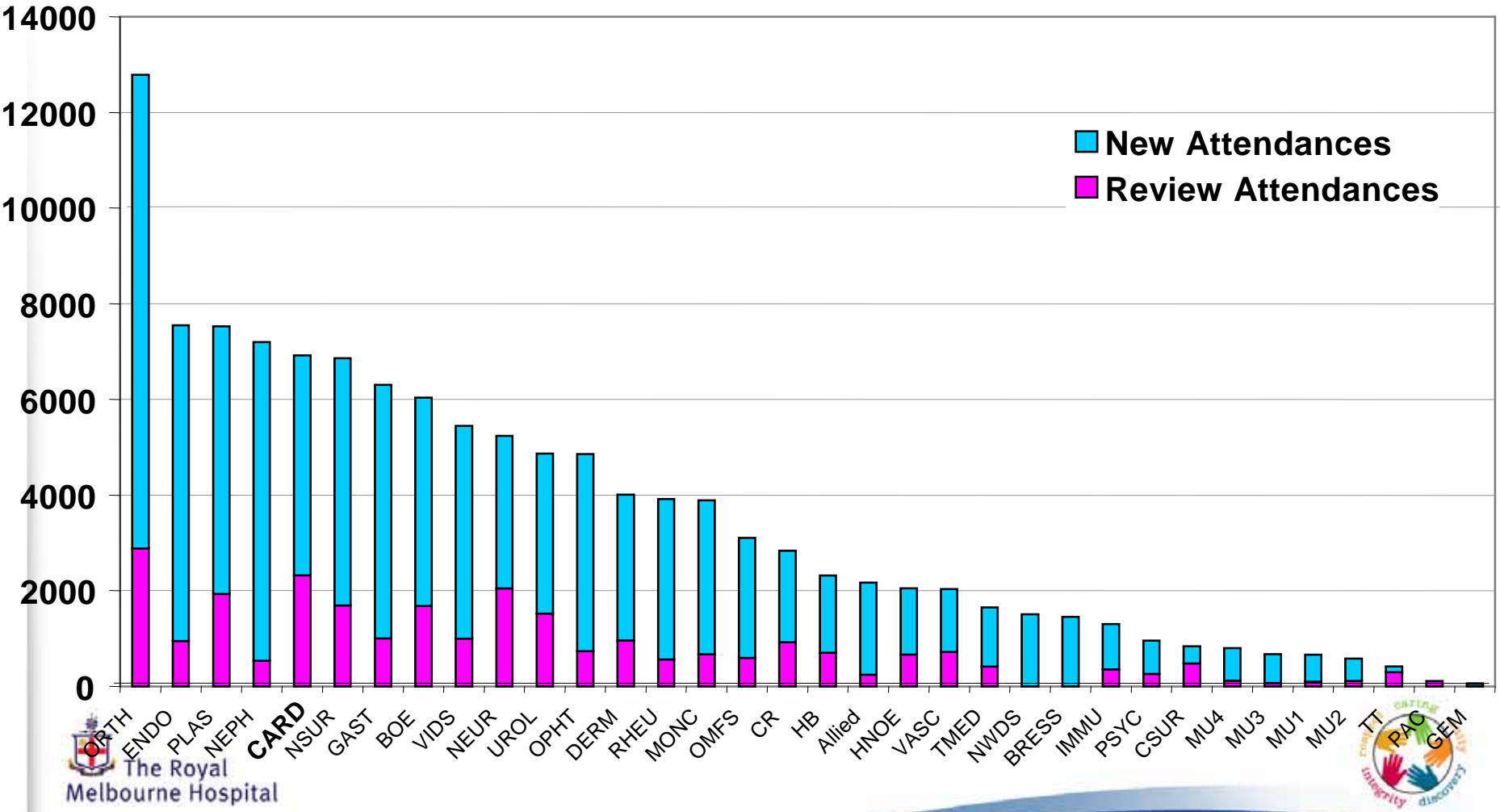


A TEAM APPROACH TO CREATING CAPACITY THROUGH SYSTEMS CHANGE IN A CARDIAC OUTPATIENT CLINIC

Systems Change in Cardiac Outpatients

- 118,865 attendances 2006-07
Melbourne Health
- 26,715 new attendances (23%)
- Tertiary Service

RMH Outpatient Total Attendances by Unit 2006 - 07




 The Royal Melbourne Hospital





Outpatients Reception

Outpatients Reception



Systems Change in Cardiac Outpatients

Drive for improvement from *within* Department

- Overbooking rate 35%
- DNA rate 22%
- Late starts
- Late finishes
- Long Waits for patients attending Clinic
- Unhappy Consultants!



Systems Change in Cardiac Outpatients

PROJECT AIM

- To gain capacity through systems improvement
- To improve the experience for clinicians and patients attending RMH Cardiac Outpatient Clinic

Systems Change in Cardiac Outpatients

OBJECTIVES

- Reduce Patient Wait for Access
- Reduce Patient Wait in Clinic
- Achieve More Manageable Workload
- Reduce Did Not Attend (DNA) Rate
- Reduce Overbooking Rate

Systems Change in Cardiac Outpatients

METHODOLOGY

- Establish Team and Roles
- Gain Consultant Buy In
- Referral Management
- Realistic Scheduling
- Did Not Attend Protocol

Systems Change in Cardiac Outpatients

Methodology ctd

- Establish Team and Roles
 - Consultant, OPD Manager, Nurse, Clerks
- Implement Improvements
- Meet Weekly to Monitor Progress

Systems Change in Cardiac Outpatients

Achieve Consultant “Buy In”

- Agree Maximum Clinic Numbers
- Even Work Load
- No Overbookings

Systems Change in Cardiac Outpatients

- More Realistic Individual Schedule from
 - 1 New & 4 Review
- To
 - 2 New & 6 Review
 - *One urgent, one non-urgent new (N & N1)*
- Plus an Overflow Clinic
- Monitor weekly from IT future booking

Systems Change in Cardiac Outpatients

CARDIAC - CARDIAC		Week Ending					
Doctor	New/Returning	30-Sep	7 Oct 07	14 Oct 07	21 Oct 07	28-Oct-07	4-Nov-07
BALL	New	2	2	1	1	1	1
BALL	Returning	9	5	5	5	5	5
CHAW	New	2	2	2	1	1	0
CHAW	Returning	5	6	6	6	2	5
KALJ	New	2	1	2	0	0	0
KALJ	Returning	7	4	5	2	4	4
SPAP	New	2	2	1	2	1	0
SPAP	Returning	4	8	5	5	2	5
VOUJ	New	2	2	2	2	1	0
VOUJ	Returning	5	6	6	6	4	2
WHEM	New	2	2	2	1	0	0
WHEM	Returning	5	5	5	5	3	2
WILWI	New	2	2	2	2	0	1
WILWI	Returning	8	5	4	6	4	1
CRET	Returning	12	10	10	11	7	7
CNEW	New	6	7	6	3	2	0
Total		75	69	64	58	37	33

Systems Change in Cardiac Outpatients

Referral Management

- Referrals in ~ Capacity
- Work through backlog
- Reduce DNAs
- Match referrals weekly to available slots
- Quarantine urgent appointments
– (N1)

Systems Change in Cardiac Outpatients

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WHEM	Returning	5	5	5	5	3	2
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WILWI	Returning	8	5	4	6	4	1
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CNEW	New	6	7	6	3	2	0
Total		75	69	64	58	37	33

Systems Change in Cardiac Outpatients

Reduce patient waiting in clinic

- Realistic Scheduling
- Reflect Usual Number of Attendances
- Based on Actual Doctor Arrival & Finish

Times

Original Schedule

Time Book

1330 N

1345 R

1400 R

1415 R

1430 R

Time Book Overbook

1330	N	N
1345	R	R
1400	R	R
1415	R	
1430	R	

Time	Book	Overbook	Total Pts
1330	N	N	2
1345	R	R	4
1400	R	R	6
1415	R		
1430	R		

Time	Book	Overbook	Total Pts	x 7 Drs
1330	R	R	2	14
1345	R	R	4	28
1400	R	R	6	42
1415	R			
1430	R			

Time	Book	Overbook	Total Pts	x 7 Drs
1330	R	R	2	14
1345	R	R	4	28
1400	R	R	6	42

Doctor Arrives

1415	R
1430	R

New Schedule

Time	Book	Total Pts	x 7 Drs
1350	N	1	7
1400	N1	1	14
<i>Doctor Arrival Time</i>			
1430	R	1	
1445	R	1	
1500	R	1	
1515	R	1	
1530	R	1	
1545	R	1	

Finish Time 1600 - 1630

Waiting Area



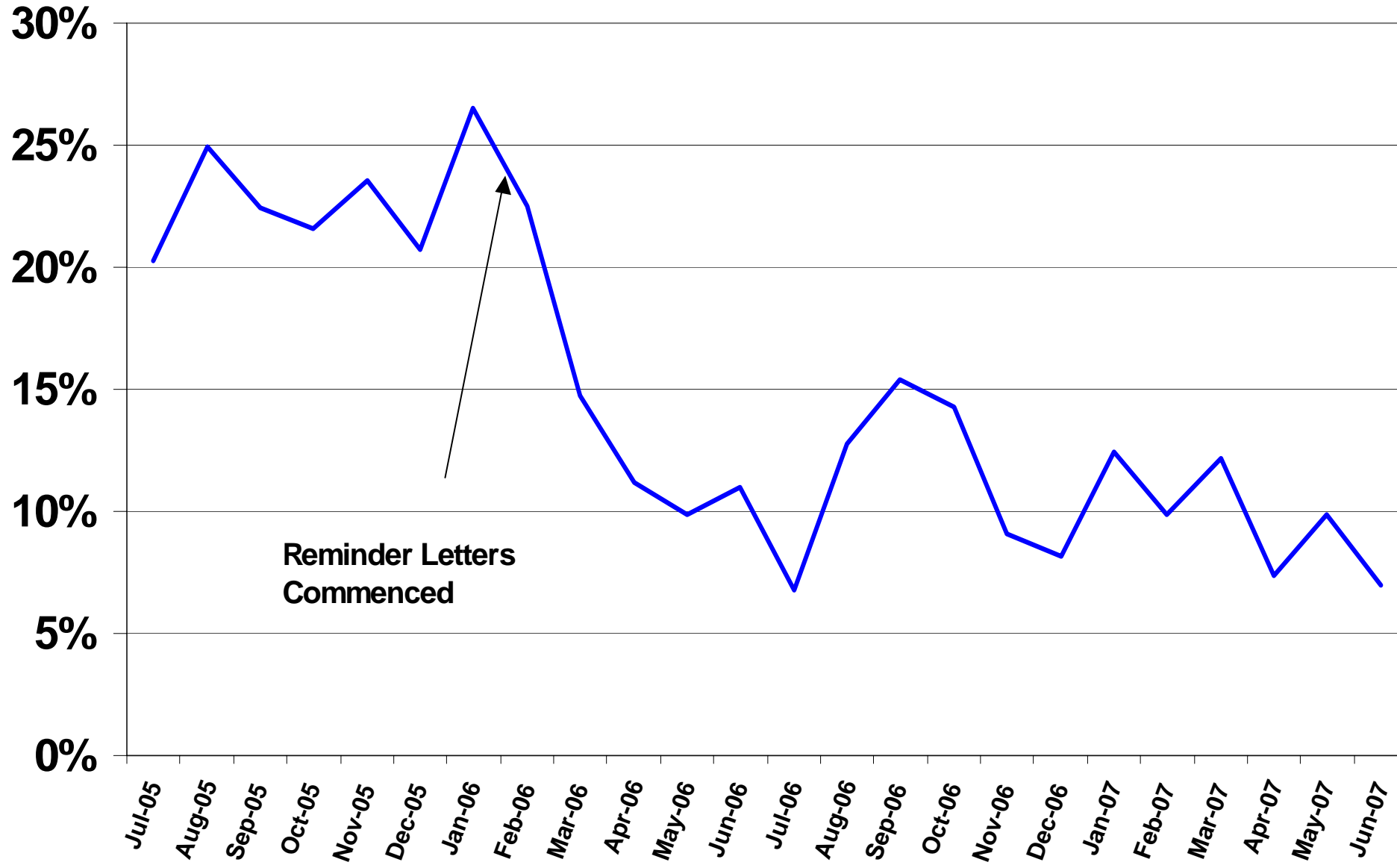
Systems Change in Cardiac Outpatients

Reduce DID NOT ATTEND Rates

- Implement Protocol
- Reminder Letter
- Follow up Patient Letter
- Follow up Letter to Referring Doctor

Outpatient DNA % of Bookings (less Cancellations)

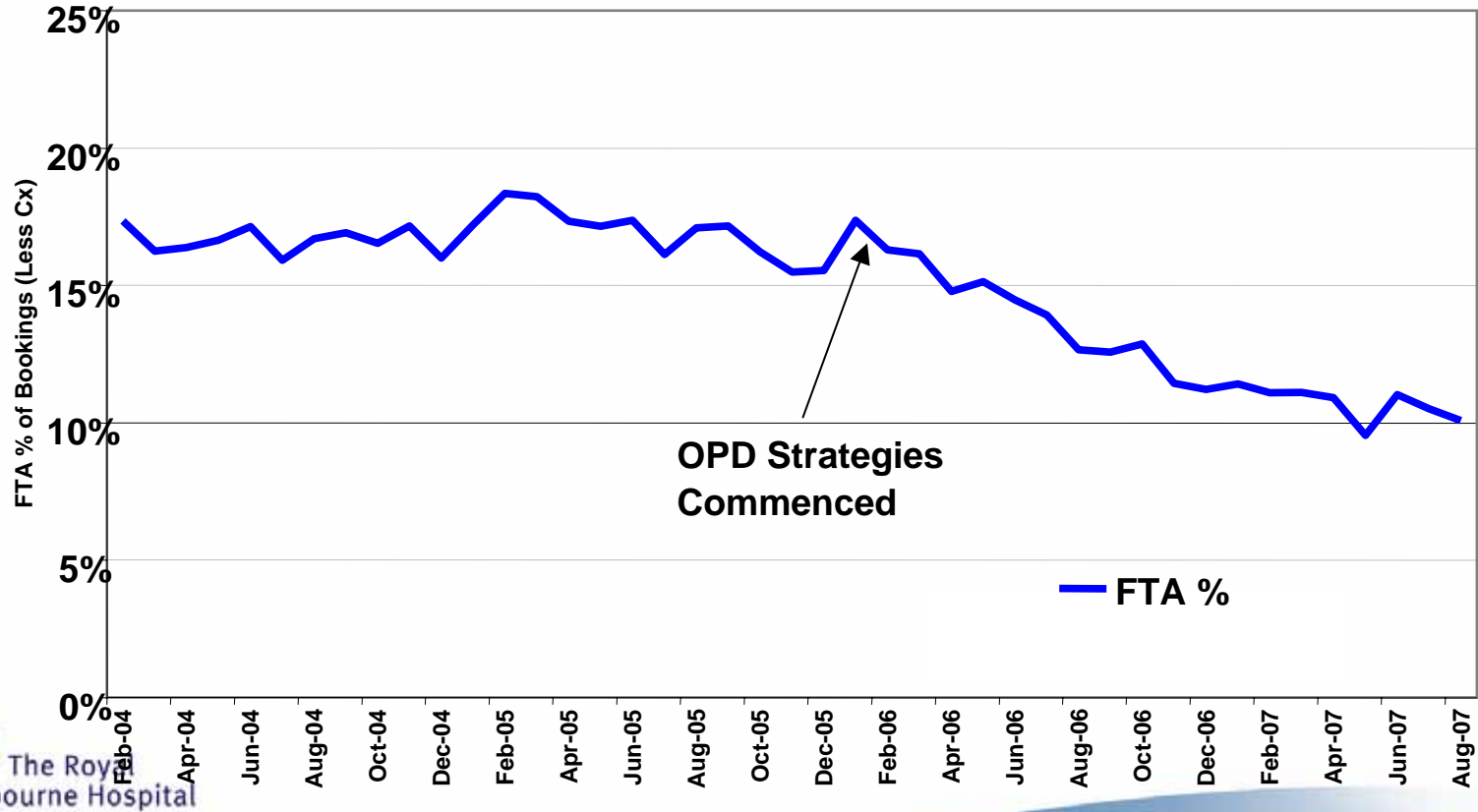
RMH CARDIAC CLINIC



Systems Change in Cardiac Outpatients

- Improvements Now in All Clinics
- Melbourne Health DNA From 17% to 10%
- Realistic Scheduling = Less Congested Clinics
- Overbooking Rate 14%
- Working on Referral Management for Long Wait Clinics

FTA % of Bookings (Less Cancellations) All Clinics



Systems Change in Cardiac Outpatients

RESULTS

- Non-urgent wait time reduced from 4 months to 4 weeks
- DNA rate reduced from 23% to 7%
- Overbooking rate from 35% to 15%
- Timely clinic finish times
- Happy consultants!!





Systems Change in Cardiac Outpatients

CONCLUSION

Multiple interventions initiated at clinic level in a team framework are required to achieve systems change and improved efficiency in outpatients.