capability for redesign

Patient-Centred Dimensions of Care

Negative patient experience comments (70%)



Negative:

- Access to care
- Respect for patient values & needs
- Information & education

Patient-Centred Dimensions of Care provided by NRC+PICKER, a division of National Research Corporation.

Intra Clinic Patient Journey

What does impede clinic flow?

- The clerical work is complex and manual
- Nurses are not nursing
- Doctors are not arriving on time
- Lack of administrative support for Doctors
- A clinic seem to be more than a clinic
 - Gathering spot / networking
- The waiting room is not set up or designed for sick patients, but it is a place full of unwell people

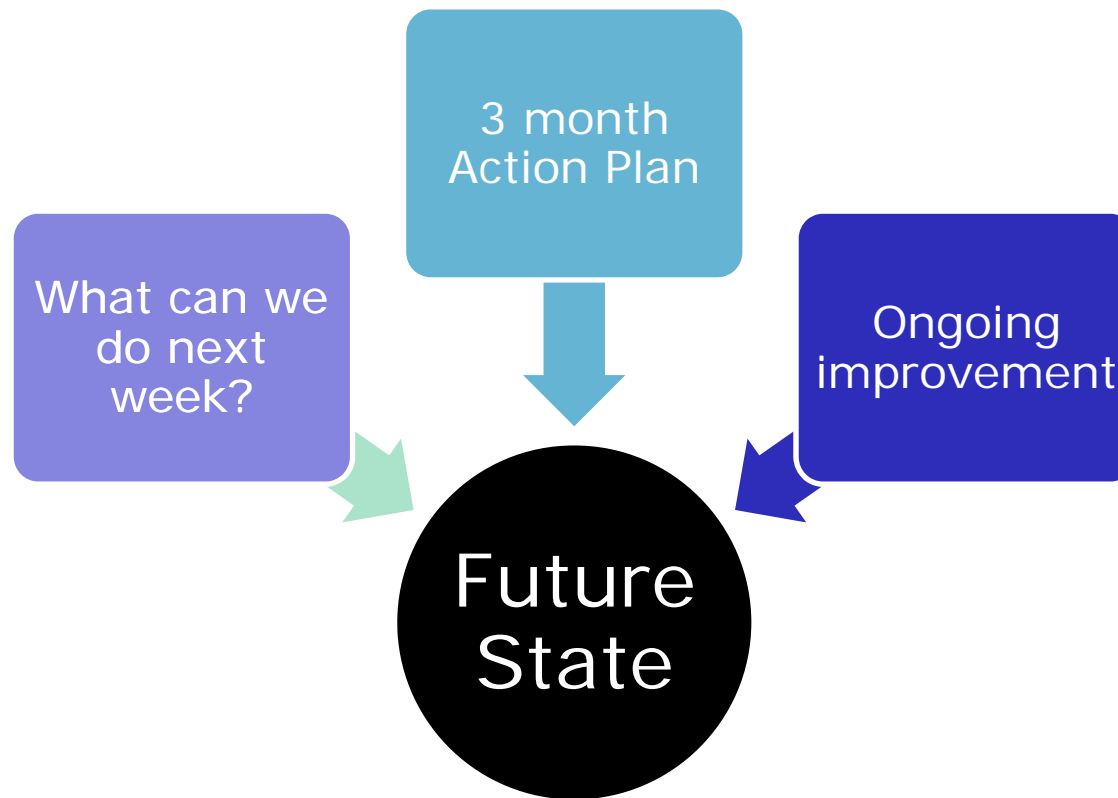
The work requires redesign to improve the patient journey and experience

Are we game enough to tackle the **tough** issues?

We could increase throughput with current resources, **but can we?**

Specialist Clinics Redesign project

With a deep understanding of the identified problems we are preparing for improvement



Learnings & Challenges

1. Designing the SC clinic work is key to improving intra-clinic throughput

2. Poor data & lots of piles of paper

- How do we measure when we have no data??
- Just because we don't have the data doesn't mean it isn't important

3. Engagement in specialist clinic improvement isn't easy

- Ownership
- Too difficult – where do you start
- Poor (forgotten) cousin



Next steps

Project outcomes:

- Clearly defined patient pathway through outpatients from referral to discharge
- Suite of solutions and measures for use across the system
- Linked with other key reform work being undertaken:
 - Access guidelines
 - Minimum patient data set
 - Standardised referral processes and templates
 - Patient focused booking systems



Department of Health

Specialist Clinics Innovation and Improvement Program

<http://www.health.vic.gov.au/outpatients>

Redesigning Hospital Care Program

<http://www.health.vic.gov.au/redesigningcare>