



Government of South Australia

Central Northern Adelaide
Health Service

The Service Improvement Team

Developing a model for sustainable improvement in outpatient services

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Modbury Public Hospital, SA



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OPD REDESIGN

We are changing our spots!

This clinic is committed to improving
care to our patients

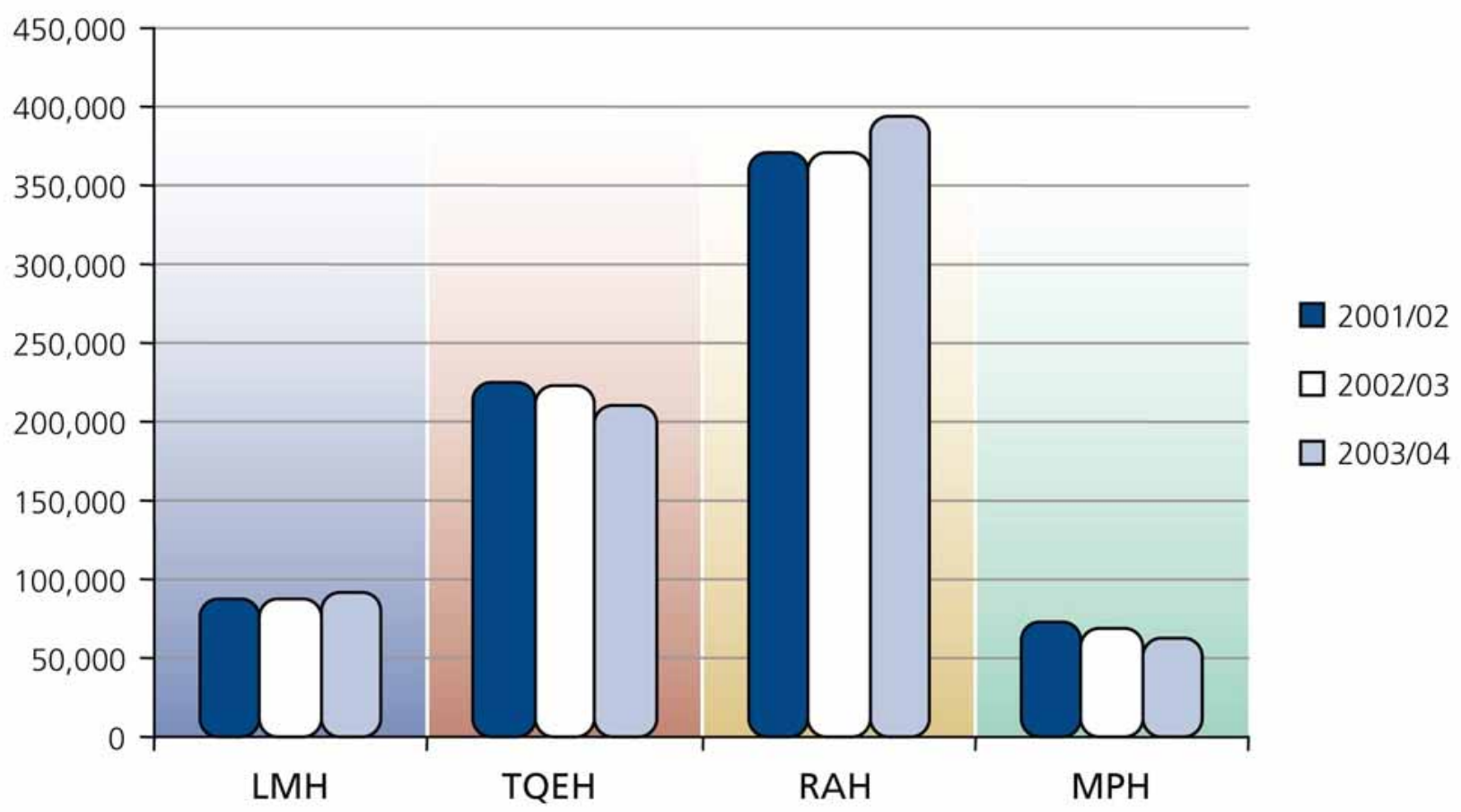
Royal Adelaide Hospital
The Queen Elizabeth Hospital
Lyell McEwin Hospital
Modbury Public Hospital

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CNAHS OPD Activity



Over 750,000 visits annually

CNAHS Outpatient Activity

- Complex and challenging
 - 4 Acute metro Hospitals
 - 300 clinics - 800,000 attendances
 - 1,230,769 appts made
 - 123,077 DNA's
 - 307,692 cancellations
- Increasing Demand
- Disparate systems and processes
- No Change to systems and processes

OPD Redesign

- The Review
- Identify system improvement opportunities to
 - Improve patient access and equity
 - Reduce patient waits
- 42 recommendations
 - Establish a Regional Approach to Outpatient Service Improvement
 - Streamline Outpatients Processes through Redesign
 - Innovations in Service Delivery
 - Focus on Consumers

AIM

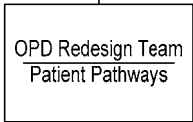
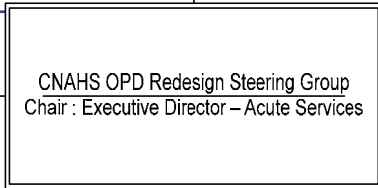
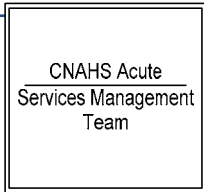
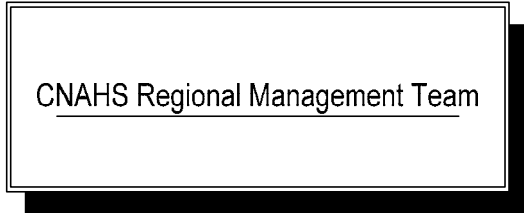
“To implement improvements to CNAHS specialist outpatient services to streamline patient flow leading to improved access and equity for patients and a more satisfying role for outpatient staff”

Scope

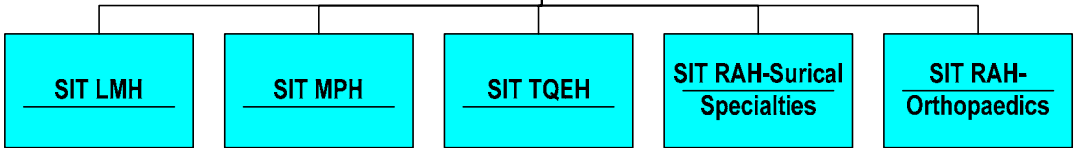
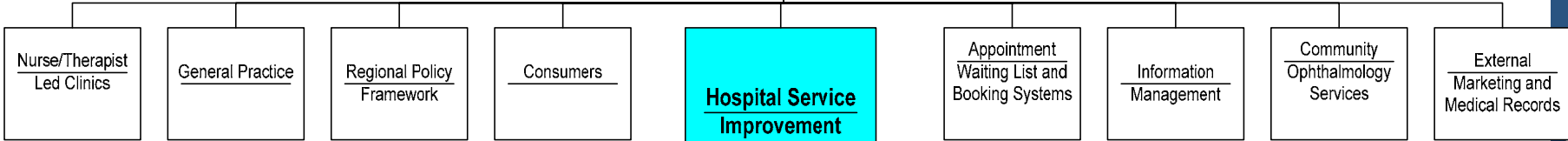
- Collaborative Improvement Strategy
- Regional - 4 Acute Metropolitan Hospitals
- Targeted Clinics
 - Orthopaedics
 - Plastics
 - Ophthalmology
 - Urology



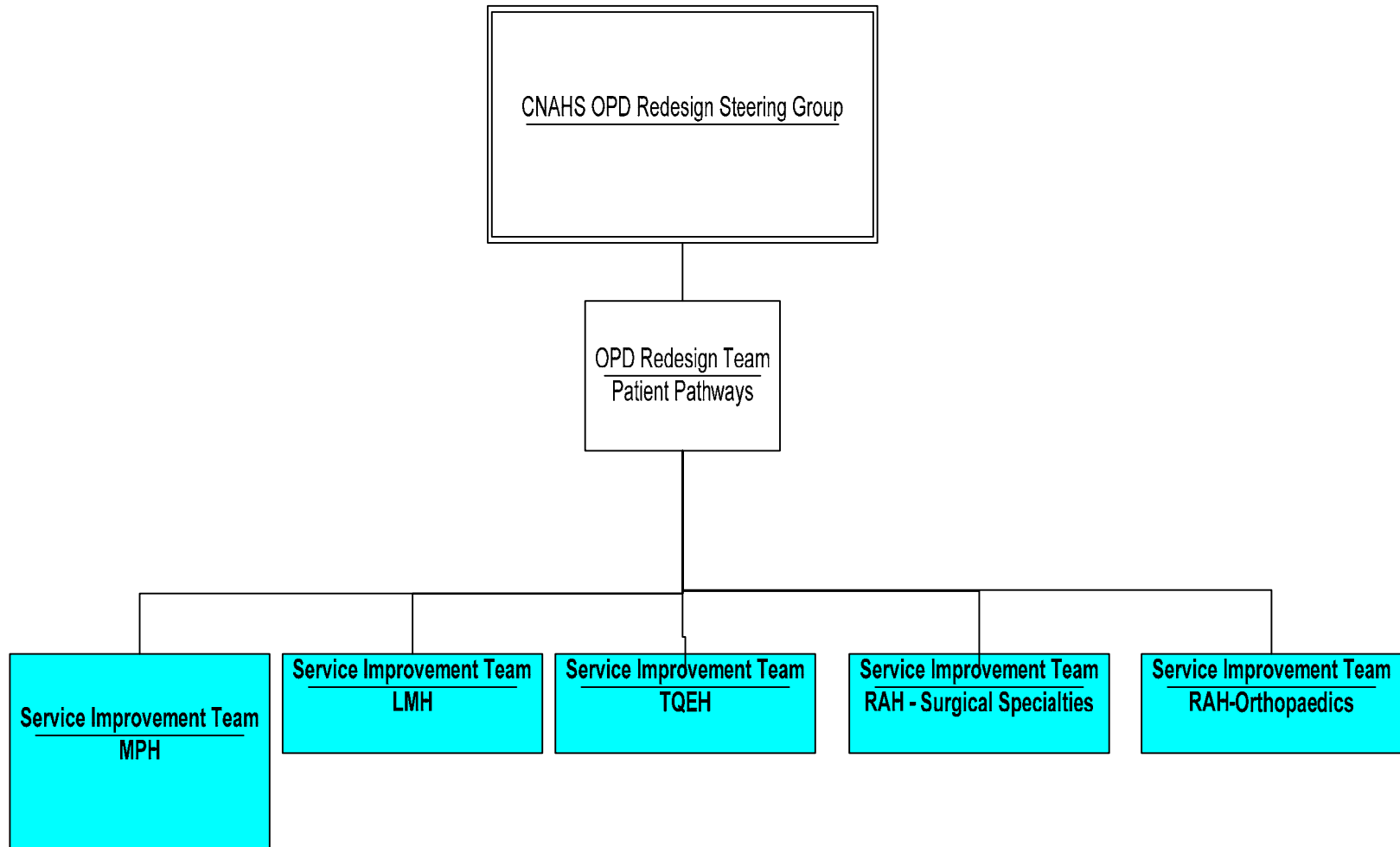
OPD Redesign Governance Structure



Work Groups
Lead by Regional Strategic Leads/Project Team



Structure



Streamline Flow

- Clinic management
 - KPI's
- Improved and standardised clinic business practices
 - Referral
 - Triage/categorisation
 - Appointment and booking processes
 - Active Discharge

The Team

- Nominated Lead – Clinical Unit Manager
- Multi Disciplinary
 - Administrative, Nursing, Medical, Allied Health
- Representative
 - Clinic Admin Officer, Clinic Nurses, General Manager, Director of Orthopaedics, GP.

Streamline Flow – Issues

- Unable to identify total patient wait from referral to outcome
 - 'referral folder'
- Validation of Waiting Lists 'Churn'
 - Orthopaedic appointment waiting lists at all sites and resulted in a reduction in waiting lists by 20% – 30%
- Communicating with Patients
 - Historical 12 months + no confirmation of receipt
 - DNA rates 30%+
 - High cancellation rates
 - Patients sent "Made Appointments" – no 2way communication



Referral Database

Date of Referral: Available for Short Notice

Clinic: Other Clinic:

Sub Specialty: Status: ...

Prev Attendance: Yes No Urgency Category: ...

Patient Details

DoB: URN:

Gender: Male Female

Surname: Given Names:

Address:

Suburb: Post Code: Medicare No:

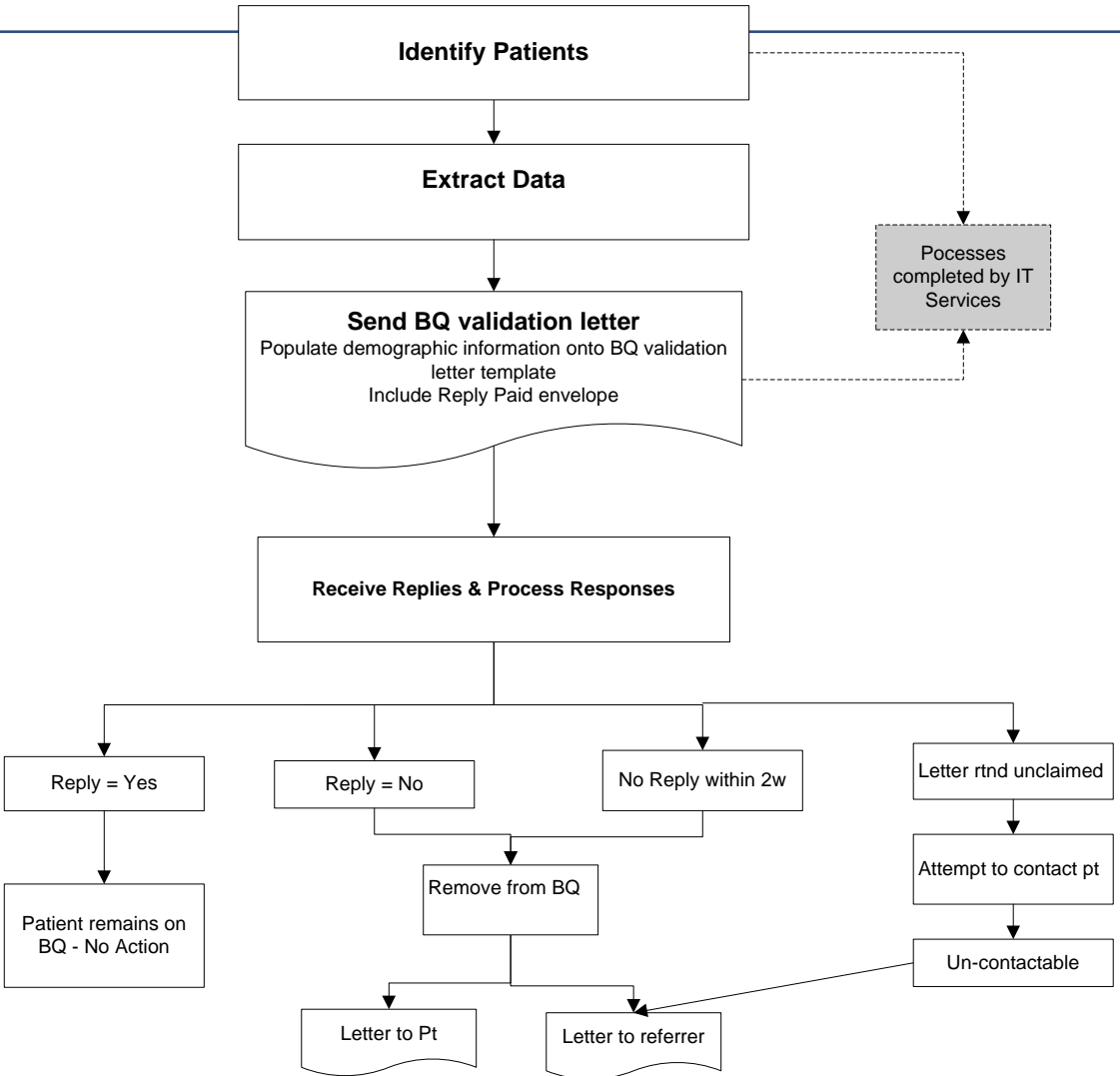
Req Interpreter: Yes No

Phone Numbers:

Type	Number	Contact Name	Contact Type	Deleted
Home	1234567	JOHN BLAH	Relative	

Detailed Referral Inv/Procs already performed Status History Urgency History
 Ref Doctor GP Comments Letter Manual Fields

Mail-out Booking Queue Validation Process



Connecting Patients with Clinics- Patient Focused Booking



Information for
Patients about
Patient Focused
Booking

- No more “Made appointments”
- Patient centered
- Improved communication
 - Patients
 - GP’s
- Improved
 - clinic utilisation
 - Clinic management
 - Throughput
 - Attendance
 - Reduced waiting
 - Access

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Connecting Patients with Clinics –Patient Focused Booking

Key actions / strategies	Summary of Outcomes
Electronic appointment waiting lists	50% decrease in time used in referral tracking.
Appointment waiting list validation	Attendance increased by 20% Appointment waiting list reduced by 30-50%
Booking Process Redesign - Patient Focused Booking	Appointment waiting time reduced by 50% No. Patients waiting for appointments reduced by 30% Attendance improved by 30%

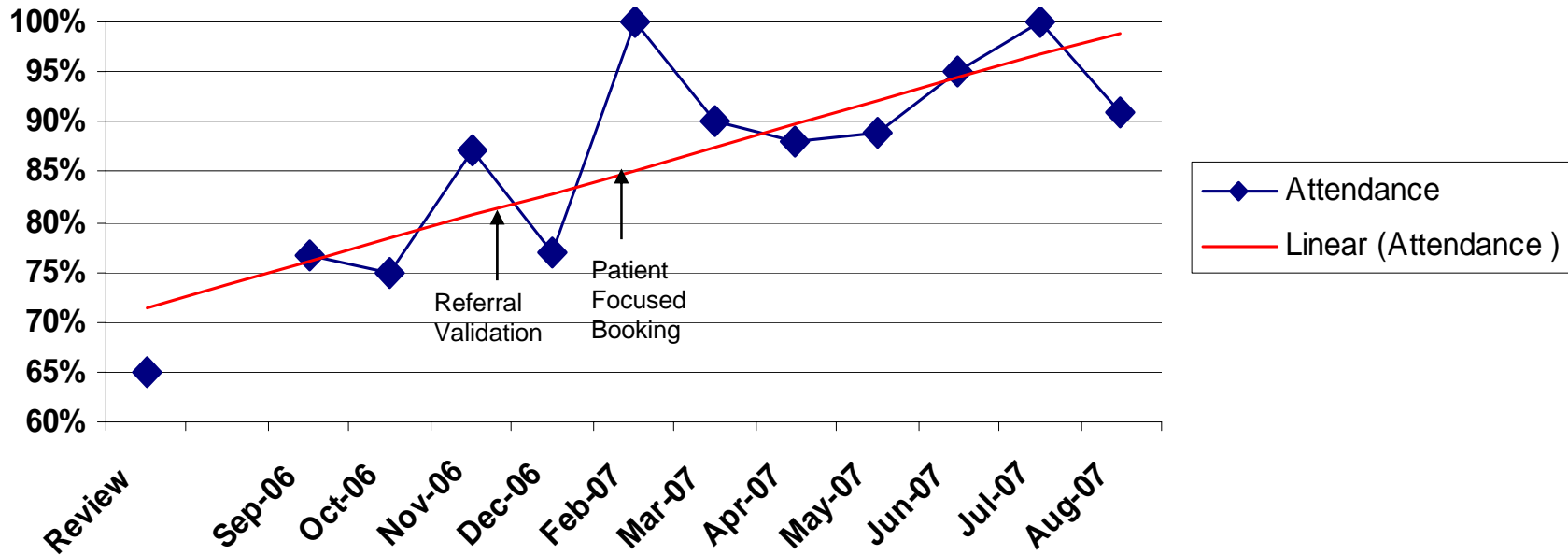


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Connecting Patients with Clinics- Patient Focused Booking

- Appointment waiting time reduced by 50%
- Patients waiting for appointments reduced by 30%
- Attendance improved by 30%

Orthopaedic Outpatients - New Patient Attendance



Connecting Patients with Clinics- Patient Focused Booking

Modbury Public Hospital Outpatients Department Implementation

- Service Improvement team formed (Feb 2006)
- Referral DB developed and Implemented (April 2006)
- Mail out appointment validation (September 2006)
- Booking Process Redesign - Patient Focused Booking (Nov/Dec 2006)
 - Patient Focused booking implementation in other clinics (Feb 07)
 - PFB principals applied to Patients who "Do Not Attend" (April 07)
- **Resources**
 - Project Coordination
 - Clinic Service Improvement Team support
 - IT programming (approx 80hrs)

Connecting Patients with Clinics- Patient Focused Booking

Lessons Learnt

- Balance strategic and local change
- Clinic level action with executive support.
- Quick Win & Low Cost - 'Just Do It'
 - Identify clinic issues, develop and implement solutions with and according to clinic priorities to achieve 'Buy in'
- Communication/Marketing – tell everyone about successes and it will spread.

OPD Redesign -Where are we now?

- 18 months of OPD Redesign
 - Completed or Partially completed 92% of recommendations
 - Improved and can measure patient satisfaction
 - Improved Access for patients through increased capacity
 - Appointment and booking systems/processes
 - New models of care
 - Increased Knowledge of metrics
 - Ability to measure improvements and show real outcomes
 - Analysis of capacity and demand
- Developed a model for sustainable outpatients improvement.

Future Directions

- Embed improved systems-OPD Redesign clinics
- Rollout to other Clinics and Specialties.
 - Outpatient Service Improvement Toolbox



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