

GynaeLogical: It makes sense to care for women



Case for change

The John Hunter Gynaecology Outpatient Clinics are bursting at the seams!



- 1500 appointments /year deficit (and growing)
- 1200 'did not attend' presentations / year
- System wastage of \$86,000 / year in lost Medicare billing
- Dissatisfaction for patients, GPs and clinic staff

Aim

Women with gynaecological symptoms will receive timely and appropriate high quality care according to their needs. The project is working towards ensuring services are culturally appropriate to Aboriginal and CALD women so that they are happy to engage with services.

Objectives

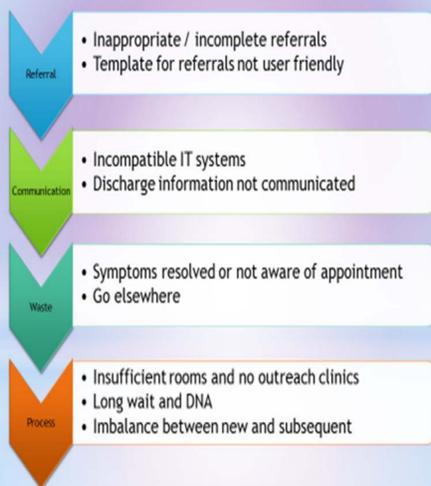
- 1 • Decrease number of incomplete referrals from 51% to <5% by Dec 2017
- 2 • Decrease clinic appointment overbookings from 100% to 10% by December 2017
- 3 • Decrease number of 'did not attend' appointments from 16% to <5% by Dec 2017



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Diagnostics

The project team held regular team meetings and grouped all issues into 4 main domains of concerns



Referral inefficiencies:

- The number of referrals received has **increased** from **315/month (2015) to 475 / month (2016)**;
- **1,900 (51%)** Gynaecology referrals / year are **delayed triage** due to **incomplete information / results**;
- This delay may **impact patient care**;
- A complete referral takes approximately 5mins to triage by the senior nursing staff, but an incomplete referral can take on average 120mins per referral. **If all referrals were received with complete information, the service would free up 150 days of nursing time.**

Waits for Appointments

- On average, 72 referrals received each week for 43 new appointments available: **A deficit of 1,500 appointments / year**
- Insufficient appointments available for new patients: Clinic composition: 40% of appointments for new patients with 60% for follow up visits.
- Wait for appointments up to 12 months
- **100% of clinics overbooked**
- **16.6% Did Not Attend (DNA) rate**

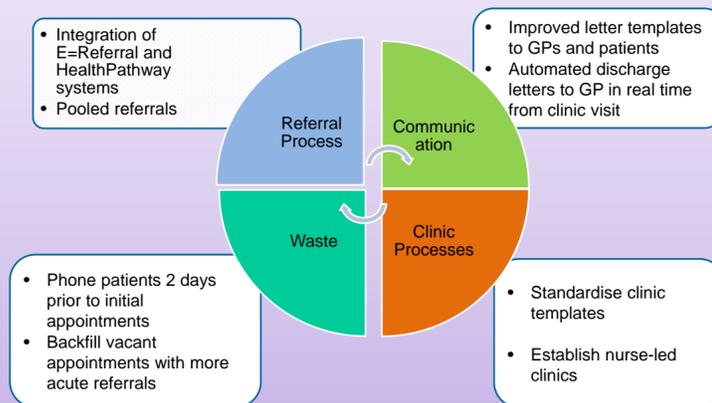
Planning and implementing solutions

Quick Wins:

- Standardised clinic Templates;
- Notification to GPs of patient appointments and Did Not Attends;
- Pooled referrals;

For 2017:

- E-referrals integrated with HealthPathways
- GynaePlus database;
- Expansion of Acute Gynaecology Service
- Outreach clinics
- Nurse led clinics
- Building relationships with Aboriginal services

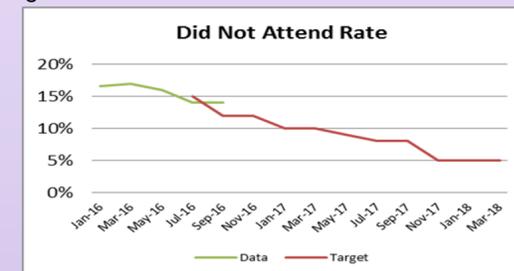


Results

Early results from quick wins have decreased clinic overbookings from 100% to 30%.



DNA's have started to trend down in alignment with targets.



Incomplete referral rates will be impacted by the implementation of e-referral and HealthPathways in 2017.



Sustaining change

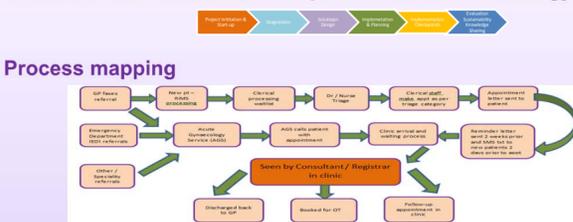
Change will be sustained by:

- Monthly auditing of clinic activity with feedback to clinic staff and GP referrers.
- Annual surveys of patients, staff and GPs will be conducted as an ongoing quality improvement activity.
- New procedures have been incorporated into routine business of the service.
- The project lead is a senior clinician and will continue to champion the changes and ongoing improvements.

Conclusion

Early results are encouraging. There has been strong positive feedback, especially from the medical staff and GPs. The solutions will continue to be implemented as planned over 2017.

Method Accelerated Implementation Methodology



Data collection via Referral and Patient Booking systems

Team meetings / Brainstorming workshops

Patients said: Long waits for appointment. "I feel there was a total lack of support and communication. My pain was constant every day and it affected my ability to work and look after my kids. I had to wait 6 months for an appointment - then it was changed because the doctor was away!"

But: 85% of patients satisfied or very satisfied once appointment attended

Clinic staff said: Inconsistencies in clinics. Did Not Attend appointments are a waste of time!

GPs said: Delay in correspondence back from clinic. Referral template NOT user friendly

BUT: "Registrars and specialists are always helpful"

Patient stories /surveys
GP /specialists survey

Acknowledgements

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