

Managing Increasing Demand for Outpatient Appointments



Presenter:

Sandy Capron

Area Manager Outpatient and Patient Transport Services,

The Alfred Hospital

RN, M. Ed, M. Management

Changing Healthcare Environment

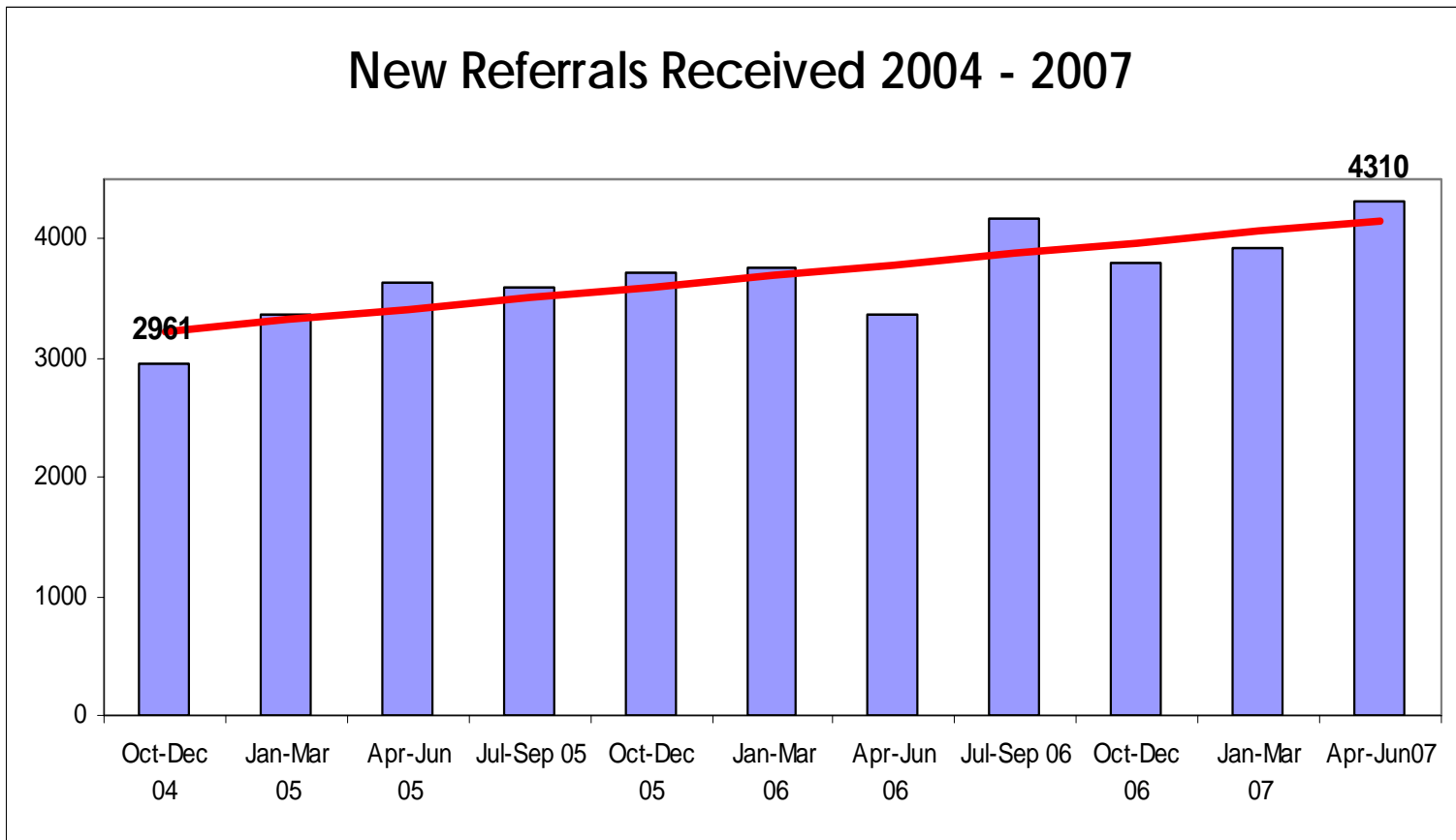


- Decrease in bulk billing clinics
- Increased focus on medico-legal issues
- Reduction in available General Practitioners
- Widening health insurance gap
- Aging population

- Increasing Numbers of New Patients Referred to Outpatient Clinics



Increasing Numbers of New Patients Referred



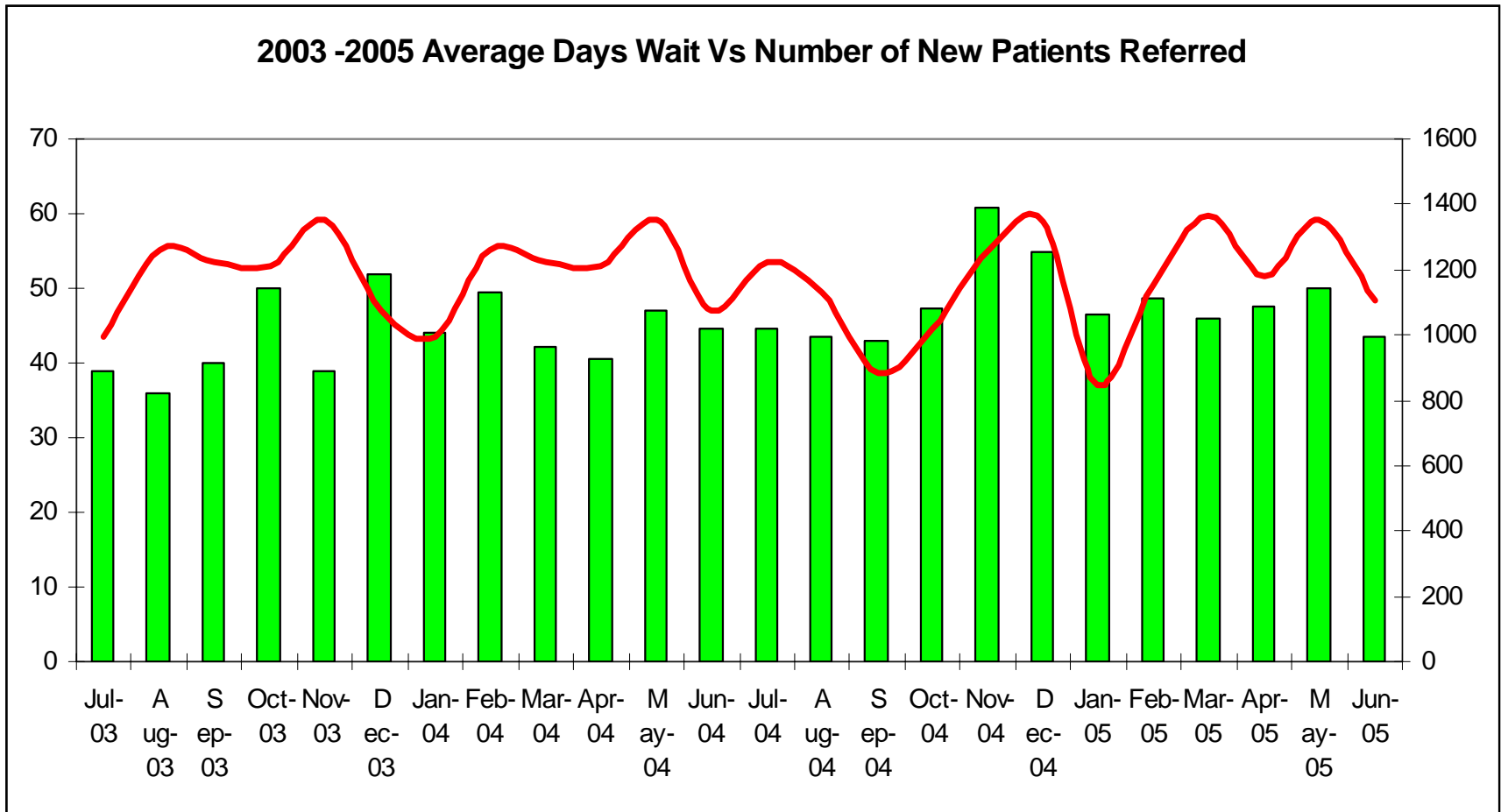


Impacts of Increased Demand

- Lack of investigation results with New Referrals - ↑ appointments per patient
- Over booked clinics
- Low Morale - late notice of medical staff leave
- Last minute rescheduling = *FTA Rate 17%*
- 60 % rework rate
- High average "*Days Wait*" & long wait lists



Impacts of Increased Demand





Objectives

- Improve access
- Improve clinical information provided on referrals
- Manage access according to clinical need and equity
- Increase *New: Review Ratio*
- Reduce over booking
- Reduce *Days Wait* per priority – average, minimum & maximum
- Reduce *FTA Rates*
- Reduce *Reschedule Rates*



Strategies

- Executive leadership
- Improve the standards of referrals
- Accountability of referral management and access
- Establish appointment protocols
- Increase discharge rates
- Reduce *FTA Rates*
- Reduce *Rescheduling Rates*



Executive Leadership

- Reporting to Executive Steering Committee
- Establish KPIs to Monitor
 - Patients not seen within priority time frame
 - Minimum and maximum days wait per priority per clinic
 - Ratio of new versus review appointments
 - *FTA Rates*
 - *Reschedule Rates*
 - Clinic specific issues



Improving Referral Standards

- Improve Communication with GPs
 - GP Web site
 - Letters to GPs:
 - patient appointment dates
 - patient wait list notification
 - patient FTA
 - Phone calls to GPs
 - doctor & patient demographics
 - incomplete clinical information
 - investigation results not included



Improving Referral Standards

- Circulation of Referral and Management Guidelines
- Explanation of referral management process, including assurance that investigations are not repeated
- GP evening seminars & Practice visits
- Specialty referral templates
- Set an expectations of improved quality of clinical information on referrals



Accountability

- Review of the Division One nurses role
- Medical and Division One nurses accountable for:
 - assessment
 - triage
 - initiating investigations prior to appointments
 - reducing review appointments
 - managing access for both new & review appointments



Accountability

- Measurement and reporting of:
 - *Days Wait* per priority
 - Average, minimum and maximum
 - 1-2 week reviews
 - *New : Review Ratio*
 - Review appointments over KPI
 - FTA, reschedule and cancellation rates



Clinic Nurse Coordinates

- Prioritising urgent referrals, appointment within 7 days
- Improving the quality of clinical information available at the time of consultation
- Organising diagnostics prior to first appointment
- Streamlining appointments and clinic flow



Appointment Protocols

- New appointment protocols
 - Priority group per provisional diagnosis
 - *Days Wait* per provisional diagnosis
 - Working Tools to designate investigations required prior to 1st appointment
- Surgical unit discharge protocols
 - Number and frequency of post op review appointments per surgical procedure

Clinical prioritising

- New Patients
 - 1) Urgent 1 - 2 wks
 - 2) Soon 3 - 6 wks
 - 3) Intermediate 6 -12 wks
 - 4) Non Urgent

- Review Patients
 - Post Inpatient, 1 – 2 Weeks, 1 – 2 Months,
 - 3 – 6 Months, 12 Months, FTA Rebook

Patient & GP demographics check by clerical staff daily
Referring Doctor contacted within 24 hours of receipt of referral if information is not provided

Referral has:
- Appropriate clinical information
- Investigations complete and results available

Within 7 days of receipt of referral
Triage allocation priority (P 1 – 4)

All appointments dates for priority 1-3 allocated within 24 hours of Triage
Urgent 1 – 2 weeks
Soon 3 – 6 weeks
Intermediate 6 – 12 weeks
Non-urgent no day limit
Appointments Made

Referral has:
-incomplete clinical details
- missing investigation results

GP is contacted by phone/fax requesting clinical details and diagnostic results before priority category can be allocated

Information is received

If information is not received within 7 days

Clinic nurse arranges investigations with patient
Triage allocation of priority



Reducing FTA rates

- Automated letters
- Deceased & inpatient report
- Hot line & e-mail access
- Reminder letters to clinics with high *FTA Rates*
- Phone calls to small groups with high *FTA Rates*
- Non urgent wait list audit

P4 Audit					Percentages by Clinic		
Clinic	Referrals	Unable to be Contacted	Requested to be Removed	Remain	Unable to be Contacted	Requested to be Removed	Remain
BES	16	1	0	15	6%	0%	94%
CRS	2	0	0	2	0%	0%	100%
Dermatology	110	8	28	74	7%	25%	67%
Diabetic	3	0	0	3	0%	0%	100%
ENT 1	21	0	1	20	0%	5%	95%
ENT 2	11	0	1	10	0%	9%	91%
Gastro	6	0	0	6	0%	0%	100%
Neurology	172	22	47	103	13%	27%	60%
NeuroSurg	6	0	1	5	0%	17%	83%
Ophthal	148	5	15	128	3%	10%	86%
Ortho	115	14	15	86	12%	13%	75%
Plastics	27	0	4	23	0%	15%	85%
PSS	128	20	8	100	16%	6%	78%
Respiratory	1	0	0	1	0%	0%	100%
Urology	2	0	0	2	0%	0%	100%
TOTAL	768	70	120	578	9%	16%	75%



Reducing Rescheduling Rates

- Early notice of doctors leave
- Improved turn around rate
- Slot lock
- 6 monthly template review
- Long term appointments allocated close to appointment date
 - Reviews allocated up to 6 weeks ahead
 - News allocated up to 12 weeks ahead



Reducing Rescheduling Rates

- Scheduling access for:
 - ED reviews
 - Post-inpatient reviews
 - Urgent new appointments
 - 1-2 week reviews
- Linked consultations with investigative appointments
- Limited number of long term reviews
- Access stream for each appointment type



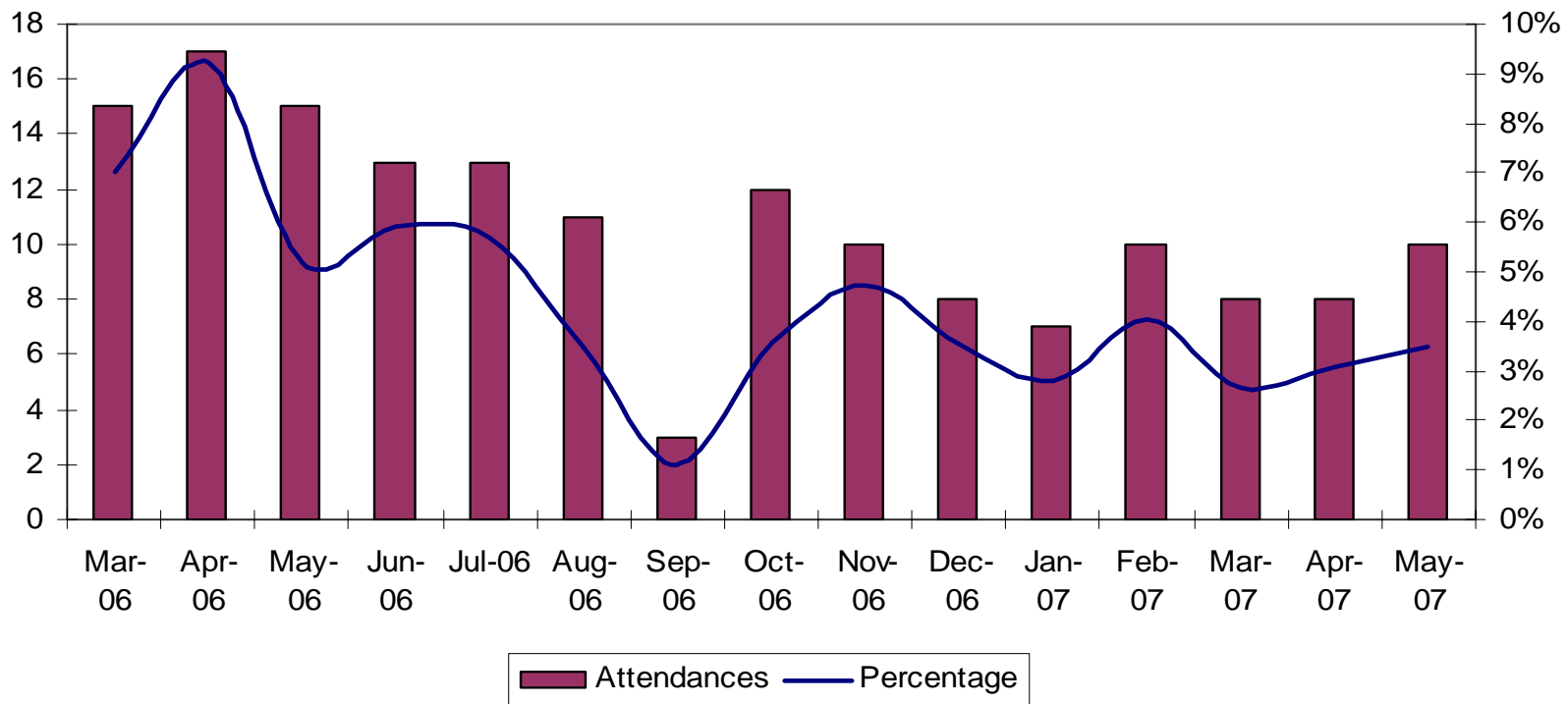
Example Clinic - Urology

- Reduction in the number of 1-2 week reviews
- Reduction in *FTA Rate*
- Reduction in *Reschedule Rate*
- Reduction in *Days Wait* for a new referral appointment

Urology Clinic 1-2 Week Reviews

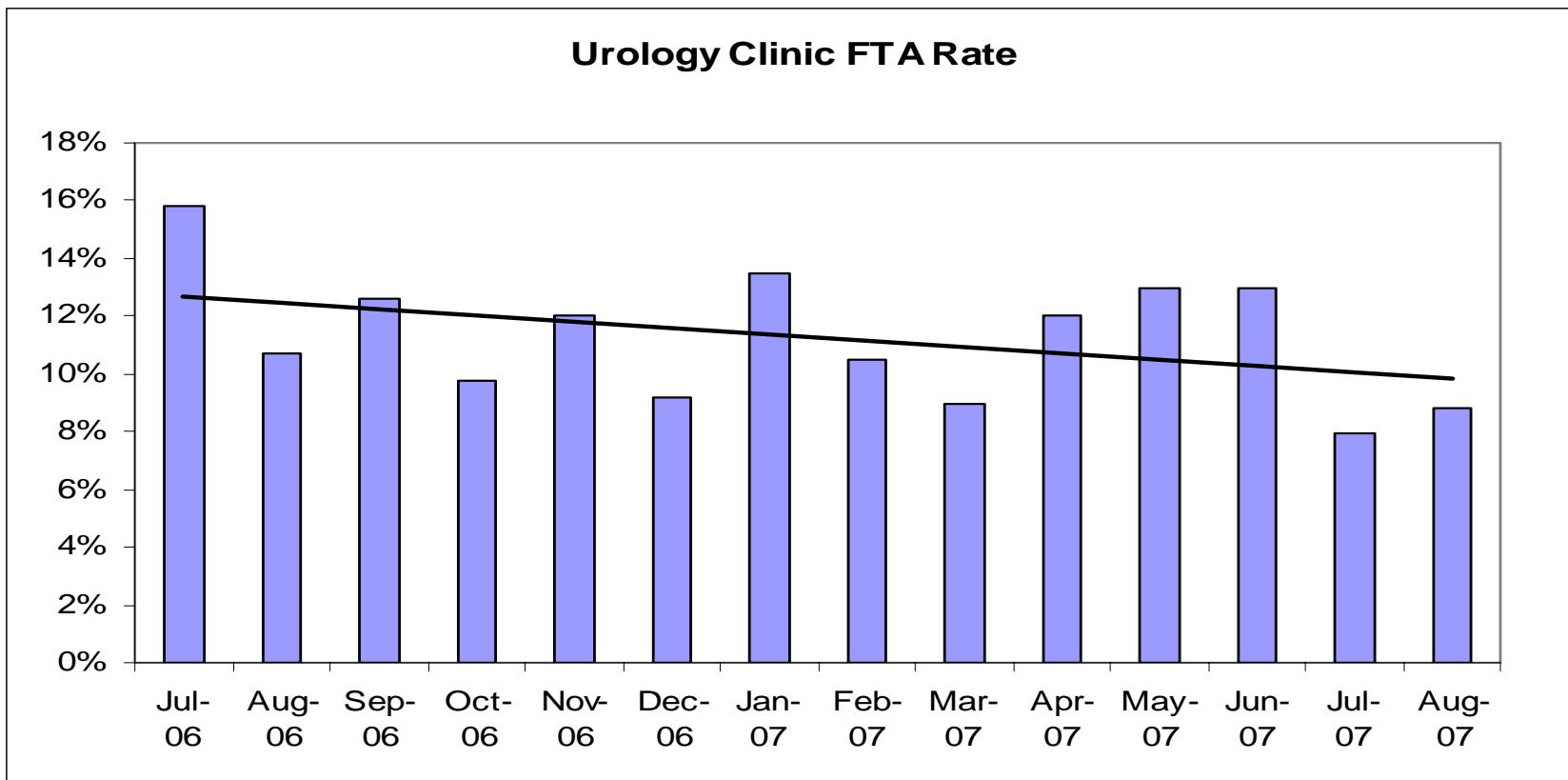


Number & % of 1-2 week Reviews in Urology Clinic





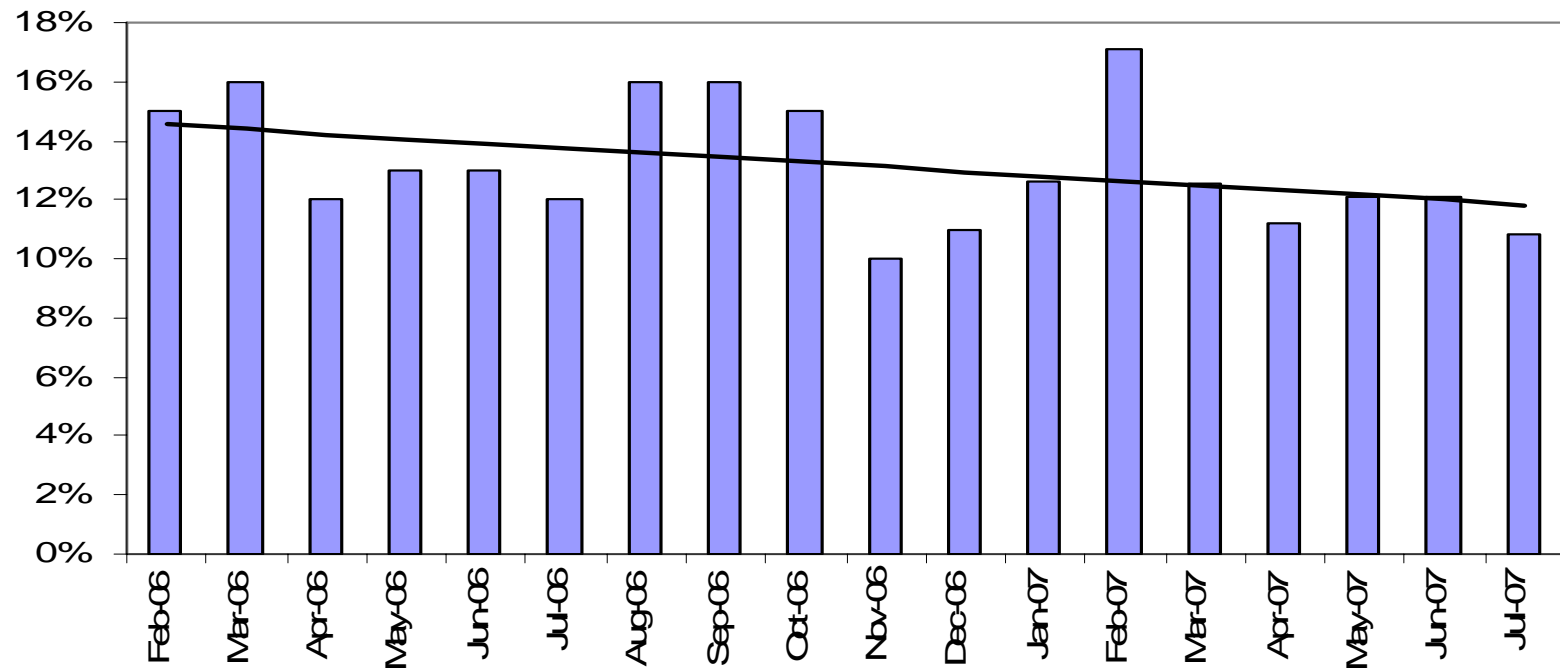
Urology Clinic FTA Rate



Urology Clinic Rescheduled Rate

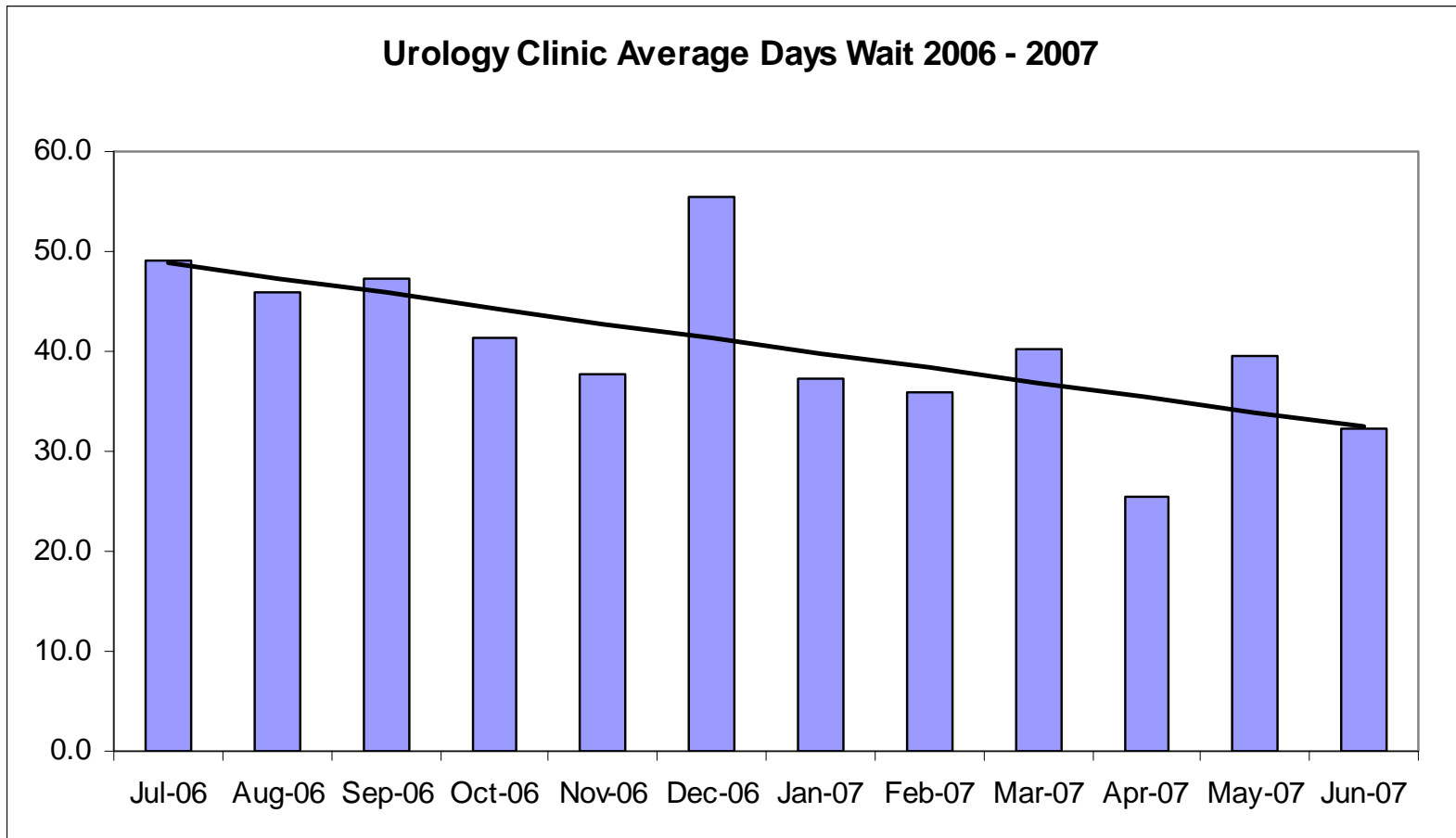


Urology Clinic Reschedule Rate





Urology Clinic Days Wait

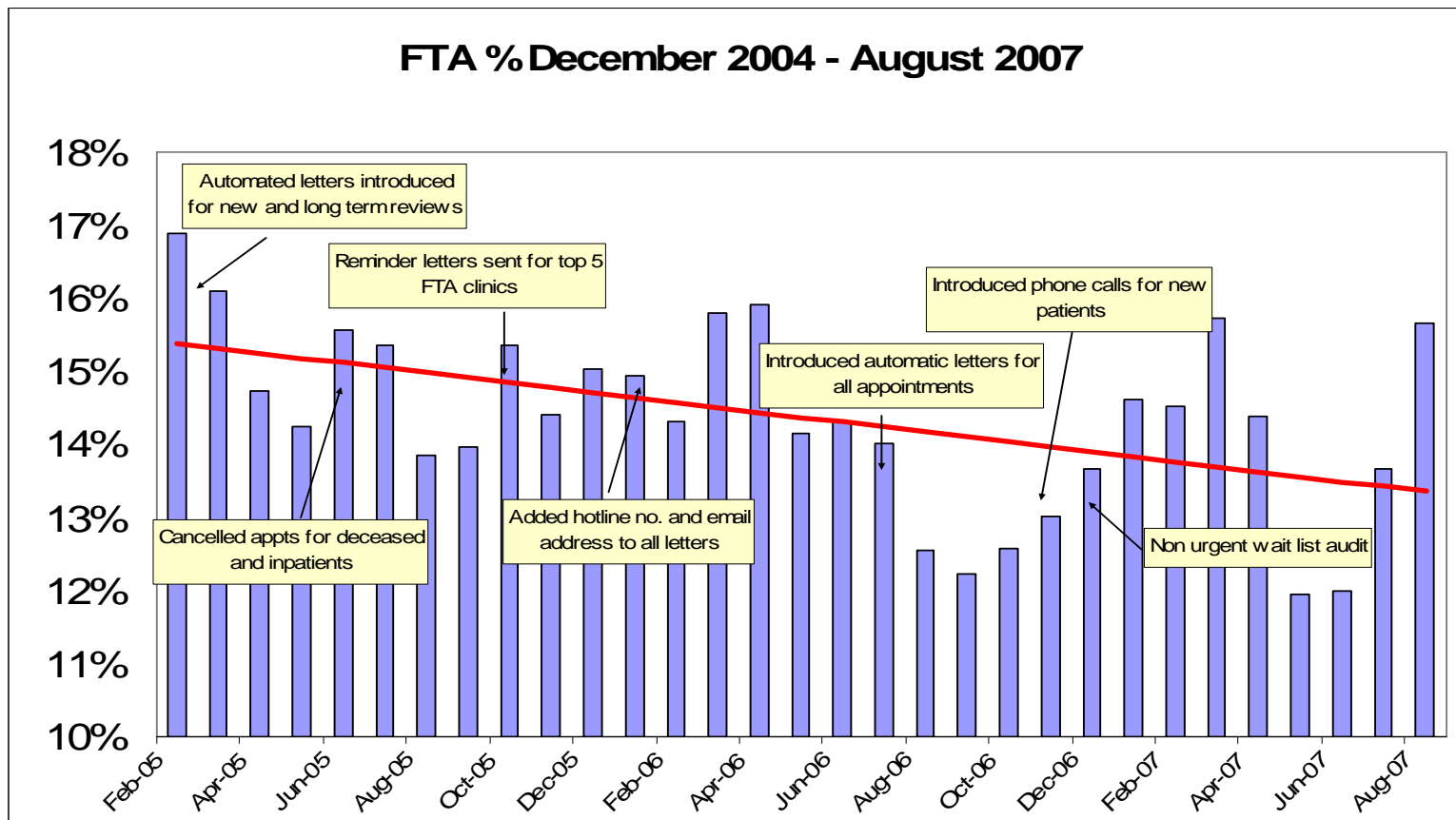




Impacts for All Clinics

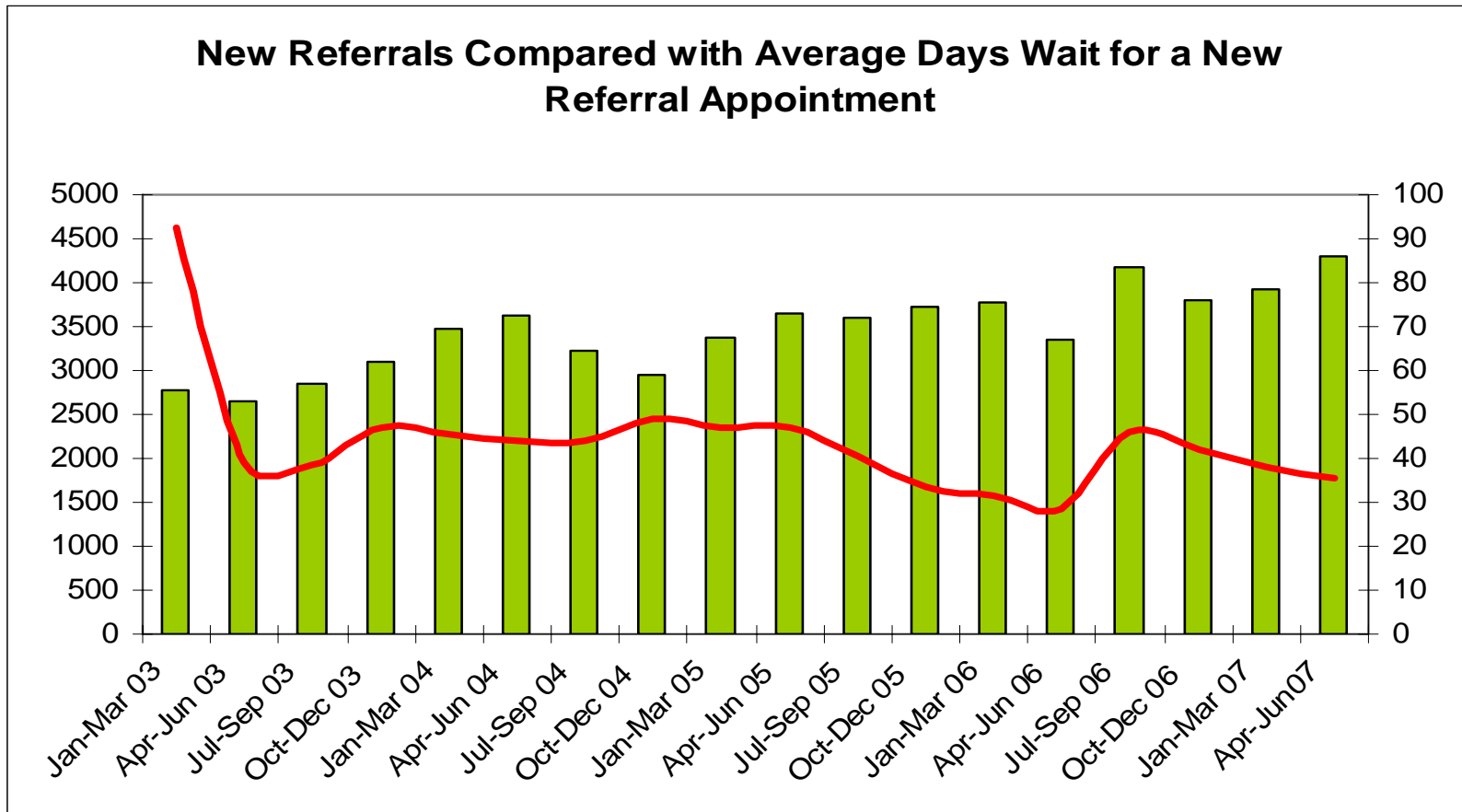
- From 2005 - 2007
 - *New : Review Ratio* reduced from 15 to 18 %
 - *FTA Rate* reduced from 17 to 13%
 - *Reschedule Rate* reduced from 18 to 13%
 - *Days Wait* for a new patient referral reduced from 51 to 32 days

Impacts for all clinics





Impacts for all clinics





Conclusion

- A combination of:
 - Leadership
 - Clear Processes
 - Clinical Prioritisation
 - Appointment Access Streams
 - GPLO and Clinic Nurse Involvement
 - Referral Guidelines and GP Education
 - Measuring and Monitoring
- Have improved patient access to Outpatient clinics during a period of increasing demand