

Outpatient improvement and innovation strategy



Outpatient Improvement Projects Showcase Event

In the 3 years the number of new referrals and post inpatient referrals have increased by 30% an additional 600 referrals monthly

↑↑ demand + resource limits = ↑ patient queues & delays

Project aim and objectives:

To minimise

- Time patients spend in queues
- Waiting times to see specialists on the day of consultation
- Avoidable review appointments
- Patient dissatisfaction = ↑ number of complaints
- Staff dissatisfaction = ↑ turnover



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Methodology:

Lean Thinking - review, analyse & re-engineer to improve outcomes

- Determine the value of each step - a system wide view, reviewing information and patient flow from the time of referral to patient exit on the day of consultation
 - value stream mapping with staff
 - direct observation and patient tracking
 - analysis of data
- Identifying 'waste' in the process
 - Wastes have been identified as waiting or delays, mistakes or rework
- Identifying patients needs
 - 2008 - 59% of outpatient complaints were concerned with delays or waiting times
- New approaches to reduce waste, using Plan, Do, Study, Act (PDSA) cycle
- Sustaining changes and identifying further improvements.



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Outcomes and Findings:

The system wide review identifying a number of blocks or delays –
Referral processing, Day of appointment, discharge to GP delays

Day of appointment

- Medical Record flow to clinics resulted in substantial delays for patients and rework for staff
 - Records started at reception
 - The movement of the record initiated each stage of patient care/treatment
 - If the record was held up or missing consultations/treatment were delayed
 - Receptionists and nurses were involved in ‘motion waste’ – looking for records
 - Delays increased the length of patient queues
 - Pressure to minimise queues resulted in clerical errors & ‘rework’
 - No access to records prior to consultation impacted on clinician's ability to coordinate care further delaying patient flow



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Outcomes and Findings:

- The medical record now starts in the clinic:
 - Clerks freed up for quality/ customer service activities
 - Reduced delay from patient check-in to record in clinic
 - Patients seen in order of appointment
 - Improved communication between reception, nursing and medical staff
 - Nurses less time wasted on looking for records
 - Ability to manage patient flow in clinic through electronic schedule and visual management
 - Increased 'ownership' by clinical staff of patient flow
 - Ability to communicate with patients regarding potential wait times



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Benefits

- **Timeliness of care for patients - queue time for patients at check-in:** 32% ↓ in patient check-in (from 68 to 46 seconds)
- **Timeliness of care for patients - delays for patients following check-in:** ↓ in delay from patient check-in to medical record available in clinic from up to 20 minutes to nil
- **Utilisation of available capacity - clerical staff time:** patient check-in cycle time ↓ by 22 seconds, = 8 mins in Burns & 25 mins in Urology = clerical time to be reinvested into customer service
- **Utilisation of available capacity - nursing staff time:** ↓ record management time by 13% of nursing time in Burns; & by 28% of nursing time in Urology, = 1.5 hrs in Burns and 2.1 hrs in Urology per clinic to be reinvested into patient focused activity



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Recommendations:

Further opportunity to apply Lean Thinking methodology to - review, analyse & re-engineer outpatient processes with a view to improve outcomes for patients and staff of Specialist Consulting Clinics at The Alfred.

“We think we're just touching the tip of the iceberg with what's possible.”

**Francisco Lopez, Dean Jones,
Sandy Capron**

