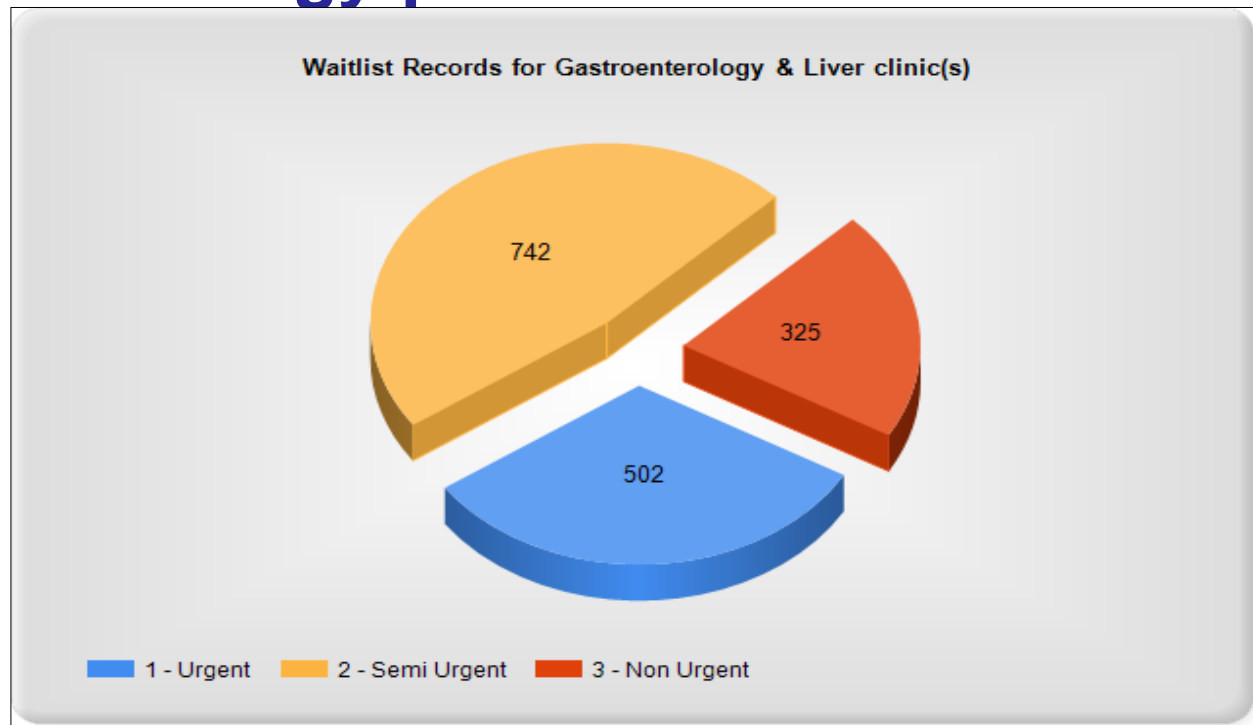


Health Service: THO South Gastroenterology Outpatient Service

Aim statement:

Transparency and improvement of wait times for Gastroenterology patients

Background:



Staff Stories

- “Doing the Big Picture map was very enlightening, we all learnt something about the process we didn’t know before”
- “ All key stakeholders very keen to optimize the process and fully utilise resources to improve access for patients”

Walkthrough of BPM

- No visibility of wait times for GP and clinicians (Scope and OPD)
 - Can lead to scatter gun approach
- Referrals and tests get sent separately
 - Leads to high chase rate (25-50 % of lead use time chasing results)
- Demographics incorrect
 - Contributing to DNA rate
- Variation in clinical triaging/decisions



Baseline Measure

- DNA's 10-14 %
- Cancellations 14-33%
 - High % due to leave
- D/C 8-10%



Identified Wastes

- Clinic Templates not fully booked
- Missing billing opportunities
 - How large is the problem?
- Some patients not coming off the wait list.
- Rebooking of DNA and cancelled patients

AHA Moments

- No waitlist audit completed for two years
- Unclear demand for the service
- Unclear New to Review ratio
- Communication between OPD and GP sub optimal.

Diagnostics

- Demographics
 - Measure different address at referral submission for a week
- DNA patients
 - Phone call audit for a week, and ask why
- Monthly demand
 - Measure new and old demand including ward referrals(manually)

Strategies

- Gastro OPD work group meeting 2/52
- OPD portal launch
 - Making wait times more visible
- To audit wait list
 - Aim for a 20-30 % reduction
- Improve access to pathology for lead nurse

