

Case for change

Blacktown Mount Druitt Hospital (BMDH) Fracture Clinic service model is not sustainable for the community. There has been a significant increase in Occasions of Service (OOS), waiting times for patients and stress levels of staff leading to service inefficiency, poor patient experience and staff dissatisfaction.

The population of the Blacktown Local Government Area (LGA) has grown by 68% from 2006 to 2022. It is a Culturally and Linguistically Diverse (CALD) community with a low social-economic status and high levels of unemployment.

Goal

To optimise and streamline care at the BMDH Fracture Clinic by delivering an effective and efficient service that meets the needs of our growing community and improves the staff and patient experience by June 2025.

Objectives

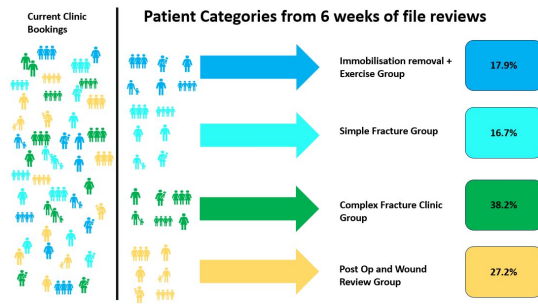
- Objective 1:** Reduce average initial patient waiting time for Orthopaedic review in BMDH Fracture Clinic from 109 minutes to 45 minutes by 30 June 2025 (and 30 minutes by December 2025).
- Objective 2:** Reduce average end to end sessional time for patients in BMDH Fracture Clinic from 152 minutes to 100 minutes by 30 June 2025.
- Objective 3:** Improve BMDH Fracture Clinic staff satisfaction from 39% to 65% and reduce stress levels from 78% to 45% by 30 June 2025.
- Objective 4:** Improve patient experience in the BMDH Fracture Clinic from meeting 1 benchmark (8%) to meeting 7 benchmarks (54%) by June 2025 (and 10 benchmarks [77%] by December 2025).

Methods

The ACI Clinical Redesign Methodology was used for this project. Diagnostics focussed on data capture with patient and staff experience surveys, iPM reports, clinical and financial audits and analysis, process mapping workshops, and root cause analysis. Solutions involved design workshops, prototyping and testing, followed by implementation.

Diagnostics

Key diagnostics findings are below:



Complex and confusing process for staff and patients



No clear triage and booking process



Increase in clinic Occasions of Service by 73% from 2018/19 – 2023/24



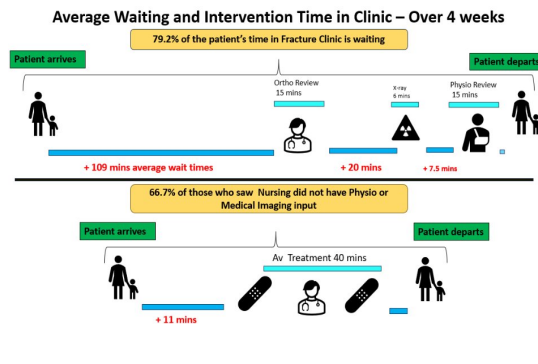
80% of Did Not Attends (DNAs) were not followed up



Across four weeks the average clinic sessional end to end time for patients was 152 mins



High staff overtime costs and time wastage due to extended delays

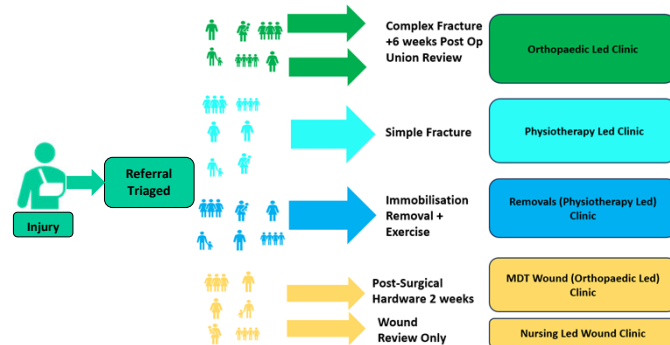


Key solutions

Implemented Solutions

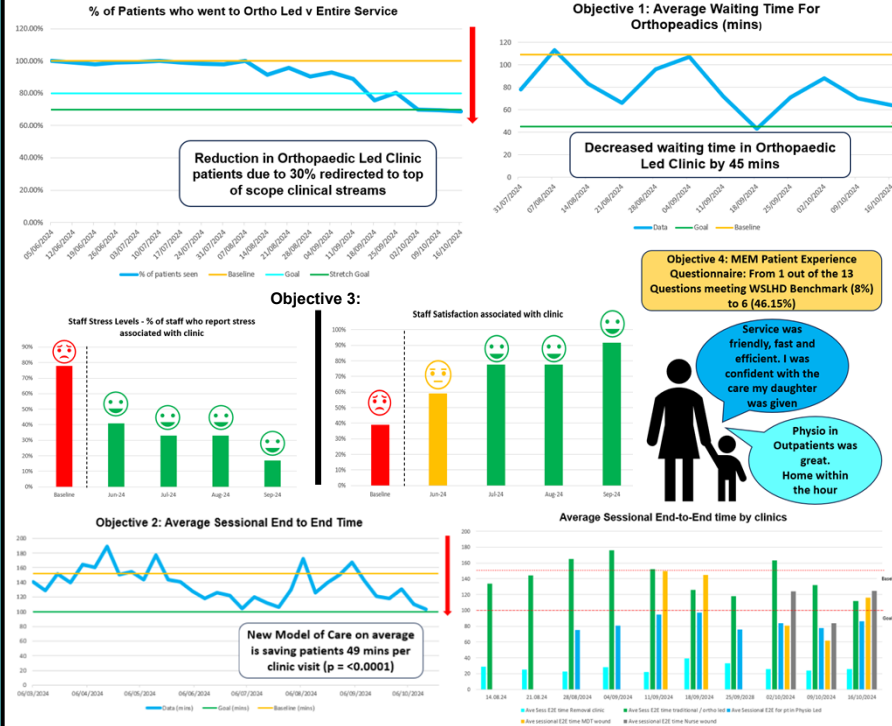
- Triage Guidelines and Booking Process
- Updated Model of Care
- Updated eReferral
- Pre-Clinic Huddles
- MS Teams Chat
- DNA Policy

The NEW Patient Journey



Results

Three main solutions were implemented including a pathways to care model. It was identified that patients could be allocated into clinical streams according to injury type, severity, and required treatment. Early results are positive which show significantly reduced waiting times across a range of metrics.



Conclusion

The redesigned BMDH Fracture Clinic shows that service efficiency, and patient and staff experience was improved using a co-design approach to develop a Model of Care, which allows for a Multidisciplinary Team (MDT) top of scope practice. This reduces dependency on the pre-existing medical model, and is supported by guidelines, pathways and processes. The new Model of Care has scalability to other fracture clinics and similar outpatient services.

Contact

Rachel Parmeter
Rachel.Parmeter@health.nsw.gov.au
Jackie van der Hout
Jackie.vanderhout@health.nsw.gov.au
Darnel Murgatroyd
Darnel.Murgatroyd@health.nsw.gov.au

Sustaining change

The changes will be sustained by newly established communication channels and embedded roles and responsibilities.

An operational and governance committee will meet quarterly with reporting requirements and risk escalation pathways.

Acknowledgements

Chris Horley (Project Sponsor, Director of Allied Health)
Maria Lissa Buenaventura (Project Sponsor, Medical Advisor)
Emma Clarke (Clinical Redesign Lead)
Project Working Group and Steering Committee