

Specialist Clinics Redesign

Improving the Patient Journey in Specialist Clinics

(Focus on Gastroenterology, Orthopaedics & Urology)

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Specialist Clinics Redesign

Big Picture Mapping - 5 Areas of Concerns

1. Patients have long & variable waits after arriving for OPD clinic appointments
2. Our current demand is too high for our capacity
3. The pile of unprocessed referrals is a cause of concern
4. We don't have the right people doing the right work
5. Current IT systems do not support the patient journey from a flow or quality perspective

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Detailed Diagnostics *(focus on 3 clinics)*

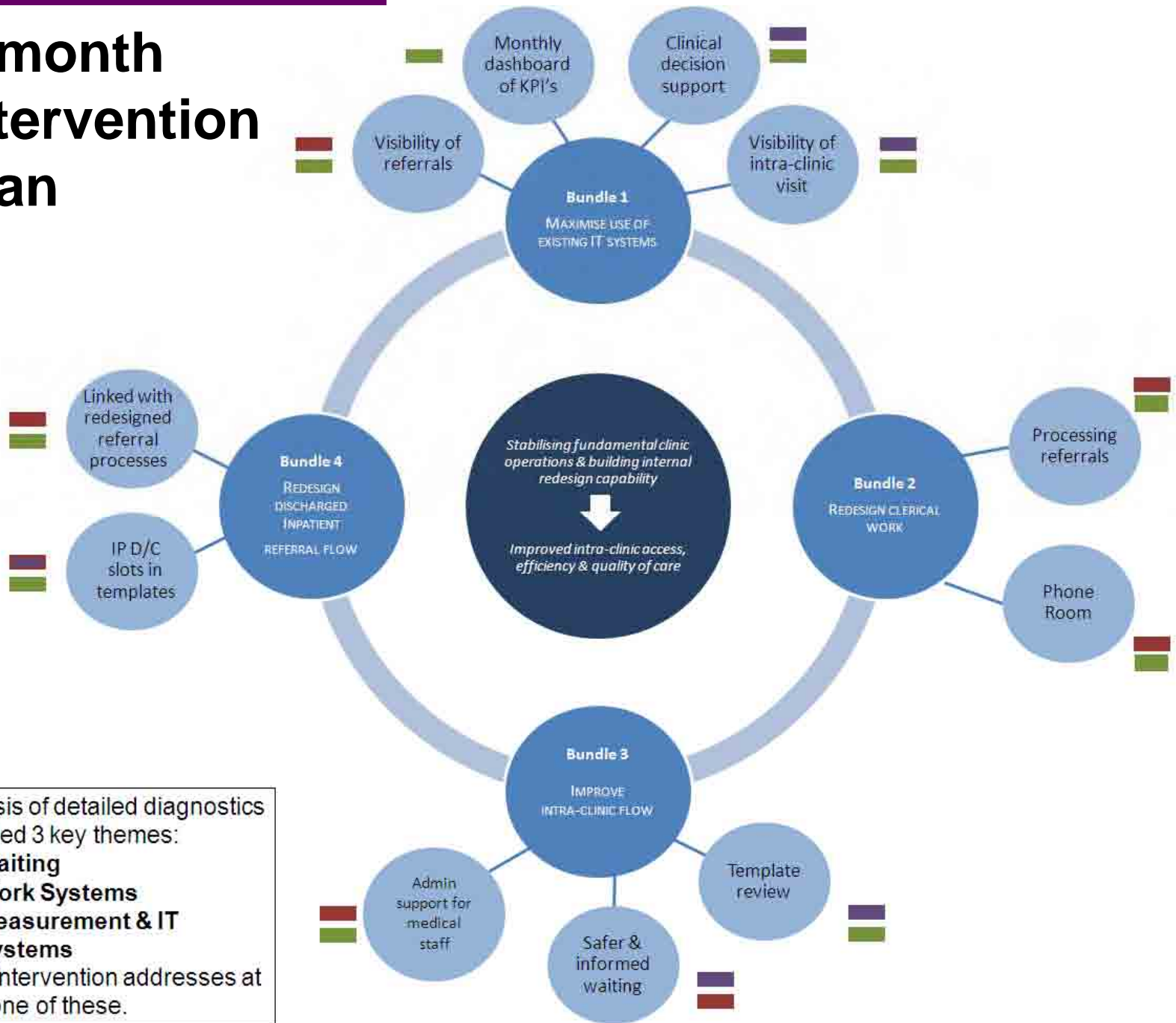
- Individual patient journey tracking on day of appointment (60 patients)
- Patient experience interviews
- Template structure review
- Clinic flow tracking
- Clerical work tracking
- Data / IT systems exploration

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Diagnostic Findings highlighted need for:

- Improved Intra Clinic Flow: Template structure redesign, Floor Coordinator RN role for safer waiting, better support for medical staff
- Redesign Clerical Work: Focus on referral receipting and phone room
- Redesign Inpatient Discharge Flow via Time Critical template allocation
- Maximise Use of IT systems for patient management

3-month Intervention Plan



Analysis of detailed diagnostics revealed 3 key themes:

- Waiting**
- Work Systems**
- Measurement & IT Systems**

Each intervention addresses at least one of these.

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Template Redesign

- Aiming to improve patient flow. Target : patients to completed their OPD visit within 1 hour of appointment time
- Examined current throughout, negotiated agreed start and finish times with medical clinicians
- Elements of queuing theory re shorter work first, batch like-work where possible, stagger patient arrival times
- Clinician sign off of remodeled templates
- Time Critical slots included for Inpatient Discharge flow

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Floor Coordinator Role

- Aiming to improve patient satisfaction and safety when in the OPD
- Development of a senior nursing role to facilitate patient flow, including fast tracking of elderly, infirm in at check in queue
- A visible presence on the floor; available for patient questions
- Available to take phone calls with a clinical element

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Referral Receipting Redesign

- From piles of unprocessed referrals of unknown quantity and without any processing parameters
- To streamlined system for processing referrals in a timely and orderly fashion, including acknowledgement of receipting for patients and GPs
- We now know how many referrals are received and processed daily, and what our real demand is!

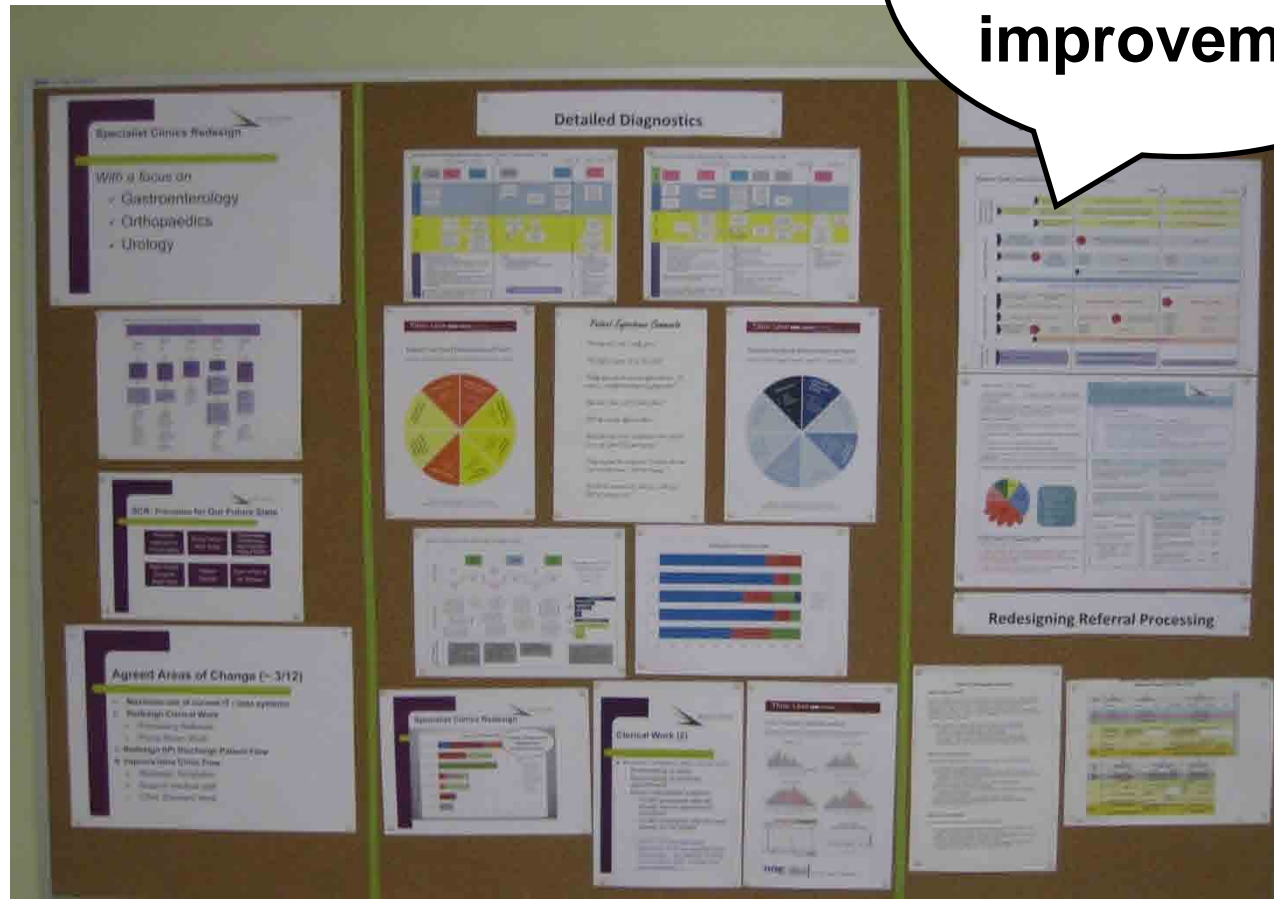
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Engagement of Key staff & regular change implementation meetings

- OPD Managers
- Nurses
- Clerical staff
- Medicos
- Working Groups

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Story Board
to track
improvements



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Challenges have included ...

- Coordinating improvements with other changes
- Patience with program roll out
- Thorough planning (pockets of knowledge)
- Juggling tasks from four bundles
- Resources (Key staff, EFT allocation, environmental challenges, equipment)
- Clinician engagement with admin program items

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Where to from here ...

- Embed redesign methodology in OPD continuous improvement program
- Await the evaluation results
- Roll out successful elements to other Outpatient adult clinics at Footscray and other WH OPD sites at Sunshine & Sunbury

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