

Outpatient Reform in WA: how to move a mountain

Try again...can a mountain
be moved ??????????

Dr Shirley Bowen
Executive Sponsor Outpatient Services
WA Health

For WA Health



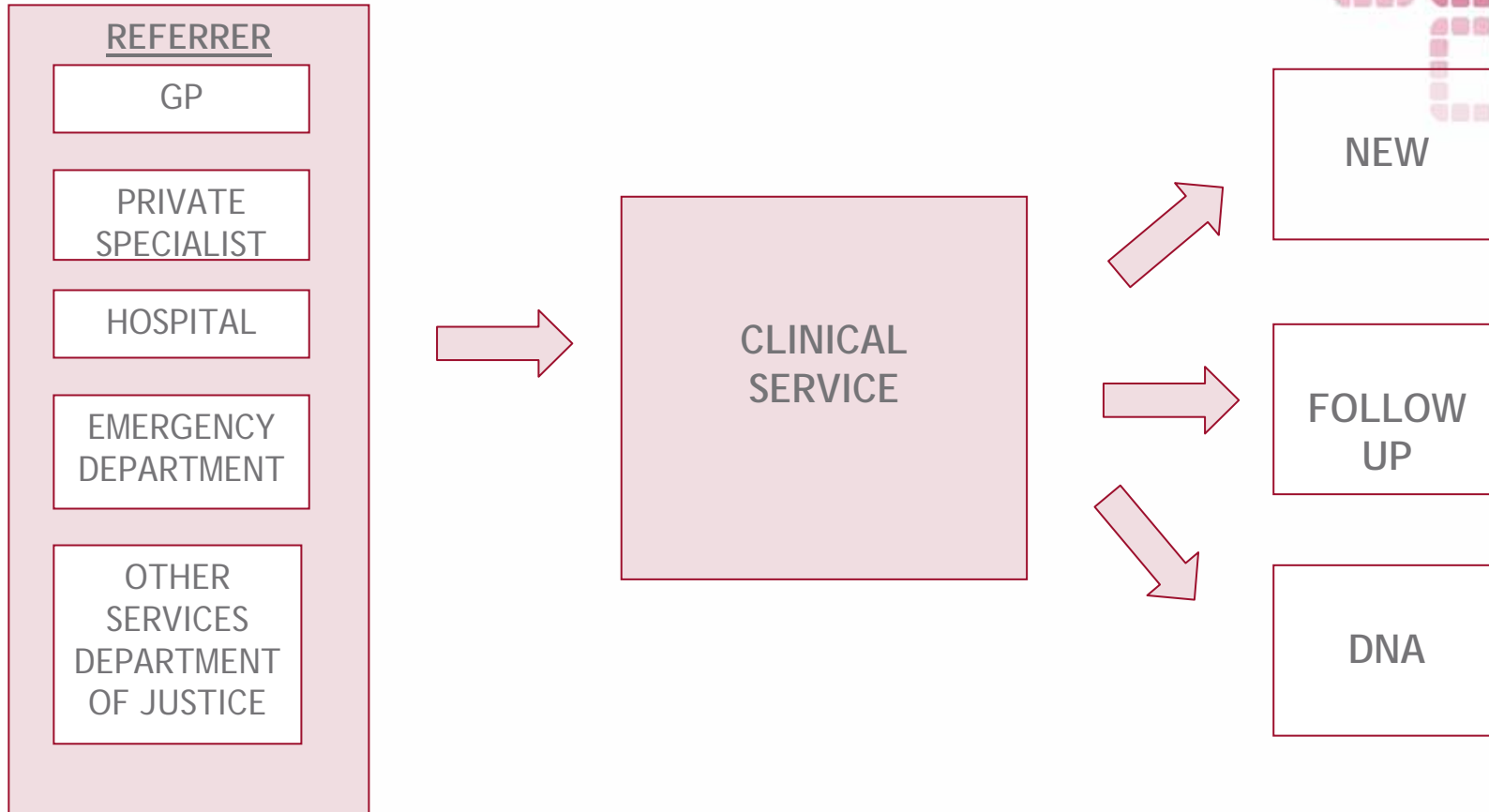
- Defining the “outpatient” problem
- Strategic intention
- Clerical and Clinical reform of Outpatient services
- Some success but a long way to go ...

Strategic intention:



- Right time, right place.....
- To enable patients to be seen by the Right Specialist in a timely manner
- To reduce the “long wait”
- To improve the quality of the outpatient experience

What IS Outpatients ?



Outpatient Services Reform : establishing the size of the problem

Basic statistical set established

- over 100 000 consultations per year
- DNA rate 8-18%
- New to follow-up rate 1: 4
- Longest wait 7 years !
- 8000 people waiting more than a year
- Orthopaedics the largest volume of longest waits
- Average waiting time 18 weeks across the system

Outpatient Services Reform: the problems



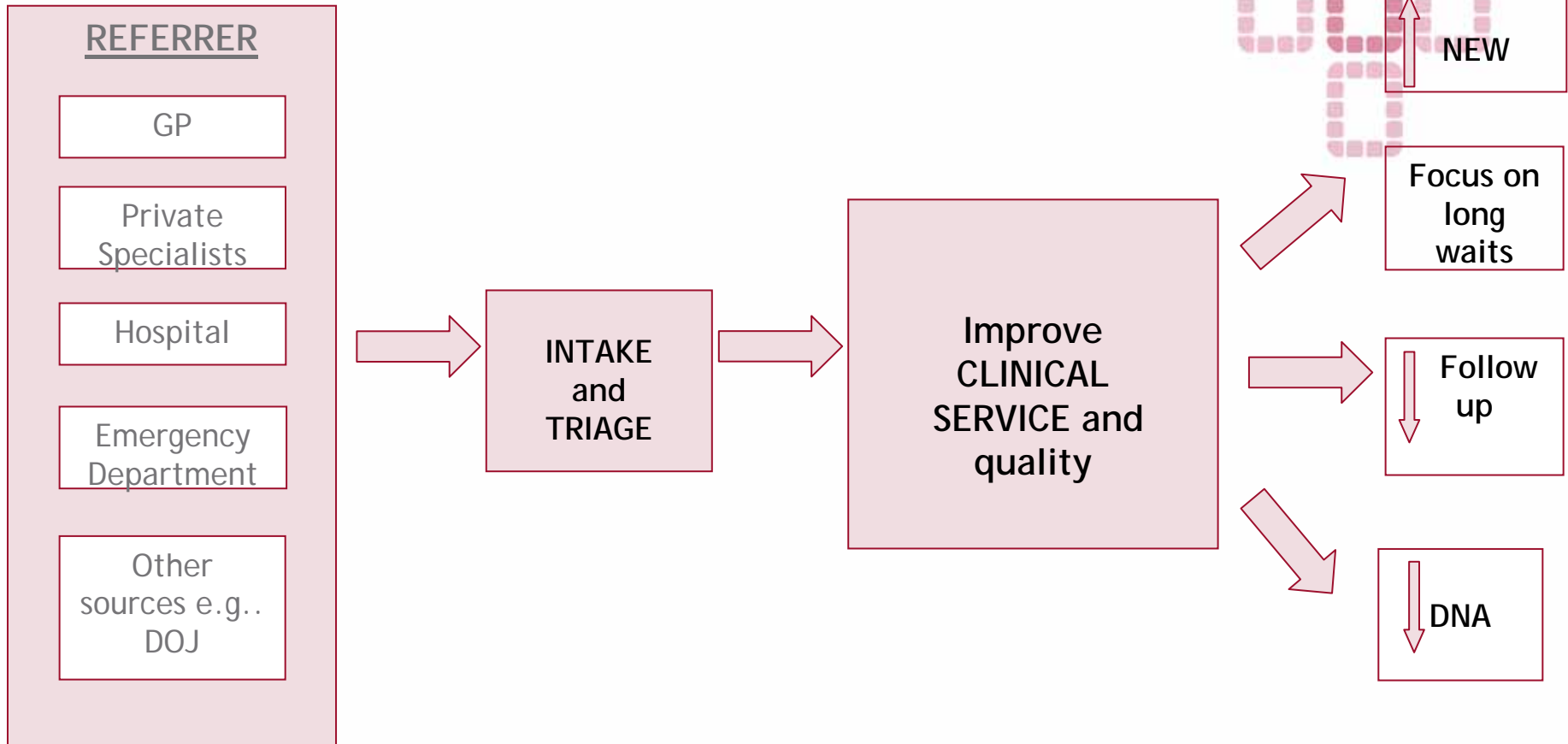
- No policy - a big ship with no one driving
- Inadequate referral and intake process
- The long wait in certain specialities
- Imbalance in the workload distribution across tertiary sites
- High numbers of internal referrals
- DNA rate 8-18%
- New to follow-up rate 1: 4

Strategic reform of Outpatients



- Clerical reform :
 - Appointments and scheduling
 - Better communication with the patient
- Clinical Reform
 - Business rules for intake and follow-up
 - Improving the quality of the outpatient consultation
- Creating the Policy to make that happen....all the time through IT improvement

Solutions :



Intake process : tighten the tap

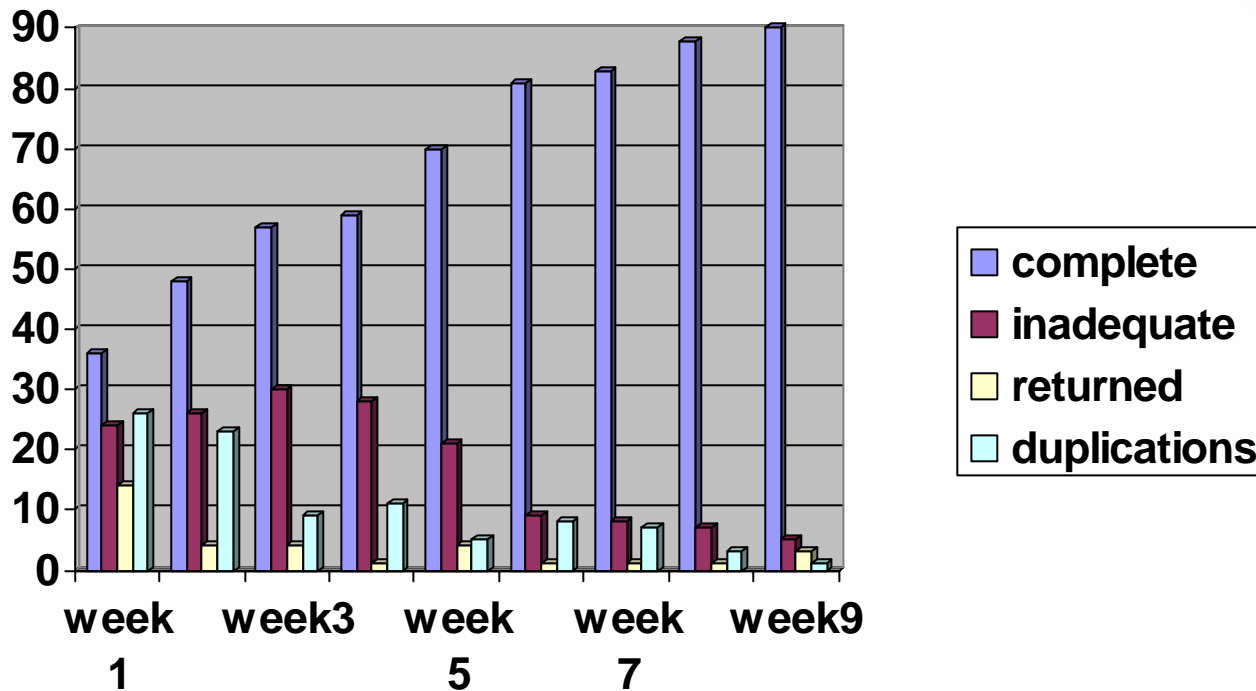
- Tighten the process for referral and intake from
 - ✓ General Practitioners
 - ✓ Internal referral sources
 - ✓ The Emergency Dept.
 - ✓ Inter-speciality referral
- Aim to create a single point of referral
- Redistribute work to the shortest waiting list

Intake process solutions:



- Create an “Intake and Triage Nurse” at each site to liaise with GPs and support medical triage
- Invoke Clinical Priority Access Criteria and promote 10 common clinical pathways for the 10 common conditions
- Focus on reducing Emergency Department and internal referrals through limiting referrals to
 - Category 1 patients (urgent within 30 days) and
 - Category 2 (within 90 days) with Consultant endorsement

Intake and triage : Improvement in referrals



Increasing the flow.....



Keep it or cancel it. Don't forget it.

Missed appointments keep everybody waiting.

Please contact Outpatient Direct if you are unable to attend an appointment. If you don't attend an appointment, or give notice, you may have your referral removed from our system. You may need to get a new referral if you reschedule your appointment more than twice.

Call Outpatient Direct on 1300 855 275
to cancel or reschedule your appointment.



Increasing the flow : reducing the Do-Not-Attend rate

- Provide the appointment date 4-6 weeks before the day
- Advising patients of the DNA policy and VALUING their appt :
 - A DNA on a first appt will result in cancellation
 - Only 2 DNAs allowed for follow-up appts
- Reminders such as SMS messaging in some circumstances
- Outpatient Direct : call centre for rescheduling
- Aim : DNA rate of 10% or less

Increasing the flow : reducing “follow-ups”



- Through the use of clinical business rules
- “2 + 1” policy: Disallowing more than 2 follow-ups with a registrar without the explicit permission of the Consultant.
- Better use of clinical pathways for post-op review to reduce the number of post-op visits
- Insisting on the 12 month ‘active life of the referral’ with automated discharge of the patient after the year (exceptions allowed for patients with a chronic disease eg. Renal)
- Telling the patient what they should expect!

Increasing the flow : New models of care



- Allied Health/Physio trialled in first assessment of Neurosurgery and Orthopaedic patients
- Trial of using Phone consults for
 - post-operative review after routine surgery
 - Immunology assessment of simple conditions
- “See and Treat” Clinics
- “Hot clinics” e.g. cardiology, rectal bleeding

Increasing the flow : Audit and review of the long wait specialities

Review the list in the long wait clinics :

- Orthopaedics, Neurosurgery, Neurology, ENT etc etc

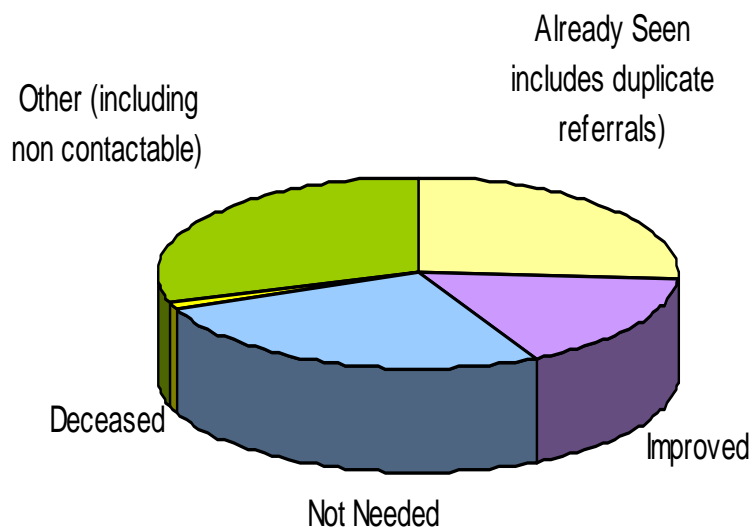
AIM to identify those patients whom

- no longer need the appointment
- Problem resolved
- Already seen in private sector
- The Audits demonstrate that a 30% reduction in the lists is reliably possible

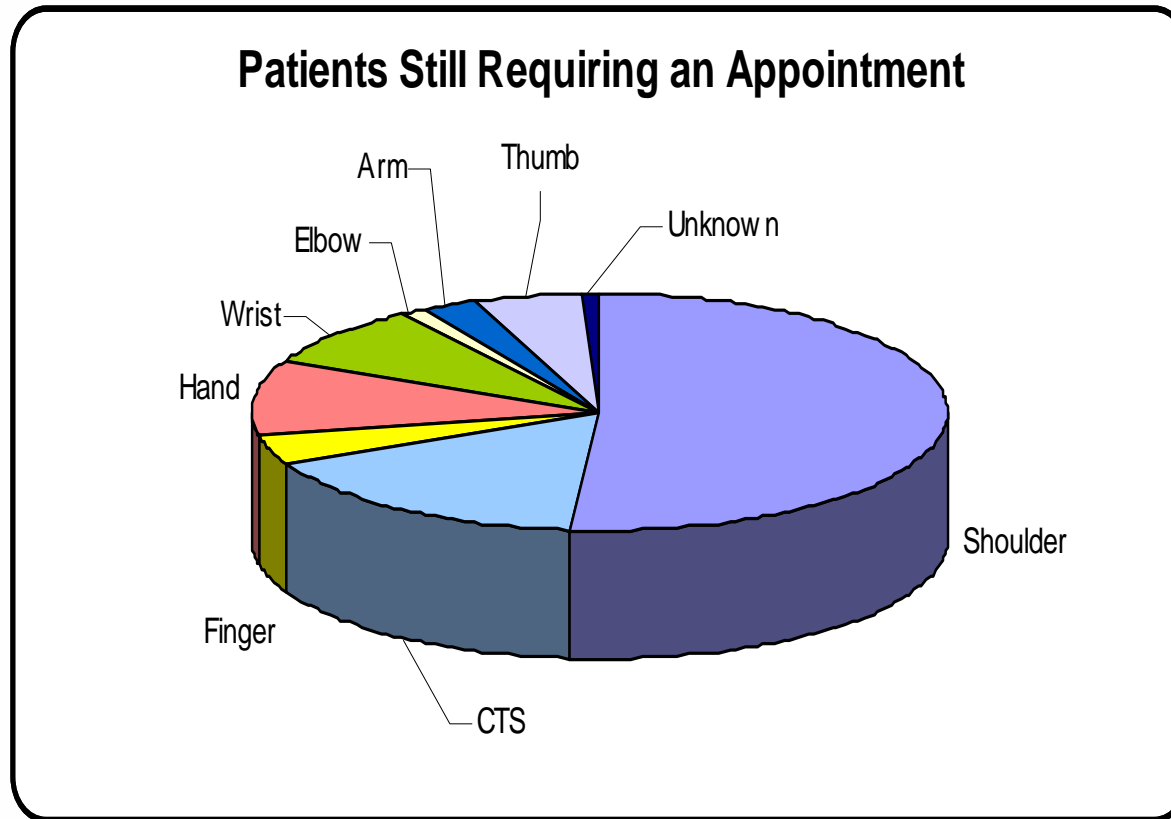
Results from Orthopaedic audit: patients waiting >1 year



Reasons for Removal of Orthopaedic Referrals



Audit identifies the problem.....



The long wait speciality and solutions



- Audit and remove
- Review the efficiency and bring forward the long wait patients to increase the number of “news” on the list
- Establish if the workforce is skilled and available eg. Shoulder surgery
- Consider alternative providers to deal with the back log

Further work :

A focus on clinical quality



- Aim to improve the total time spent by a Consultant actually IN the clinic
- Encourage “paper rounds” at the end of each clinic to improve teaching and reduce follow-up appointments
- Implement an ‘Assessment and Review’ and “Outcome” template to enable better documentation and communication internally and externally
- Institute a 7 day turn-around for GP correspondence through audit of clerical process and other methods for production of correspondence

Operational Targets



1. Decrease Did-Not-Attend (DNA) rates to 10% or less
2. Decrease new to follow-up appointment ratio to 1:3
3. Outpatient waiting time between referral and first appointment
 - a. All Category One cases seen within 30 days
 - b. All Category Two cases seen within 90 day
 - c. All Category Three cases seen within 365 days

Current average waiting time is 18 weeks.

Final question: can a mountain
be moved ??????



The answer is NO

Mountains rarely vanish but there is
a way through.....