



# WA Health Outpatient Reform



**Dr Robyn Lawrence**  
**Executive Director**  
**Innovation and Health System Reform**



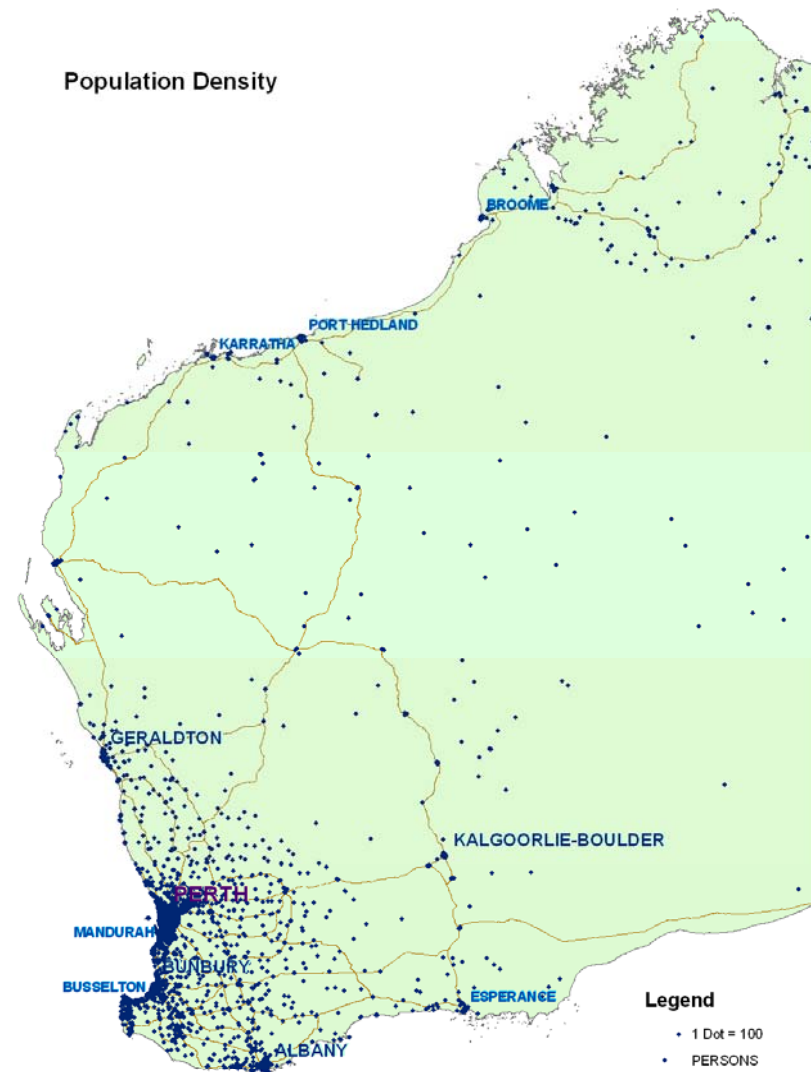
# Outline

- Background
- Drivers for change
- Approach
- Initiatives
- Outcomes



# Western Australia Demographics

- State population ~ 2 Mil.
- 1.9 Mil. population in the metropolitan area
- Concentrated in 5 public tertiary facilities
- 1.3 million attendances per annum
- Approx 700,000 medically attended visits



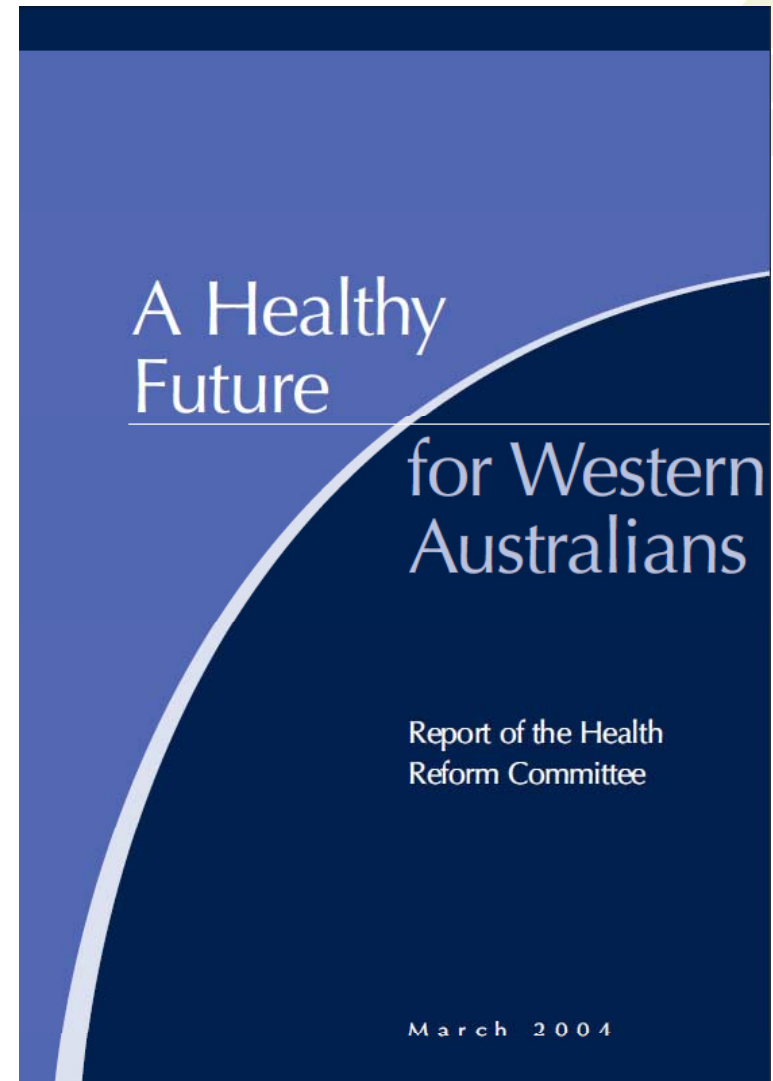
Produced by: Epidemiology Branch



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# Background

- The current position looked to be unsustainable
- Health Reform Committee formed – chaired by Professor Michael Reid
- Report provided
  - Long term health care vision
  - Major reform plan
  - Reconfiguration of health system over 10 to 15 years
  - 85 of the 86 recommendations endorsed



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# Drivers for Outpatient Reform

- Excessive wait times for elective services
- Operational Inefficiencies
- Inequity of Access



# Outpatient Reform

## Scope and Scale

- Initiation of Referral to Discharge from Out-Patients
- Links to Elective Waitlist Projects
- 5 Tertiary Sites.
- 750,000 visits per annum
- Approx 130,000 referrals per annum.



# Program Objectives

“Streamline and standardize administrative processes in out-patients”

- Facilitate informed clinical decision making
- Expedite patient journey through system



# Key issues

- Follow ups: 85% of capacity
- DNA rate: 16% (25% of new appts)
- Wait to first Appt >1yr
- Multiple entry points for referrals



# Key performance targets

- Wait to First Appointment
  - target <90 days
- New to follow-up ratio
  - target 1:3
- Did Not Attend (DNA) rates
  - target 10%
- Long wait cases
  - target 5%



# Process redesign

- Phase 1: Incoming Demand
  - Approach: Active Demand Management
- Phase 2: Service Delivery
  - Approach: Service Delivery Optimisation
- Phase 3: Transfer of Care
  - Approach: Expedite Discharge



# Phase 1

## Demand Management Initiatives

- Clinical Priorities Access Criteria (CPAC)
- Standardised /Centralised Processing
- Audit of referrals
- GP Liaison (Clinical Priorities Access Nurse)
- Call Centre



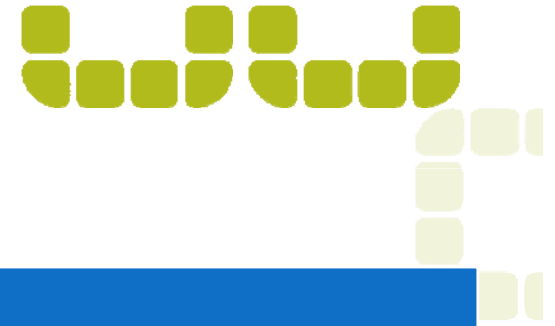
# Phase 1

## Outcomes

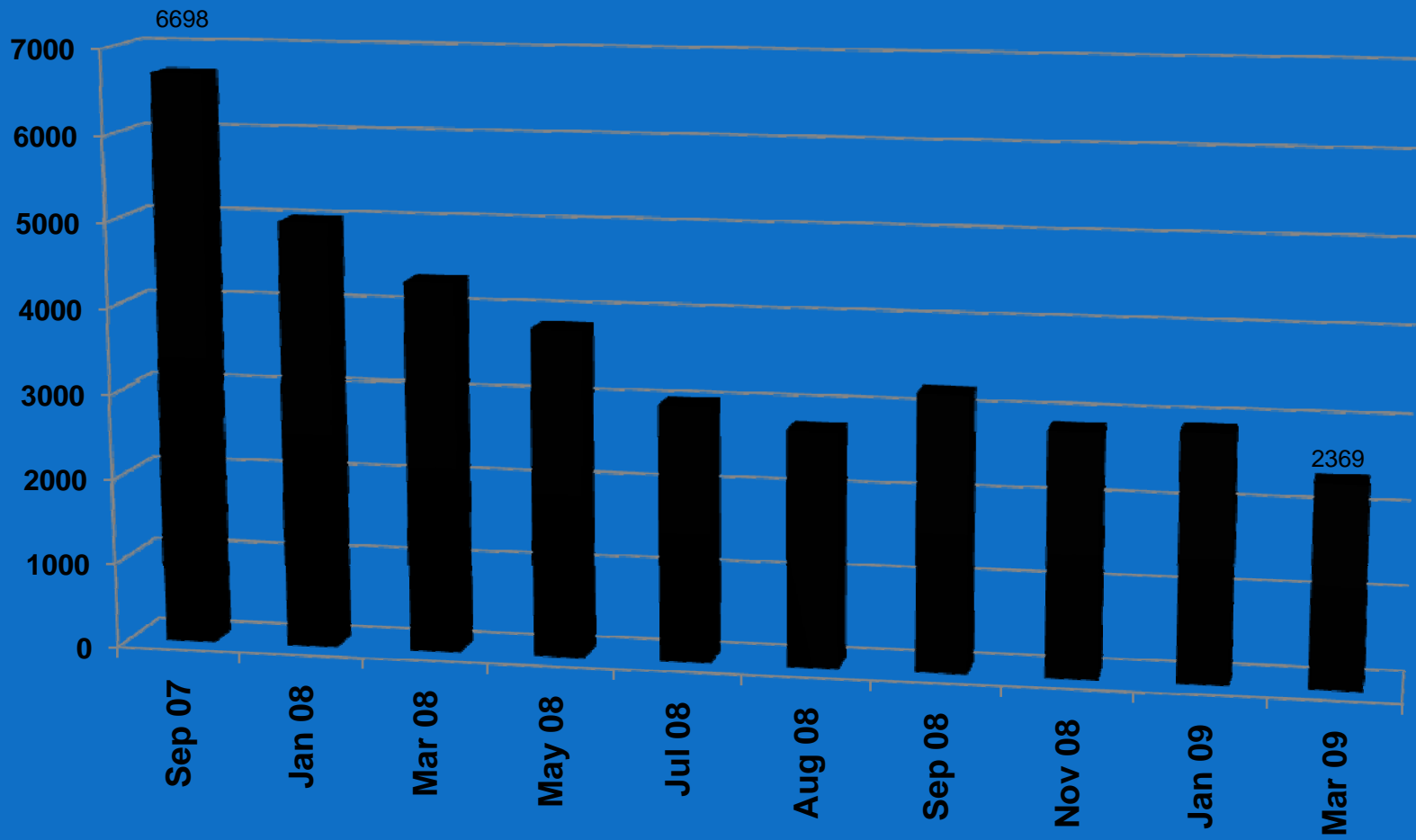
- Audit of long wait referrals: 65% removed.
  - Over boundary cases eliminated at 3/5 facilities
- Referrals receipted and triaged within 24hrs
- Referral quality improved.
- Duplication reduced.



# Impact of referral audit



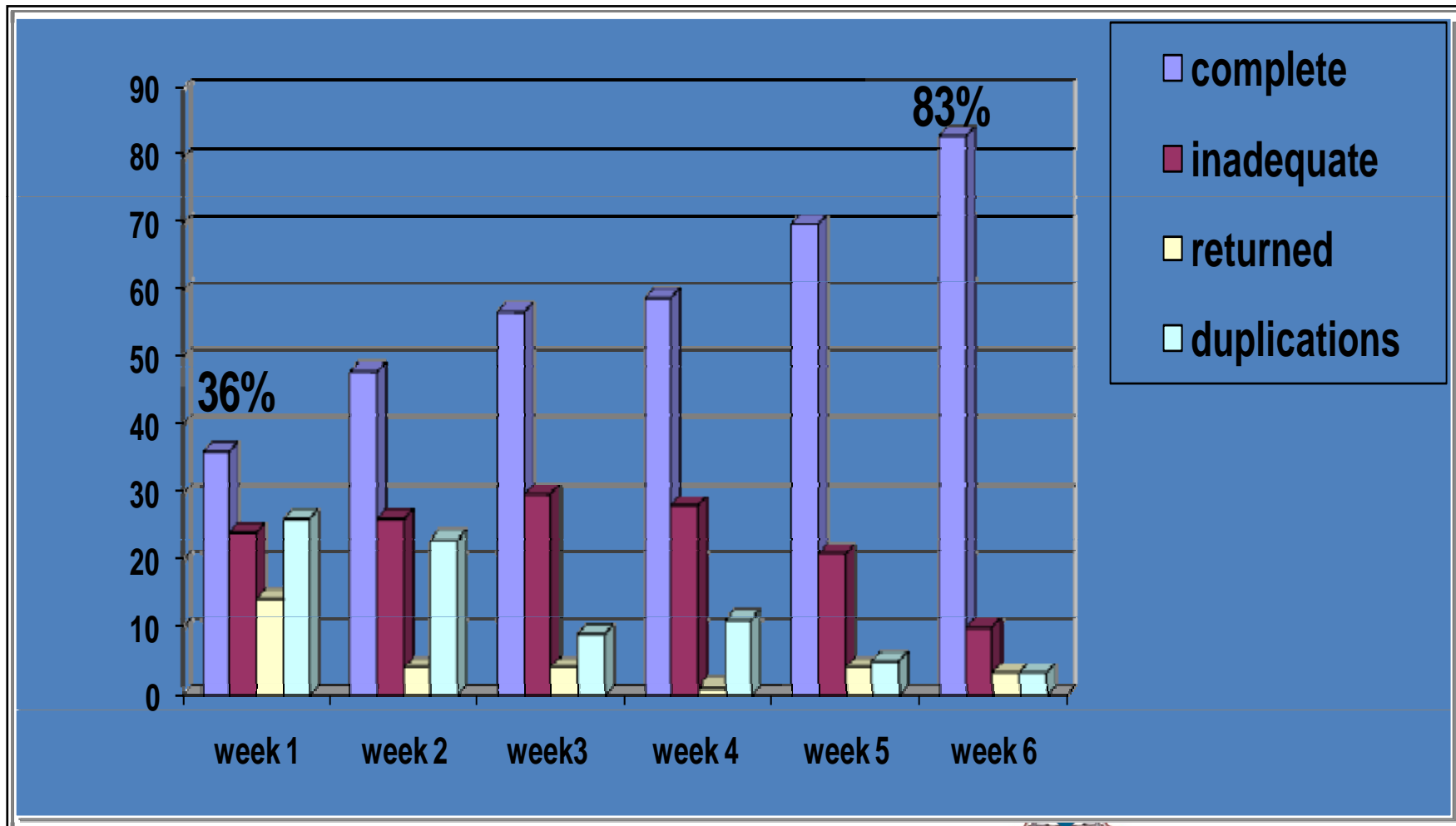
## Over Boundary Cases



# Referral Content Guidelines

Clinical Priorities Access Criteria

Clinical Priorities Access Nurse/GP Liaison



# Phase 2

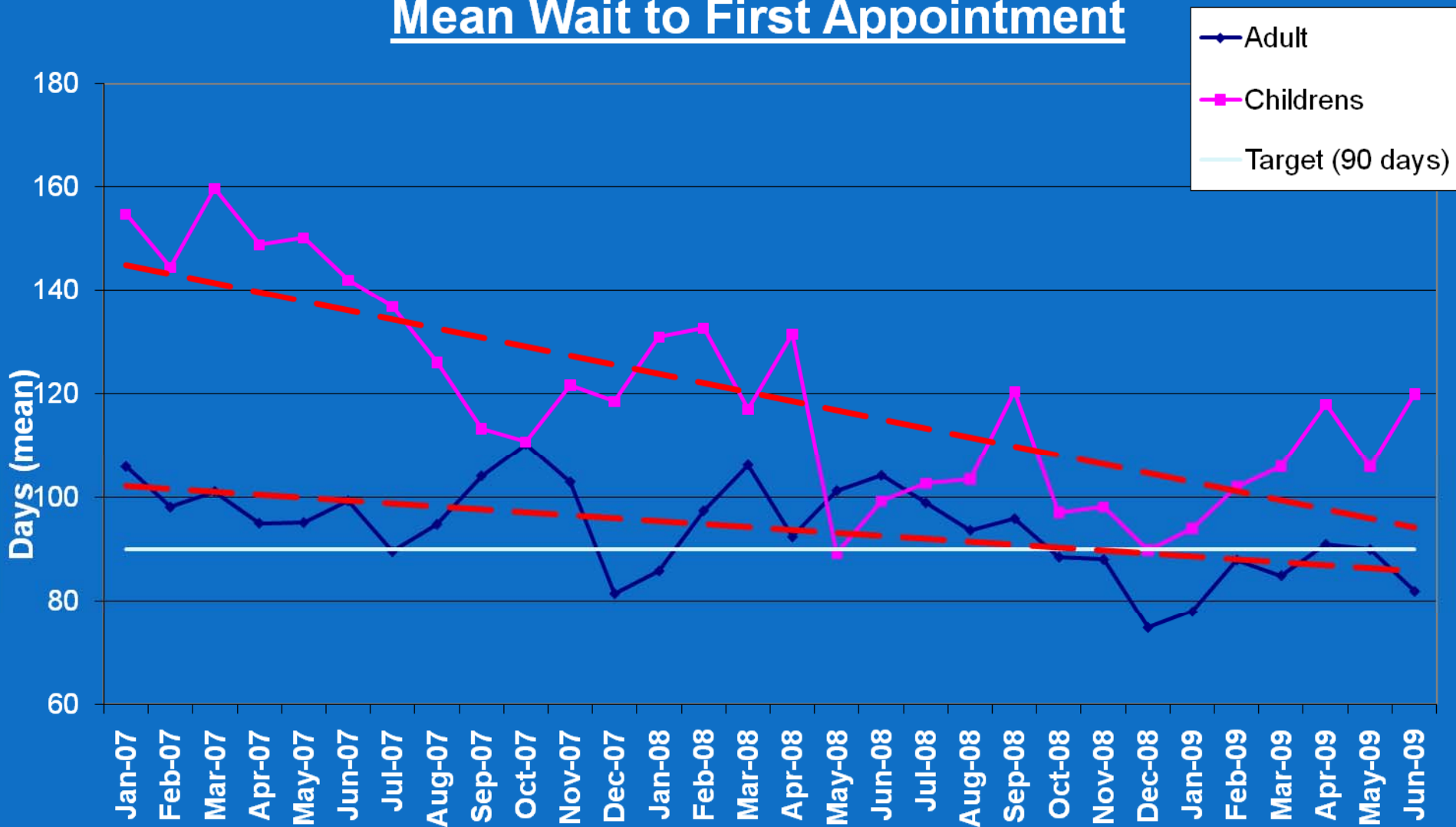
## Service delivery initiatives

- Alternate Models of Care
  - Allied Health/Nursing and Multidisciplinary teams
- Service Rationalisation: Pain services
  - Wait times reduced from >2yrs to 90days
- Caseload Distribution: Neurology Services
  - Algorithm for use by Central Receiving Unit





## Mean Wait to First Appointment



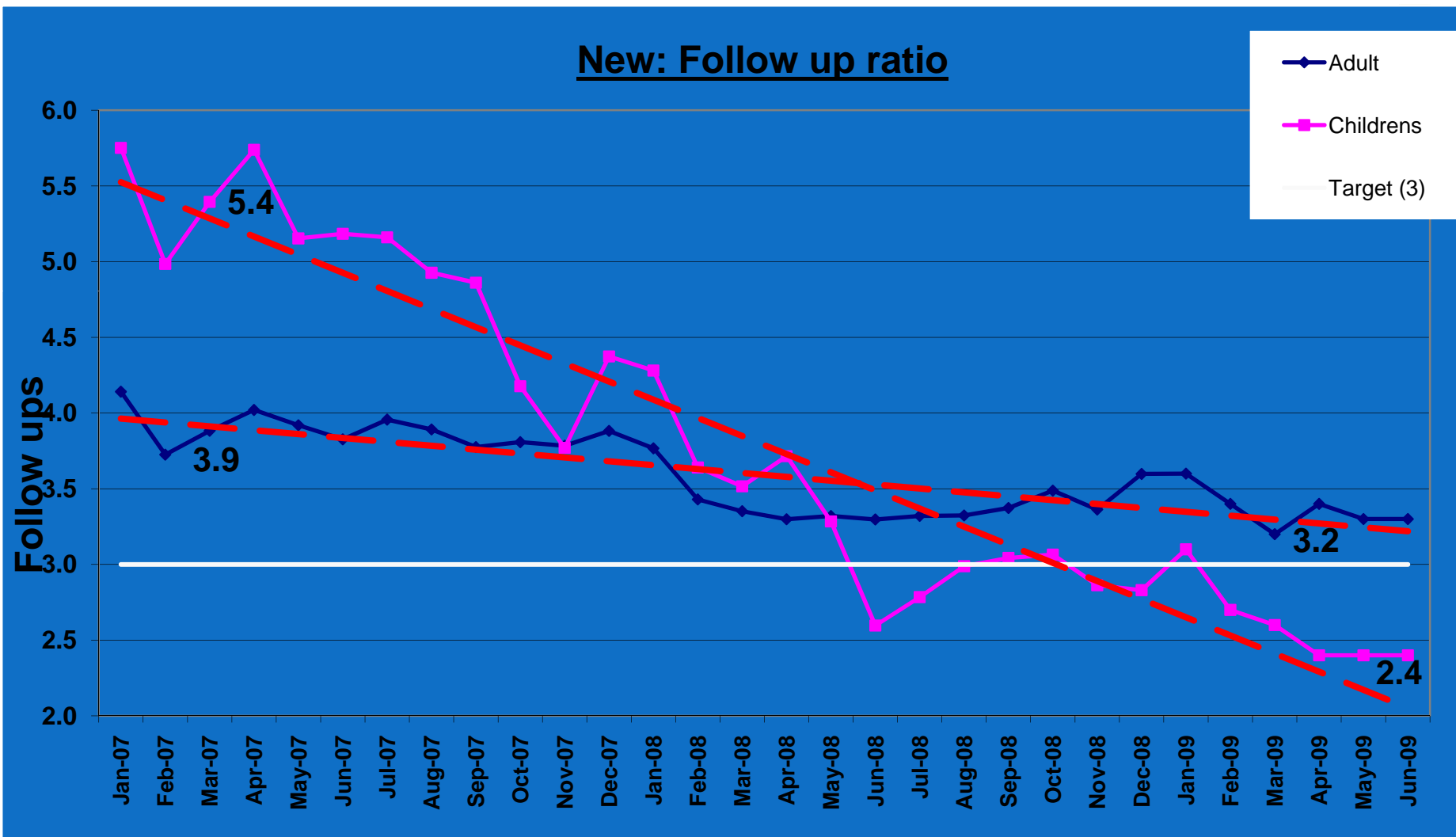
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# Phase 3

## Transfer of Care

- Clinical Guidelines
  - Follow-ups.
- Transfer of Care
  - Discharge Policies. Follow up and non-attendance.





# Web interface

Outpatient and Elective Services Referral - Microsoft Internet Explorer provided by Department of Health

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://www.gp.health.wa.gov.au/CPAC/home/#> Go

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Delivering a Healthy WA

Healthy Workforce - Healthy Hospitals - Healthy Partnerships - Healthy Communities - Healthy Resources - Healthy Leadership

Search:  GO

Home / Welcome

Guidelines for First Specialist Assessment »

Referral Form »

Contact Hospitals and Specialists »

About Clinical Priority Access Criteria (CPAC)

Outpatient and Elective Policy

Patient Information

List of Abbreviations

Links

Acknowledgments

Comments and Suggestions

Back to General Practice homepage

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## Outpatient and Elective Services Referral

### Welcome

This website provides general practitioner guidelines for the referral of patients to outpatient services. They have been developed to ensure that patients are treated in order of relative priority and in a similar manner throughout Western Australia.

#### How to use these guidelines:

- Step 1** Go to [Guidelines for First Specialist Assessment](#).
- Step 2** Based on provisional diagnosis, search Specialist Area (eg. cardiology, ENT).
- Step 3** Follow suggested evaluation and management options for condition.
- Step 4** Complete [Referral Form](#) [Word / 255KB] and suggest CPAC category as per guidelines.
- Step 5** Forward [Referral Form](#) [Word / 255KB] and other information to hospital or as instructed by guideline.

For information on CPAC category definitions go to the [CPAC Summary](#) located on the content page.

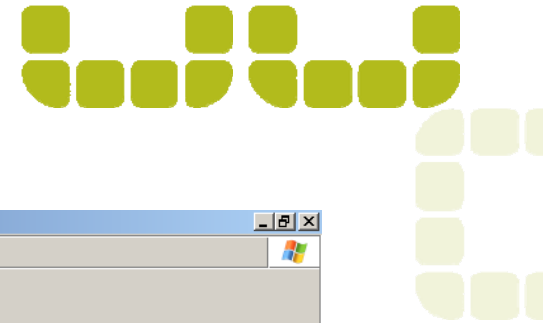
The referral guidelines and Clinical Priority Access Criteria (CPAC) summaries cover many commonly referred conditions for adult patients. Please contact Princess Margaret Hospital for Children on (08) 9340 8222 to page the On Call Specialist or Registrar if you have any concerns regarding the management plans of your paediatric / adolescent patients.

File Formats

Local intranet

Start Novell-delivered Appl... Links to WA Health I... Outpatients - Health ... Outpatient and Ele... Microsoft PowerPoint... 17:12

# Web interface



The screenshot shows a Microsoft Internet Explorer browser window. The address bar displays the URL: <http://www.gp.health.wa.gov.au/CPAC/speciality/index.cfm>. The page content includes a left-hand navigation menu with items such as 'Guidelines for First Specialist Assessment', 'Referral Form', 'Contact Hospitals and Specialists', 'About Clinical Priority Access Criteria (CPAC)', 'Outpatient and Elective Policy', 'Patient Information', 'List of Abbreviations', 'Links', 'Acknowledgments', 'Comments and Suggestions', 'Back to General Practice homepage', and 'Back to Department of Health homepage'. The main content area is titled 'Guidelines for First Specialist Assessment' and contains a 'Table of Content' with the following categories and links:

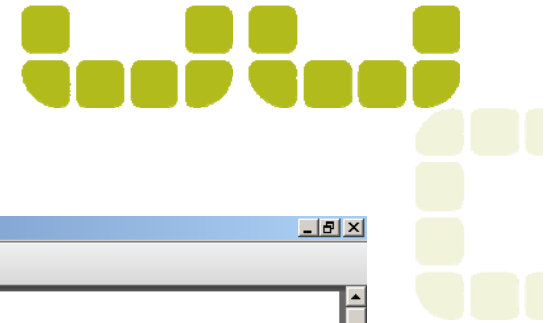
- Cardiology**
  - Referral Recommendations [Word/68KB] [PDF/125KB]
  - CPAC Summary [Word/39KB] [PDF/42KB]
- Dermatology**
  - Referral Recommendations [Word/67KB] [PDF/114KB]
  - CPAC Summary [Word/38KB] [PDF/38KB]
- Endocrinology**
  - Referral Recommendations [Word/261KB] [PDF/273KB]
  - CPAC Summary [Word/37KB] [PDF/37KB]
- ENT**
  - Referral Recommendations [Word/114KB] [PDF/203KB]
  - CPAC Summary [Word/36KB] [PDF/46KB]
- Gastroenterology**
  - Referral Recommendations [Word/119KB] [PDF/167KB]
  - CPAC Summary [Word/35KB] [PDF/45KB]
  - Additional Referral Information [Word/19KB] [PDF/19KB]
- General Medicine**
  - Referral Recommendations [Word/58KB] [PDF/48KB]
  - CPAC Summary [Word/40KB] [PDF/39KB]
- General Surgery**
  - Referral Recommendations [Word/103KB] [PDF/167KB]
  - CPAC Summary [Word/38KB] [PDF/46KB]
- Geriatric Medicine**
  - Referral Recommendations [Word/69KB] [PDF/85KB]

The browser's taskbar at the bottom shows several open applications, including 'Novell-delivered Appl...', 'Links to WA Health I...', 'Outpatients - Health ...', 'Outpatient and Ele...', and 'Microsoft PowerPoint...'. The system tray on the right shows the time as 17:14 and the location as 'Local intranet'.

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<http://www.gp.health.wa.gov.au/CPAC/speciality/index.cfm>

# Web interface



http://www.gp.health.wa.gov.au/CPAC/speciality/docs/REFREC001.pdf - Microsoft Internet Explorer provided by Department of Health

REFREC001

### CARDIOLOGY REFERRAL RECOMMENDATIONS

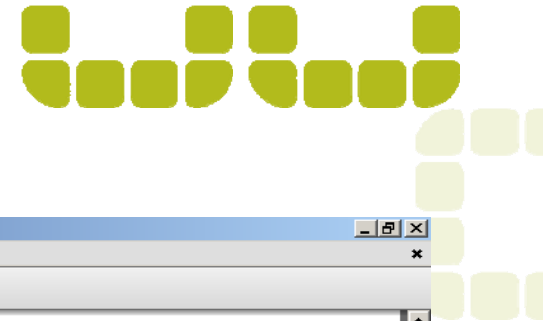
Diagnosis / Symptomatology	Evaluation	Management Options	Referral Guidelines
General problems include: <ul style="list-style-type: none"><li><a href="#">Atrial Fibrillation / Flutter</a></li><li><a href="#">Bradycardias</a></li><li><a href="#">Chest pain</a></li><li><a href="#">Heart failure / breathlessness</a></li><li><a href="#">Hyperlipidaemia</a></li><li><a href="#">Hypertension</a></li><li><a href="#">Murmurs</a></li><li><a href="#">Other</a></li><li><a href="#">Palpitation</a></li><li><a href="#">Supraventricular Tachycardia (SVT)</a></li><li><a href="#">Syncope or presyncope</a></li><li><a href="#">Ventricular tachyarrhythmias</a></li></ul>	These general symptoms may include any and/or all of the general or specific problems noted. A thorough history and physical examination is required to determine the diagnosis. All case histories should include alcohol and tobacco use, drug and allergy history.	Specific treatments depend on the specific problem identified, as noted below.	Evaluation results should be included with referral information provided to hospital.

Last updated February 2006

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# Web interface



REFREC001[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

3 / 9 87.7% Find

REFREC001

Diagnosis / Symptomatology	Evaluation	Management Options	Referral Guidelines
Chest pain	<p>History – duration, precipitants, type, radiation, response to treatment.</p> <p>Evidence of underlying cardiac/respiratory/gastric disease.</p> <p>Drug history.</p> <p>Associated symptoms, eg. SOB, palpitations, GI symptoms.</p> <p>ECG.</p> <p>Cardiac enzymes if acute.</p> <p>Lipids.</p> <p>FBC.</p> <p>UEC.</p> <p>Glucose.</p> <p>CXR.</p> <p>Exercise stress testing.</p> <p>Risk factor evaluation.</p>	<p>Acute or suspected MI – aspirin and immediate admission.</p> <p>Unstable symptoms or rest pain – refer for immediate admission.</p> <p>Probable stable angina, commence aspirin and nitrolingual spray and B-Blockers if no contraindication. (Ultimately will require ACE I and statin as well). Risk factor modification. Refer for outpatient opinion.</p> <p>Possible chronic angina – consider trial of medication (aspirin, beta blockers and nitrates). Consider referral to appropriate service.</p> <p>Suspected pulmonary embolus/aortic dissection – immediate admission to appropriate speciality.</p>	<p>Refer management options which defines referral guidelines.</p> <p>Acute MI } Category 1. Acute unstable angina }</p> <p>New onset angina } Category 2. Angina CCS 3-4 }</p> <p>Stable angina CCS 1-2 – Category 3.</p> <p>Immediate admission – Category 1.</p>

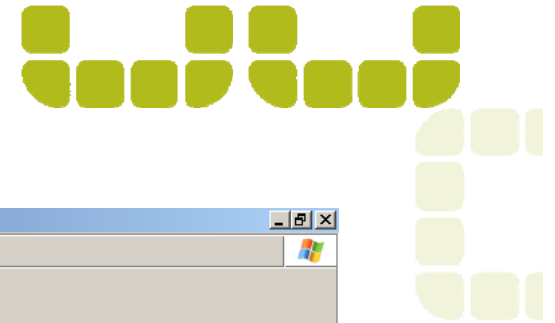
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# Web interface



Outpatient and Elective Services Referral - Microsoft Internet Explorer provided by Department of Health

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Delivering a Healthy WA

Healthy Workforce - Healthy Hospitals - Healthy Partnerships - Healthy Communities - Healthy Resources - Healthy Leadership

Search:  GO

## Outpatient and Elective Services Referral

### Patient Information

To cancel or reschedule your Outpatient Appointment call Outpatient Direct on 1300 855 275. Open Monday to Friday from 8:00 AM to 7:00 PM. TTY callers use 133 677. Local call costs apply.

[Click here \[PDF / 115KB\]](#) to download the poster.

- [Patient Information - Outpatients \[PDF / 122KB\]](#)
- [Patient Information - Elective Surgery \[PDF / 160KB\]](#)
- [Patient Information - Ambulatory Surgery \(ASI\) \[PDF / 57KB\]](#)
- [Patient Information - Privately Referred Non-Inpatient \(PRNI\) \[PDF / 63KB\]](#)

### File Formats

Some documents for download on this website are in a Portable Document Format (PDF). To read these files you might need to download Adobe® Acrobat Reader.

[Get Adobe Reader](#)

Home / Welcome

Guidelines for First Specialist Assessment »

Referral Form »

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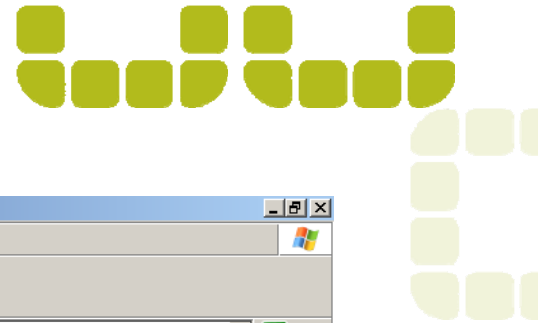
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Western Australia

Local intranet

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# Patient information



http://www.gp.health.wa.gov.au/CPAC/patientinfo/docs/PI\_Outpatients.pdf - Microsoft Internet Explorer provided by Department of

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Address http://www.gp.health.wa.gov.au/CPAC/patientinfo/docs/PI\_Outpatients.pdf Go

### Your general practitioner's commitment


Your GP is an important partner in your health care. It is strongly recommended that you keep your regular appointments with your GP while waiting for your outpatient clinic appointment. Your GP will:

- Help to keep you fit and well while waiting for the outpatient clinic appointment.
- Help make contact with the hospital if there is any change in your condition while you are waiting for the outpatient clinic appointment.
- Unless you advise us otherwise, information relevant to your continuing care and management will be shared with your GP while you are waiting for an appointment, or being treated.

### Outpatient Clinic Information

Delivering a Healthy WA

**Outpatient Direct:**  
Telephone: 1300 855 275  
8am to 7pm, Monday to Friday



### Outpatient Direct

WA Health has an easy to use single contact number for all outpatient clinics in metropolitan Perth for you to cancel your appointment, update your contact details or obtain further information about your appointment.

**Outpatient Direct**  
Telephone: 1300 855 275  
8am to 7pm, Monday to Friday

Department of Health  
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# OUT-PATIENT REFORM PROJECT

## Useful Links:

- <http://www.gp.health.wa.gov.au/CPAC/home/>



# Progress to date

- 7% Increase in clinic throughput
- 21% Increase in new patient throughput
- Average wait times reduced to <90 days



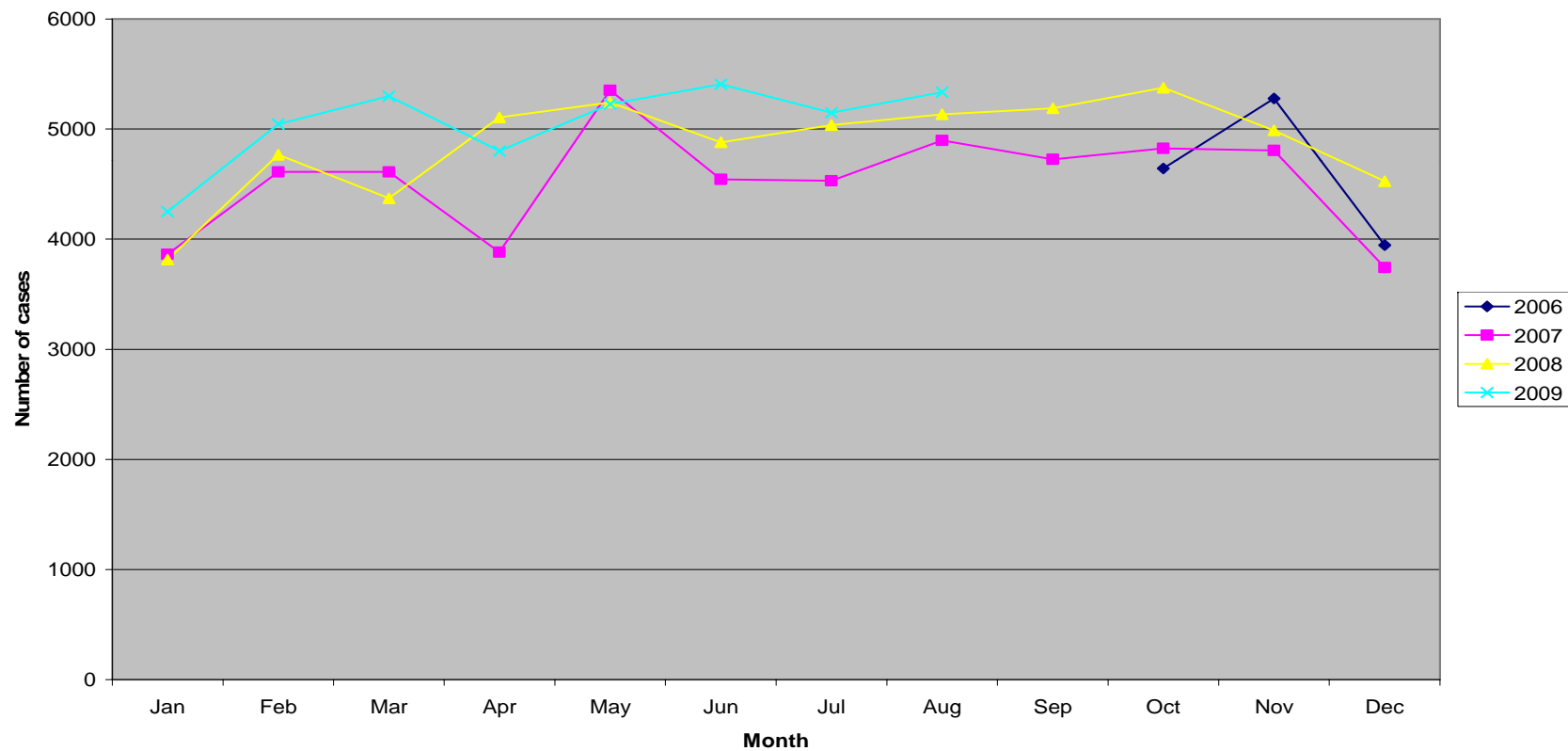
# Issues for ongoing reform

- Elective Surgical Waitlist
- Initiatives:
  - Transfer Elective caseload to General Hospitals
  - Alternate Models of Care
    - reduce % addition to waitlist



# Additions to Elective Waitlist

Additions to Elective Surgery Waitlist



# Next steps

- “Smart Referrals”:  
Integration of Clinical guidelines, Decision support and Referral systems
- Secure Messaging between providers
- Patient Initiated Booking
- Online Referrer Booking
- Telemedicine

