Reducing waiting times for community and outpatient services: A data driven approach

International Forum on Quality & Safety in Healthcare Sydney, 26th July 2022

Katherine Harding, Annie Lewis & Nick Taylor

'Unethical and cruel': Victorians wait months for help as mental health sector hits limit

By Melissa Cunningham
July 16, 2021 — 11.30pm

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'Terrible heartache': Soaring wait times for drug and alcohol treatment during pandemic

By Simone Fox Koob
April 11, 2021 — 7.30pm

Save   Share   A A A

Wait times to access drug and alcohol treatment services have soared in Victoria during the coronavirus pandemic, spurred by new groups with addiction issues

MEDIA RELEASE

Waiting lists point to a post-COVID hospital crisis

Published 1 October 2020

AMA Public Hospital Report Card 2020

'Early treatment is always better': NSW sees long dental waiting lists

April 24, 2022 - 10:02PM   sky news .COM.AU

Commentator Caroline Di Russo says she is concerned New South Wales' long public dental waiting lists will lead to "more severe dental health" than what would have been seen otherwise.

The Sydney Morning Herald reports waiting lists are at around 100,000 people and the average wait time for a first appointment is at least 460 days.

"Particularly over the course of the last two years, where you've had delays or disruptions in medical services, we've seen it across the board," Ms Di Russo told Sky News host Chris Smith.

"And dental is just one of those things.

'What Are Our Other Options?': Year-Long Waitlists For Life-Affirming Care Put Trans Ppl At Risk

ADHD diagnosis wait times are being blown out by the pandemic, experts say

By Ashleigh Barraclough

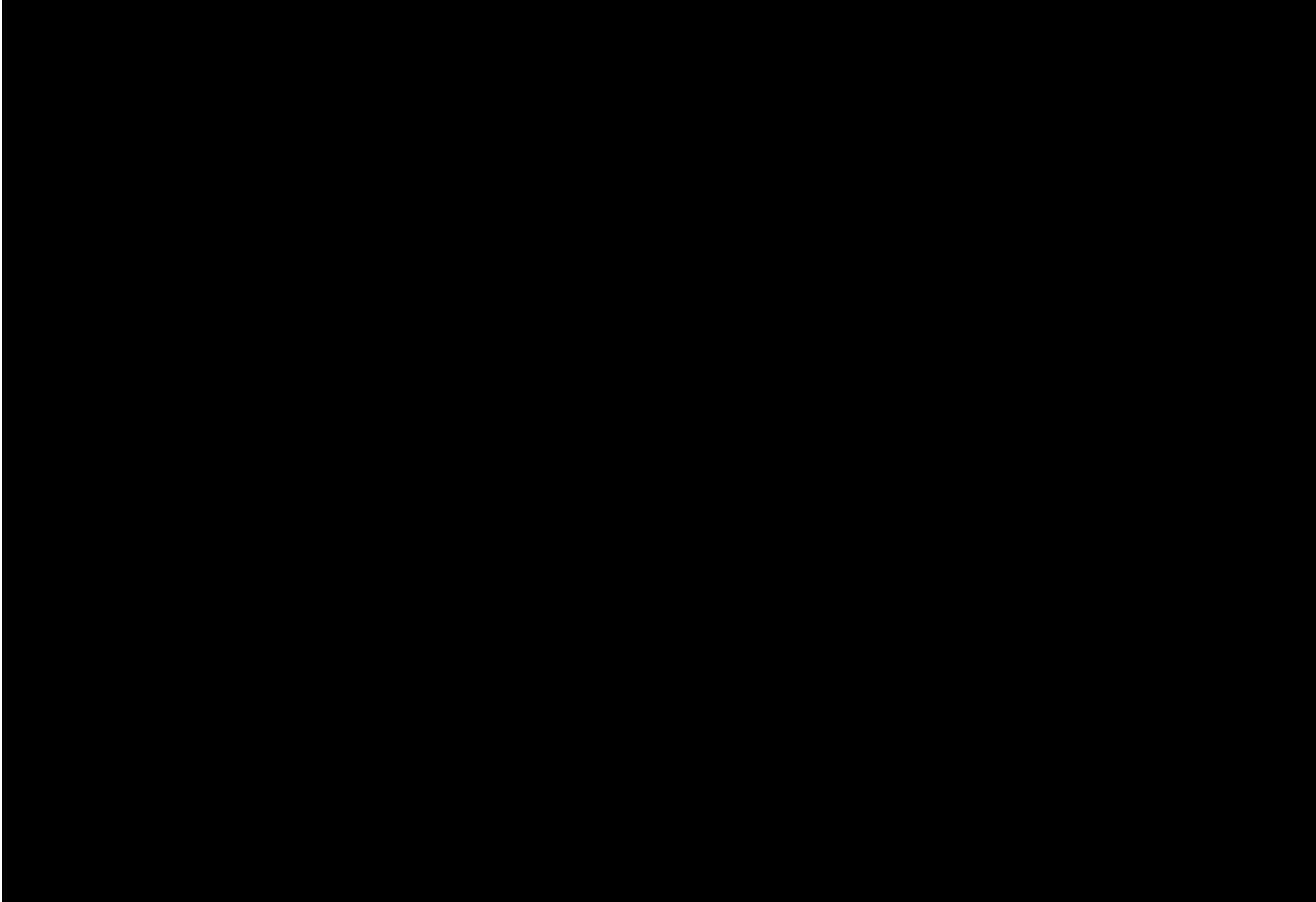Posted Tue 24 May 2022 at 6:11am, updated Tue 24 May 2022 at 11:33am

Consumers tell us:

"**Leaving you hanging** in the air"

"It's a feeling of **desperation**."

"**No communication….**extremely **frustrating**."

"There's a feeling of **helplessness**"

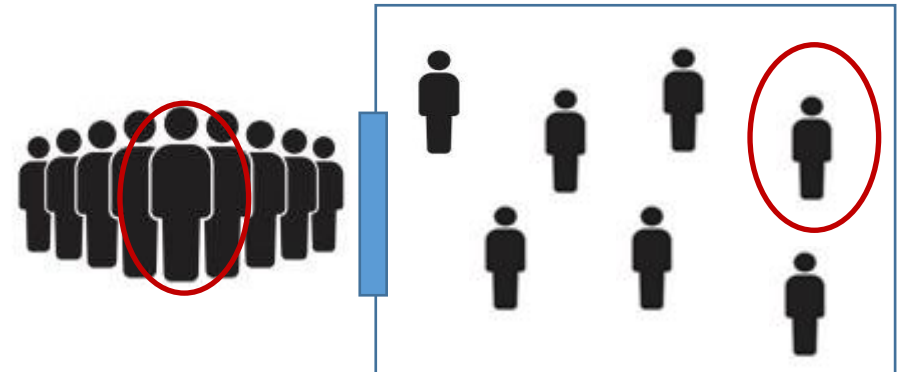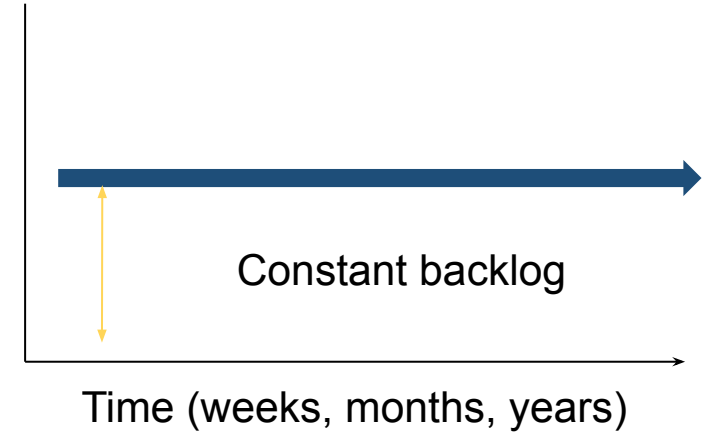"By the time I get seen, it might be too late. I'm **afraid**"

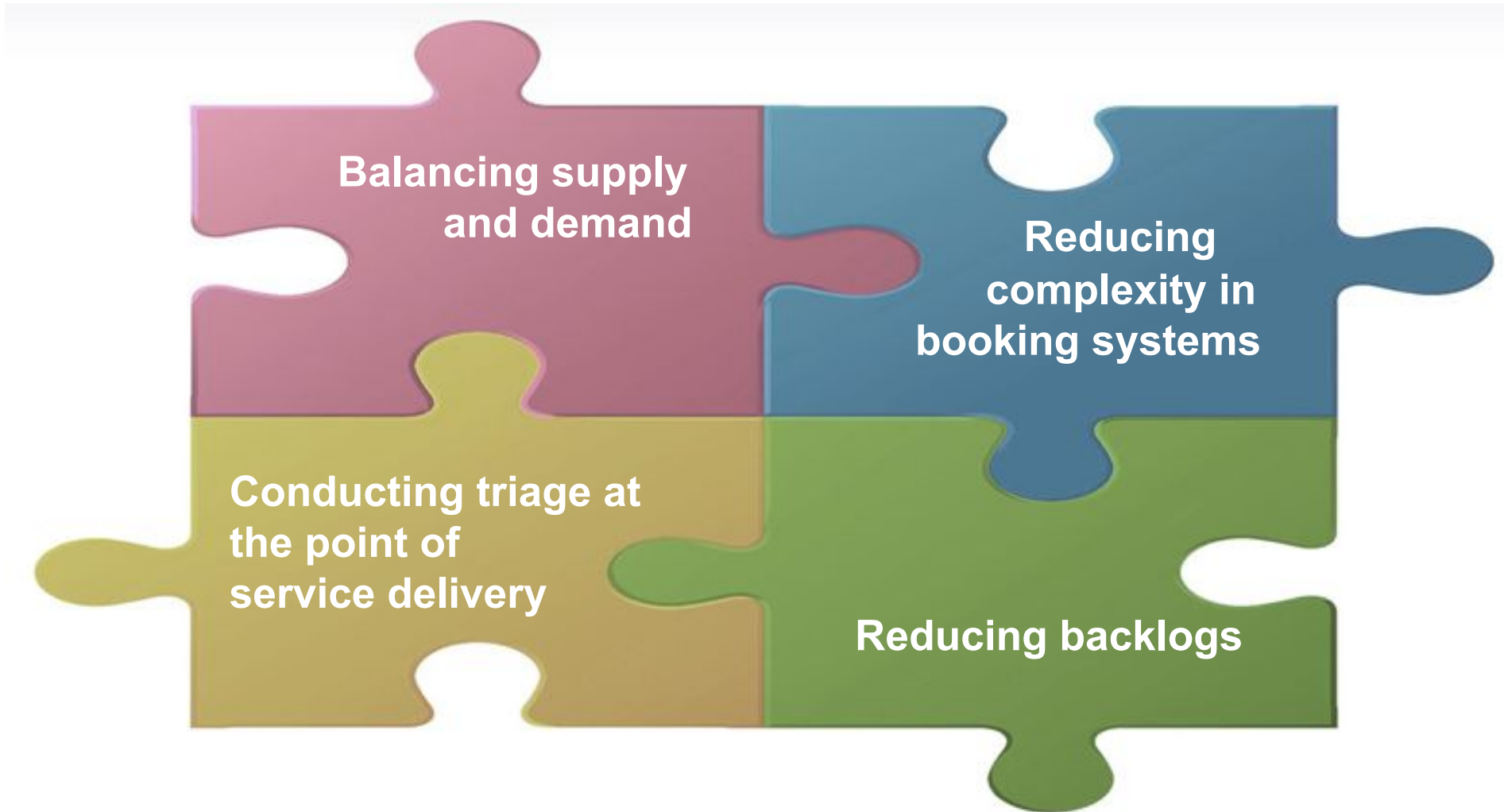# A common triage model in ambulatory, outpatient and community health services
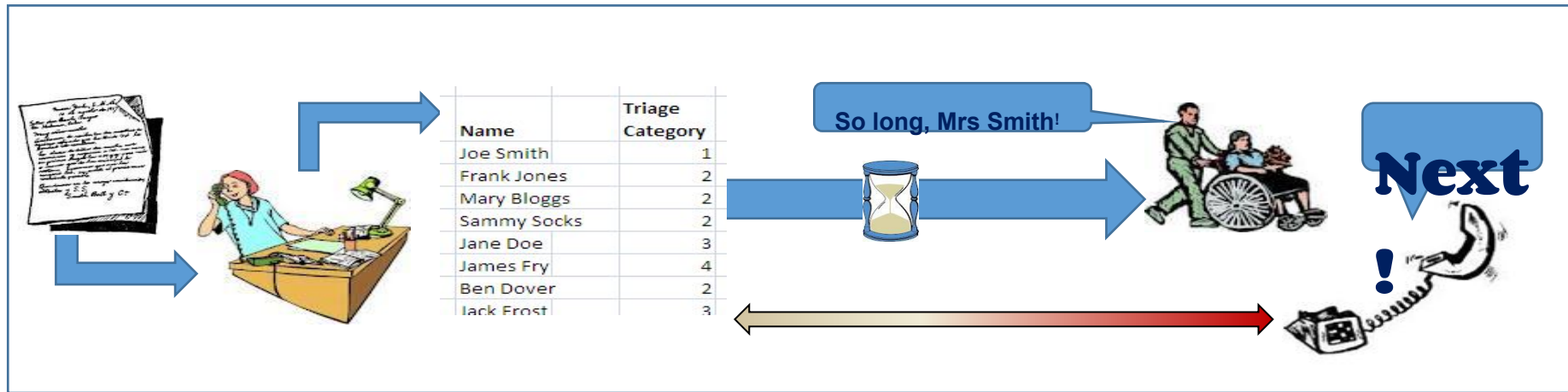
Four truths about waiting lists

1. Supply and demand are often better matched than we think

2. Managing the list diverts resources from frontline care

3. Prioritisation processes usually miss half the picture

4. Waiting lists are self perpetuating

Constant backlog

Time (weeks, months, years)

What we know works to reduce waiting lists

Balancing supply and demand

Reducing complexity in booking systems

Conducting triage at the point of service delivery

Reducing backlogs

The STAT Model

S

SPECIFIC: Protected appointments in clinic schedules based on calculated demand. Specific number, specified purpose.
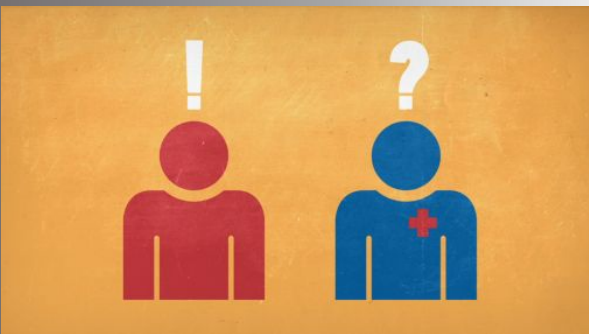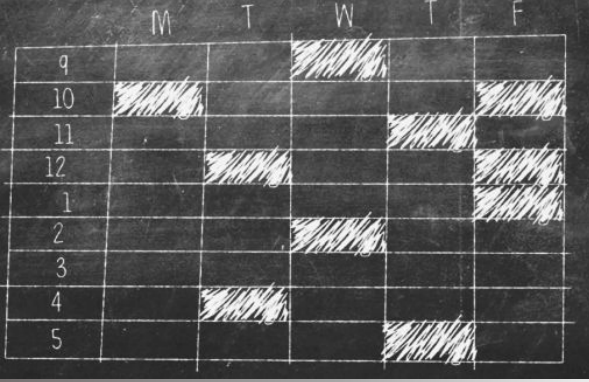
T

TIMELY: Patients are booked into the first available appointment without being put on a waiting list

A

APPOINTMENTS: Early face-to-face appointments provide a complete picture of the patient's needs
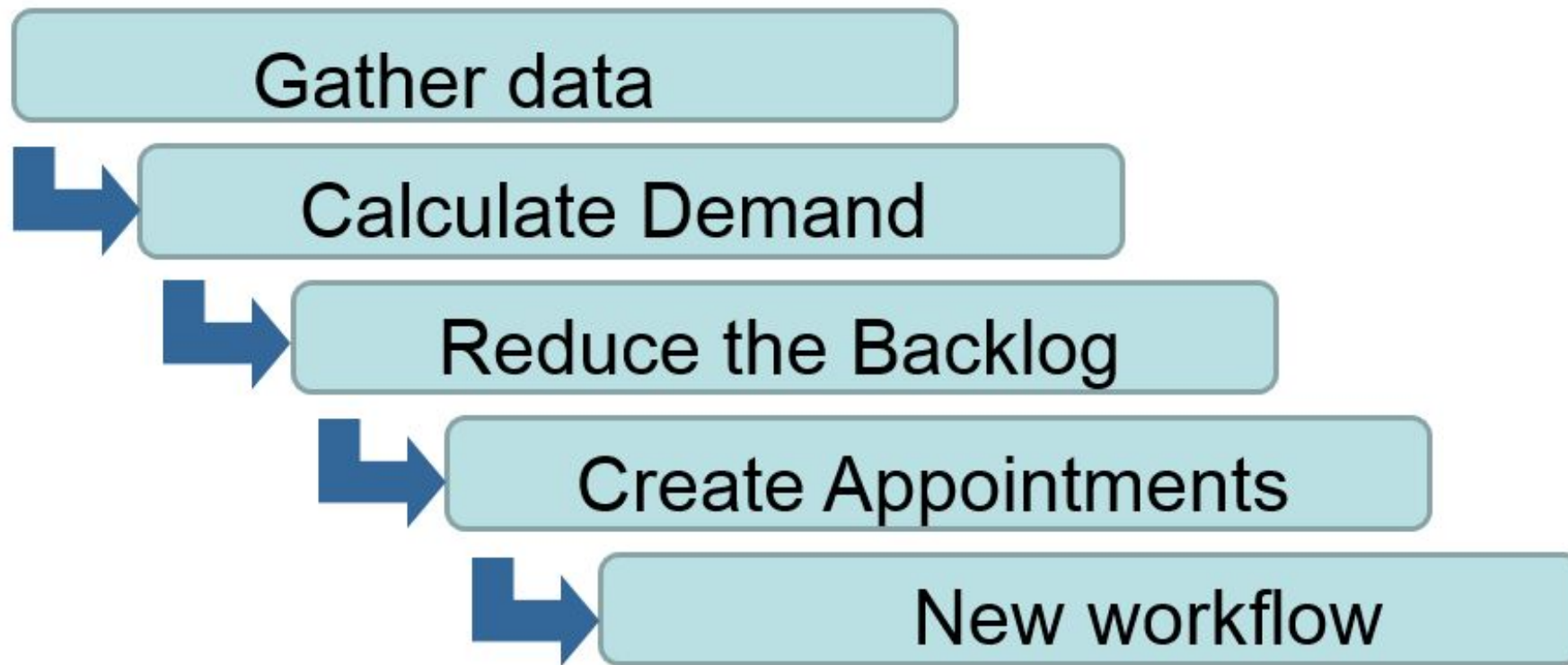
T

TRIAGE: Clinicians prioritise the need for ongoing service at the point of care, in the context of demand

Implementing the STAT Model

5 Step implementation process

Evidence: Pilot studies

PDF [630 KB]   Figures   Save   Share   Reprints   Request

Reducing Waiting Time for Community Rehabilitation Services: A Controlled Before-and-After Trial

Katherine E. Harding, MPH • Sandra G. Leggat, PhD • Birgitte Bowers, DPhys • Maree Stafford, MPH

Nicholas F. Taylor, PhD

PlumX Metrics

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Specific timely appointments for triage reduced waiting lists in an outpatient physiotherapy service

K.E. Harding • J. Bottrell

Check for updates

PlumX Metric

Evidence: Stepped Wedge Trial
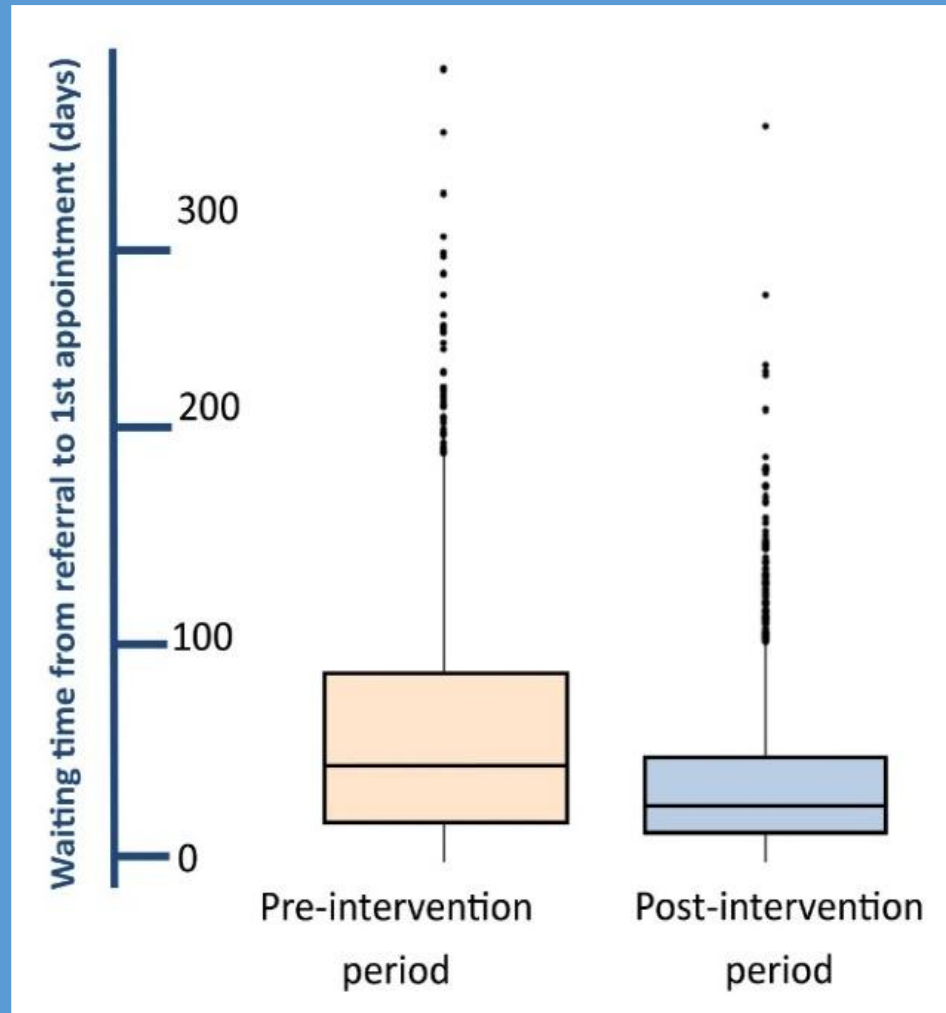
NHMRC funded trial with 8 sites (community health, specialist clinics, allied health outpatients)

- Reduces waiting time
- Biggest impact on the longest waiters
- Reduced unwanted variation

Harding et al, 2018. BMC Medicine

Evidence: Outpatient Medical Clinic
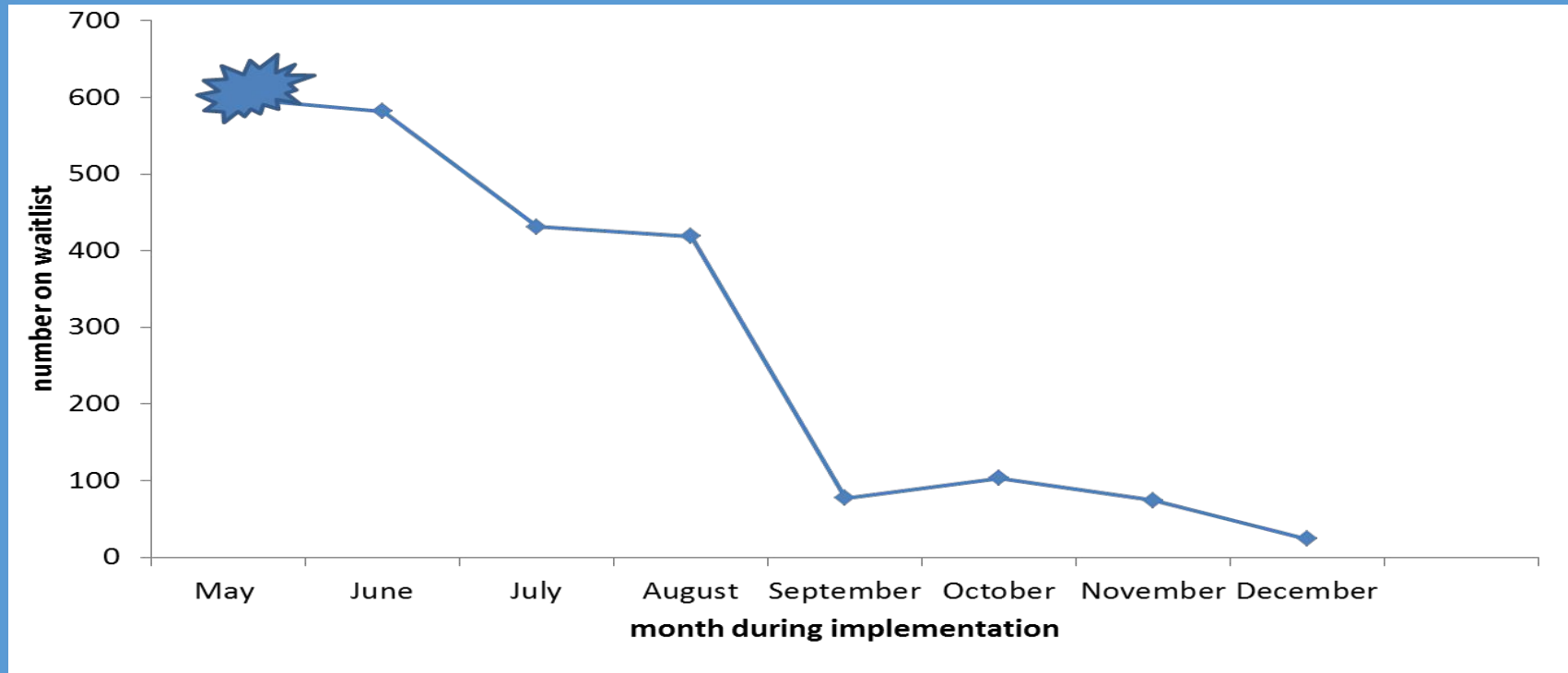
People on the waiting lists: Epilepsy outpatient clinic, Eastern Health, 2019

Can obliterate long waiting lists

Lewis et al, 2021, JOHM

Evidence: Paediatric Community Health
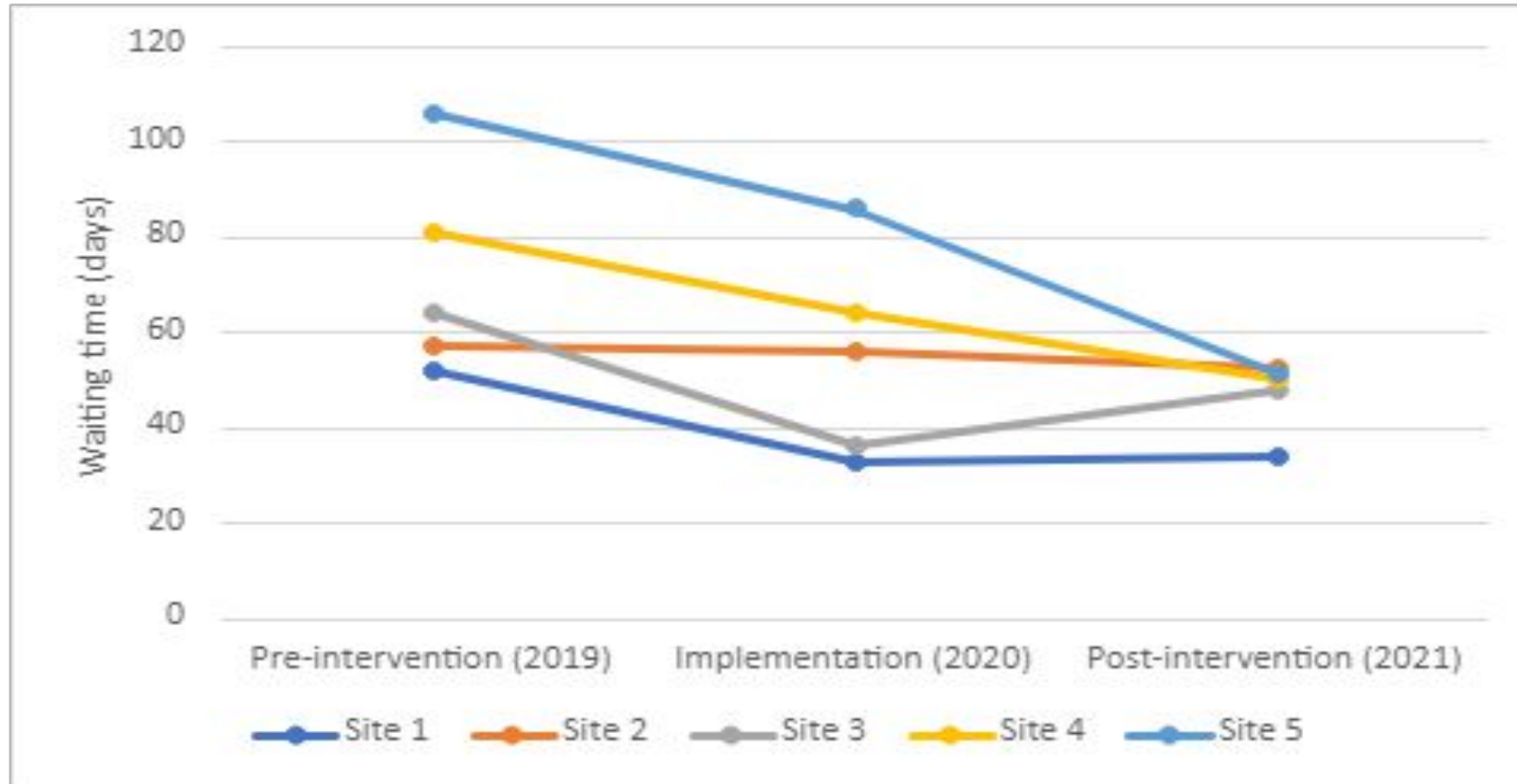
Evidence: Translation to practice

- Workshops conducted with >500 clinicians
- Follow up survey 2019

Have you implemented STAT?

A Multi-Faceted Strategy for Evidence Translation Reduces Healthcare Waiting Time: A Mixed Methods Study Using the RE-AIM Framework

Katherine E. Harding [1,2]*, Annie K. Lewis [1,2], David A. Snowdon [1], Bridie Kent [3] and Nicholas F. Taylor [1,2]

[1] Allied Health Clinical Research Office, Eastern Health, Melbourne, VIC, Australia, [2] School of Allied Health, La Trobe University, Melbourne, VIC, Australia, [3] Faculty of Health, University of Plymouth, Plymouth, United Kingdom

OPEN ACCESS

Edited by:
Dido Green,

Background: Waiting lists are often thought to be inevitable in healthcare, but

Strengths of the STAT Model

Low cost

Small, highly targeted investment
Internally driven

Brings evidence based principles together into one package

Provides a structure to tackle an overwhelming problem

What do you think?

Sounds great?

Yeah, but….

Implementation

Gather data

Calculate Demand

Reduce the Backlog

Create Appointments

New workflow

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All kinds of clever
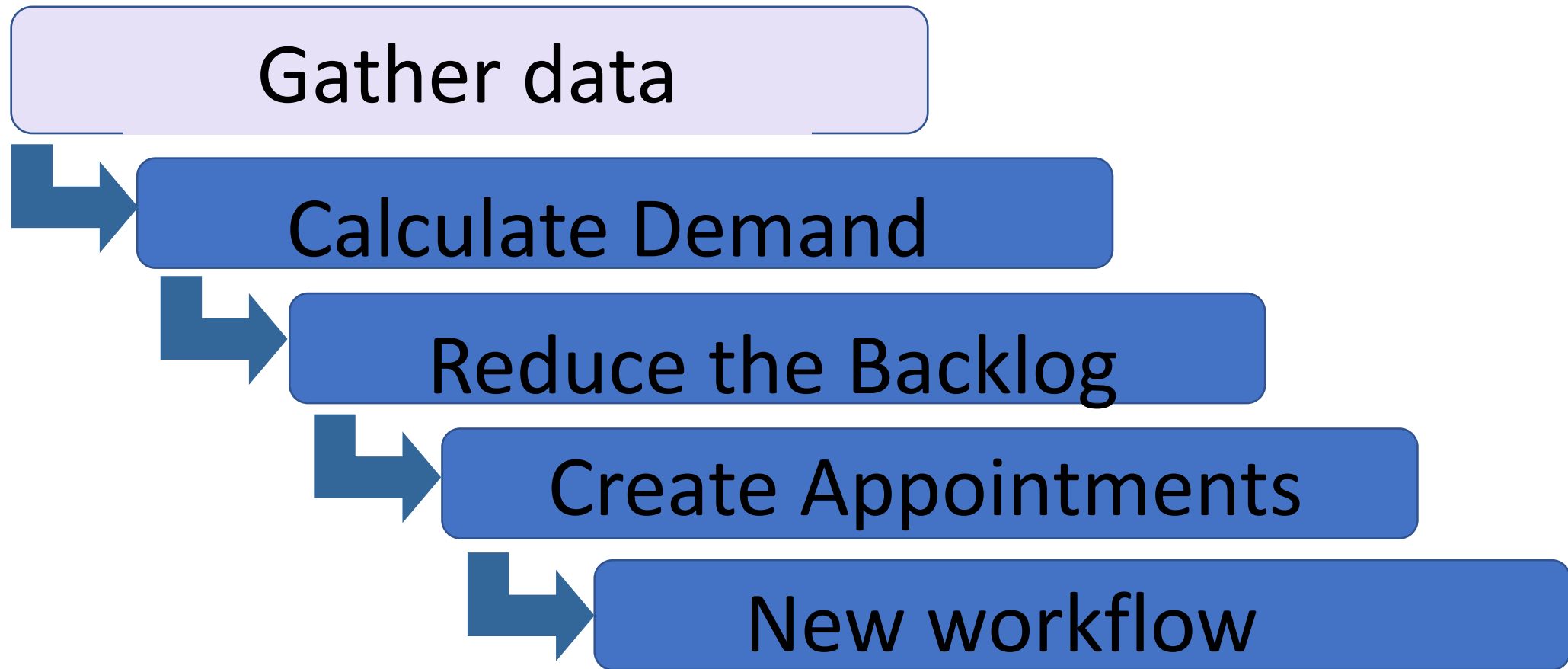
Understanding supply and demand

Good demand data

- Does it exist?

- How could you get it?

– Supply data

- How well do you understand your supply?

Coloured cards

> - Number of referrals per week/month/year
> - Seasonal fluctuations
> - DNA rate
> - % never seen

> - What is your EFT?
> - Part time/full time?
> - Can you predict any service disruptions/ fluctuations?

How many new appointments are needed?

STEP 1:
- How many new patients need an appointment?
    - Adjust for referrals that never receive an appointment (withdraw/rejected)
    - Adjust for DNAs
    - Usually annual data - convert to appropriate time frame (eg per week)

STEP 2:
- How many 'new patient' appointments are needed to meet this demand?
    - Most weeks there will be appointments that are not "usable" because people are on leave, sick etc.
    - Rule of thumb – add 15%. Can be calculated more accurately per service if desired.

If the number of appointments required exceeds a realistic workload for clinicians….?

- The expectation is not to make people work harder

- If final number is unachievable, the service has a true imbalance between supply and demand. Something has to give.

What if the final number is unachievable?

- **Retain a waiting list** (often the default)

- **Reduce demand** –
  - Tighten referral criteria
  - Divert some patients elsewhere

- **Increase supply** –
  - Look for efficiencies – are there ways to work smarter?
  - Review model of care eg., provide a little less service to all, make more use of groups etc
  - Make a case to increase resources

Implementation

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New workflow
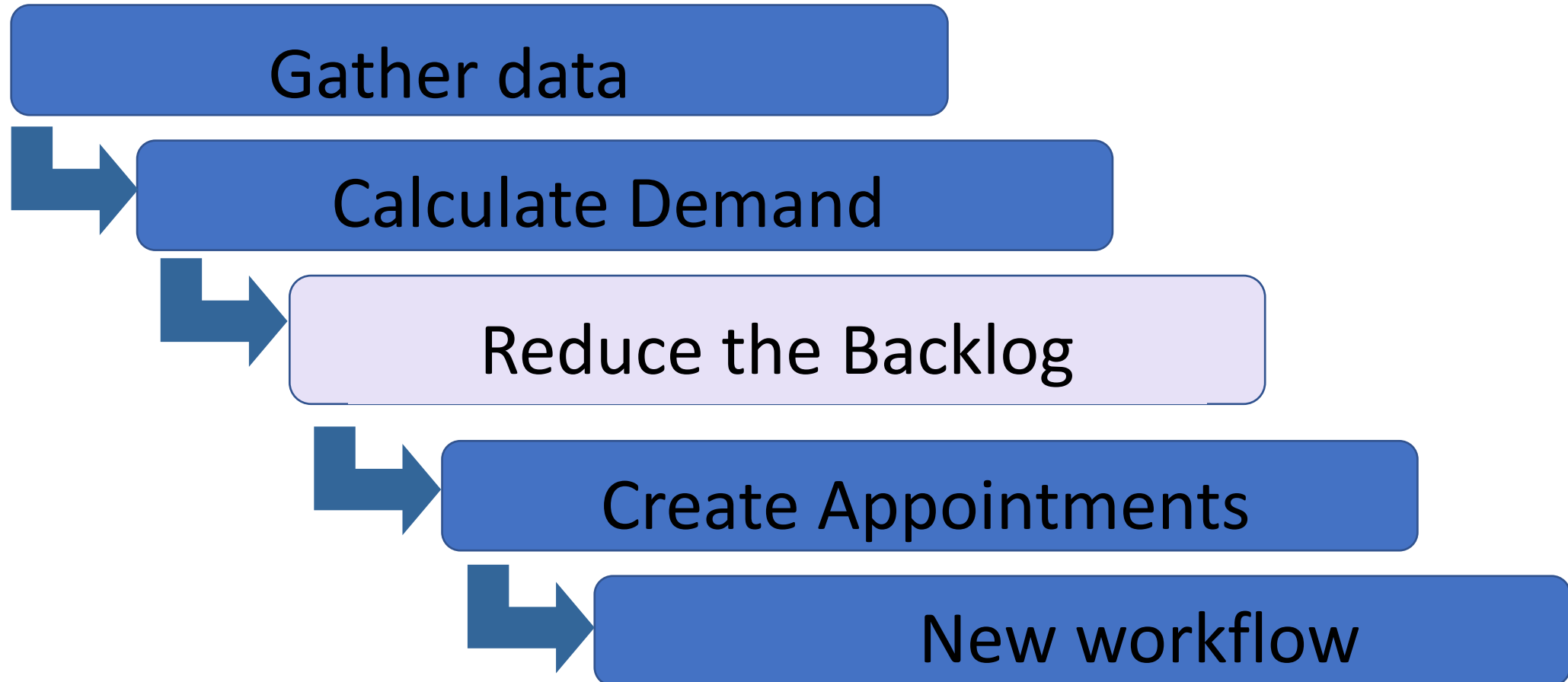
Reduce the backlog

- It is difficult to introduce STAT when there is already a long list of waiting patients

- Requires a strategy to reduce backlog
  - Considered a "One-off"
  - Goal directed – based on agreed ideal "time to first appointment"
  - Targeted – put your resources where they will make the most difference
  - Service specific, not a "one size fits all"
  - Involve staff in designing strategies

Reduce the backlog

- Two scenarios:

  - Have a dedicated budget of $10,000

  - Have no additional resources

- You have 5 minutes to come up with as many ideas as you can for <u>short-term strategies</u> to reduce your existing backlog

Reduce the backlog

Ideas

Are any resources available to help?

YES	NO
Possible strategies:	**Possible strategies:**
• Short-term additional hours for existing staff	• Audit
• Out of hours clinics	• Take advantage of seasonal fluctuations
• Locum staff	• "Blitz" clinics
• Contract private providers	• Temporarily suspend other activities

It is possible!

Appointments

Gather data

Calculate Demand

Reduce the Backlog

Create Appointments

New workflow

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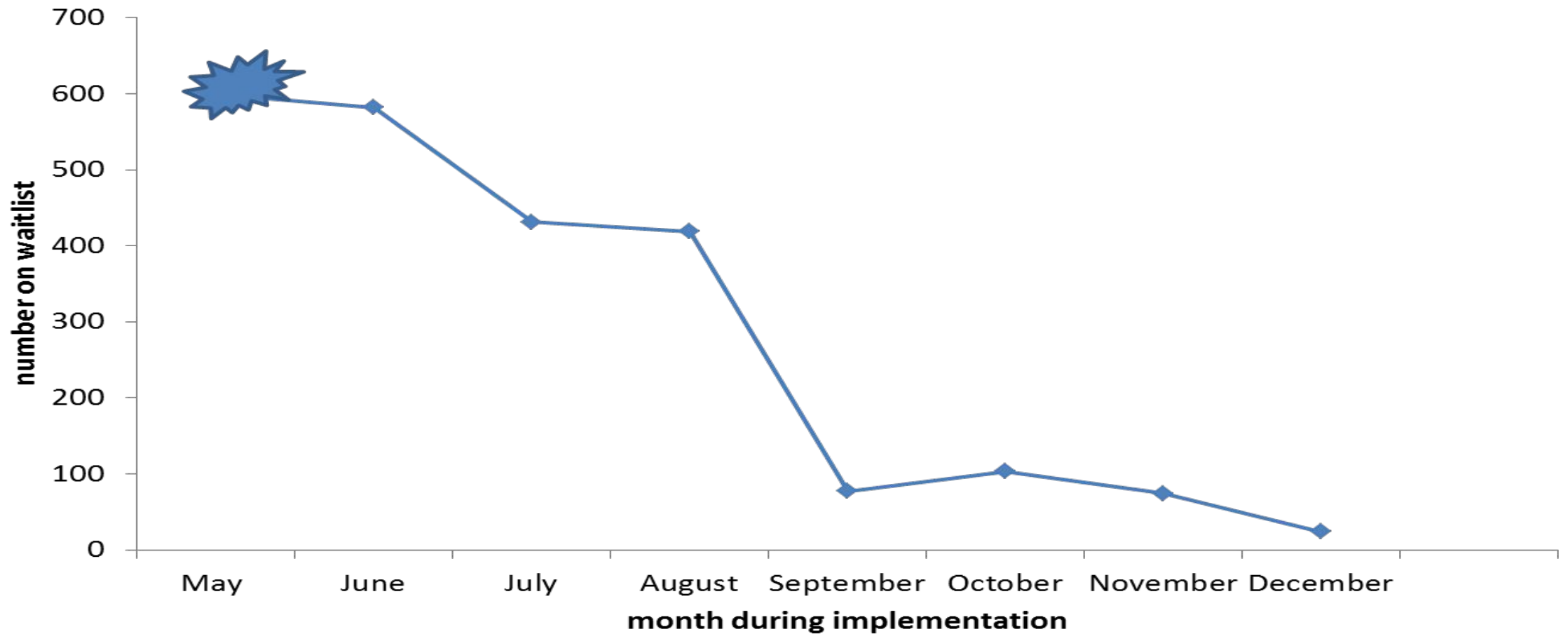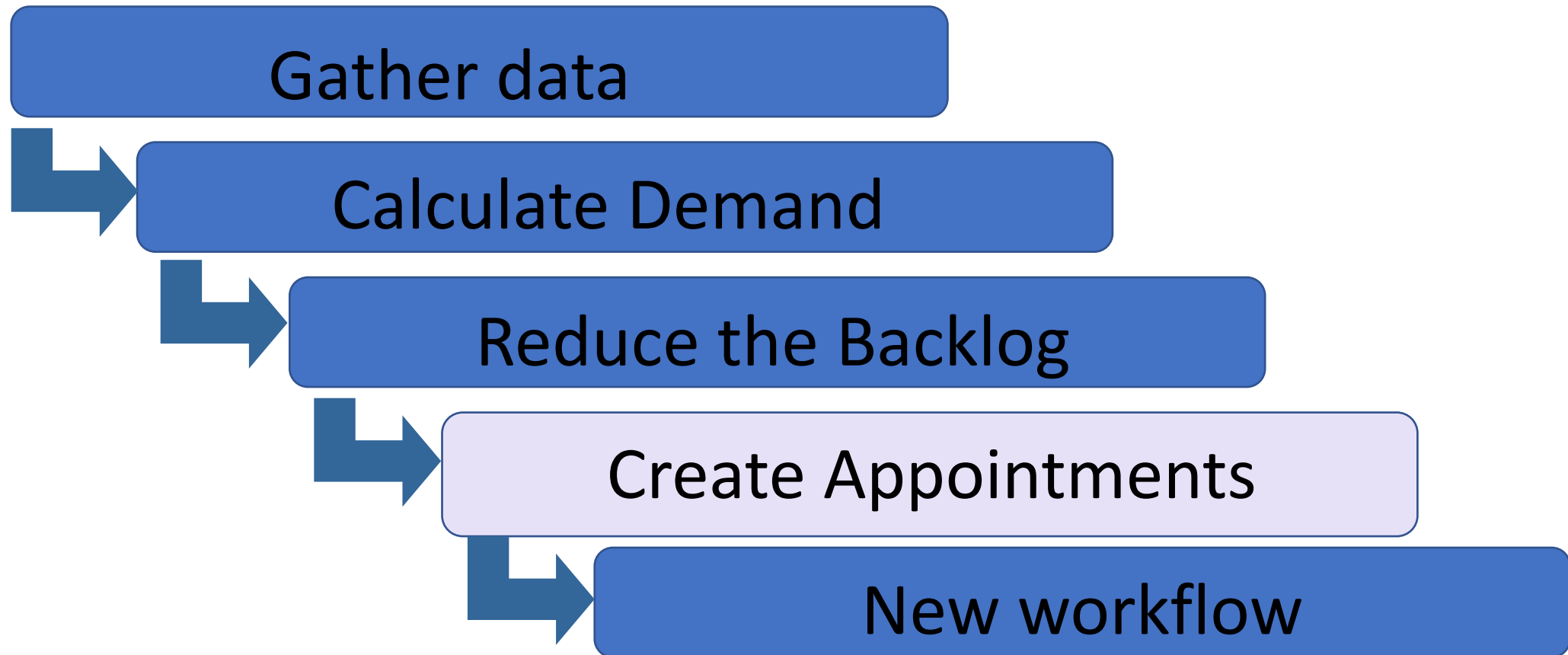
Create Appointments

Create booking templates that protect the required number of new appointments, **ready for immediate allocation** on referral.

Rules of STAT

- New appointment slots **must be respected** – they can be shifted but not removed
- Must be **recurring** for future bookings
- Clinicians can make decisions about **'when' but not 'how many'**
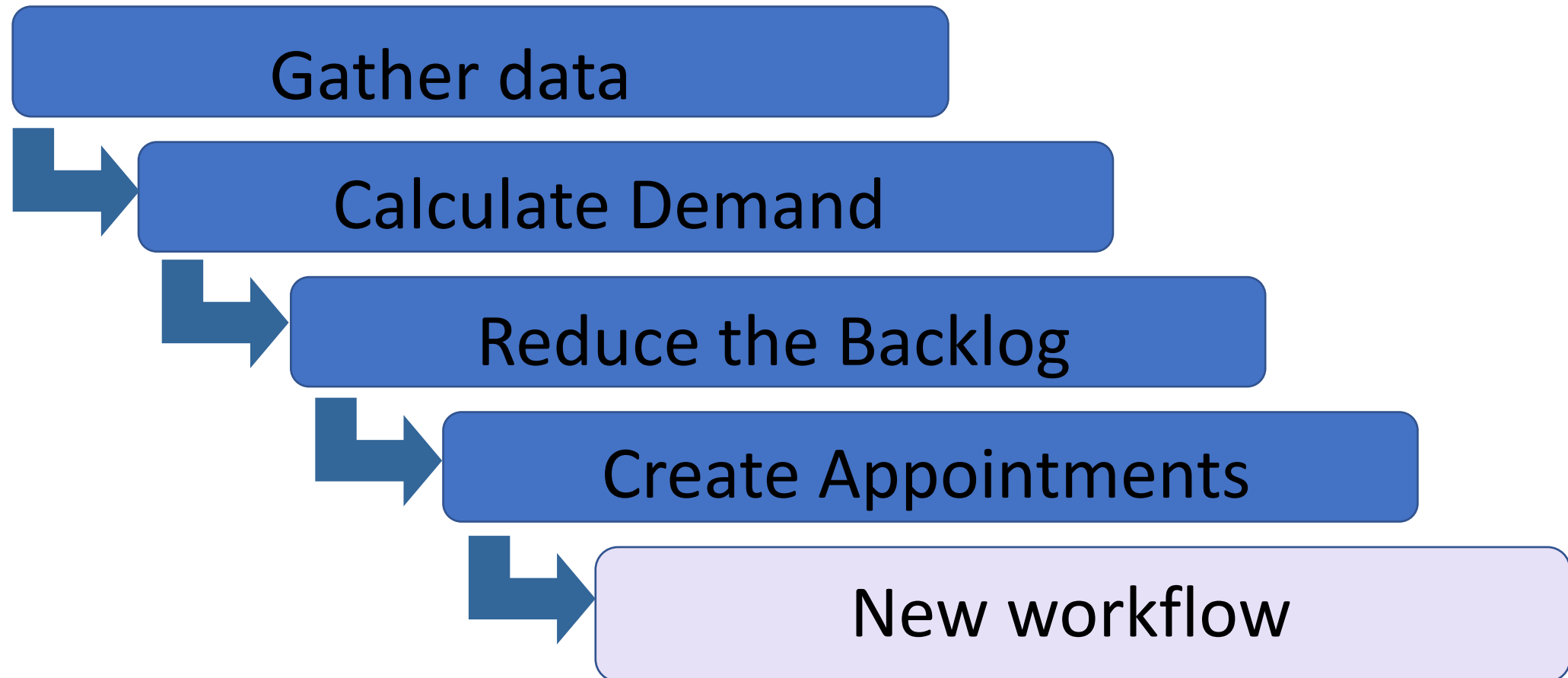- Every other aspect of scheduling can be at clinician's discretion

Create Appointments

Mon	Tues	Wed	Thurs	Fri
New pt				New pt
		New pt		
			New pt	
New pt				

Workflow

Gather data

Calculate Demand

Reduce the Backlog

Create Appointments

New workflow

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Establish a new workflow

Two components

Streamline access processes

Principle:

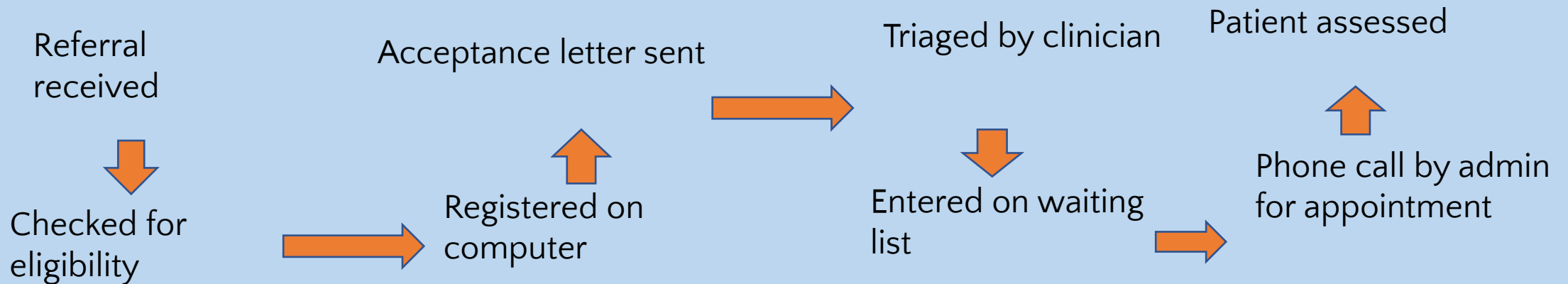Book clients into your new appointments as efficiently as possible, without using a waiting list

Refine model of care after the first appointment

Principle:

Maintain flow at the rate of demand without creating a secondary waiting list or impacting on staff satisfaction or compromising outcomes.
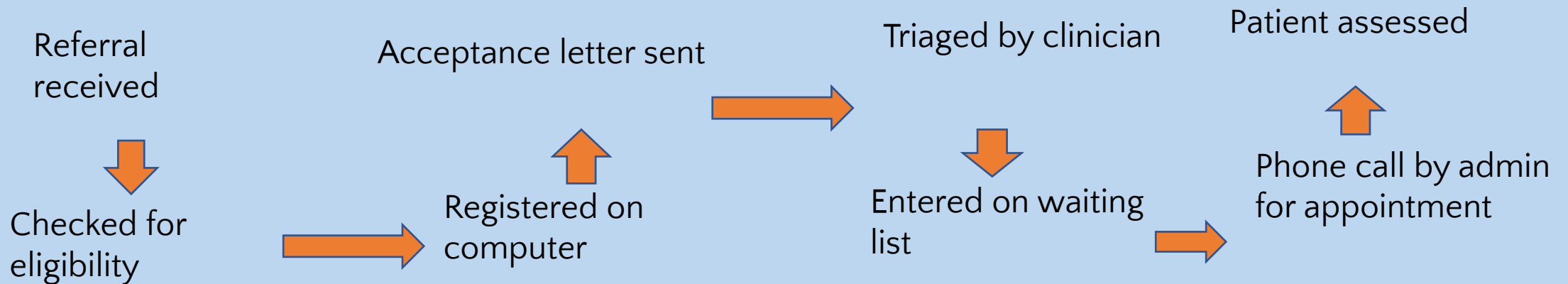
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Streamline access and intake

Map the process from referral to first appointment

Referral received

Checked for eligibility

Acceptance letter sent

Registered on computer

Triaged by clinician

Entered on waiting list

Patient assessed

Phone call by admin for appointment

Streamline access and intake

**Would all the steps be needed
if there was no waiting list?**

Referral received

↓

Checked for eligibility

→

Registered on computer

↑

Acceptance letter sent

→

Triaged by clinician

↓

Entered on waiting list

→

Phone call by admin for appointment

↑

Patient assessed

Streamline access and intake

Would all the steps be needed if there was no waiting list?

Referral received ✔

Checked for eligibility ?

Acceptance letter sent ✗

Registered on computer ✔

Triaged by clinician ✗

Entered on waiting list ✗

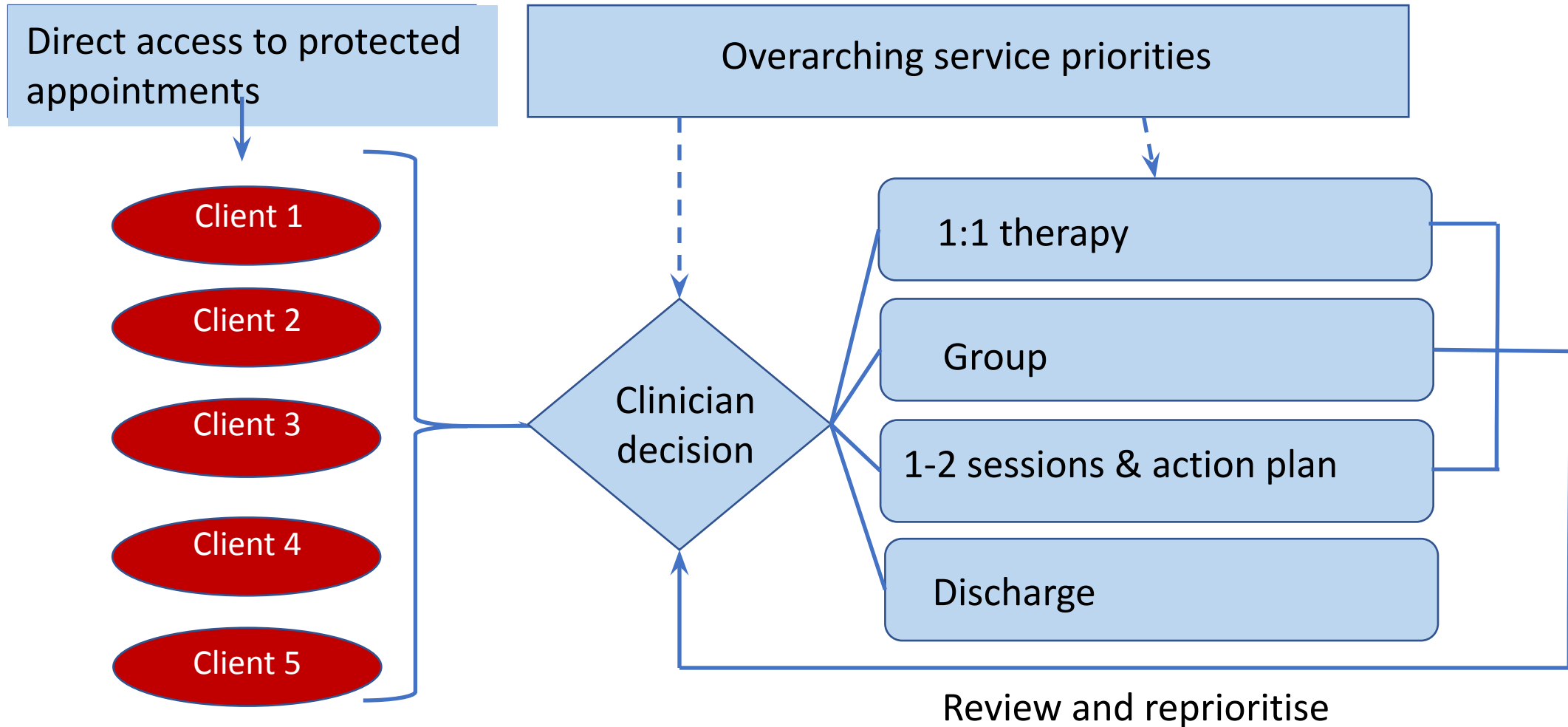Phone call by admin for appointment

Patient assessed ✔
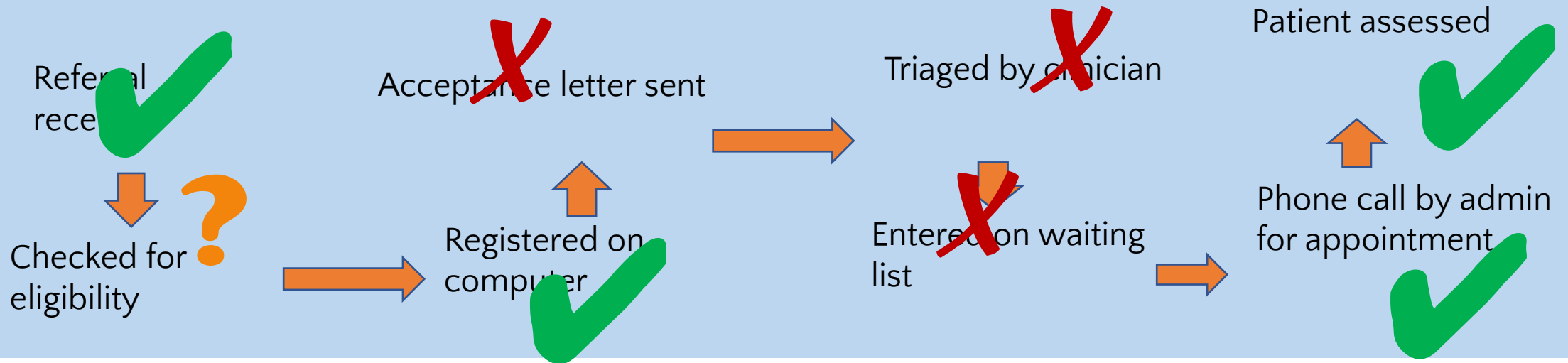
✔ Essential   ? Maybe   ✗ Not required

Redesign care pathways

Care pathways

If your clients were all waiting on a meal, what service options do you provide?
Could you expand your delivery models?
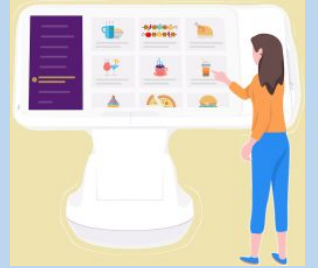What might work for which clientele?

Consider not seeing

Assessment and consultancy (Reassurance and discharge, education, referral on etc)

Self service (eg Resource and information packages for self management)

Low to moderate intensity service (eg Group, a few 1:1) sessions

High intensity service (eg 1:1 therapy for extended period)

A new approach to triage

The Reality

It may not be possible to provide everyone with a perfect service. But...

Waiting lists are not inevitable.

The STAT model is an evidence-based, structured approach that has worked in many services to improve access to OT services.

Next Steps

Contact us

Check our resources

Attend a workshop

Have a go!

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n.taylor@latrobe.edu.au

https://stat.trekeducation.org/