

Better Clinics

Improving the Patient Journey

St. Vincent's Outpatient Clinics

An organisational redesign

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Business Manager – Outpatient and GP Clinics
St. Vincent's Health Melbourne



The Better Clinics Project was funded through the Clinical Innovations Funding program (CLIF), Quality and Safety Branch, Department of Human Services.

Presentation Overview

St. Vincent's Clinics - Background

Project Goals

Methods

Outcomes



Background

The Need for Change

Patient Perceptions (August 2004)

Overall satisfaction with their medical care but dissatisfaction with 'customer service'.

Frustrated at lengthy waiting times but often reluctant to criticise.

“On average you wait an hour, today it’s been two hours so far, the longest I’ve waited is 3.5 hours”



Background

The Need for Change

Staff Perceptions (August 2004)

Clinics often start late increasing patient wait times, putting pressure on front-line staff

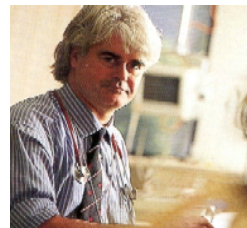
Continuity of care was difficult to achieve

Lack of nursing teamwork and allocation of responsibility – no ownership of clinic problems

Minimal medical leadership in most clinics

Unrealistic clerical workloads and no performance feedback

“No-one understands”



Background

Stakeholder Interests & Needs

Patients

Timely first appointment

Minimal wait

Continuity of care

Excellence in medical service

Other services on site (e.g. radiology, pharmacy, pathology)

Referring GPs

Appointments easy to access by phone or fax

Notification of appointment

Adequate and timely communication of outcome

Involvement in follow-up of patient

Medical Staff

Adequate referral information

Assistance from nursing and clerical staff when required

Control of clinic functions (e.g. timing of appt's and ratio of new and review patients)

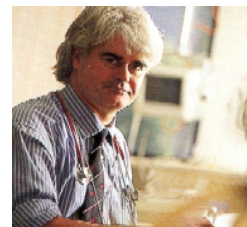
Clinic Staff

Leadership and authority in ensuring service excellence

Clinics starting on time

Patient histories available

Simple and flexible admin procedures



Better Clinics Project Goals

- Improve the effectiveness and efficiency of the service offered to patients
- Improve the referral process for General Practitioners and other referring agencies
- Enhance the roles of medical, nursing and clerical staff working within the clinics



Project Overview

Design team established

- Current processes and practices were reviewed
- Interviews with key stakeholders were conducted
- Open forums were conducted and formal submissions were requested.

Steering committee established

- Support, development, adaptation and strategy
- Roadblock management
- Communication strategy developed
 - Internal strategy
 - External strategy

Drivers group and other committees

- 'drive' the change



Methods

Develop

- A structure with clinical and operational leadership
- Strategies to improve the management and governance of the clinics
- Systems to improve the efficiency of the clinics
- Staff skills
- Styles of collaboration and linking
- Shared values



Methods

1. Structure

Lead Nurse (x 6)

Division 1 Appointment

Key functions

- Co-ordinate assigned clinic operational functions
- Direction through leadership of clerical and nursing staff during clinics
- Act as the contact and link for other internal units and external referring agencies
- Work with the Head of Clinic to implement and support clinic strategies



Methods

1. Structure

Lead Nurse EFT

(A) 0.6 EFT

Dept. of Surgery
Colorectal
Gastroenterology

(B) 0.8 EFT

Dermatology
Neurology

(C) 0.8 EFT

ENT
Upper GI
Plastics
Urology
Vascular Surgery

(D) 0.8 EFT

Orthopaedics
Respiratory
Rheumatology

(E) 0.6 EFT

Cardiology
General medicine
Infectious Diseases

(F) 0.8 EFT

Endocrinology
Haematology
Nephrology
Neurosurgery



Methods

1. Structure

Head of Clinic (each specialty)

Senior Medical Appointment

Key functions

- Overall leadership
- Key contact for distribution of discussion of ideas among medical staff
- Develop and implement the strategic model and vision for the clinic
- Co-ordinate medical staff and liaise with the Lead nurse to implement the strategic model and vision
- Assist in resolving clinic specific problems and support the clinic by facilitating liaison between the Lead nurse and clinic doctors



Methods

1. Structure

Clerical & Nursing Team Leaders

- Day-to-day management of staff and activities
- Staff training and development
- Support improvement activities being undertaken



Clinics Business Manager

- Overall responsibility for staff management and development
- Strategic management of the clinic including funding maximisation
- Linking with other departments, services and stakeholders
- Implementation of the clinics' strategic objectives



2. Strategy

Establish a strategic profile and functional management plan for each clinic.

- Clinic Business Models

Implement systems to evaluate clinic performance

- Undertake clinic performance monitoring and measurement of key performance indicators



Methods

2. Strategy

Clinic Business Models

Develop Clinic Business Models which provide a record of operational and strategic functions.



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Endocrinology & Diabetes Diabetes Clinic St. Vincent's Clinics Clinic Business Model

Mission: The mission of St. Vincent's Health is to provide high quality and efficient health services to the people of Victoria in accordance with the philosophy of the Sisters of Charity. The mission is based on the values of compassion, justice, human dignity, excellence and unity. The service embraces the policies and principles of equal employment opportunity, occupational health and safety and quality improvement.

Department of Endocrinology and Diabetes

Director
Assoc. Prof. Kong Wah Ng

Deputy Director
Assoc. Prof. Glenn Ward

Head of Clinic
Dr. Warrick Inder

Prof. Frank Alford
Prof. Richard Gilbert
Assoc. Prof. Alicia Jenkins
Dr. Christina Jang
Dr. Kylie McLachlan
Dr. David O'Keefe
Dr. Howard Zeimer

Professor/Director Endocrinology and Diabetes Nursing Research
Prof Trisha Dunning

Diabetes Nurse Educators
Ms Charlotte Hurlburgh
Ms Rachel Miller
Ms Linda Stevenson

Shared Care Nurse
Ms Rebecca Watchorn

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Clinic Overview

Long-Term Vision	Strategy
The Diabetes Clinic at St. Vincent's Hospital aims to continue to provide people with diabetes the necessary information, skill and support to manage their condition. With diabetes affecting 20% of the population over 65, an aging population and increasing prevalence of diabetes in our community, it is essential that the services for diabetes-related medical and education services will only increase markedly. Ongoing clinical and basic science research into diabetes in a strengths and unity of the Department, Institute of the Department of Medicine, University of Melbourne and St Vincent's Institute.	The Diabetes Clinic aims to undertake the following activities to achieve its Clinic Aims and Long-Term Vision: I. Maintain a Clinic Business Model II. Define the leadership structure within the clinic. III. Define general and clinic specific protocols. IV. Establish, monitor and act on key performance indicators. V. Conduct routine meetings and opportunities for collaboration.

Structure

Brief Description	Incumbent
The Head of Department has overall responsibility for the efficient management and conduct of the Endocrinology & Diabetes Clinics.	Assoc. Prof. Kong Wah Ng
The Endocrinology & Diabetes Unit shall appoint a Head of Clinic responsible for all clinics within its specialty. The responsibilities of the Head of Clinic are outlined in the Position Description.	Dr. Warrick Inder
A Lead Nurse shall be appointed to the Endocrinology & Diabetes Clinics. The role of the Lead Nurse is to lead the coordination of nursing and diabetes support to ensure clinic protocols are followed. The responsibilities of the Lead Nurse are outlined in the Position Description.	Ms. Chris Loren

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    graph TD
      C[Clinic Business Manager] --> N[Team leader - Nursing]
      C --> Cn[Team leader - Clinical]
      N --> D[Division 2 Nurses]
      Cn --> Cl[Clinics]
  
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Client Volume & Mix

Age	Sex	Residence	Insurance	Smoking Status
18-24	0	0	0	0.00%
25-34	1	0	0	0.00%

Qualifiers
 Additional 2 slots are considered (exclusion not required)
 1 Patient (existing interest)
 1 slot
 1 via New Patient Clinic

Staffing & Distillation

Staffing will attend the clinic, whose primary role is to educate patients. This includes but is not limited to diagnosis, blood glucose monitoring, glycaemic education and hypoglycaemia, managing medicines, using insulin and injection technique and the social aspects of how diabetes is a everyday lives. An additional Diabetes Nurse Educator will be available in the clinic and Endocrinology as a back up to the clinic educator, and to review, particularly for those patients newly commenced on insulin or insulin has been otherwise altered. It is anticipated that formal appointments > no more than 6 review patients per morning session to allow for some. etc.

Working Dietitians attend the clinic. Their principal role is to educate regarding optimal dietary management of their condition. This includes Glycaemic Index of foods, management of hypoglycaemic episodes, lipid reduction.

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Methods

2. Strategy

Clinic Business Models

Clinic Aims

Protocols for prioritisation of referrals

Long-term Vision

Patient management protocols

Conditions treated (and not treated)

Overbooking policy

Patient Volume and Mix

Management of patients who fail to attend

Appointment Duration

Discharge planning

Time allowance for teaching

GP correspondence protocol

Doctor availability (leave planning)

Specific Clinic management protocols

Referral Guidelines

Clinic Meetings



Methods

2. Strategy

Clinic Activity and Performance Monitoring

Provides feedback on the performance of clinic strategies

Provide an insight into the core components of clinic performance and enable clinics to identify problem areas and adjust systems accordingly.

A monthly performance report is produced for each clinic specialty and for the clinics as a unit.

Attendance Activity

New / Review Attendances

Overbooking Rates

Referral to Appt Duration

New Patient DNA Rate

Clinic Visit Duration

Discharge Rate

Additions to waiting list

Referral Activity

Referrals Received

Referrals Booked in 7 Days

Appt. within 8 weeks

Appt. within 12 weeks

Allied Services

Dictation Letter Turnaround

Interpreter Demand

Rescheduling

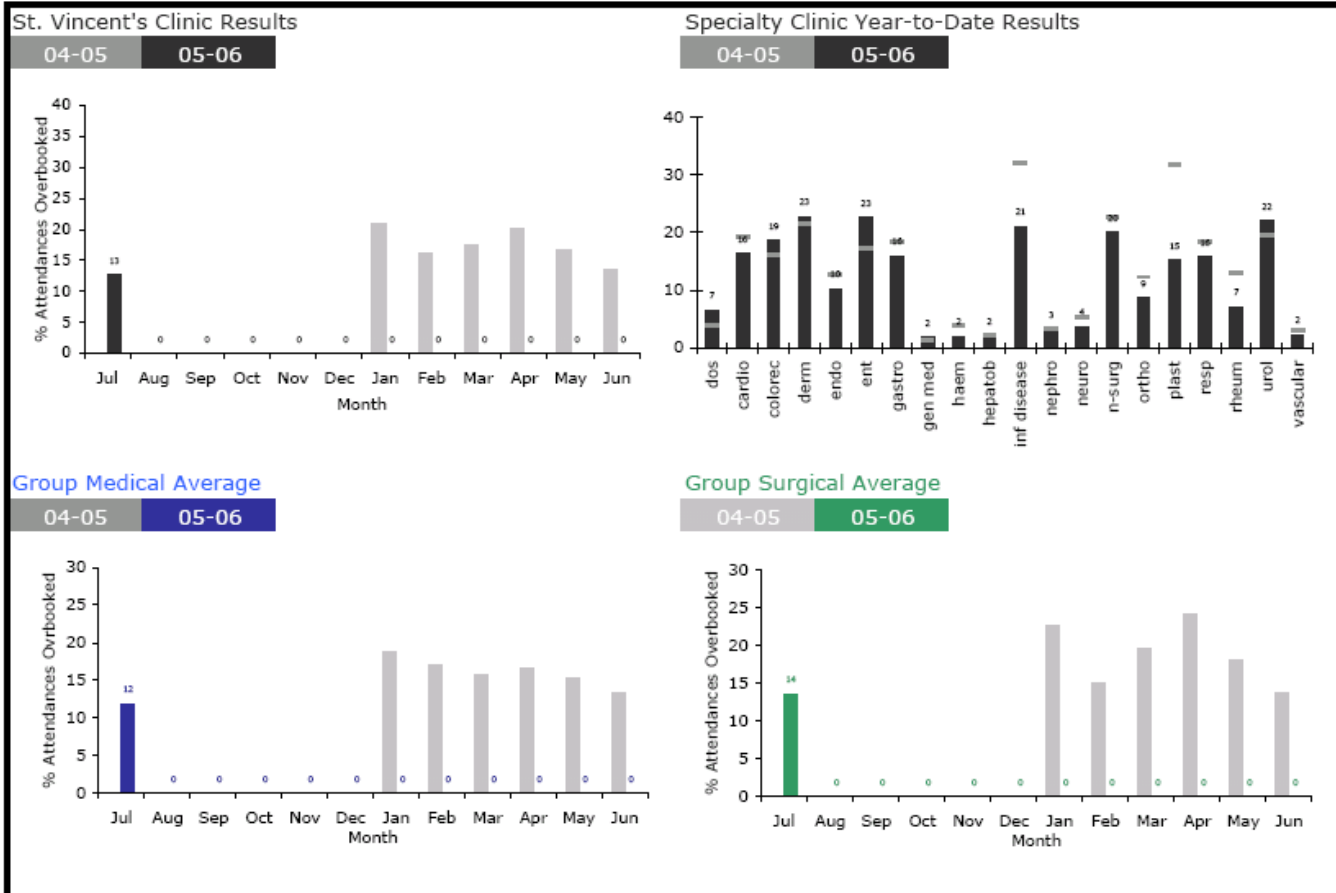


Methods

2. Strategy

Clinic Activity and Performance Monitoring

1.4 Percentage Overbooking



Methods

2. Strategy

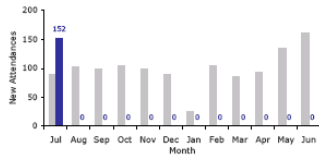
Plastic Surgery Clinic Activity & Performance Report 2005 - 2006

Attendance Activity

Plastics Clinic Results

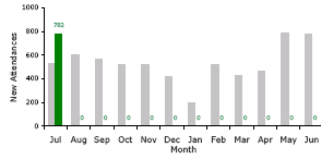
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1.1 New Patient Attendances

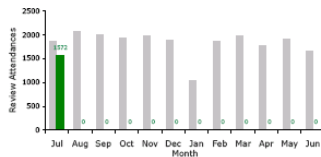
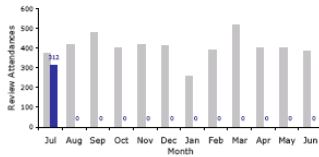


Group Surgical Results

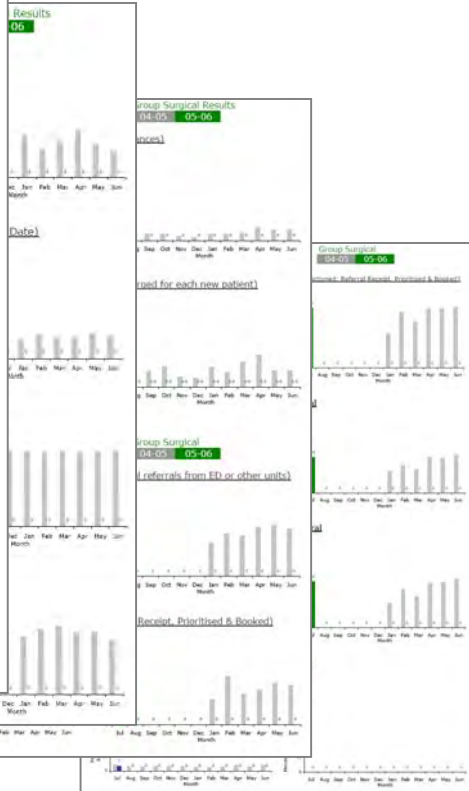
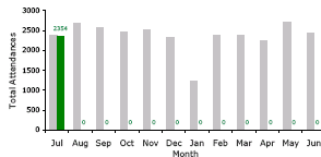
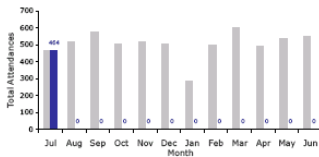
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1.2 Review Patient Attendances



1.3 Total Patient Attendances



Each specialty receives a report with their results with results from group surgical or group medical



3. Systems

Develop the internal processes to manage the clinic and improve efficiency generally including...

- Quick wins = staff support
- Standard paper and electronic referral templates
- Involve Lead Nurse in the prioritisation of new patient referrals.
- PMI functionality to manage clinic capacity, overbooking and respond to clinical urgencies
- Methods to manage doctor availability
- Standard failure to attend protocols
- Establishing performance monitoring – how to get to it
- Stakeholders. Including IT; pathology; imaging and allied health, GP liaison
- Staff support



Methods

4. Skills

Develop the capabilities skills and leadership of staff working within the clinics

- Lead Nurse induction and leadership workshop
- Division 2 Nurse role development workshop
- Clerical staff development workshop
- Clinic's Team building workshops
- Preceptor Program
- Education and exposure.....



Methods

4. Skills

Team Building Workshop

Three team development sessions

Development of a team identity based on trust, respect and support for all

Encourage a “one team” approach

Activities Include:

- Development of what excellence means in our service
- Identifying the strengths and weakness of each group
- Opportunities to improve teamwork
- Teamwork activities and games



5. Collaboration Styles

Develop teams and relationships by information sharing and collaboration.

- Head's of Clinic Meeting (Quarterly)
- Lead Nurse Meeting (Fortnightly)
- Department meetings (Monthly)
- Clerical and Nursing Meetings (Monthly)
- Temporary task forces
- Standard reporting



6. Shared Values

Develop a Code of Conduct

Within the framework of the mission of St. Vincent's Hospital, the clinics have developed a code of conduct as a set of guiding principles for all people involved in working within the clinics.



Communicate the Code of Conduct

- Linked with activities undertaken in the team building workshops
- A component of the staff induction process
- Framed and positioned throughout the clinics



Communication Strategy Newsletter

Red and Blue News

Working together for best patient care



The New Year Brings Change

Welcome to the beginning of a new year and the third issue of the Red and Blue News! This month is particularly important as we move into the next phase of the project. Lead Nurses, Team Leaders and Heads of Clinic have now been appointed. Clinic Business Models are under development and training and team-building workshops for staff have been scheduled. Therefore, the focus of this month's issue is to review some of the changes that have taken place and clarify the leadership roles within the new structure.

We would also like to take this opportunity to say *Adieu* to and *farewell* Maureen Middleton who managed St. Vincent's Clinics for over 12 years and was critical to the development of the new clinic facilities in the Dally Wing. Maureen has successfully guided the clinics through several periods of significant growth and change. An afternoon tea and presentation was held in December to officially *farewell* Maureen and acknowledge her contribution and we all wish her luck in her future endeavours.

REMINDER: H3C Quarterly Meeting 7th February, 2:06 (8 to 7pm) 1st Floor IPS

Who is Gina Grinica?
St. Vincent's Clinics has a new Clinical Team Leader. We would like to take this opportunity to welcome and get to know her with a little Q&A...
What are you reading?
Life and Death in Strangely



What are you listening to?
Pearl Jam
What are you angry about?
People who litter
What makes you happy?
Time with my family
Your idea of a perfect weekend...
Dinner with good friends
What's your favourite film?
Joy Luck Club
What talent do you wish for?
Play piano
What would you never do again?
Ride the albatross
If there were 1 word left in the English language what would it be?
Hello
Who do you find inspiring?
David Pezbar - Author of 4 child who called it 'Your ultimate holiday destination: Sore Bore'
We wish Gina all the best in her new role.

GP News: In order to communicate with referring GPs, a GP specific Red & Blue News to be distributed quarterly. This will help in implementing changes that affect the interface between our clinics and their practice. The first newsletter is being distributed late January. If you have anything relevant to the clinics, that you wish to communicate to GPs, please contact Blake Spring.

A structure for leadership:
During the 'Better Clinics' review, conducted by Wheeler Strobel Consulting, an underlying theme consistently emerged across the different staff groups (nursing, clerical, medical) within the

Contact Red & Blue News via Blake Spring on 5288 3492 or blake.spring@svhm.org.au

Leadership



Sara Bell - Head of Respiratory Paediatrics

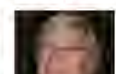
Clinics: Teamwork is great, but there is a lack of co-ordination

The recommendations by Wheeler Strobel Consulting therefore focused on strengthening leadership roles within the clinics, with the aim of improving teamwork, leadership and support for all Clinic staff.



Kylie Powell - Head of Paediatric Hepatology, ENT, Vaccines/Skin

The Lead Nurse
The role of Lead Nurse has been created with the overall responsibility of co-ordinating the functions of their assigned clinics. While their key responsibilities centre on leadership and communication and include co-ordinating patient flows,riage of new patient appointments and acting as a contact point for GPs, Lead Nurses also act as a voice for all nursing staff.



Lesley Hill - Head of Dermatology

Team Leaders: Nursing & Clerical
These roles have been created to improve the co-ordination of staff across the Clinics. Their focus will centre on co-ordination of work-scheduled, staff induction and training; improving systems and procedures and will enable the Clinics Business Manager, Catherine McCarthy, to focus on supporting the Lead Nurses in liaising with clinic society and addressing common clinic problems.



Clark Gray - Head of Paediatric Neurology

Division 2 Nurses
The Division 2 Nurses are responsible for day-to-day clinic functions in conjunction with the Lead Nurse. Their roles will be developed with relation to their key interests and specialty areas.



Cassie Miller - Head of Paediatric Endocrinology

Head of Clinic:
To ensure leadership within the medical specialties, the role of Head of Clinic has also been created. Each Head of Clinic (senior members of the clinic medical staff) are focused on establishing the aims and visions of the clinics while managing the functional aspects of their respective sub-specialty clinics.



Stephanie Lane - Head of General Practice Paediatric Clinics

It is envisaged that a close working relationship will develop between the Head of Clinic and the Lead Nurse. The Head of Clinic is also responsible for establishing key performance indicators, monitoring the performance of the clinic through these indicators and addressing any problems or concerns that arise.

The Head of Clinic is responsible for supporting all medical staff and ensuring that their clinic vision, aims and operations are developed. Where multiple sub-specialty clinics exist, the Head of Clinic has a responsibility to support any informal clinic director already in place, and integrate their clinic aims into Clinic Business Models.

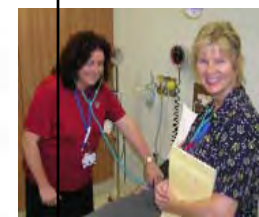
Recording Patient Wait-Times
In a previous issue of Red and Blue News, we asked how to measure patient waiting room times. Thanks you to those who provided feedback. We are aiming on providing the following model to be incorporated into the clinics operation:

- When a patient is seen, the clinician records the time seen and follow-up requirements on the Patient Appointment Card.
- Patients are directed back to the red/blue reception desk irrespective of follow-up or discharge. The PCB is then able to schedule follow-up as required or discharge.
- PCB also records the time seen (by the clinician) and the departure time.

This model will only provide an estimate of the time a patient waits to be seen, so the time seen recorded by the clinician may vary from the beginning of the consultation through to the end. This doesn't present a great problem however, as the aim of recording patient wait times is to generate a trend or overview of the clinic, not individual sets of data. Thanks again to those who provided feedback.

Working you all the best for the New Year

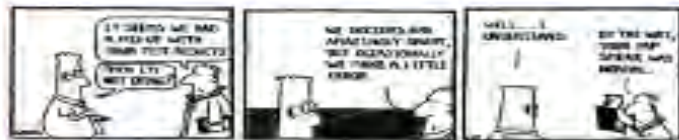
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Communication Strategy Posters

St. Vincent's Better Clinics Project

Remind me why we're doing this!



The *Better Clinics* Project is focused on reviewing our current practices and developing them with the overall aim of improving and enhancing:

1. The effectiveness and efficiency of the service offered to patients;
2. The process for referring medical practitioners;
3. The role of medical, nursing and clerical staff working within the department.

As 2005 begins, we encourage you all to:

- Introduce yourself to your clinic Lead Nurse (if you have not already done so).
- Make contact with your Lead Nurse at the start of a clinic session so any information can be passed on immediately.
- Provide your Lead Nurse with the dates of any planned leave that may impact your clinic sessions.

Our Shared Values

The following guiding values have been developed specifically for the Clinics, by the clinics:

- Organise ourselves to ensure patients have quality treatment
- Make all efforts to minimise patient waiting times
- Budget and implement adequate hours for teaching
- Be available for the hours as planned
- Respect each other and help to get the work done
- Develop a plan for the clinics and communicate to all
- Provide learning opportunity for all involved. Individual and group development should be planned and be ongoing
- Continuity of treatment should be a strong feature of our service
- Ensure quality and timely communication with referring GPs and specialists to acknowledge the importance of ongoing care



Key learning

- ❑ Road blocks – identify early and manage
- ❑ Engagement of key staff – Get outpatients ‘on the agenda’
- ❑ Measurable success- know how you have made a difference
- ❑ Celebrate the ‘wins’ – let people know
- ❑ Unfinished business – ensure the structure is in place to keep going



Where to from here?

- Monitor and develop
 - Shared care
 - New care pathways
 - Discharge tools and pro-forma's
 - Paperless environment – information at hand!
- GP website communication – wait time data
- E-referral
- Monitor against new monthly targets
- Ensure flow-on remains stable and within current surgical capacity
- Further staff and patient surveys
- Publish



Questions to you!

- ❑ Can we agree on utilising the same GP referral tool?
- ❑ Can we learn from each other?
- ❑ Can we educate patients as a collective?
- ❑ Can we all work with primary care providers?

Reduce multi-listing – improve patients value of appointment – reduce DNA's

Improve quality of referrals – appropriate scheduling – appropriate care provider (Alternatives to Medical appointments)



Acknowledgements

DHS – Clinical Innovation Funding

St. Vincent's Hospital Melbourne

- Executive Sponsorship & Support
- GP Liaison Unit Support
- IT and PAS Team Support (electronic PMI)
- HR Support
- Allied Health

Corporate

- Wheeler Strobel Change Consultants
- Perception Mapping Pty Ltd (Surveys)
- Corporate Outdoor Training (Workshops)

