

# Improving Waiting Time to Urology Appointment

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## Introduction

Waiting time to new case subsidised (NC SUB) appointments at specialist outpatient clinic (SOC) is one of the corporate objectives in SGH strategy map. It is also a key performance indicator (KPI) tracked by Ministry of Health (MOH) to measure accessibility to care.

$$\text{Percentage (\%)} \text{ of new subsidised SOC appointments with waiting time (WTA) > 60 days} = \frac{\text{Number of Cases* with Wait Time > 60 days}}{\text{Sample Size *}}$$

\* Excludes patients who rejected the earliest available date, walk-in patients and referrals from Department of Emergency Medicine (A&E) within the same day

The percentage of patients waiting more than 60 days to obtain a NC SUB appointment with Department of Urology (URO) increased from median of 1% in Financial Year (FY) 2009 to 57% in FY 2010.

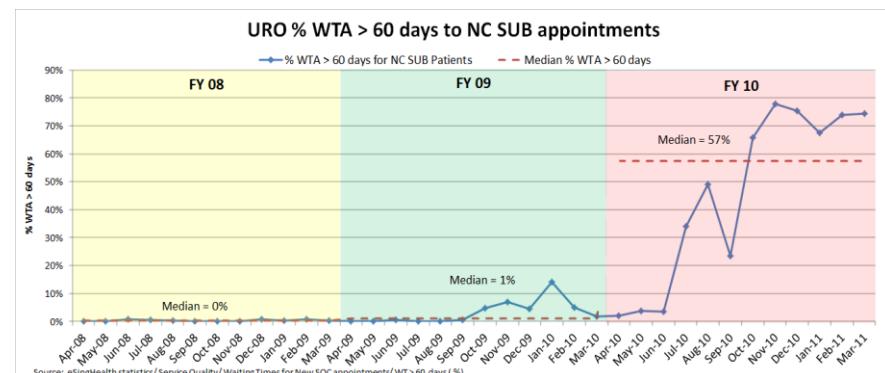


Figure 1: %WTA > 60 days for URO from Apr-08 to Mar-11

## Mission statement

To achieve less than 30% of patients waiting more than 60 days for NC SUB outpatient appointments in Department of Urology within 12 months.

## Methodology

The patient referral process was studied. Thereafter, data analysis on the number of patients being referred (demand), the number of URO appointment slots available (supply) and utilisation of these slots was done.

The 5-why method was then used to identify the root causes to long waiting time to appointment (WTA) before the tree diagram (refer to Figure 2) was developed to derive the following 2 key initiatives.

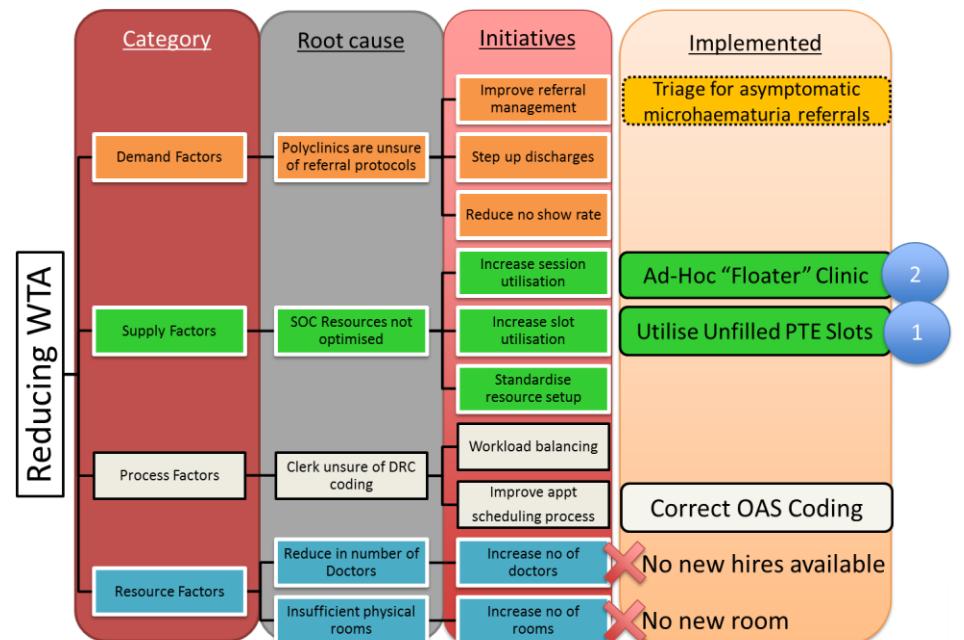


Figure 2: Tree diagram for solutions

### Key Initiative 1 – Utilise unfilled private slots

Since 19 April 2013, if any NC private slots are unfilled within 2 working days before actual consultation date, they are opened to be booked by NC SUB appointments. This increased about 21 NC SUB slots per month.

### Key Initiative 2 – "Floater" Clinic

Since July 2013, "URO Floater Clinic", run by Family Medicine Medical Officers attached to URO, are created every month from the clinics blocked by Urologist for various reasons. As a result, NC SUB slots increased by about 60 slots per month.

## Results

The median percentage of URO patients waiting more than 60 days decreased from 57% in FY 2010 to 13% in FY 2013, achieving the set target of less than 30%.

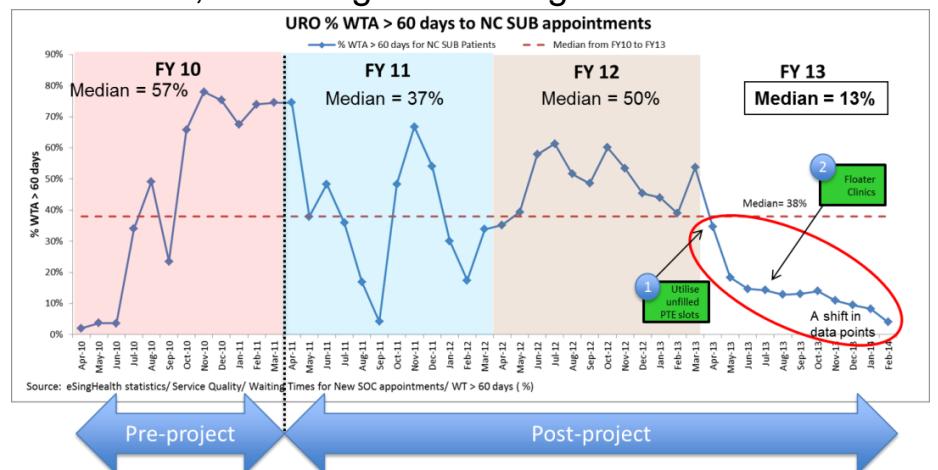


Figure 3: %WTA > 60 days for URO from Apr-08 to Feb-14

## Conclusion

Data analysis and tracking is vital to lead the project team to the solution that made impact. The multi disciplinary team members involved also contributes to the success of the project.