

Refer-ALL – Allied Health Outpatient Referral Management Redesign

Case for change

Broken Hill Health Service hosts an Outpatient Service which has a variety of programs and services across domains including Integrated Health and Allied Health. Allied Health's current Outpatient model uses a reception hub for patients to arrive, check in, and ask queries. The model doesn't have a central intake or referral process and each referral received is managed differently by each department. The Consumers' point of view has not been considered.

- No Governance of Referral Management Processes, No KPIs or Standardized Guidelines across Allied Health Departments
- Allied Health Departments and even Clinicians are working independently, this affects time management, resource allocation and ultimately Consumer outcomes.
- No Consumer engagement in development of processes or any regular Consumer feedback on the Service.
- Extended waiting periods for Allied Health Services
- Lack of communication about the Referral Management Process with Consumers and Referrers

Goal

To improve the Allied Health Referral Management Process at Broken Hill Health Service by June 2024, leading to better patient access to services within benchmarked timeframes and to more efficient and sustainable resource utilisation.

Objectives

- For the average overall patient/referrer/clinician satisfaction with the referral management process to increase from 77% to 90% by June 2024
- Decrease the number of patients waiting longer than 365 days for an appointment from 14.6% to 0% by June 2024
- All allied health departments will increase benchmarked communication touchpoints with patients from 25% to 100%, by June 2024

*Excludes urgent priorities as they only require only one communication touchpoint.

Method

Redesign methodology was used:

Sustainability- Embed into current practices, policy, KPI, monitoring/ auditing, incentives, disincentives.

Implementation- Implementation plan, timeline, communication plan, implementation schedule, quick wins, PDSA cycles, evaluation, AIM.



Initiation- Case for change, initial goals and objectives, scope, steering committee, project team, governance and stakeholder maps, budget, communication plan.

Diagnostics- Process mapping, staff/referrer/patient and carer survey, patient story, guideline gap analysis, outpatient data analysis (waitlists, patient statistics, FTA rates), issues log, root cause analysis, final issues identified.

Solutions- Solution design workshops with staff, referrers, consumers. review Innovation exchange, literature search, solution statements, solution walkthroughs.

Tracy Herlihy & Chelsea Edwards
Broken Hill Health Service (Hospital)
Thomas Street, BROKEN HILL
NSW 2880

Results from partial implementation

Although not all solutions have been implemented, we are seeing positive benefits for both clinicians and wait times. The next stage will be improving the consumer communication interface.

Clinician Thoughts Post Implementation

53% Seeing more clients

"CSO involvement has had a positive impact allowing me to undertake more specialised tasks in that time"

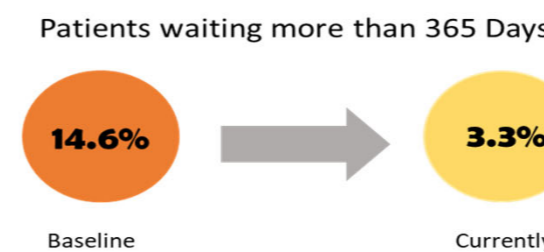
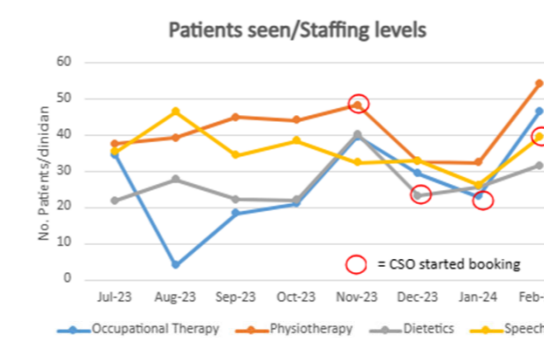
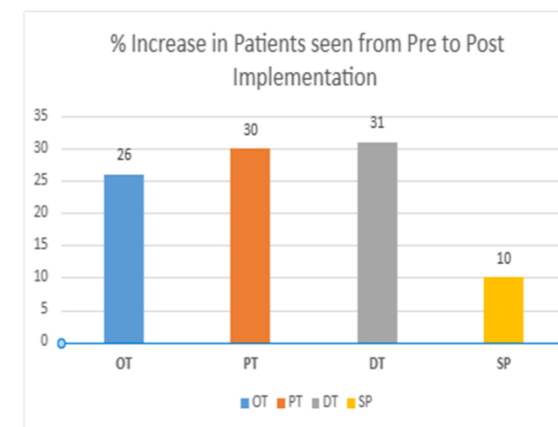
"Overall, hugely beneficial, saving of time that was previously taken up with admin tasks and now using for clinical activity"

The project has improved the Referral Management process

Clinician rating using the current referral Management process
Pre 3.6/5

A Lot 47%
A Great Deal 35%

Post 3.9/5



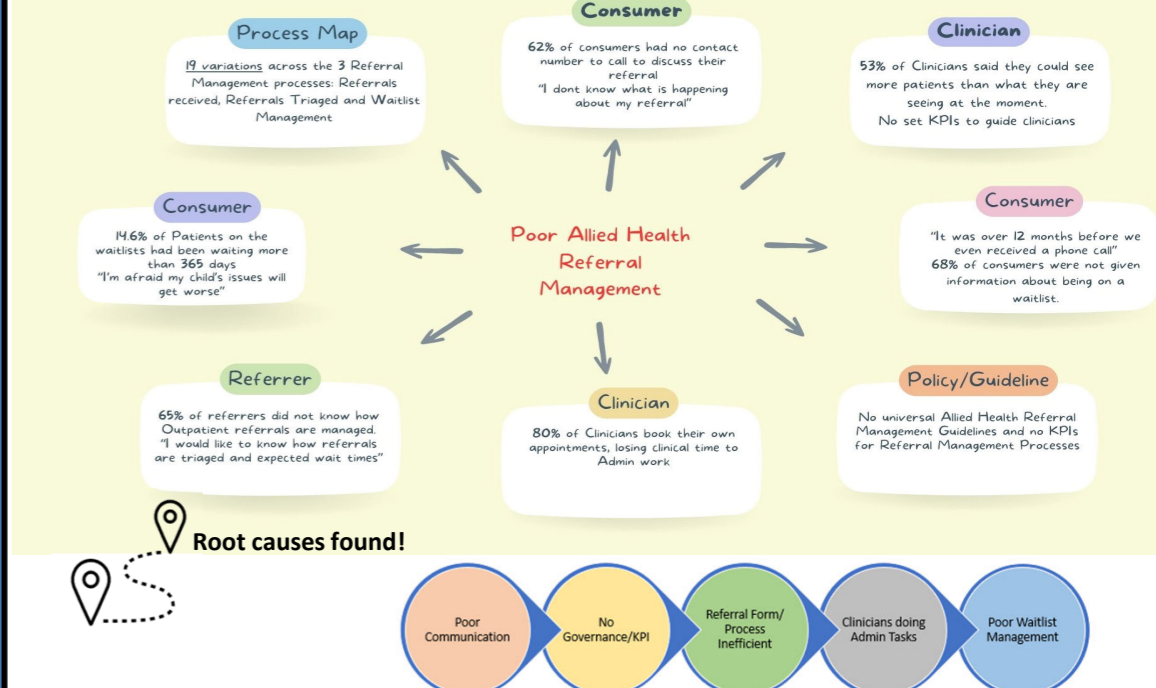
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Melissa Welsh, Director, Allied Health & Integrated Community Services
Refer-ALL Steering Committee Membership

Contact

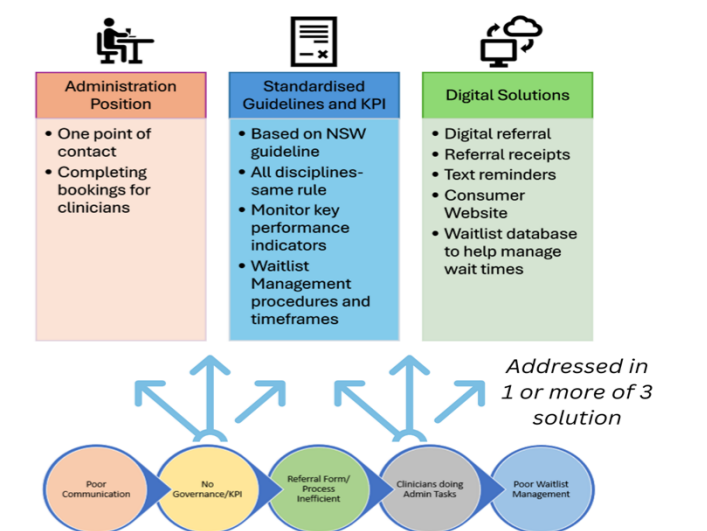
Tracy Herlihy
Manager, Dietetics & Speech Pathology
Broken Hill Health Service
08 8080 1398
Tracy.Herlihy@health.nsw.gov.au

Diagnostics



Solutions

Three key solutions formed to address the root causes identified in diagnostics



Sustaining change

Leveraging the NSW Health Outpatient Services Framework, a universal Referral Management Policy has been developed for the Allied Health Outpatients Services. The policy includes key performance indicators for clinical and non-clinical staff and supports the newly implemented appointment booking system.

Conclusion

The solutions developed could easily be applied to other allied health outpatient services as we did not change the whole process but streamlined and standardised problem areas. One of the key lessons learnt was to make sure that the change is supported at all levels. Initial resistance was overcome by appealing to their 'frame of reference'.

An unexpected outcome was that the different disciplines, after being part of the redesign project, enjoyed working together as a collective allied health rather than single disciplines which can lead to more joint projects. It was also important to get consumer feedback so the services we create meet the needs of the consumer. As a result of this project, we will now have ongoing 'real time' feedback built into our system.