

There's more than one way to skin a cat

Reforming Orthopaedic Outpatients



Peter Schoch

Senior Physiotherapist (Orthopaedics)



Contents

- Who we are
- Where and why did we start?
- How did we do it?
- Things we learned

Who we are



Barwon Health – Geelong

- **1 hour southwest of Melbourne**
- **Population ~200,000**
- **Referrals from most of western Victoria**
- **Large tourist demand during summer**

Home of
'Bells Beach'
and the start of the
'Great Ocean Road'

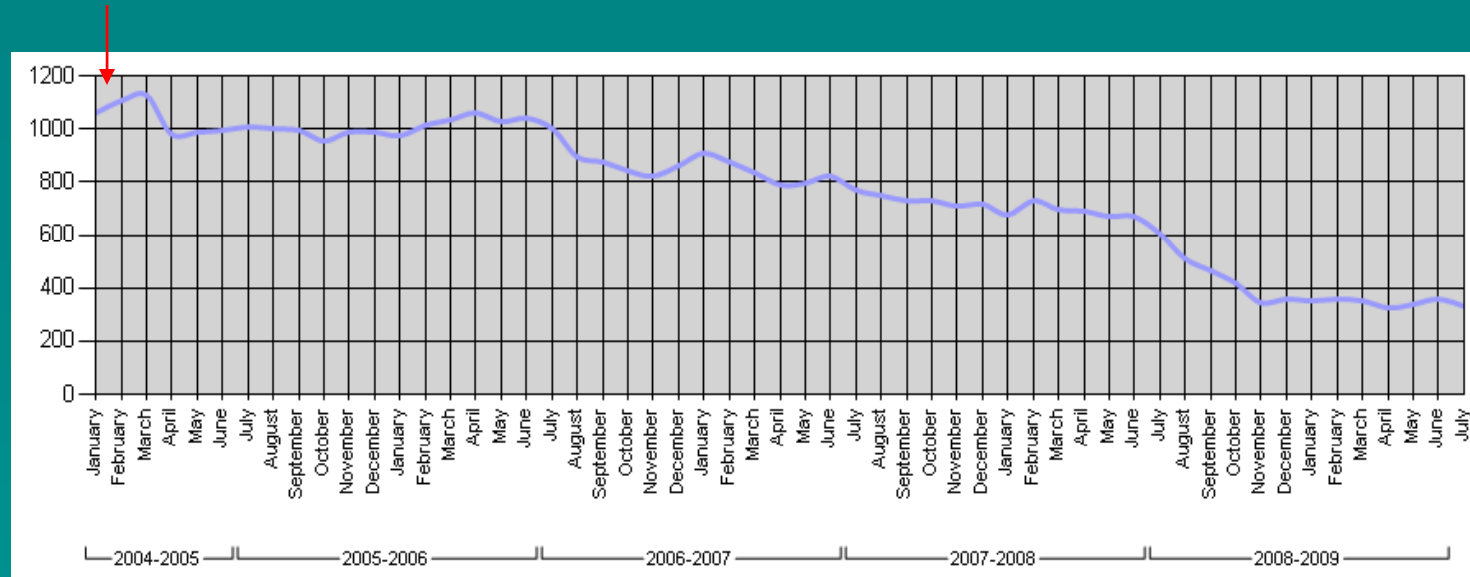


Opening thought....

"A pessimist sees the difficulty in every opportunity. An optimist sees the opportunity in every difficulty."

Winston Churchill

Where and why did we start?



- **1100+** patients waiting
- Non-urgent patients waiting ~ **23 months** for a first appointment.
- Patient, clinician and admin dissatisfaction with the situation
- Patients not needing / wanting surgery
- Patients deteriorating whilst on the waiting list
- Multiple re-referrals for the same patients

How did we start?

- General Manager - UK study tour
- 'Improving Access to Orthopaedics' (I.A.T.O.)
 - Multidisciplinary committee
 - Outpatient (OP) subgroup
 - Inpatient subgroup
 - Theatre subgroup
- Initial project \$\$\$ from Department of Human Services (Victoria)

What did we do?

Administrative

- Steering Committee
- **Wait List audits**
- **Triage codes and guidelines**
- DNA Policy
- Outpatient clerk
- **Patient focussed bookings**
- OP clinic policy and procedures

Clinical

- GP Reference Group
- GP Referral Template and Guidelines
- Physiotherapy Reference Group
- **Physiotherapy led clinics**
- **Orthopaedic Lead Nurse**
- Additional orthopaedic surgeon
- Physiotherapists in ED

Audits and Codes – Know Your Business

1. Audit the waiting list to establish a baseline

- How big is the problem?
- Phone questionnaire - clinical and administrative information
 - What is actually wrong with patients?
 - What do they want / expect?
- Discharge patients who don't need to be on the wait list

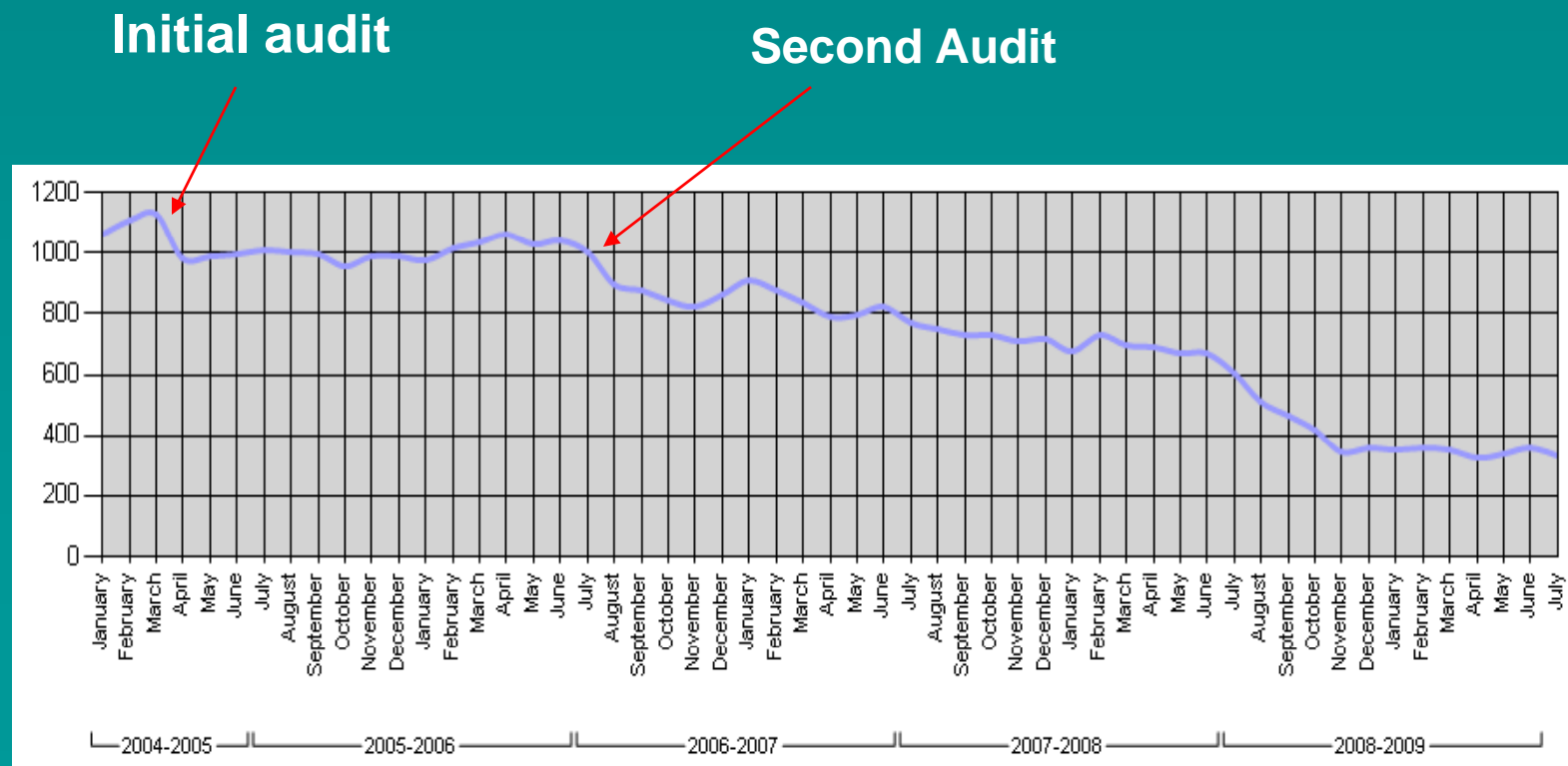
2. Refine OP triage codes and guidelines

- Diagnostic code all new referrals - **how many** patients are on the list?
- **what's wrong** with them?
- Triage Guidelines – surgeon / physiotherapist / nurse can triage
- Did Not Attend (DNA) Guidelines – “2 strikes and you're out...”

Audits and Codes

Therefore:

Initial Audit + Diagnostic Codes = “True Demand”



Physiotherapy led clinics

As a result of knowing the 'true demand', we could:

- identify patients who likely don't need surgery
 - establish physiotherapy led clinics to complement surgeon clinics
-
- **Orthopaedic Access Service (OAS)**
Back, shoulder, foot & ankle, knee
 - **Osteoarthritis Hip & Knee Service (HKS)**
Specific for osteoarthritis of the hip / knee

Physiotherapy led clinics

Four physiotherapy led clinics per week....

Seeing **8 - 10** patients per clinic = **30 - 40**
additional NEW appointments per week

Effects:

Within 12 months of physio led clinics starting:

1. Waiting time for non-urgent first appointment in physiotherapy led clinics < 6 months
2. 30 - 40% of patients discharged after the first visit (with appropriate follow-up arranged)
3. Waiting time for non-urgent appointment in surgeon clinic ~ 18 months
4. High levels of patient satisfaction

Orthopaedic Lead Nurse

- Lead nurse role creates ownership of the outpatient clinical area
- **Responsible for:**
 - Running surgeon clinics
 - Enforcing DNA policy in clinics
 - Coordinating other OP nurses in clinics
 - Coordinating Hip / Knee Service
 - Monitoring Hip / Knee patients – M.A.P.T.
 - Triaging referrals

Patient Focussed Bookings

Key concept:

- Patients take responsibility for booking their own initial appointment.
- If they don't book appointment, discharge them.
- Tell the GP & patient when they are discharged.

Continuous waiting list audit

Patient Focussed Bookings

For 'New' Appointments

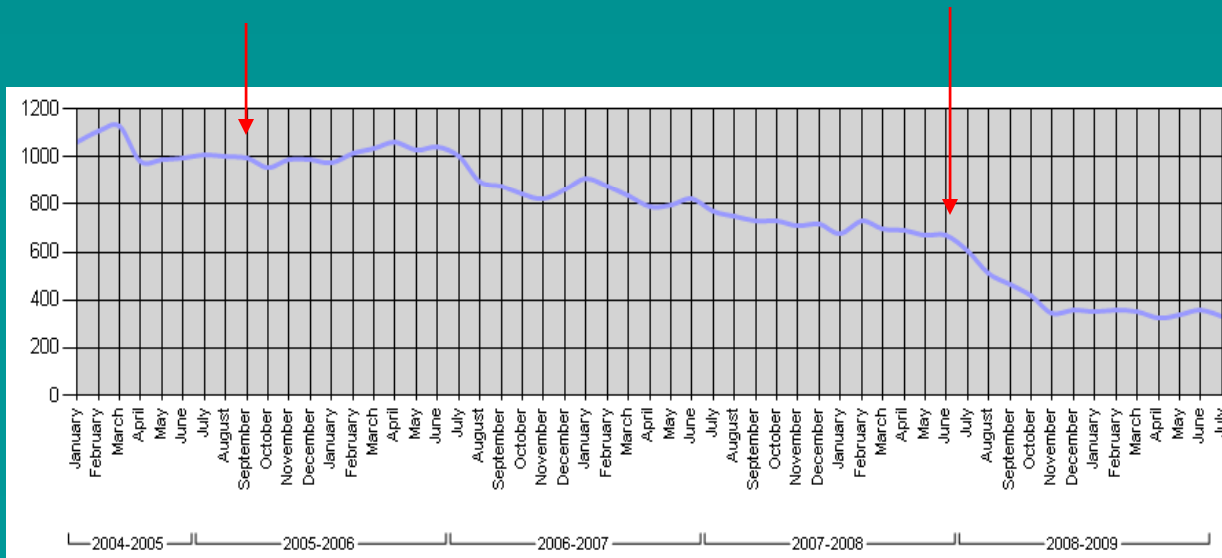
- **Administrative resources** - Have we got enough?
 - Orthopaedic clerk
 - Computer appointment system – electronic trail
 - Phone system
- **Clinic 'rules'**
 - Enough appointments
 - Book patients into correct clinics
- **Patient safety**
 - What happens if they don't come?
 - Can we fast track them at later date?

Patient Focussed Bookings

- Communication with patient and GP
 - Automated template letters for:
 - Acknowledgement of referral
 - Offer of appointment (patient to reply within 2 weeks)
 - Patient discharge
- Rapid re-entry to the system for patient 'exceptions'

Effect of Patient Focussed Bookings

	Sept 2005 (pre PFB)	Feb-May 2009 (post PFB)		Feb-May 2008 (pre PFB)	Feb-May 2009 (post PFB)
Physiotherapy led clinics 'NEW' DNA rate	30%	5.6%	Consultant clinics 'NEW' DNA rate	18%	4.5%



Reminder - What did we do?

Administrative

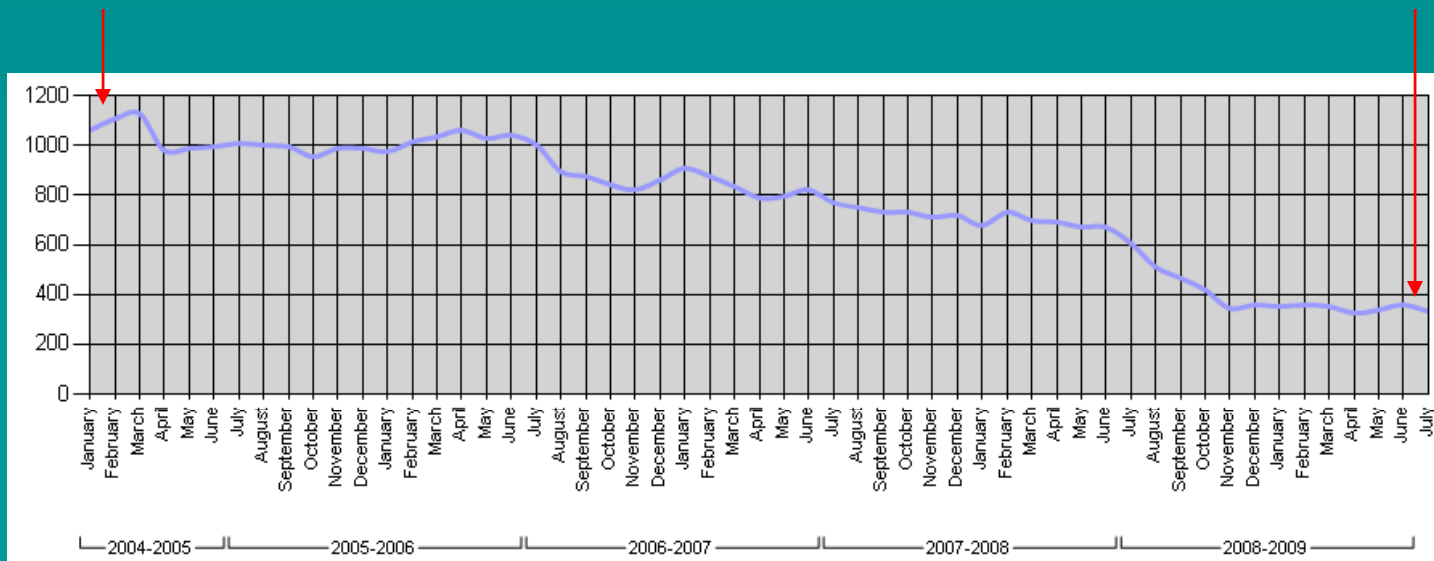
- Steering Committee
- **Wait List audits**
- **Triage codes and guidelines**
- DNA Policy
- Outpatient clerk
- **Patient focussed bookings**
- OP clinic policy and procedures

Clinical

- GP Reference Group
- GP Referral Template and Guidelines
- Physiotherapy Reference Group
- **Physio led clinics**
- **Orthopaedic Lead Nurse**
- Additional orthopaedic surgeon
- Physiotherapists in ED

Net effect of ALL changes

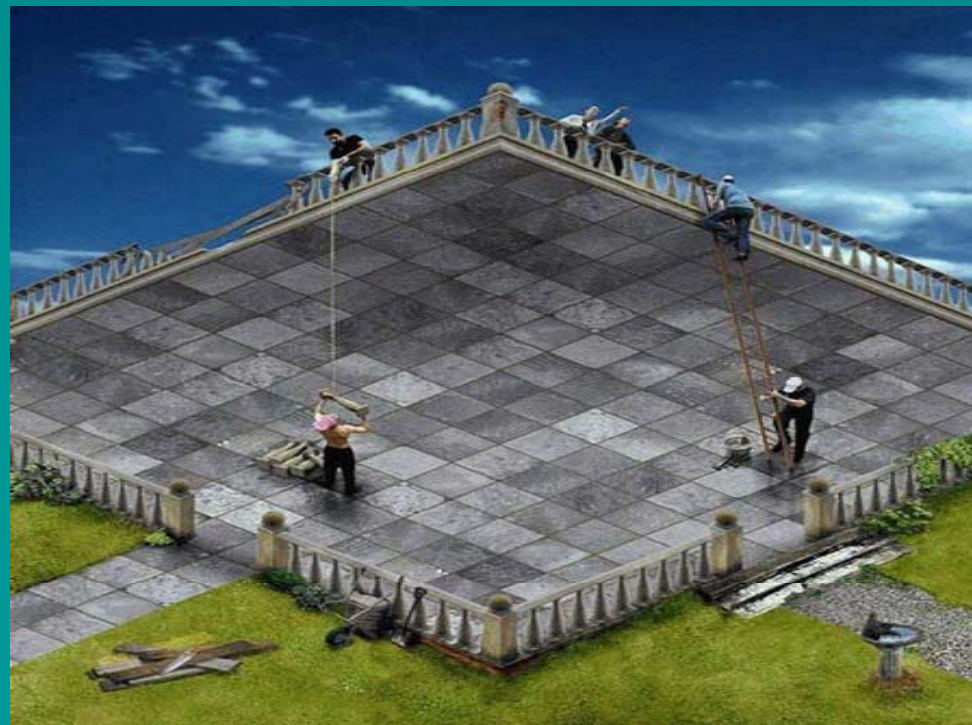
	January 2004	July 2009
Number of patients waiting for first appointment	1100+	~370
Time to first appointment (non-urgent)	~ 23 months	< 3 months



What have we learned?

Someone - preferably a team of people -
needs to see the big picture....

Strong leadership is vital.



What have we learned?

Know your business and capacity
(Look before you leap)

GP's / ED / Theatre / Wards

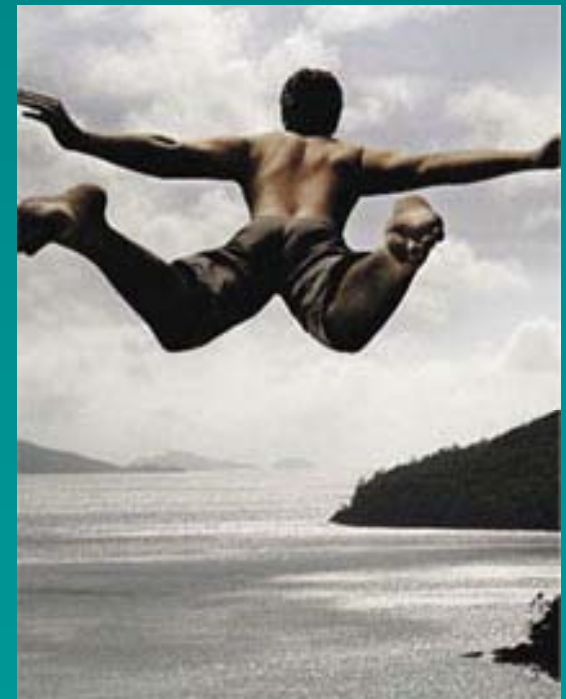


Outpatients



Rehab / Private / Community Services

Allied Health staff often have excellent
knowledge about these areas.....



What have we learned?

Aim for small changes - “quick wins” - early on.

Use ‘quick wins’ as the platform for broader reforms.

Keep stakeholders informed but don’t get bogged
down in old politics!

Be patient...



What have we learned?



Address both
**administrative and
clinical** needs to get
more bang for your buck.

Apply a similar framework
across clinics & specialties
wherever possible.

Closing thought.....

“I don't know the key to success but the key to failure is trying to please everybody.”

Bill Cosby

Thanks for listening.

For more information contact:

petersc@barwonhealth.org.au

or

lisaad@barwonhealth.org.au

