



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 poster serves 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 (eHIntS).
- 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

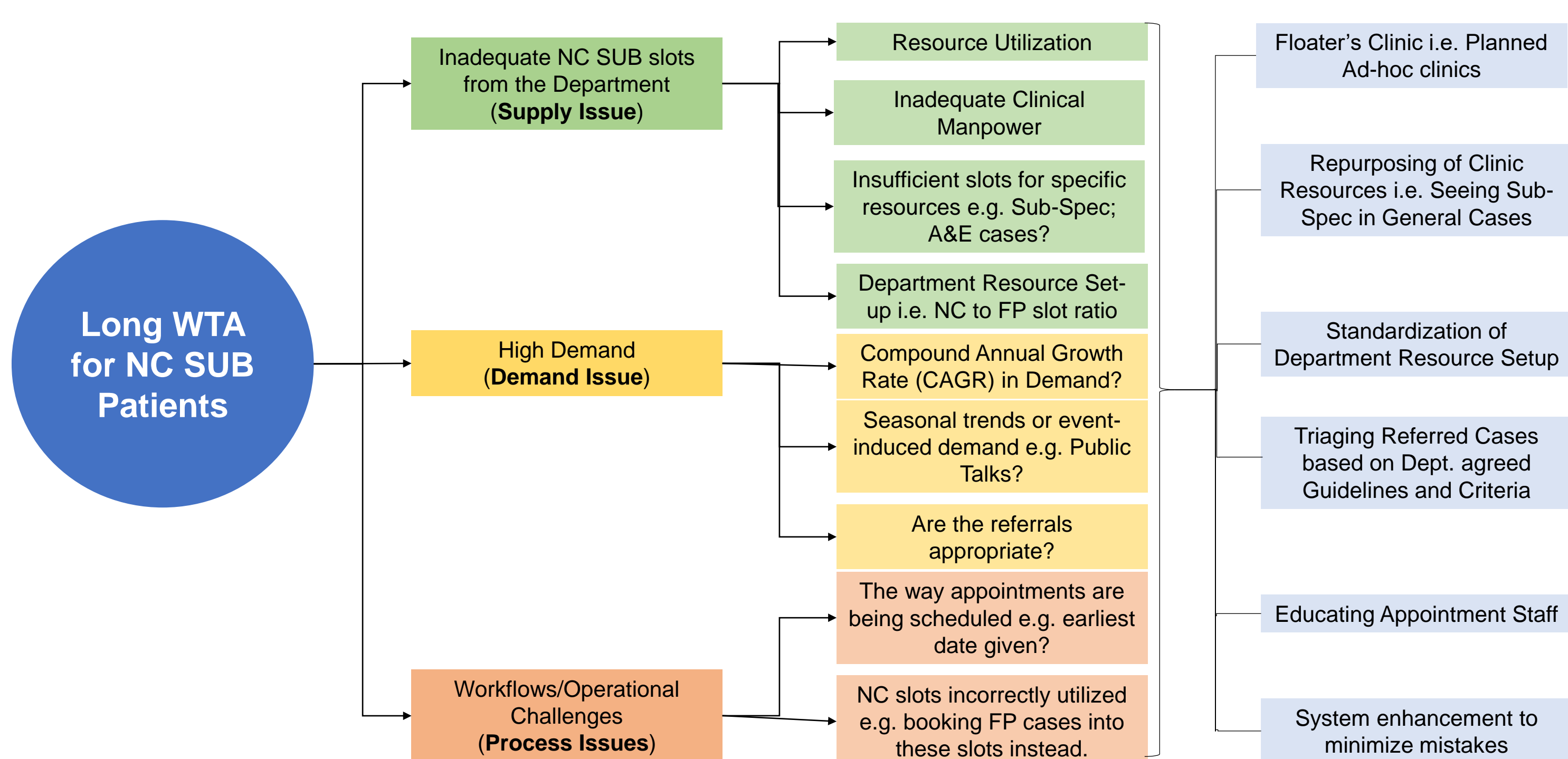


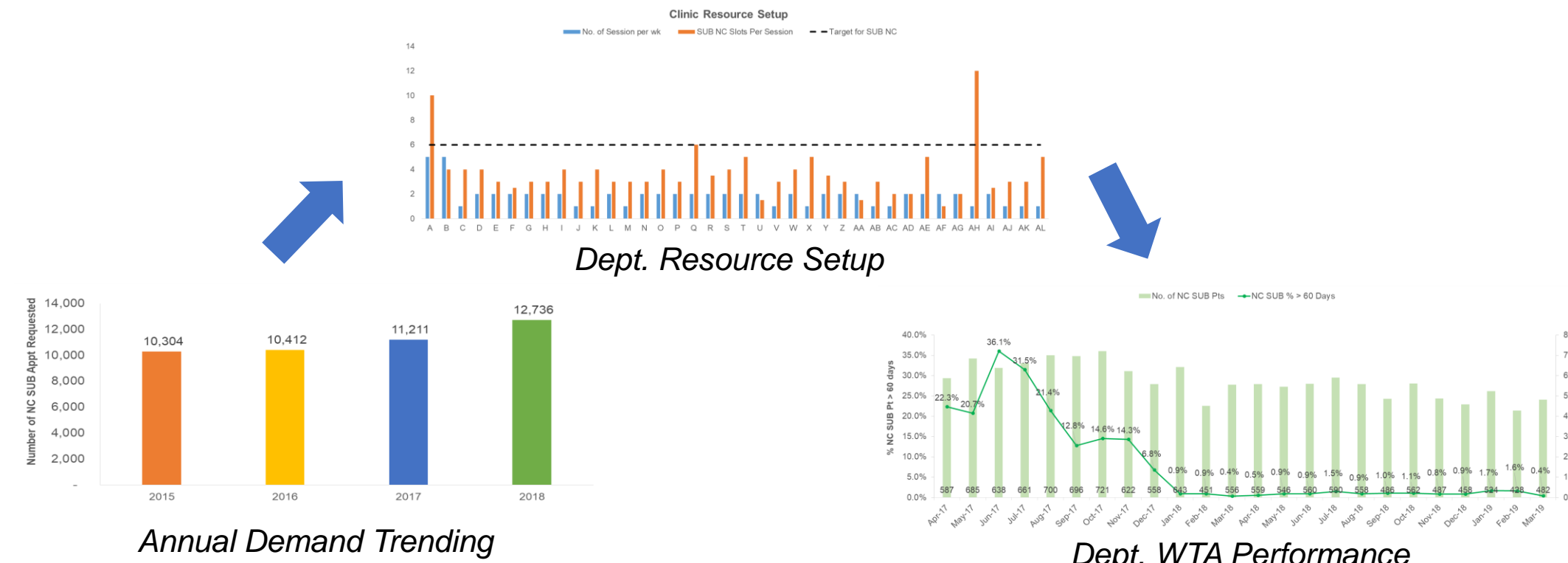
Figure 1. Driver Diagram of the WTA issues and the strategies adopted. The factors that led to long WTA can be broadly categorized into three groups i.e. Supply, Demand and Process. Depending on the nature of the issues, different strategies were adopted to manage the issue.

Table 1. Solutions Ranking using Prioritization 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.

| No. | Solution | Level of Impact No Impact: 1 point Little Impact: 2 points High Impact: 3 points | Ease of Implementation Difficult: 1 point Moderate: 2 points Easy: 3 points | Feasibility i.e. Resource considerations Not Feasible: 1 point Relatively Feasible: 2 points Very Feasible: 3 points | Total |
|-----|---|---|--|---|-------|
| | | | | | |
| 1 | Standardization of Department Resource Setup | 3 | 2 | 3 | 8 |
| 2 | Repurposing of Clinic Resources i.e. Seeing Sub-Spec in General Cases | 3 | 2 | 2 | 7 |
| 3 | Floater's Clinic i.e. Planned Ad-hoc clinic | 2 | 1 | 2 | 5 |
| 4 | Triaging Referred Cases based on Dept. agreed Guidelines and Criteria | 2 | 2 | 1 | 5 |
| 5 | Educating Appointment Staff | 1 | 2 | 1 | 4 |
| 6 | System enhancement to minimize mistakes | 1 | 1 | 1 | 3 |

Key Strategies Adopted:

1) Standardization of Resource Setup:



Requirements:

- WTA graph refined to the sub-spec level is needed to identify such trends.
- The department must have the capacity i.e. under utilized resources to accommodate those resources with higher demand.
- All referrals would be reviewed in General clinics before redirecting them to Sub-Spec clinics.

Pros:

- Maximizes slots utilization since unutilized resources are being tapped to support those with high demand.
- Improves access to specialist care through reduction in waiting time for those who are waiting to see a specific sub-specialty.

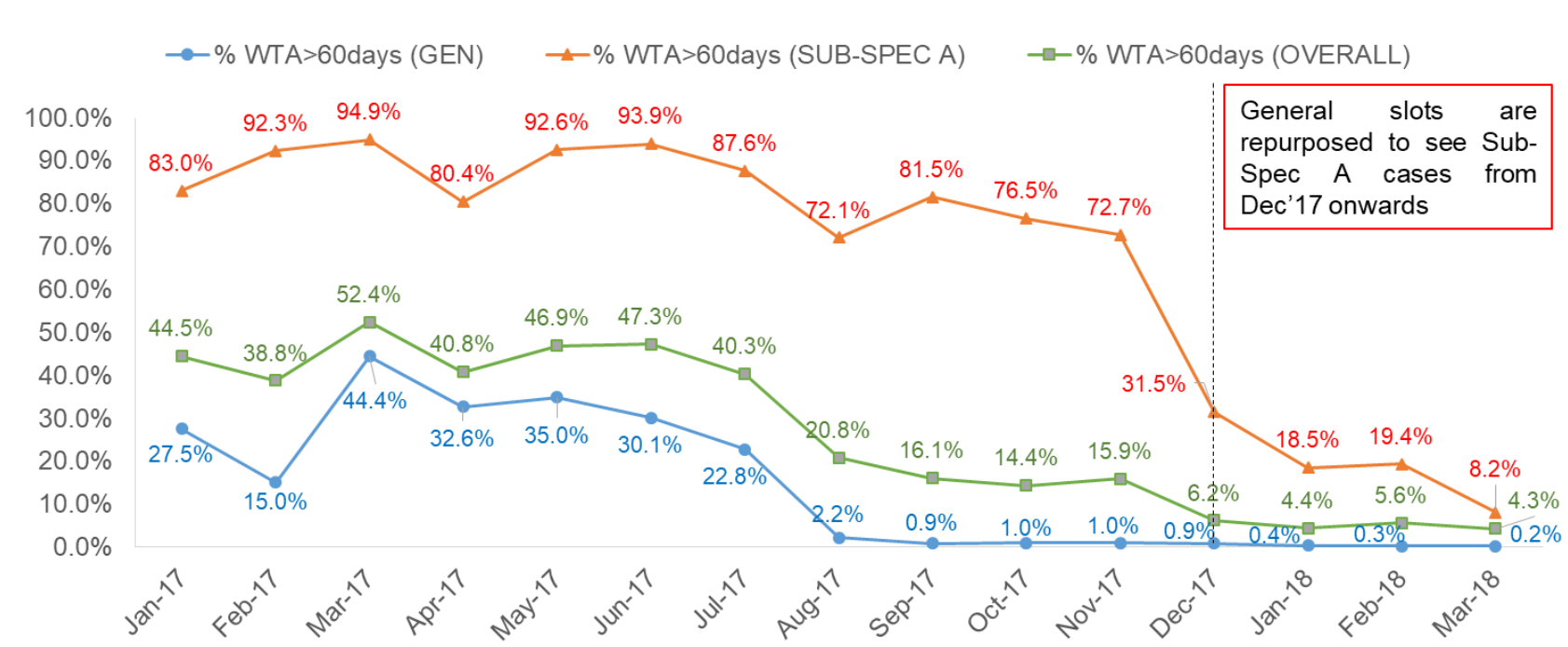
Cons:

- Case mix for the various sub-specialty clinics are affected since all cases are referred through the general clinics.

Specialties that Adopted the Above Strategies:

Gastroenterology, Haematology, Neurology, Rheumatology, Urology, Orthopedic Surgery, Upper GI, Hepato-Pancreato-Biliary etc

2) Repurposing of Clinic Resources:



Requirements:

- Recommended workload per session is derived based on historical demand (inclusive of CAGR).
- 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.
- Regular 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 department.
- Creates a structured resource management protocol for the department.

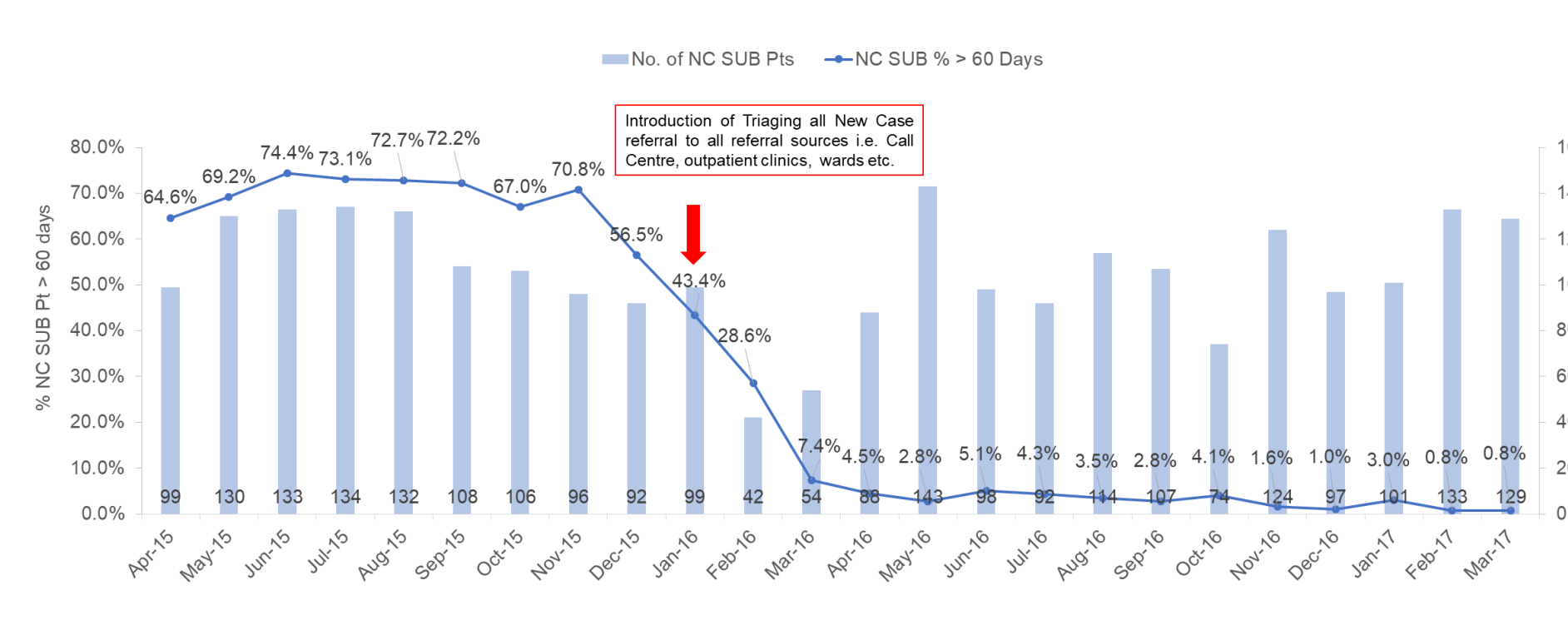
Cons:

- Buy-in 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 talks etc.

Specialties that Adopted the Above Strategies:

Orthopedic Surgery

3) Triaging Approach:



Requirements:

- Specific guidelines and referral criteria were drafted by the receiving department.
- Workflow/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 e.g. incorrect tagging of appointment date reason or usage of incorrect slot type.

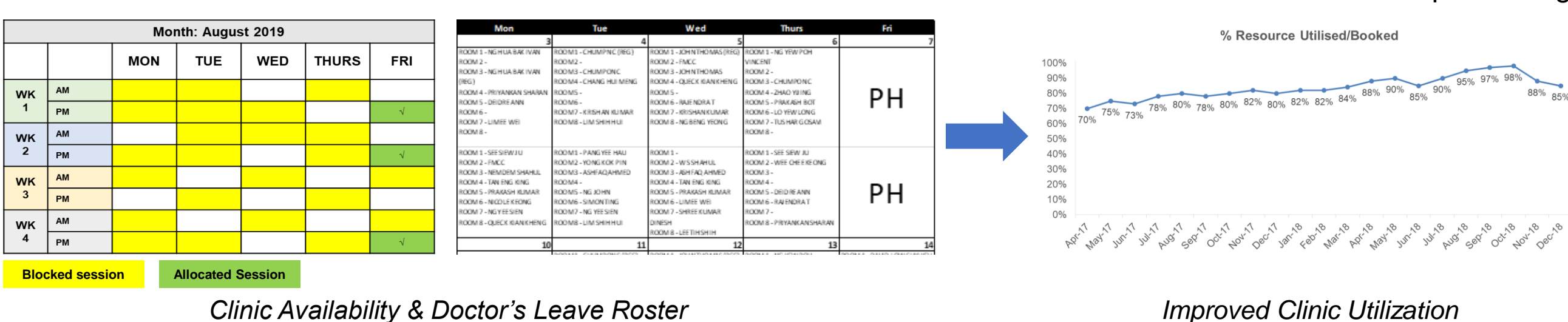
Cons:

- 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. → Clinic → Patient, there is a risk for information to be lost along each transition.

Specialties that Adopted the Above Strategies:

Psychiatry, Rheumatology

4) Floater's Clinic (Planned Ad-Hoc Session):



Requirements:

- Department doctor's leave & Consultation room availability forecast rosters are needed.
- Dedicated staff to actively manage the allocation of available rooms to doctor.
- Clinic assistants needs to be trained to support different specialties in order to cope with the different requirements

Pros:

- Improves the clinic room utilization rate.

Cons:

- Labour intensive as clinic staff needs to actively monitor room availability to ensure minimal disruption to daily clinic operations.
- Patients experience is compromised as the consultation location changes during each visit.
- Resources may be blocked in the event where there is no available consultation room.

Specialties that Adopted the Above Strategies:

Neurology

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, as such 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, SOC 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

The team would like to thank all the clinical departments who have contributed to the success of this project.