



Mission ORPossible

Osteoporosis Refracture Prevention Service Redesign



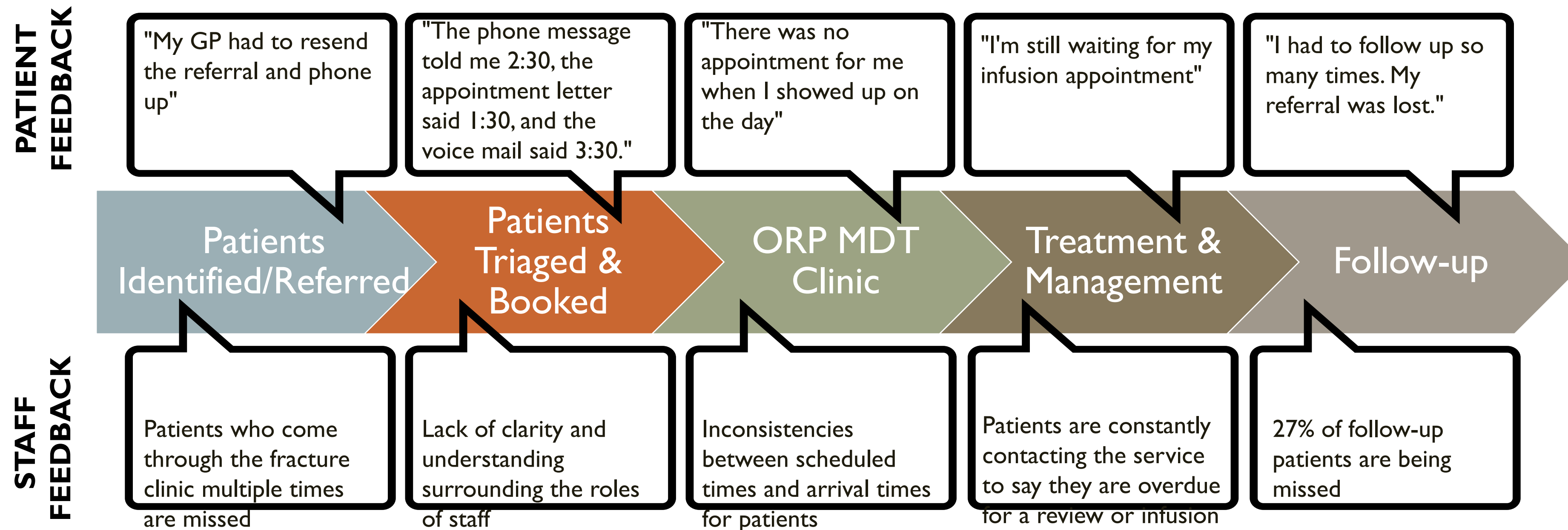
Sydney Local Health District



Project Team: Aaron Fernandez, Bhumika Thakkar & Abhishikta Dey

Case For Change: The Osteoporosis Refracture Prevention (ORP) clinic which is serviced by 2 consultants and a transient trainee specialist, currently has an average attendance of 7 patients per week (3hr clinic with a capacity of seeing 12 patients per clinic). A total of 33% of appointments made in the clinic result in a no show or cancellation. Meanwhile, only 35% of minimal trauma fractures at RPA Hospital are identified by the service, and 27% of patients do not return for their following review appointments in the ORP clinic. Moreover, the current wait time for patients returning for a review appointment is 10 months. All this increases the risk of patients re-fracturing and not receiving the appropriate care.

Current Process Map



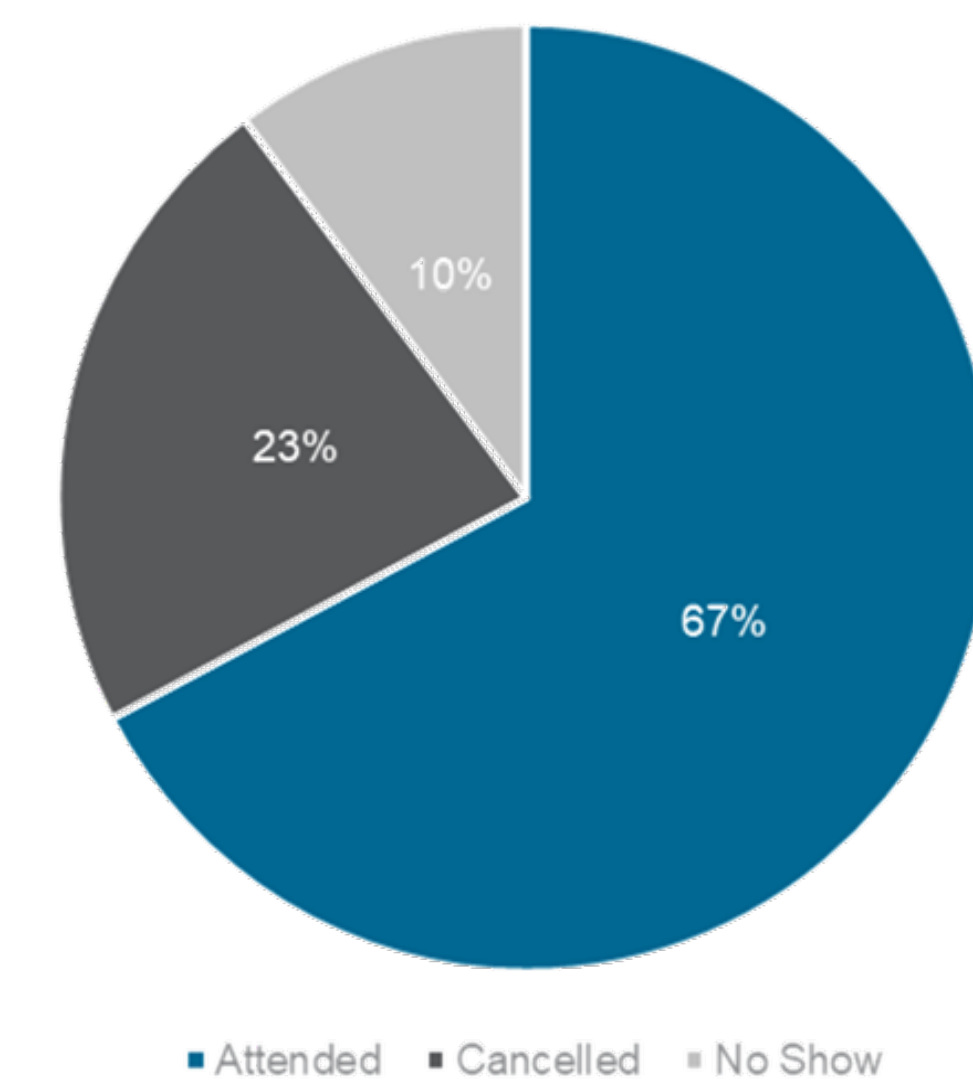
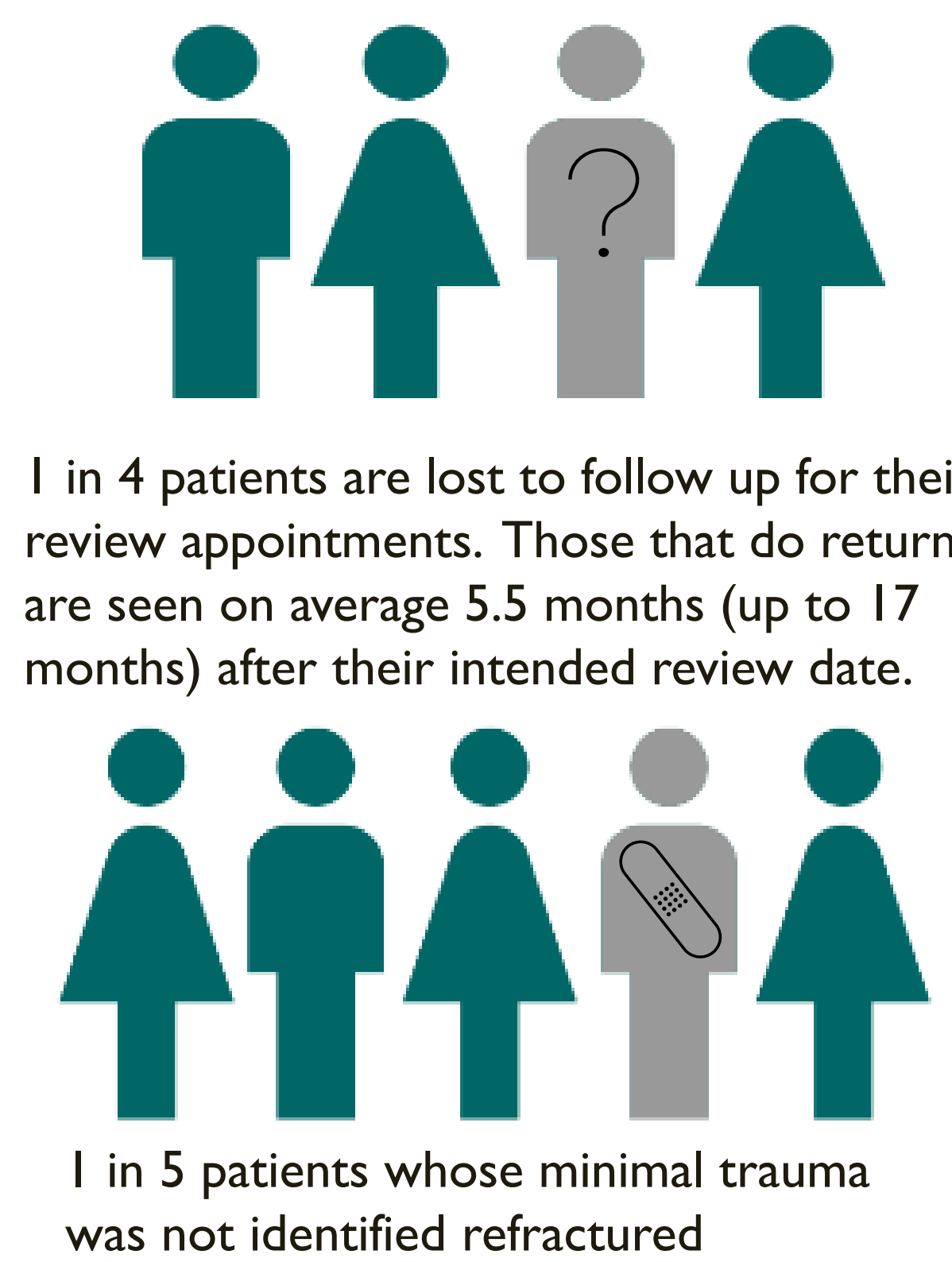
Goal: To improve the experience of the patient's journey and increase efficiency of staff workflows in the ORP service by June 2024

Objectives:

- To increase the proportion of patients identified with minimal trauma fracture by the ORP service from 35% to 60% by June 2024 (and to 75% by December 2024)
- To increase the average number of patients seen in the ORP clinic from 7 (baseline) to 10 by June 2024 (and to 12 by December 2024)
- To decrease the proportion of patients missing their review appointments in the ORP service from 27% to 20% by June 2024 (and to 15% by December 2024)
- To decrease the additional waiting time for a follow-up appointment from 10 months to 3 months by June 2024

Diagnostics

Activity	Stakeholders Involved
Patient surveys using Patient Reported Experience Measures (PREMs) (n=10)	Patients that have experienced the ORP clinic
Patient interviews (n=10)	Patients that have experienced the ORP clinic
Process mapping (validation n=6)	Nursing, medical and administrative staff
Staff interviews (n=11)	Nursing (2), medical (4), allied health (1), BMD Technician (1), and administrative staff (3)
Time in Motion (3 clinics)	All clinical and administrative staff
Data analysis EMR, REDCap (from June - Dec 2019 & Jan - June 2023)	Nursing and medical staff
Issues validation and prioritisation (1/9/23)	Steering Committee members (n=14)



Key Issues:

- Scheduling and its impact on the patient journey and clinical flow
- The availability (and use) of resources
- Provision of appointment and clinical information to the patient
- Follow-up Processes
- Ensuring clear roles for staff
- Signposting of clinical area and directions to the clinic

Solutions Design

Activity	Stakeholders Involved
Staff Interviews (n=11)	Nursing (2), Medical (4), Allied Health (1), BMD Technician (1), and Administrative Staff (3)
ORP Site Visits & Benchmarking	ORP Staff from Canterbury Hospital, Westmead Hospital and Royal North Shore Hospital
Solutions Brainstorming Workshop	Nursing (3), Medical (1), BMD Technician (1), and Operations Manager (1)
Solutions validation and prioritisation (19/1/24)	Steering Committee members (n=11)

Solution 1: Develop strategies to communicate more clearly with patients about their appointment

- Patients will be given or sent a letter clearly outlining each step of the appointment with times next to these steps.
- Text message reminders will only be sent to patients who need BMD scans to remind them of where and when they need to initially arrive.
- Create a standardised script for staff making reminder calls and a standardised checklist for patient documentation (referrals, blood test and bone density test results).
- Following the appointment, patients would be given a standardised written outcome of their appointment and action plan for their care.
- Future appointments for an infusion or specialist consultation will be booked when the patient is in the clinic rather than going on a waiting list to be contacted later.

Solution 2: Periodic meetings will be held with the Fracture Liaison Service (FLS) Coordinator, a consultant from the ORP clinic and an administrative officer.

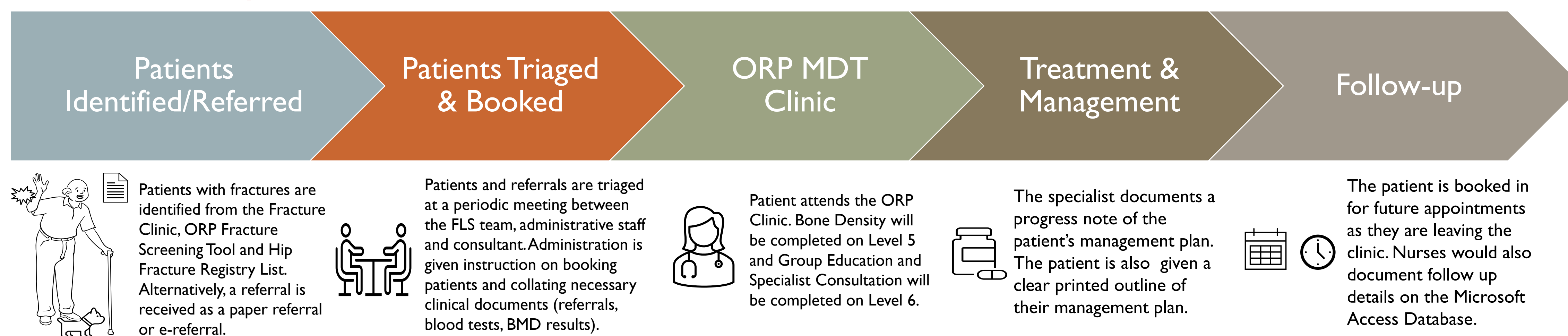
During these meetings it has been agreed to discuss:

- Referrals received by the Osteoporosis Service via the e-referral system, email, fax and paper referrals
- Patients identified from the fracture clinic, hip fracture registry and ORP Screening Tool
- Follow-up patients from the Microsoft Access Database waiting lists
- Instructions given to the administrative officer on bookings and appointments to be scheduled

Solution 3: Redesign clinical documentation processes

To relieve nurses from transcribing consult details onto eMR, clinicians would instead document a clinical progress note into eMR. This clinical note will also be printed and given to the patient which will act as the written outcome of their appointment and action plan for their care (see Solution 1). In addition, future appointments for an infusion or specialist consultation will also be booked whilst the patient is still present in the clinic rather than the patient being placed on a waiting list to be contacted later (see Solution 1). Details would still need to be entered into the Microsoft Access Database, but there would be less reliance on the database to keep track of patient details and appointments.

Desired Process Map

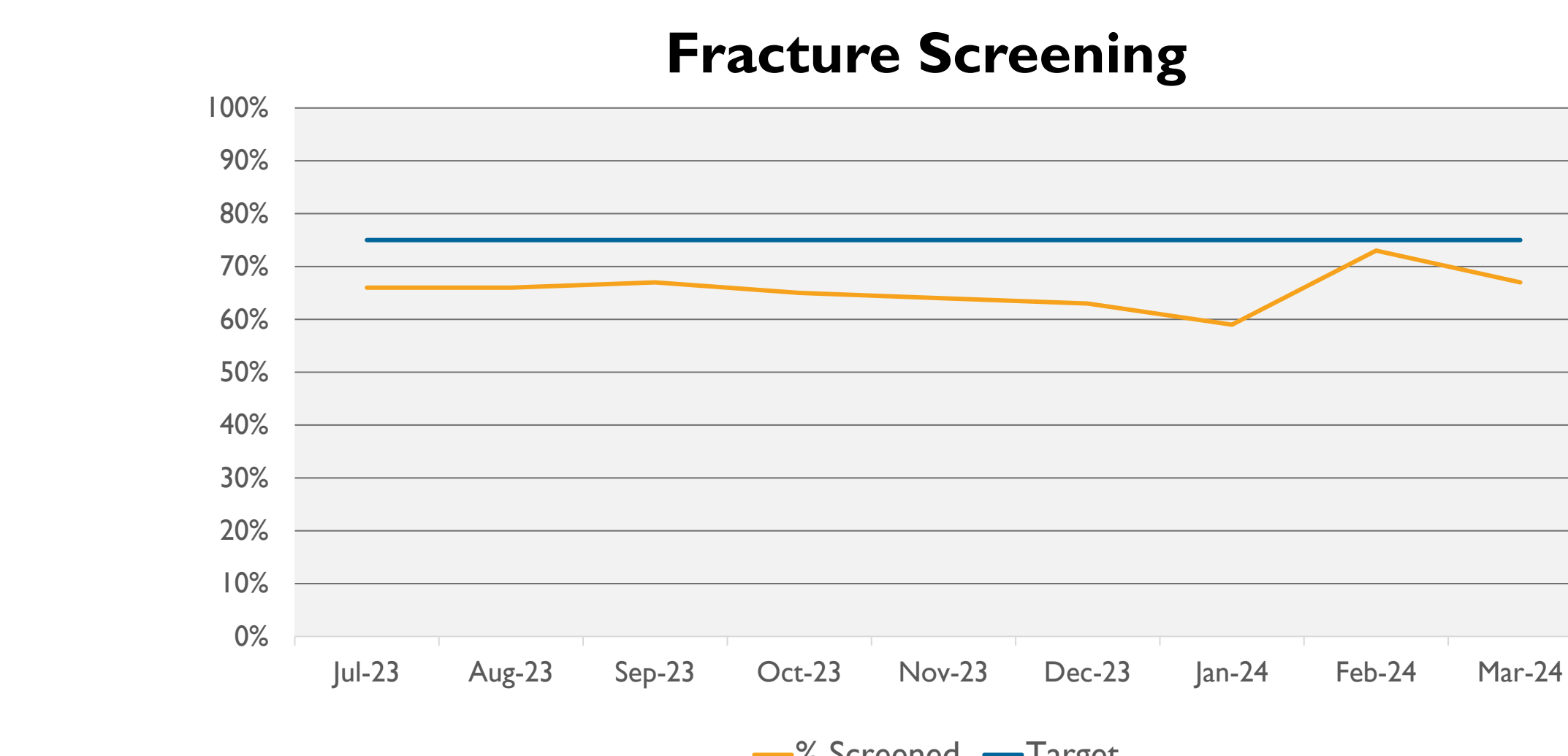
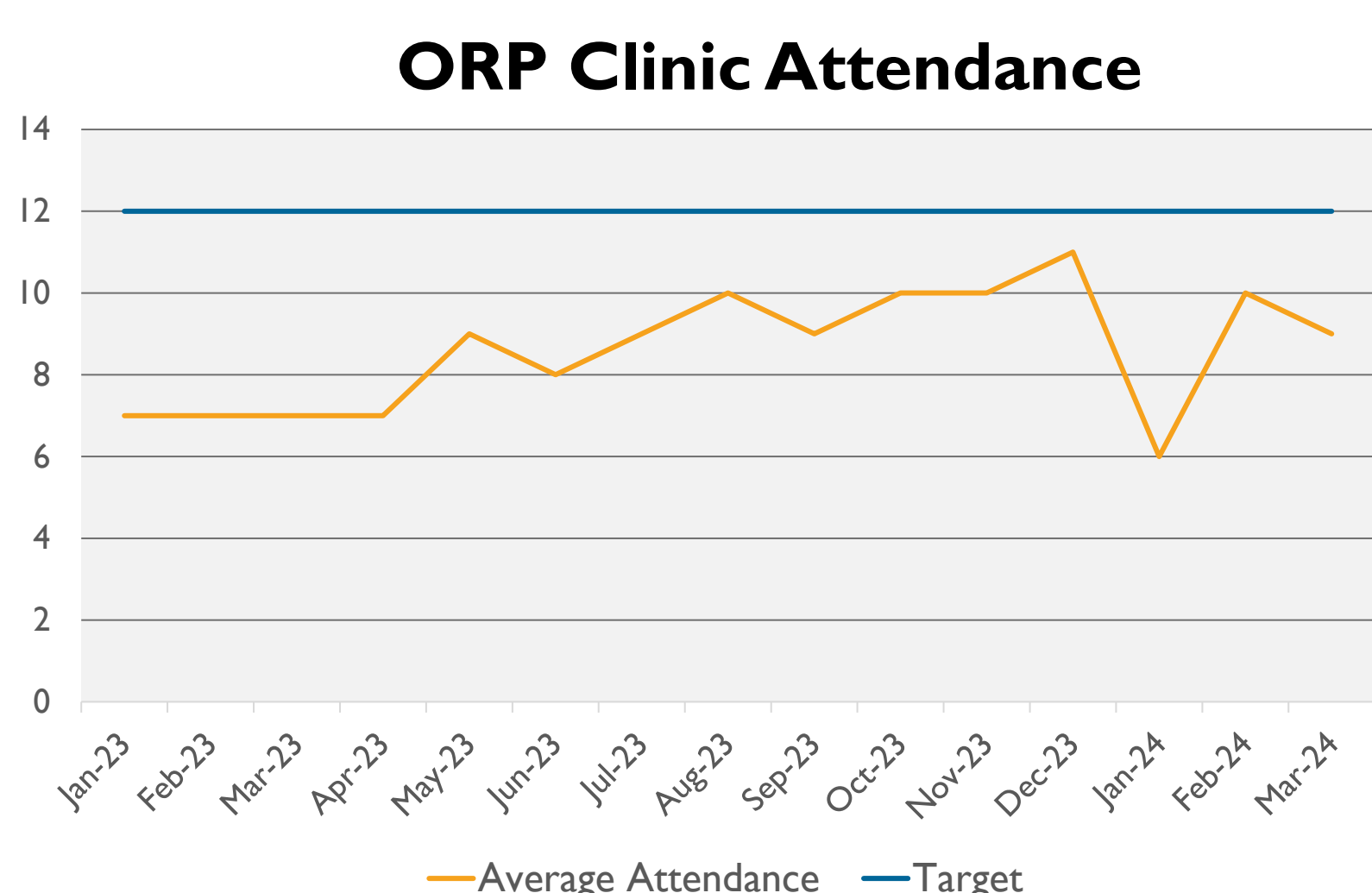


Conclusion

The results of the project will be shared within SLHD via the Patient and Family Centred Care (PFCC) Committee to disseminate the solutions to other services. The key learnings from this project include:

- Sponsorship is important to ensure fast and successful implementation.
- Involving the process owners in the redesign process largely mitigated any resistance to diagnosing issues and changing processes.
- The high value of consumer/patient feedback and input when diagnosing issues and developing solutions

Evaluation



Sustaining Change

The Head of Department, Steering Committee and SLHD Executive have endorsed and approved the solutions. Staff are committed to the implementation and evaluation of this project. Process owners continue to be engaged in working groups to provide feedback during implementation and further progress the solutions.

Contact

Bhumika Thakkar, RPA Rheumatology Operations Manager
Ph: (02) 9515 9251 E: Bhumika.Thakkar@health.nsw.gov.au