



Reduce Wait Time and Improve Clinic Flow in Psychological Medicine Clinic

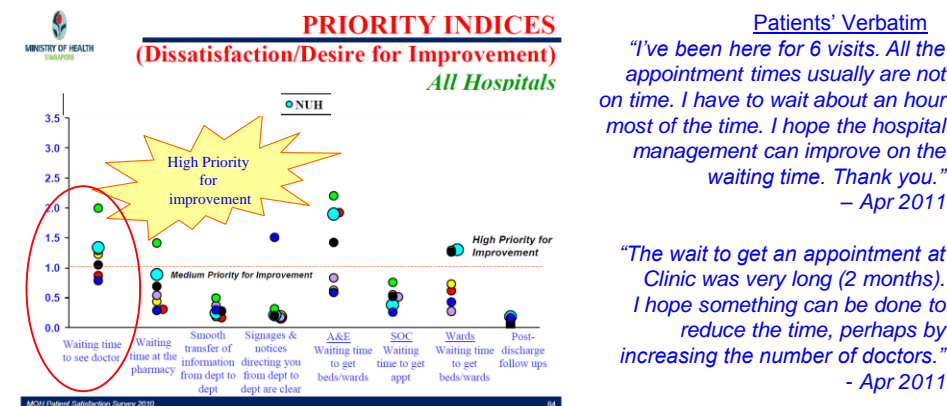


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BACKGROUND

Long wait times were the top reason for patient dissatisfaction in Psychological Medicine (PsyMed) clinic (Fig 1). Appointment wait times went as high as 63 days (95th percentile) and consultation wait times ranged up to 74 minutes (95th percentile) for subsidised patients. Long appointment wait times could potentially contribute to a deterioration of patients' mental health, and PsyMed patients are more likely to become anxious or agitated if the consult wait time is long. Clinic staff felt stressed by the need to manage the patients' emotions and expectations while waiting, as well as by the peak hours caused by uneven workload and scheduling practices.

Fig 1: MOH Patient Satisfaction Survey



KEY INTERVENTIONS

Reduce appointment wait time and improve utilisation of slots

1. Based on the historical data of patients' demand, the number of first visit (FV) and repeat visit (RV) slots were adjusted to level the workload. Staff were encouraged to flex the slot types according to demand.
2. A standard scheduling guide for clinic and call centre staff was developed.
3. Clinicians encouraged team based approach (MO to cover for urgent leave)

Reduce consultation wait time

1. Tracked clinic start time (punctuality) and feedback to the clinicians
2. Set a single ring reminder for very long duration consults, followed by "rescue" – a nurse to attend to the patient while the doctor continues to see other patients, if required.
3. Encouraged all long discussions for teaching purpose to be done after clinic

Reduce waste and improve patient's experience

1. Minimised interruptions during consultation (triage calls, preparing casenotes in advance and placing them in rooms at the start of each clinic)
2. 6S was performed in all the clinic consultation rooms
3. Provide a variety of reading materials, puzzles, healthy snacks, etc. at the clinic waiting area to keep the patients occupied while waiting

OBJECTIVES

1. Improve and standardize scheduling practices in Psychological Medicine (PsyMed) clinic and Call Centre to:
 - i. Reduce new appointment wait time. Concurrently,
 - Maintain or reduce consultation wait time
 - Maintain or increase utilization of appointment slots
 - ii. Level workload for clinic staff
2. Streamline the end-to-end clinic flow by eliminating waste

METHODOLOGY

The 4.5 days Rapid Improvement Event (RIE) was held on 11-15 Jul 11 with all the key stakeholders. A combination of Lean tools, problem solving techniques (Fig 2: A3 thinking and PDCA) and operations research methodologies and simulation software (Fig 3) were used to analyze the PsyMed appointment scheduling practices and streamline the clinic workflow.

Fig 2: A3 Report

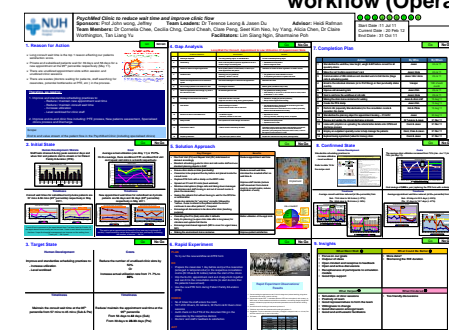
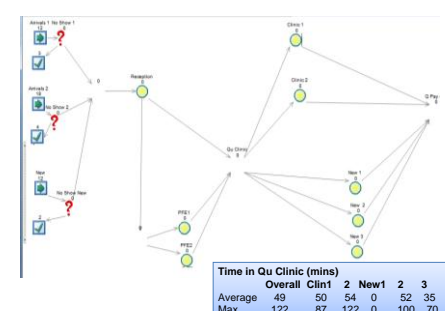


Fig 3: Simulation snapshot of the clinic workflow (Operation Research methodology)

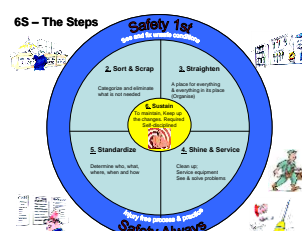


Value stream mapping (VSM) was applied to analyze the end-to-end process and identify the waste in the process.

Paradigms were also challenged. Gap analysis was done to drill down to the root causes for long wait for consultation and first appointment.

6S (workplace optimization and safety) (Figure 4) was performed in all the consultation rooms to facilitate the workflow.

Fig 4: 6S Steps



RESULTS

Quantitative Results:

1. Appointment wait time at 95th percentile for subsidised cases has reduced by 68% from 63 days (Feb 11-Jun 11) to 21 days (Jul 11-Mar 12). (Fig 5)
2. Appointment wait time at 95th percentile for private cases has reduced by 40% from 31 days (Feb 11-Jun 11) to 19 days (Jul 11 – Mar 12). (Fig 6)

Fig 5

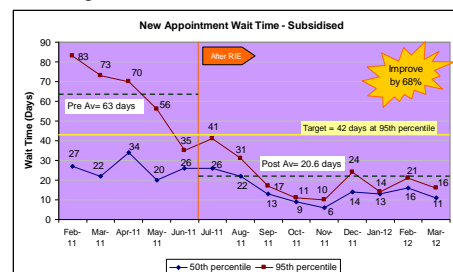
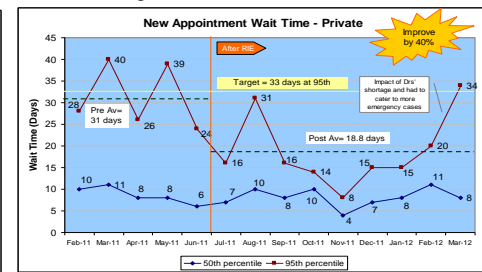


Fig 6



3. Consult wait time at 95th percentile for subsidised cases has reduced by 15% from 74.4 mins (Feb 11-Jun 11) to 63.4 mins (Jul 11-Mar 12). (Fig 7)
4. Consult wait time at 95th percentile for private cases has reduced by 5% from 55.6 mins (Feb 11-Jun 11) to 52.9 mins (Jul 11-Mar 12). (Fig 8)

Fig 7

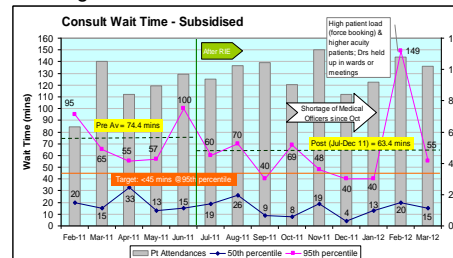
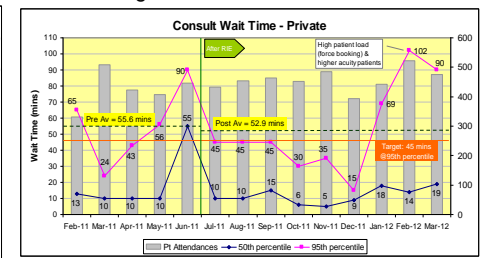


Fig 8



Qualitative Results:

1. Patients' care, experience and satisfaction in the clinic has improved.
2. Clinicians were able to engage patients better with minimal interruptions.
3. With better scheduling and workload levelling, staff were less stressed.

CONCLUSION

Patients are now able to receive more timely care and treatment, without the stress and anxiety associated with long waits.

"Excellent, prompt, friendly, efficient, very pleasant overall. Thank you." – Patient