Sustainable Strategies to Improve Outpatient Waiting Time to Appointment

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Introduction
Waiting Time to Appointment (WTA) for outpatient specialist service has been a perennial challenge for the nation. Exacerbated by an ageing population and the increasing demand for better service by patients, Singapore General Hospital, just like any other healthcare institutions in Singapore, have been actively formulating strategies to improve the access to tertiary care for these patients. This drive to improve specialist care access is consistent with the Minister for Health’s sharing during the Committee of Supply debate in 2016, where he asserted that waiting time in care access is a top priority for the Ministry of Health¹. In view of the complexity of the WTA issue, this paper seeks to evaluate the various strategies that have been implemented within the organization till date, illustrating the pros and cons of each strategy taken.

Aim
To evaluate various successful and sustainable strategies adopted by the different departments on the management of outpatient waiting time to appointment (WTA).

Methodology

1) Data Extraction and Analysis
- Outpatient appointment data were retrieved through the Electronic Health Intelligence System (eHIS).
- Waiting Time to Appointment (WTA) being an indirect measure of patient’s access to specialist care, the % patients with WTA more than 60 days is closely monitored by both the Ministry and Hospital
- These processed data is then shared with the various Clinical Heads biannually or quarterly by the Specialist Outpatient Clinic (SOC) Team and management plans/strategies were then derived from these meetings.

2) Classification of Reasons & Potential Solutions
- Discussion with various stakeholders e.g. Head of Departments and appointed clinicians were held to determine the challenges encountered, leading to the WTA issue.
- Depending on the nature of challenges faced, appropriate strategies were introduced to mitigate the issue.
- Given that each specialty has their own set of challenges, there is no one solution that can be adopted across all specialties.

Results

Figure 1. Driver Diagram of the WTA issues and the strategies adopted. The factors that led to long WTA can be broadly categorized into three groups i.e. Supply, Demand and Process. Depending on the nature of the issue, different strategies were adopted to manage the issue.

Table 1. Solutions Ranking using Priority Matrix. The ranking was done based on each cause’s level of impact on new case WTA, ease of implementation and how feasible it is to implement this solution.

<table>
<thead>
<tr>
<th>No.</th>
<th>Solution</th>
<th>Level of Impact</th>
<th>Case of Implementation</th>
<th>Feasibility (i.e. Resource considerations)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Standardization of Resource Setup</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Repurposing of Clinic Resources</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Triaging Deferred Cases Based on Dept. agreed Guidelines and Criteria</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Key Strategies Adopted:

1) Standardization of Resource Setup:
- **Requirements:**
  - WTA graph referred to the sub-spec level is needed to identify such trends.
  - Resources may have the capacity (i.e. underutilized resources) to accommodate those resources with higher demand.
  - All referrals would be reviewed in General clinics before redirecting them to Sub-Spec clinics.
- **Pros:**
  - Maximize sub-spec utilization once unallocated resources are being tapped to support those with higher demand.
  - Improves access to specialist care through reduction in waiting time for those who are seeking to a specific sub-specialty.
- **Cons:**
  - Case mix for the various sub-specialities are affected since all cases are referred through the general clinics.

2) Repurposing of Clinic Resources:
- **Requirements:**
  - Recommended workload per session is derived based on historical demand (inclusive of CAI).
  - Department needs to commit to specific number of work weeks (i.e. after the overall supply of NC slots).
  - Junior doctor’s availability needs to be factored in during resource planning.
  - Departments are encouraged to plan with the lowest available allocation.
  - Long-term monitoring of the individual performance is needed to ensure compliance.
- **Pros:**
  - Long term sustainable approach once the department is fully committed to the strategy.
  - Equitable distribution of workload across departments.
- **Cons:**
  - Bog off from the various doctors is needed for the success of this initiative.
  - Depending on the extent of changes made, the improvement in WTA may be gradual.
  - Approach does not cope well with seasonal trends such as public holidays.

3) Triaging Approach:
- **Requirements:**
  - Specific guidelines and referral criteria were drafted by the receiving department.
  - Workload/Process on how each referral is managed from the start till patient notification is created.
  - Specific job scopes are defined to minimize deviation from the workflow.
- **Pros:**
  - All referred cases would be screened in accordance to the referral guidelines/criteria.
  - Minimized process mistakes w.r.t. incorrect logging of appointment date reason or usage of incorrect job type.
- **Cons:**
  - Labour intensive approach as the team needs to have dedicated staff to manage the whole referral process.
  - Patients are unable to obtain their appointment information immediately from the clinic.
  - Given that process may involve multiple stakeholders i.e. Clinic - Dept. - Doctor - Patient. There is a risk for information to be lost along each transition.

Conclusion
The WTA is an important measure of patients’ access to tertiary care. Various departments face different challenges and situations in keeping WTA in check, such as there is a need to utilize unique and customized strategies to improve access to care. By keeping a close monitoring on the department’s WTA performance, SO can work closely with the respective clinical teams to formulate targeted strategies to manage their performance and ensure that patient care is delivered in an appropriate and timely manner.

Acknowledgement
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