

The Alfred
Outpatient Department
DEMAND MANAGEMENT

Managing Increasing Demand for Outpatient
Appointments at The Alfred

Presenter:

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2001 - 2003

Changing healthcare environment:

- Decrease in bulk billing clinics
- Increased focus on medico-legal issues
- Increased pressure on General Practitioners to increase through-put
- Reduction in available General Practitioners
- Widening health insurance gap

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2001 - 2003

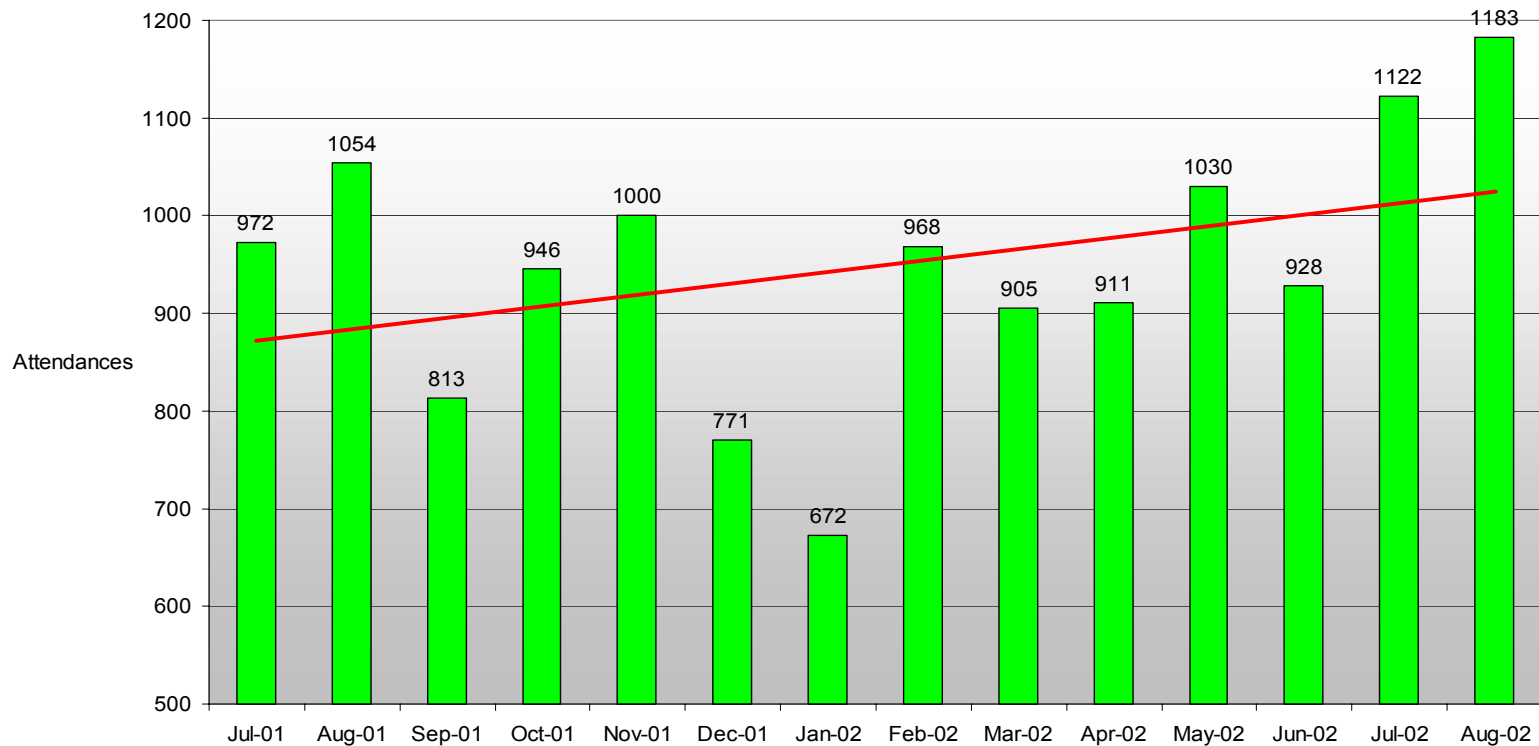
Steady increase in the:

- New referrals received
- New patients seen
- Days wait for a new patient appointment
- Over booking of clinics
- Rescheduled appointments

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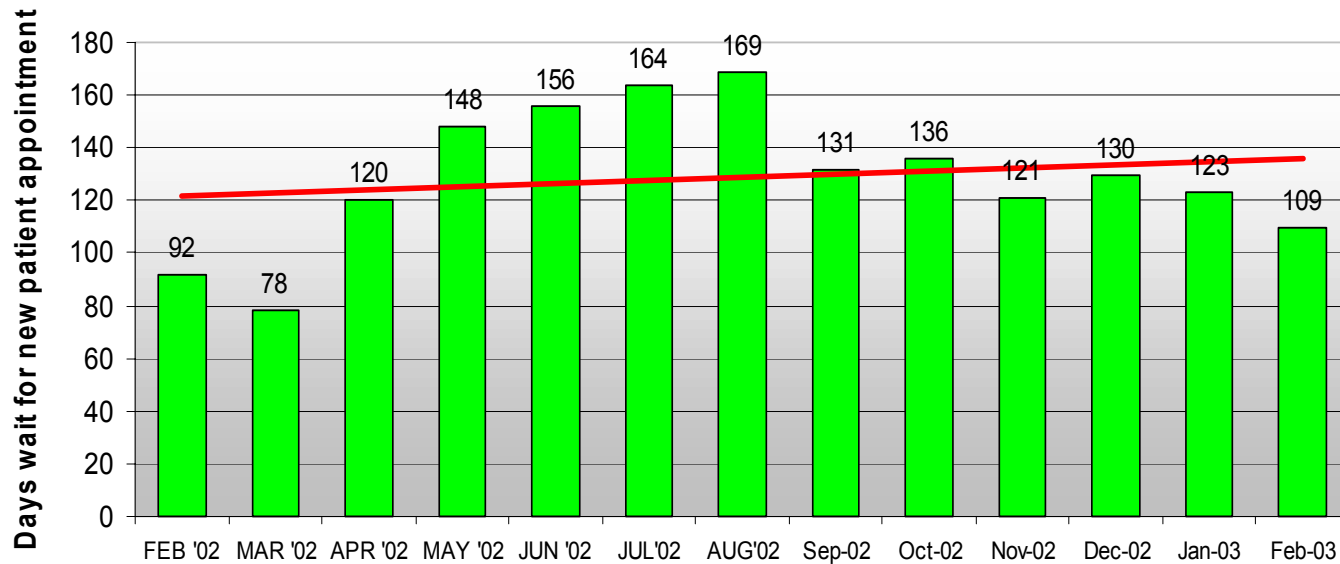
New Outpatient Attendances

15.4% growth from July 2001 to July 2002 'New' Attendances



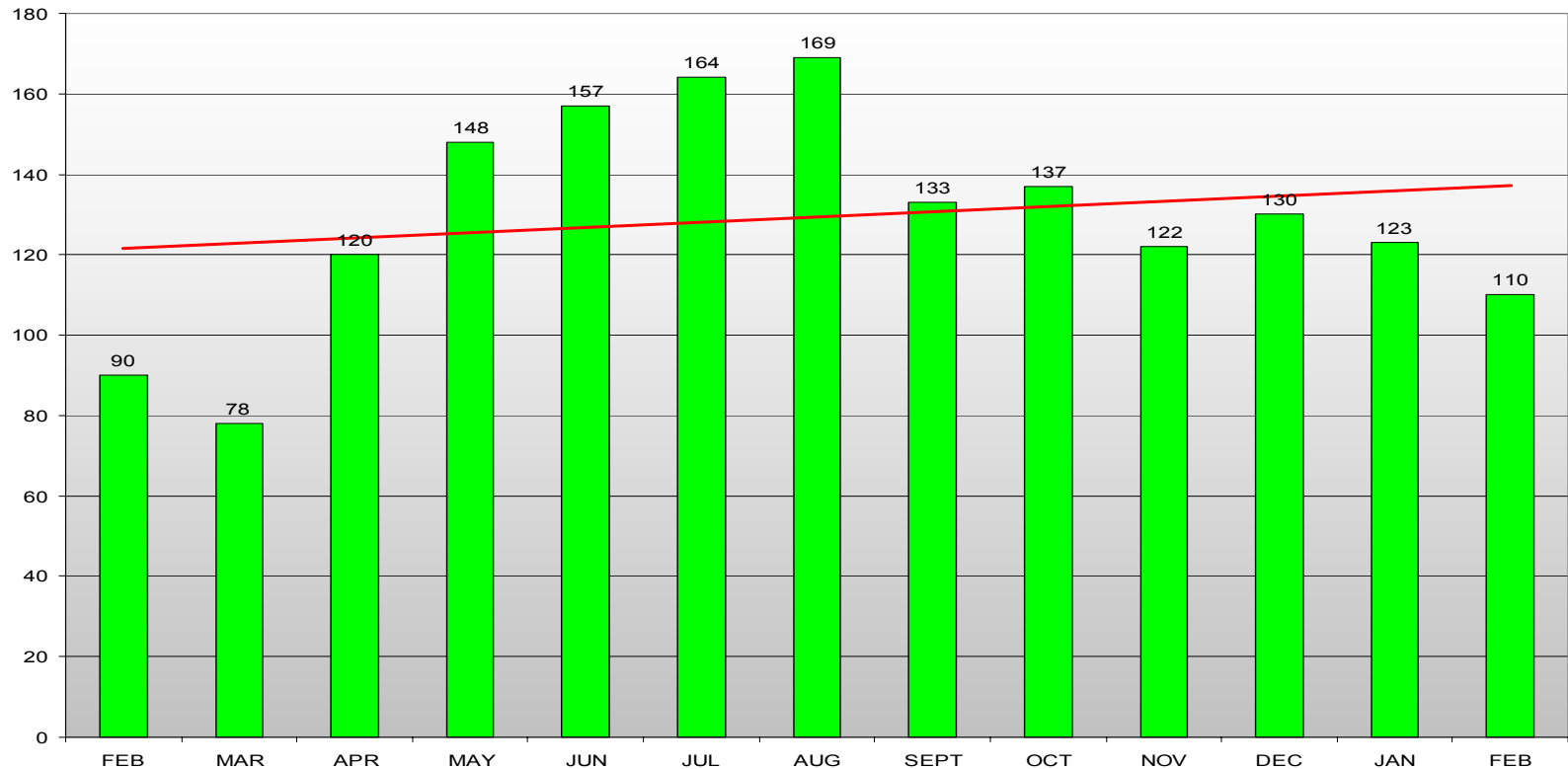
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Total average days wait for new outpatient appointment
18.5% increase in days wait for a new patient appointment



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Average days wait for a new OP appointment Feb 2001- Feb 2002
22.2% growth in days wait for new patient appointments



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What we needed to do

- Data management
- Processes / Speed Humps
- Clinical prioritising new referrals
- Prioritising review appointments
- Appointment stratification
- Establish KPIs
- Nurse clinic coordination and GP liaison roles
- Establish acceptance criteria

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Data management

- Establish a system for data entry of all new referrals received
- Demographics
 - patient details
 - referring doctor details

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Data management

- Measurement of department efficiencies
 - days-wait from receipt of referral
 - of clinical assessment
 - for appointment to be made
 - for appointment date

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Speed Humps

- Demographics - follow-up call to referring doctor within 24hrs
- Doctor/nurse clinical assessment of all referrals within 7 days
- Registration following clinical assessment
- Nurse lead allocation of appointment dates
- Priority system for urgent appointments

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Clinical prioritising new referrals

- 1 . Urgent - 1-2 weeks
- 2 . Soon - 3-6 weeks
- 3 . Intermediate - 6 weeks - 3 months
- 4 . Non Urgent

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Prioritising reviews appointments

- Electronic requests for post-inpatient reviews
- Requests completed within 20 minutes
- Clinical priority for all Emergency Department requests

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Appointment Stratification

- Link appointments with radiology appointments
- Allow access for post-inpatient and Emergency Department referrals
- Increase appointment spread

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Appointment Stratification Objectives

- To reduce wait-times in department
- To reduce multiple bookings any one doctor at one time period
- To reduce rescheduling
- To allow access for all types of appointments
- To reduce queues by spreading of appointment time slots

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Scheduling: Scheduling Appointment Book

Task Edit View Help

← Back →

2004
December
Mo Tu We Th Fr Sa Su
29 30 1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31 1 2
3 4 5 6 7 8 9

Books Appointment

Work in progress:

Bookshelf - Alfred Outpatient Clinics

Open
Select

Schedule
Confirm
Recur
Suggest
Request

17/12/2004 - MW TRMA - Friday

#	Registrar ...	ORT/TRMA ...	ORT/TRMA ...	Mr Elton Ed...	Mr Max Esse...	Mr Max Esser	Mr Russell ...	Prof. Kossm...	TRMA Reg ...	XOA (Frac Fri)	P+O (Fri)
09:10	FRAC...	09:10 Post IP...	09:10 Post IP...	09:10 Post IP...	08:30 Post IP...	08:40 Post IP...	09:10 Post IP...	09:10 MAT...	09:10 Post IP...	08:00 XOA	08:30 P+O
09:20	FRAC...	09:20 Post IP...	09:20 Post IP...	09:20 1-2 Wk...	08:40 Post IP...	08:40 New 1...	09:20 1-2 Wk...	09:20 1-2 Wk...	09:20 Post IP...		
09:30	FRAC...	09:30 1-2 Wk...	09:30 1-2 Wk...	09:30 New 1...	08:50 Post IP...	08:50 Post IP...	09:30 New 1...	09:30 New 1...	09:30 1-2 Wk...		
09:40	FRAC...	09:40 1-2 Wk...	09:40 1-2 Wk...	09:40 1-2 Wk...	09:00 1-2 Wk...	08:50 New 1...	09:40 1-2 Wk...	09:40 1-2 Wk...	09:40 Post IP...		
09:50	FRAC...	09:50 1-2 Mt...	09:50 LAU...	09:50 1-2 Mt...	09:10 Regist...	09:00 Post IP...	09:50 1-2 Mt...	1-2 Wk Rv (10) (09:40 - 09:50) 1-2 Wk Rv (10)			
10:00	FRAC...	10:00 1-2 Mt...	10:00 1-2 Mt...	10:00 1-2 Mt...	09:20 1-2 Mt...	09:00 New 1...	10:00 WILL...	10:00 1-2 Mt...	10:00 1-2 Mt...		
10:10	FRAC...	10:10 FTAR...	10:10 FTAR...	10:10 Post IP...	09:30 3-6 Mt...	09:10 Regist...	10:10 Post IP...	10:10 Post IP...	10:10 FTAR...		
10:20	FRAC...	10:20 Regist...	10:20 Regist...	10:20 Post IP...	09:40 12 Mt...	09:10 New 1...	10:20 Post IP...	10:20 Post IP...	10:20 Regist...	10:30	11:00
				10:30 Post IP...	09:50 FTAR...	09:20 1-2 Wk...	10:30 Post IP...	10:30 Post IP...		08:00 XOA	08:30 P+O
				10:40 Post IP...		09:30 1-2 Mt...	10:40 Post IP...	10:40 Post IP...			
				10:50 Regist...		09:40 1-2 Mt...	10:50 Regist...	10:50 Regist...			
				11:00 3-6 Mt...		09:50 1-2 Mt...	11:00 3-6 Mt...	11:00 KER...			
				11:10 3-6 Mt...		10:00 3-6 Mt...	11:10 3-6 Mt...	11:10 LAM...			
				11:20 Post IP...		10:10 PCI...	11:20 Post IP...	11:20 Post IP...			

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KPIs

- New patients seen within priority time frame
- Monitor ratio of new versus review appointments
- Monitor FTA rates
- Monitor reschedule rates

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Establish acceptance criteria

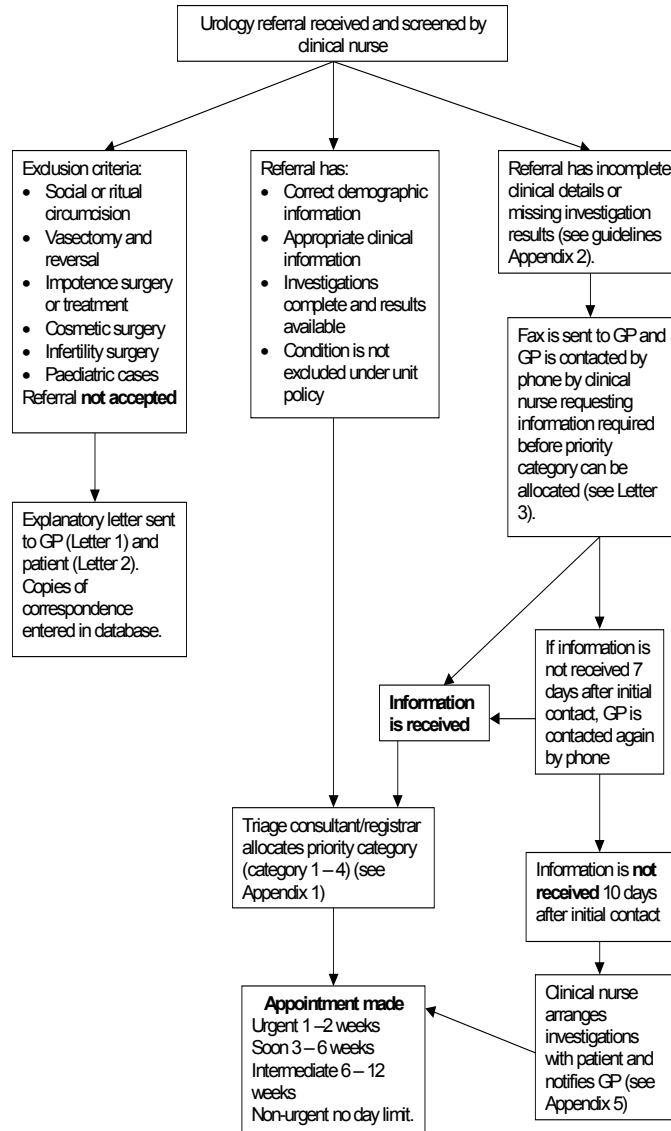
- Target clinics where demand was extreme
- Establish agreement with Unit Heads as to which new patients should be managed in the community
- Screen referrals for diagnostics

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Nurse coordinators and GP liaison

- Improve the quality of clinical information on referrals
- Prioritise urgent referrals, appointment within 7 days
- Organise diagnostics prior to first appointment
- Streamline appointments and clinic flow

Urology Services Outpatient Referral Guidelines



LOCAL PRIORITY/URGENCY GUIDE

Service Category: Urology **Patient Type:** Outpatient [First Assessment]

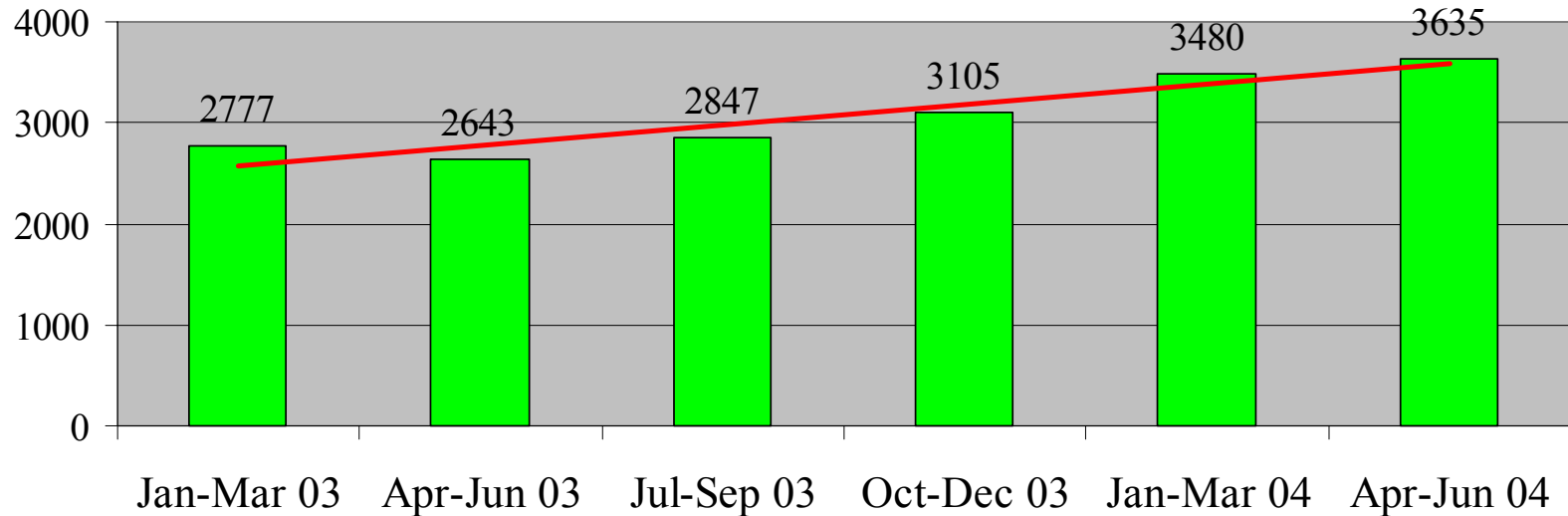
Urgent cases must be discussed with the Urology Registrar on call in order to get appropriate prioritisation and then a referral letter faxed

Category	Criteria	Examples
1. 2.	<ul style="list-style-type: none"> ▪ Major functional impairment ▪ Moderate risk of permanent damage to organ or system if consultation is delayed ▪ Pain requiring narcotics or high analgesic does to control ▪ Trauma not requiring immediate attention 	<ul style="list-style-type: none"> ▪ Suspected testicular malignancy ▪ Obstructed kidney ▪ Continuous gross haematuria ▪ Poorly controlled renal/ureteric colic
3. 4.	<ul style="list-style-type: none"> ▪ Functional impairment ▪ Pain - but controlled ▪ Restriction of social and/or economic activity ▪ Congenital defects ▪ Minimal risk if consultation is delayed 	<ul style="list-style-type: none"> ▪ All other urological conditions which are referred against referral protocols.
NOT SEEN	<p>The following services are not available in the public system</p> <ul style="list-style-type: none"> ▪ Social/ritual circumcision ▪ Vasectomy reversal ▪ Impotence surgery/treatment ▪ Cosmetic surgery ▪ Infertility Surgery 	

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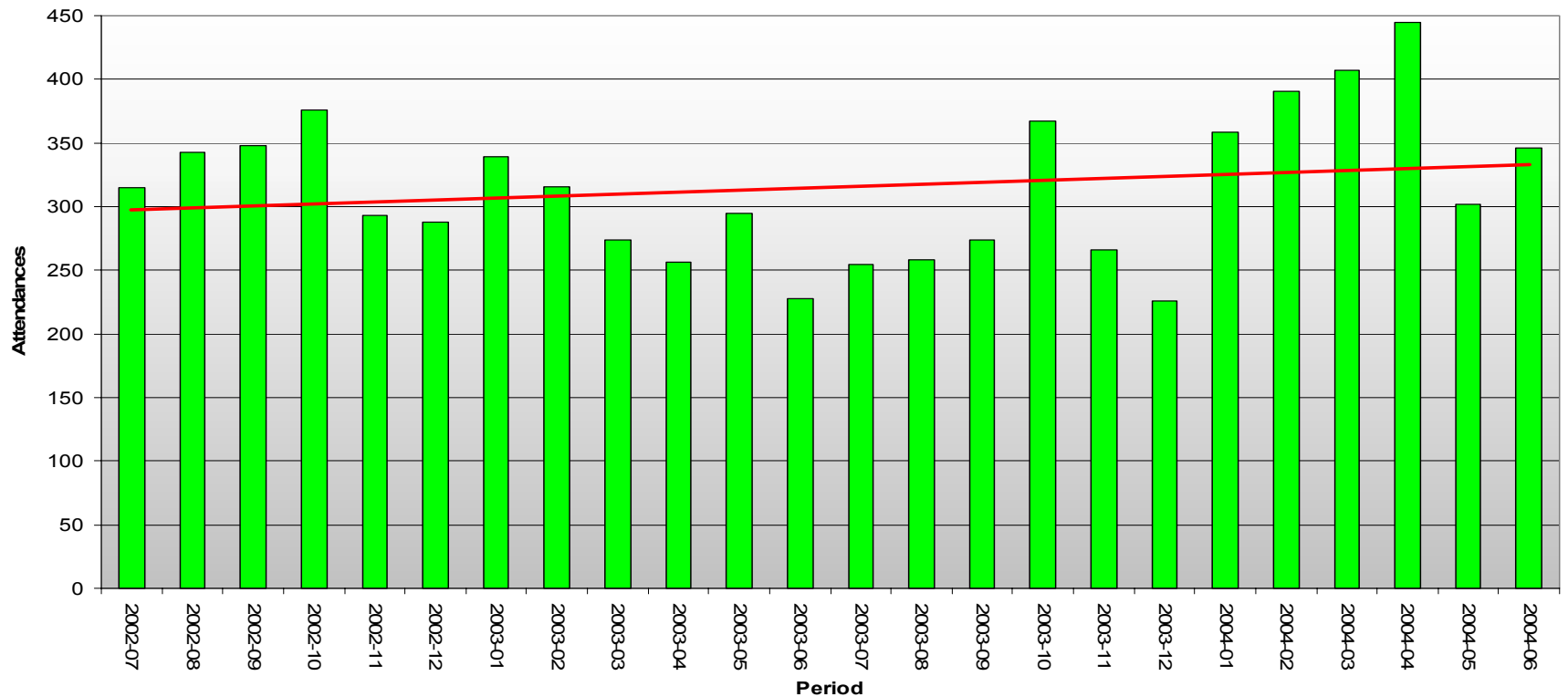
New Referrals Received by the Quarter 2003-2004

31% increase in number of new referrals



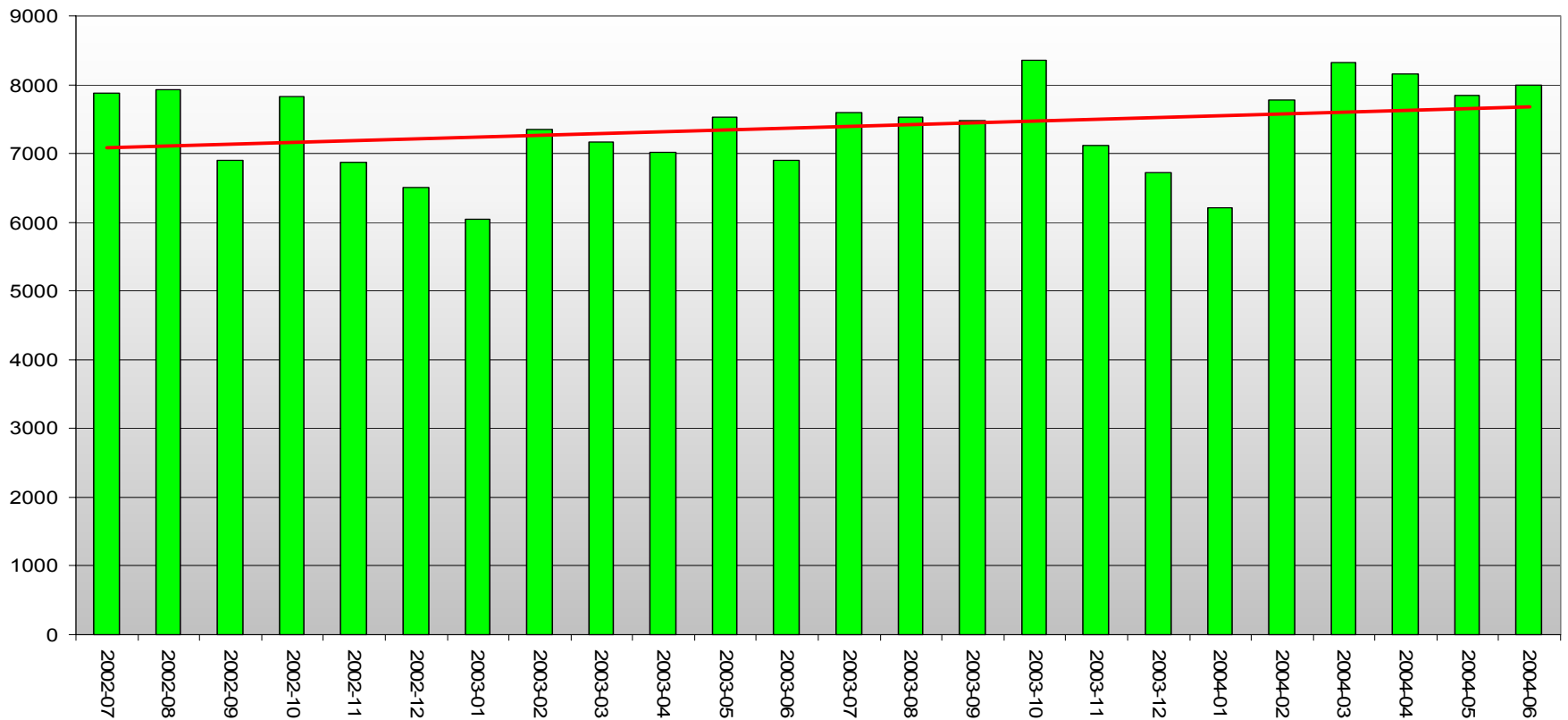
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TAC Attendances



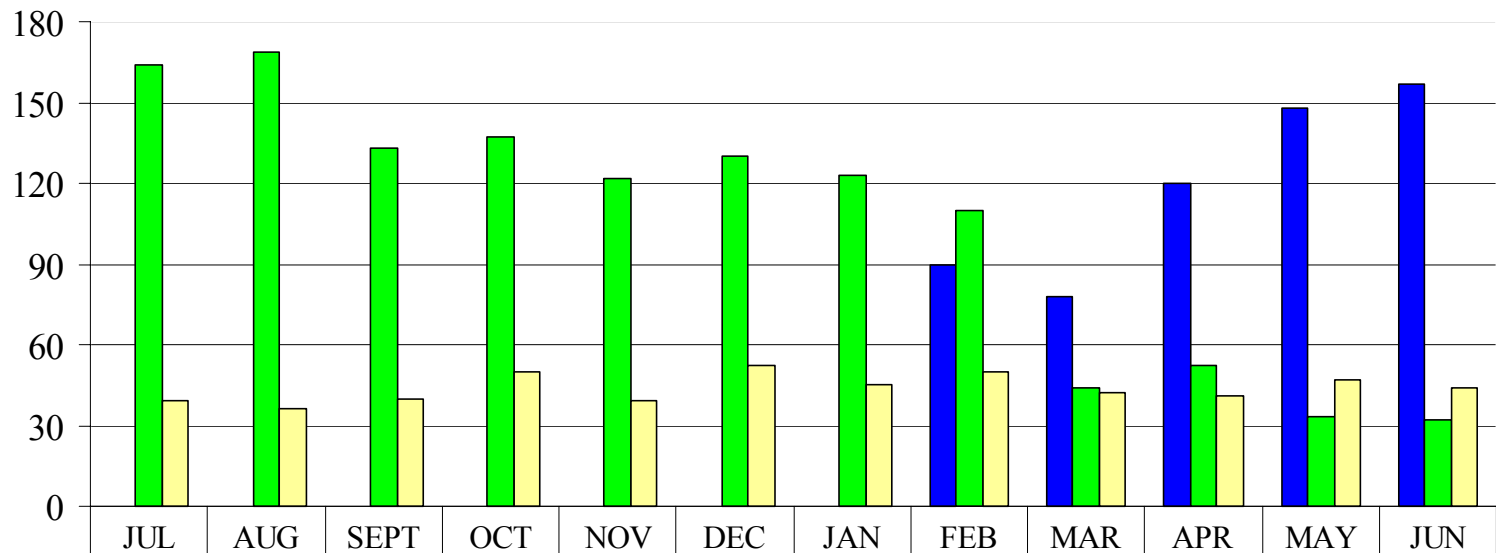
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Total Attendances



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Average Days Wait



■ 2001/02								90	78	120	148	157
■ 2002/03	164	169	133	137	122	130	123	110	44	52	33	32
■ 2003/04	39	36	40	50	39	52	45	50	42	41	47	44