

Outpatient improvement and innovation strategy



Outpatient Improvement Projects Showcase Event

Project aim and objectives:

Improve referral management

- Centralise receipt and processing of referrals
- Establish referral guidelines
- Electronic recording and reporting of referrals
- Referral Storage
- Uniform Triage Categories
- Improve responsiveness

Introduce Patient Focussed Booking

- Manage demand flow
- Allow patient choice
- Reduce Did Not Attend rates
- Reduce overbooking rates



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Methodology:

- Steering Group and project team
- Literature search and Consultation
- Lean Principles



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Outcomes and Findings:

RMH now has

- Centralised receipt and electronic recording of all referrals
- Standardised triage categories
 - Urgent
 - Non-Urgent
- Referrals triaged and processed within 1 week (except where returned to GP for additional information)
- Letter to patient and GP on Triage



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Outcomes and Findings:

RMH now has

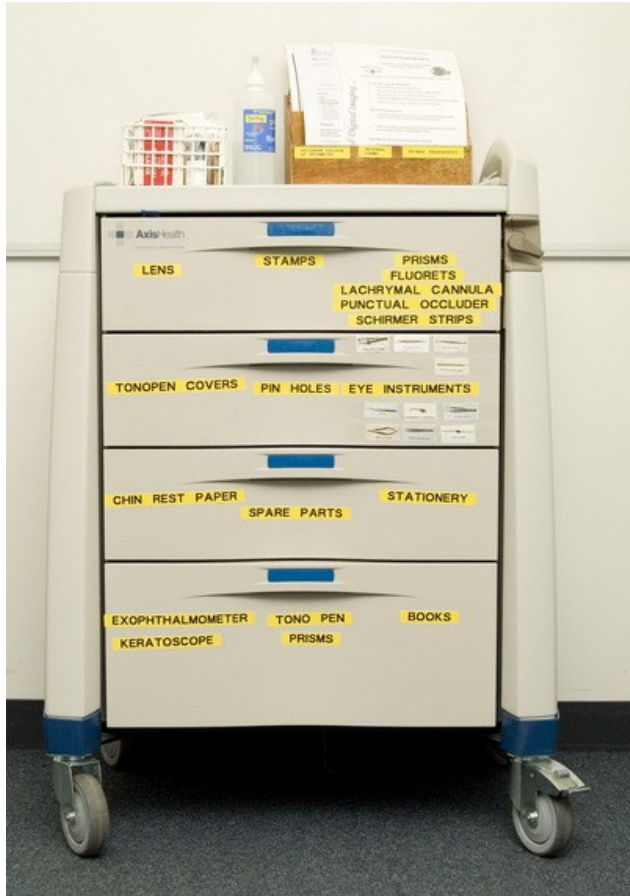
- OP Demand reports equivalent to elective surgery reports
 - Referrals and New attendances by month
 - longest waiting patients
 - Booking list status – offer, wait, removal
- Processes in place to enable transfer to Health smart and automated report
- Increased rate of appropriate Discharge to GP
- Clerical Process Redesign
- Visual workplace Initiatives



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5S
Referrals
Equipment
Processes



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Outcomes and Findings:

- Web Based Referral Guidelines for Dermatology
- Establishment of Simple Referral guideline Template



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	Urgent referrals	
Please ring dermatology registrar via RMH switchboard 9342 7000 for urgent referrals	<ul style="list-style-type: none"> •Acute drug eruptions •Stevens Johnson syndrome/Toxic Epidermal Necrolysis •Erythroderma •Disseminated HSV infection/Eczema herpeticum •Generalised pustular psoriasis •Acute bullous eruptions •Vasculitis •Severe cystic acne •Suspected melanoma •Biopsy proven melanoma 	Urgent appointments for melanoma clinic via Plastics intern
	Routine referrals	Assessment/investigation recommended before referral:
Connective Tissue diseases	<ul style="list-style-type: none"> -Morphoea (cutaneous lupus) •SLE •Dermatomyositis •Mixed connective tissue •Opinion and management 	FBE, UEC, LFT, ANA, ESR



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Patient Focussed Booking

- Allow patients choice of appointments
- ↑ Satisfaction
- ↓ Administrative processes
- ↓ Failure to attend rate



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Patient Focussed Booking

implemented for

Orthopaedics

Cardiology

Neurology

Neurosurgery

Dermatology

Immunology

Colorectal Surgery

Urology

Oral, Head & Neck Surgery

Vascular Surgery



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Outcomes and Findings:

Where fully implemented in Cardiac and Orthopaedic units the following outcomes have been observed

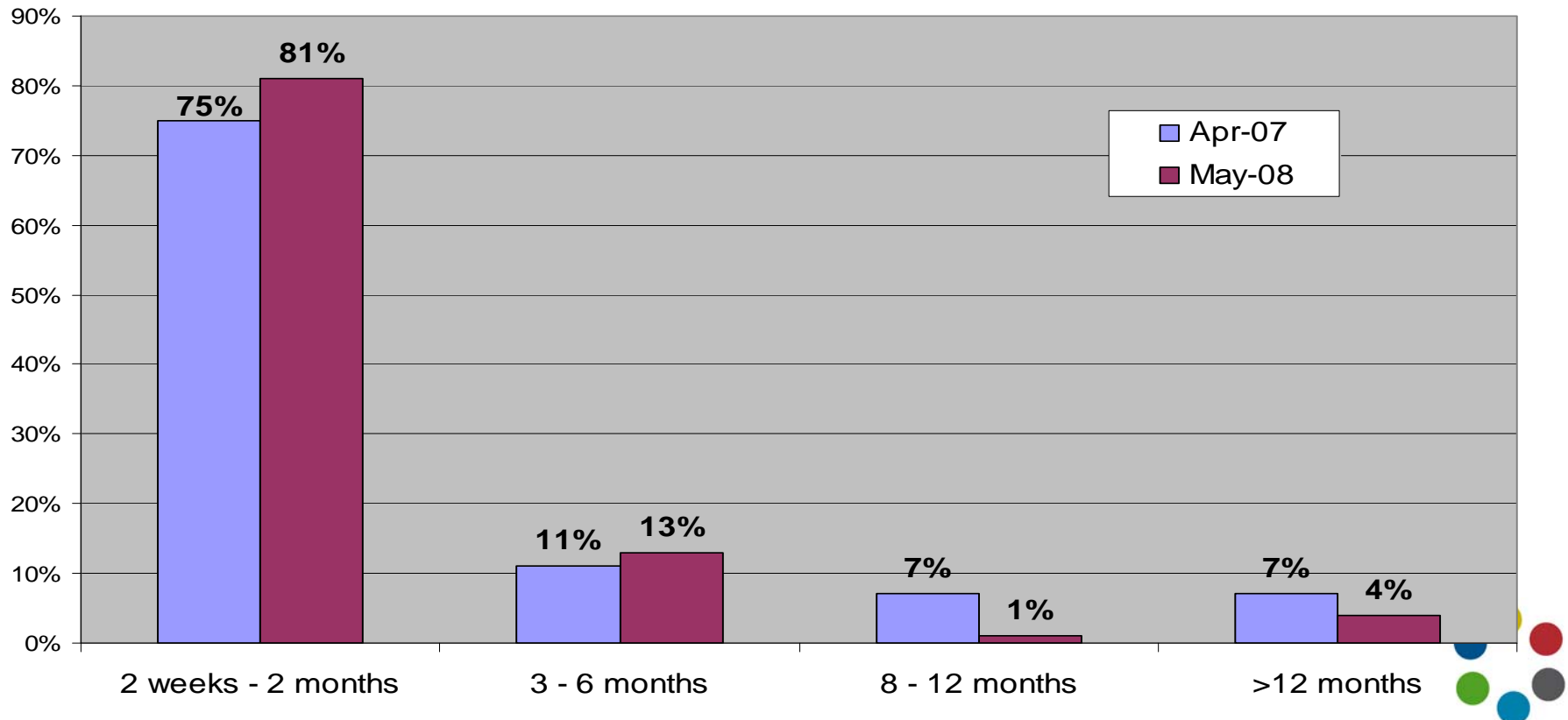
- o Reduced wait time to first specialist appointment - wait time for non-urgent cardiac appointments have been reduced from 4 months to 2 months; wait time for non-urgent general orthopaedic appointment has been reduced from 4- 6 months to 6 weeks
- o Reduced overbooking rates
- o Reduced DNA rates < 10%
- o Ability to reappoint patients in order of time waited in the event of cancellation
- o More even spread of bookings



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Outcomes and Findings:

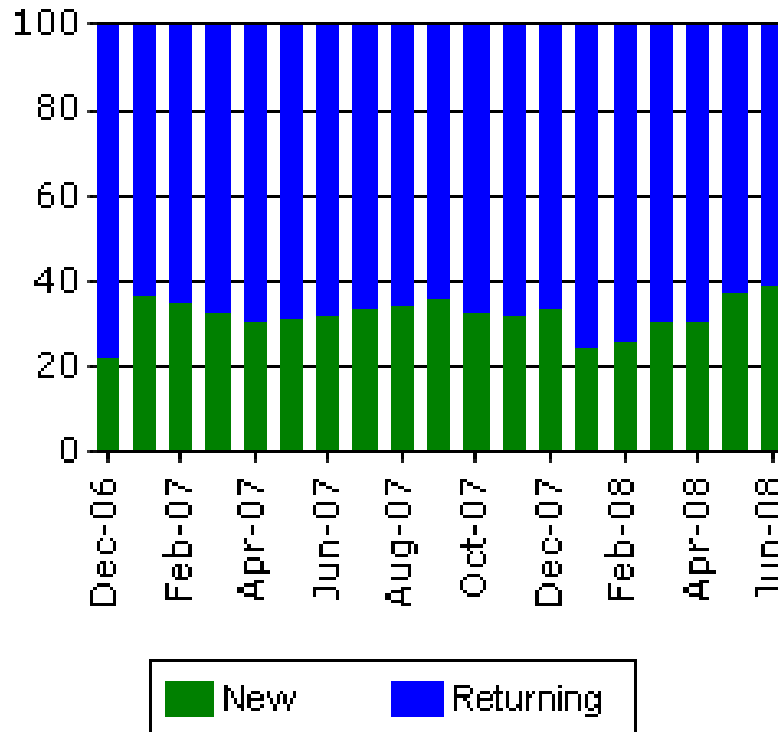
Non-urgent appointment waiting times



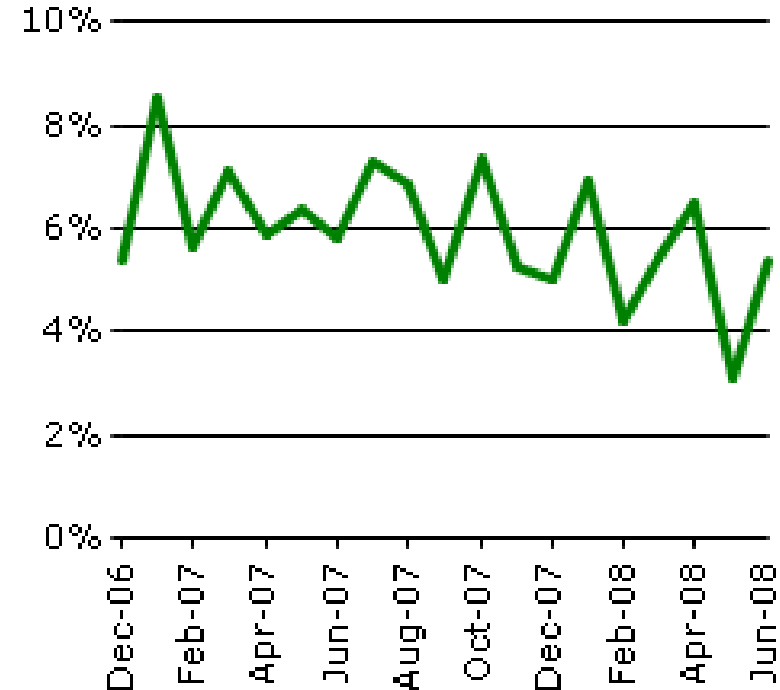
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Cardiology Clinic 07/08

New vs Returning Attendances

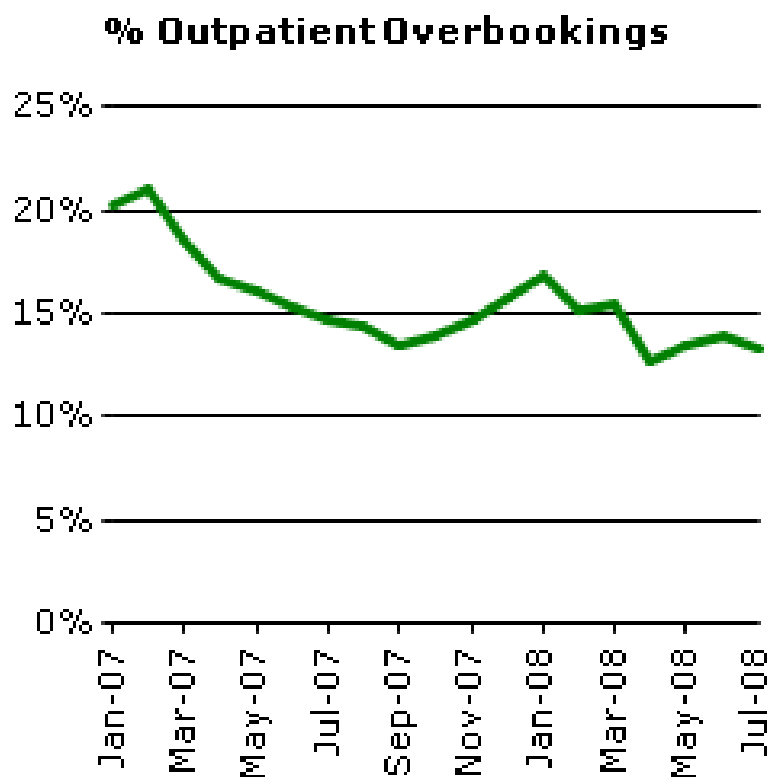


FTA % Bookings (less Cancellations)

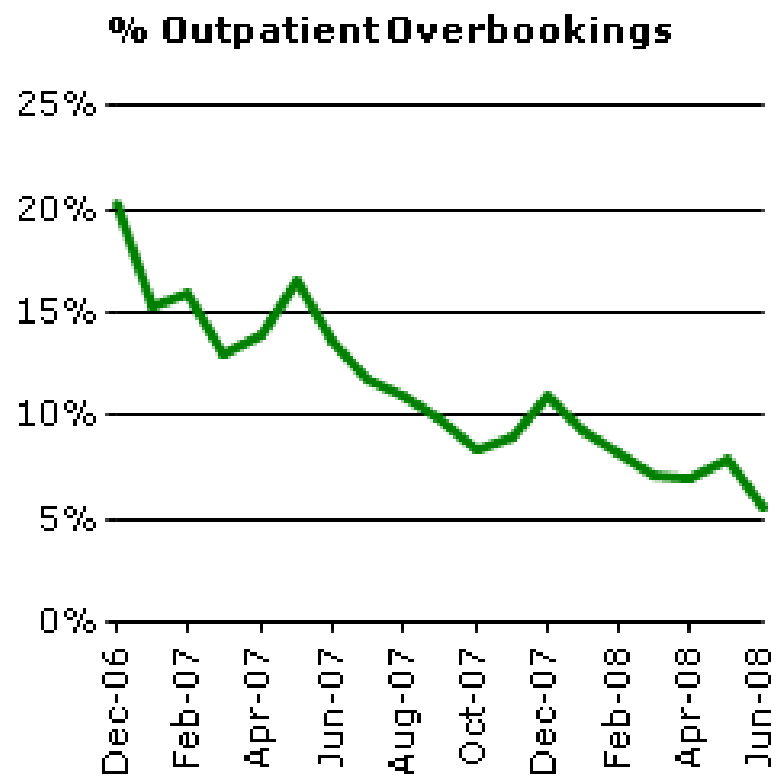


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OP Total

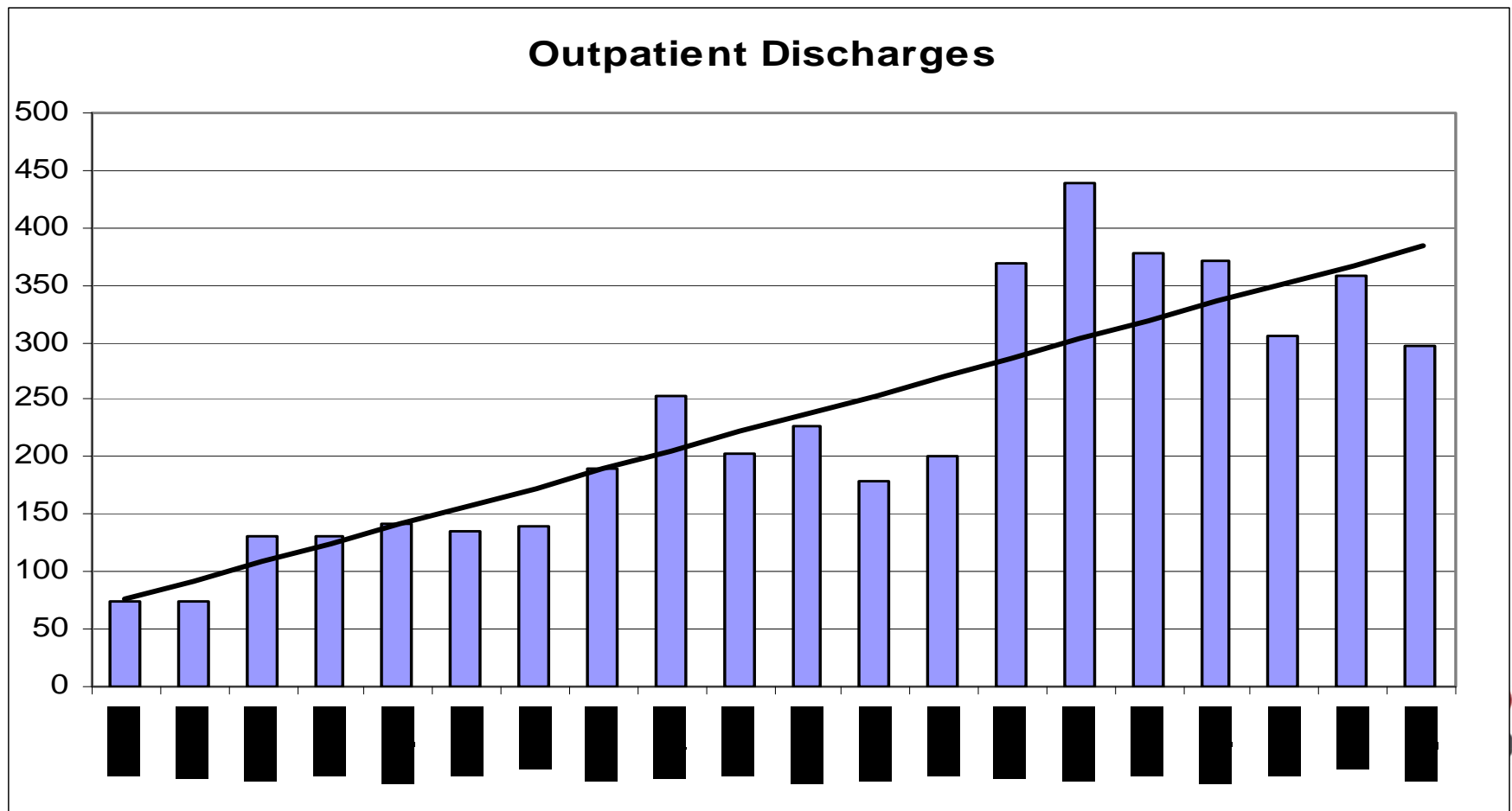


Cardiology



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Outcomes and Findings:



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Recommendations:

- Strategy for modernisation of specialist outpatient clinics
- New booking systems
- Electronic receipt and acknowledgement of referrals
- Enhance scope of nurses in Outpatients
- Invest in training OPD Team in customer care

