

The Maitland Hospital Paediatric Ambulatory Care Service

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Case for change

The building of the New Maitland Hospital is underway to meet the Hunter’s growing health needs including a youth (0-15 years) population growth rate of 25% by 2036. Over 4000 children are seen each year in the clinic however some children have needed to wait more than 3 years to see a Paediatrician as highlighted by complaints about the waiting times and ministerials.

Now was a crucial time for the clinic to change with ongoing consequences of increased complaints, the risk of adverse events, disengagement from the community, and an inability to meet the future demand.

Goal

To improve the efficiency and effectiveness of the Maitland Hospital Paediatric Ambulatory Care Service in the areas of referral and waitlist management by December 2018 to ensure patients have better access to safe and timely care.

Objectives

1. To reduce the number of non-triaged referrals waiting more than 7 days from 94% to 25% by June 2018 with a target of 10% by December 2018.

2. To reduce waiting times for paediatric patients in the following triage categories from the receipt of the referral to the initial consult.

	Current	June 2018	December 2018
Non-Triaged referrals >7 days	94%	25%	10%
Waiting >30 days	10%	5%	0%
Waiting >90 days	46%	20%	10%
Waiting >365 days	61%	30%	20%
DNA / FTAs	20%	15%	10%

3. To reduce from 20 to 15% the number of “did not attend” / non-arrivals appointments by June 2018 with a target of 10 % by December 2018.

Method

This project utilised the ACI Redesign Methodology

Project Planning and Initiation	<ul style="list-style-type: none"> Steering committee established Project and communication plan documented Project risks and mitigation strategies identified
Diagnostics	<ul style="list-style-type: none"> Family surveys and interviews completed Staff interviews, tag-a-longs and process mapping completed Stakeholder diagnostic and issue prioritisation workshops conducted
Solutions	<ul style="list-style-type: none"> Stakeholder solution design and prioritisation workshop conducted, using tools such as power of three, solution theming and dotmocracy
Implementation Planning	<ul style="list-style-type: none"> Accelerated Implementation Methodology (AIM) tools completed with stakeholders Implementation plan documented and Gantt chart completed Implementation risks and mitigation strategies identified
Implementation	<ul style="list-style-type: none"> Waitlist audit and cleaning Introduction of electronic referral and triage system including uploading paper referrals Modifications to patient communication methods Introduction of clinic booking templates
Evaluation	<ul style="list-style-type: none"> Weekly (initially) and then monthly KPI monitoring Stakeholder experience feedback



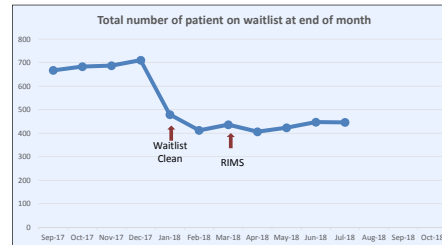
Results

The project is in the implementation phase. Final results of the project will occur in December 2018 including re-engaging with patients and families to measure patient experiences. Preliminary results show the following:

From January 2018 – July 2018

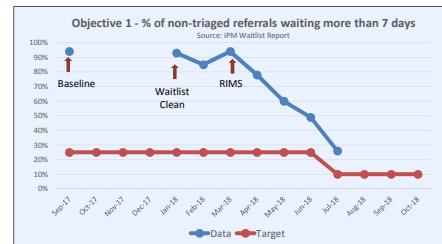
Total number patients on waitlist

710
↓
446



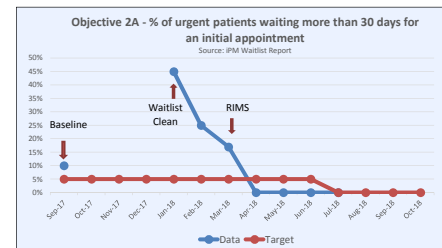
% non-triaged referrals waiting >7 days

93%
↓
26%



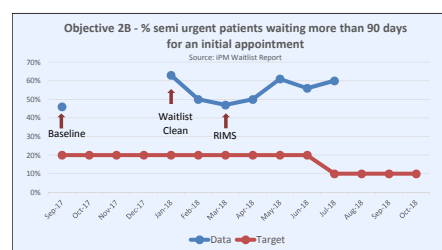
% urgent patients waiting >30 days for initial appointment

45%
↓
0%



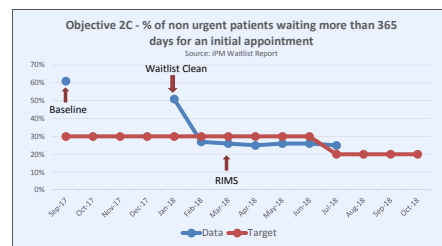
% semi-urgent patients waiting >90 days for initial appointment

63%
↓
60%



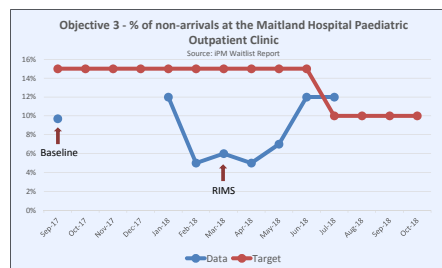
% routine patients waiting >365 days for initial appointment

51%
↓
25%



% all non-arrivals to the Paediatric Outpatient Clinic

at 12%



Diagnostics

61% of patients have been on the waitlist >365 days with 32 waiting >1000 days for initial appointment

94% of referrals were not triaged within 7 days

Percentage of patients waiting outside the nominated triage category

472 unbooked appointments estimated for 2017/18

“...why can't they make an appointment even if it is 18 months down the track at least we know something is booked in as it was we didn't hear anything at all.”
Tommy, Patient Story

“The doctor said he will get the secretary to make more bookings for John but there was none made...I thought that John was blocked because I wouldn't agree to put him on drugs...”
John, Patient Story

“I kept ringing and kept getting told he is getting near the top of the list but no one rang me I had to keep ringing them to ask what is happening but no one seemed to know about him...”
Tommy, Patient Story

“...but when we left the room we didn't hear from anyone. We thought that we would get a letter telling us Tommy had an appointment but we didn't get anything. It was like when we left we didn't exist anymore.”
Tommy, Patient Story

59% of parents described the time waiting to the first appointment as “slightly” or “much too long”
Patient Survey

Planning and implementing solutions

Issues	Solutions
→ Poor referral quality	• Completion of electronic referral templates by GPs to Paediatricians
→ Difficulty getting an appointment	• Electronic referral & waitlist management system • Opening of bookings 12 months in advance • Dedicated staff for managing appointments
→ Communication about appointments	• Clinic controlled SMS • Redesign of letters to parents

Sustaining change

Sustained change will be assisted by:

- The use of an electronic referral system.
- The steering committee continuing to monitor and refine processes beyond the project.
- The reporting of KPIs embedded into the District reporting system.
- A local procedure to ensure there is an ongoing consistency of practice with the management of referrals and waitlists in the clinic.
- All administration staff trained to manage referrals and waitlists.

Conclusion

The Maitland Hospital Paediatric Ambulatory Care Service is continuing to apply the ACI Redesign Methodology to ensure patients have better access to safe and timely care through better management of their referral and waitlist system.

This project has been a vital step towards maximising the effectiveness and efficiency of services transferring to the new Maitland Hospital. Whilst the methods used in this project can also be applied to other ambulatory care clinics at Maitland Hospital, it still remains important to engage and consult with every stakeholder to develop a strong understanding of the issues pertinent to each individual service.

Acknowledgements

Executive Sponsor	<ul style="list-style-type: none"> Di Peers General Manager
Project Sponsor	<ul style="list-style-type: none"> June Naylor / Angela Towns Director of Allied Health, Community Health and Integrated Care
Reinforcing Sponsor	<ul style="list-style-type: none"> Dr David Rogers (Director of Paediatrics) Katie McFadyen (Patient Services Manager)
Redesign Mentor	<ul style="list-style-type: none"> Nicole Manning (Redesign Leader)
Stakeholders	<ul style="list-style-type: none"> Parents and children Clinic administration staff, Paediatricians, Steering Committee, Health Pathways Teams

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