IMPROVING PRODUCTIVITY IN OUTPATIENT SERVICES

Management of outpatient services is spread across all divisions, with no single reporting structure there is a lack of consistency in governance, quality, training and support for staff. With reference costs at 127 for all outpatient services and savings of £400K required, improvements were essential to ensure the continuity of a viable outpatient service within the Trust. A number of BICS improvement events have been held to improve different aspects of the outpatient function:

RESPIRATORY OUTPATIENTS:
Respiratory Outpatients accommodates on average 170 patients per week. There was little co-ordination between Doctor and Nurse workload, leading to repeat appointments for patients. An anticipated increase in demand through the changed emphasis on managing long-term conditions meant the need to change how care was delivered.

The team redesigned the patient pathway to enable GP telephone advice and rapid access clinics, meaning new patients can access appointments within 48 hours, whilst review patients can attend specialist clinics enabling multidisciplinary team care. By providing rapid access and advice, unnecessary A&E attendances and admissions will be prevented.

WORK SO FAR……..

The service has identified leads for each clinic and collected data to identify the number of appointment required. A trial of the rapid access service and a new outcomes form will be carried out, along with a move to triage all Choose & Book patients electronically.

BENEFITS OF THE CHANGES WILL INCLUDE:
• Waiting times for new patients reduced from 4 weeks to 1 day.
• Investigations, diagnosis and treatment started sooner.
• Patients are assessed by the appropriate professional reducing duplicate appointments in and administration.
• Greater patient involvement and satisfaction, with enhanced recovery times.

OUTPATIENT SLOT UTILISATION:
Patients book appointments via Choose and Book, by TAC, Receptions and Secretaries. Each clinic has different booking protocols managed by numerous people creating a lack of clarity, leading to slots not being fully utilized or overbooked (equating to £46,436 lost income in 3 months). A perception that outpatient capacity is an issue had led to many extra clinics being held, whilst existing sessions are not booked to capacity.

BENEFITS OF CHANGES IMPLEMENTED SO FAR:
• To date 90 hours of work per week has been released.
• Reception is more patient focused. 6S score raised in ENT by 50% and HR prepping stations from 23% to 96%.
• Increased work standard and quality, elimination of duplication, reduction in “extras” and reduction in “missing” case-notes.
• Multi-skilling of team improves cross cover and continuity.
• 20 hours of Health Records staff time released due to improvements in note transportation and delivery.

PREPPING OF CASE-NOTES
Although most case-notes are stored in Health Records, some were stored and prepped for clinics in devolved reception areas, providing the opportunity to reduce waste by centralising storage and preparation.

Several improvement events have been held to assess feasibility, robust process timings, and rapid experiments to Plan Do Check Adjust proposed changes. Since March 2011, five devolved areas have successfully incorporated into the centralised prepping process. A rolling programme of integration will bring remaining devolved areas into the centralised prepping team by autumn 2011.

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