Improving Appointment Rescheduling Efficiency

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Background Introduction

TTSH uses Enterprise Appointment System (EAS) to manage appointments electronically. For patients in Rehabilitation SOC, patients often need multidisciplinary appointments such as Occupational Therapy (OT) and Physiotherapy (PT). One of the capabilities of the EAS allows for appointments to be linked to facilitate booking of multiple appointments for the same patient

Problem Statement

Long Appointment Re-scheduling Process at counter for outpatient therapy services

If changes are required to 1 of the linked appointments required.

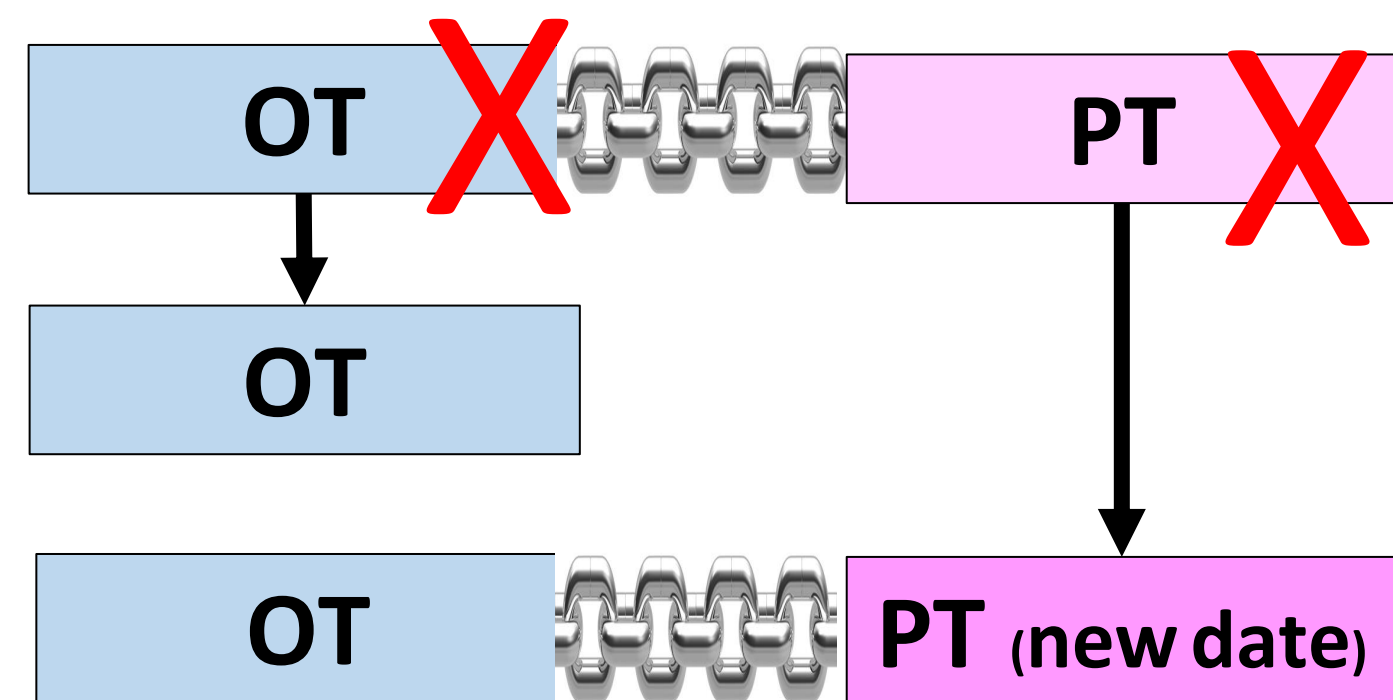(1) Staff on urgent leave   (2) Patient Request to change

Step 1:
Cancel both appointments
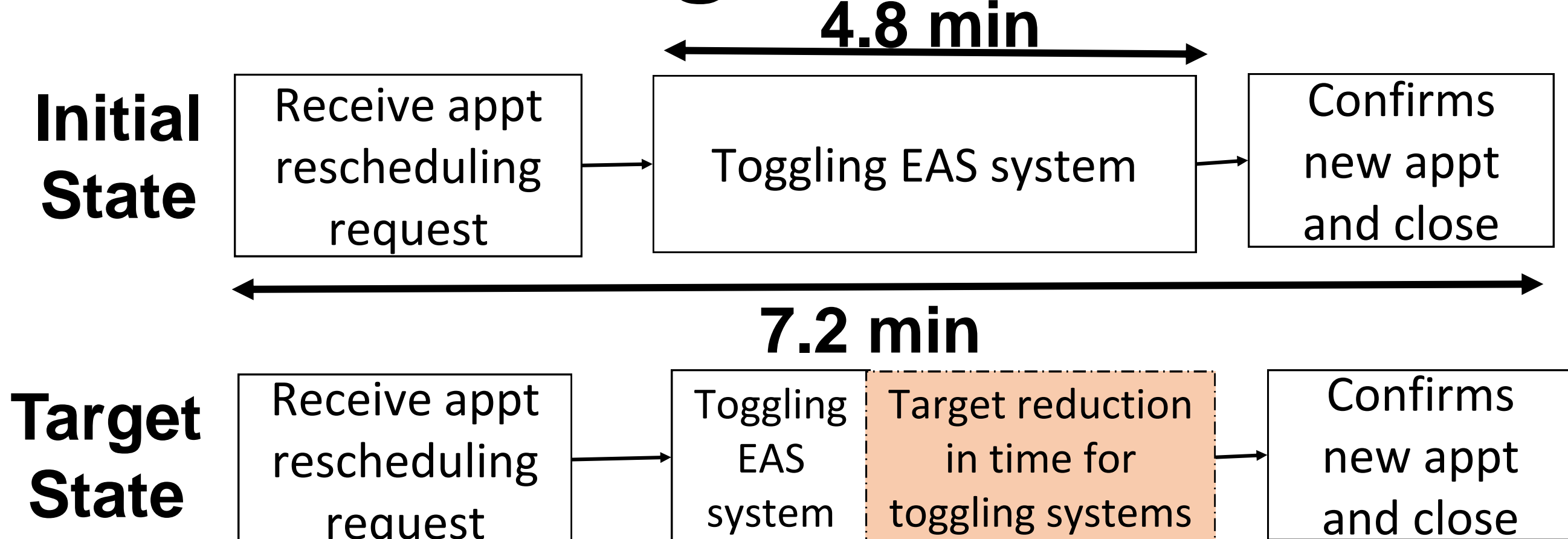**Step 2:**
Rebook the same unaffected appointment
Step 3:
Reschedule the affected appointment

OT ✗ —🔗— PT ✗

OT

OT —🔗— PT **(new date)**

Motivation

👍 **67% of patient's waiting time** for new appointment is spent waiting for PSAs to process the rescheduling request on EAS.
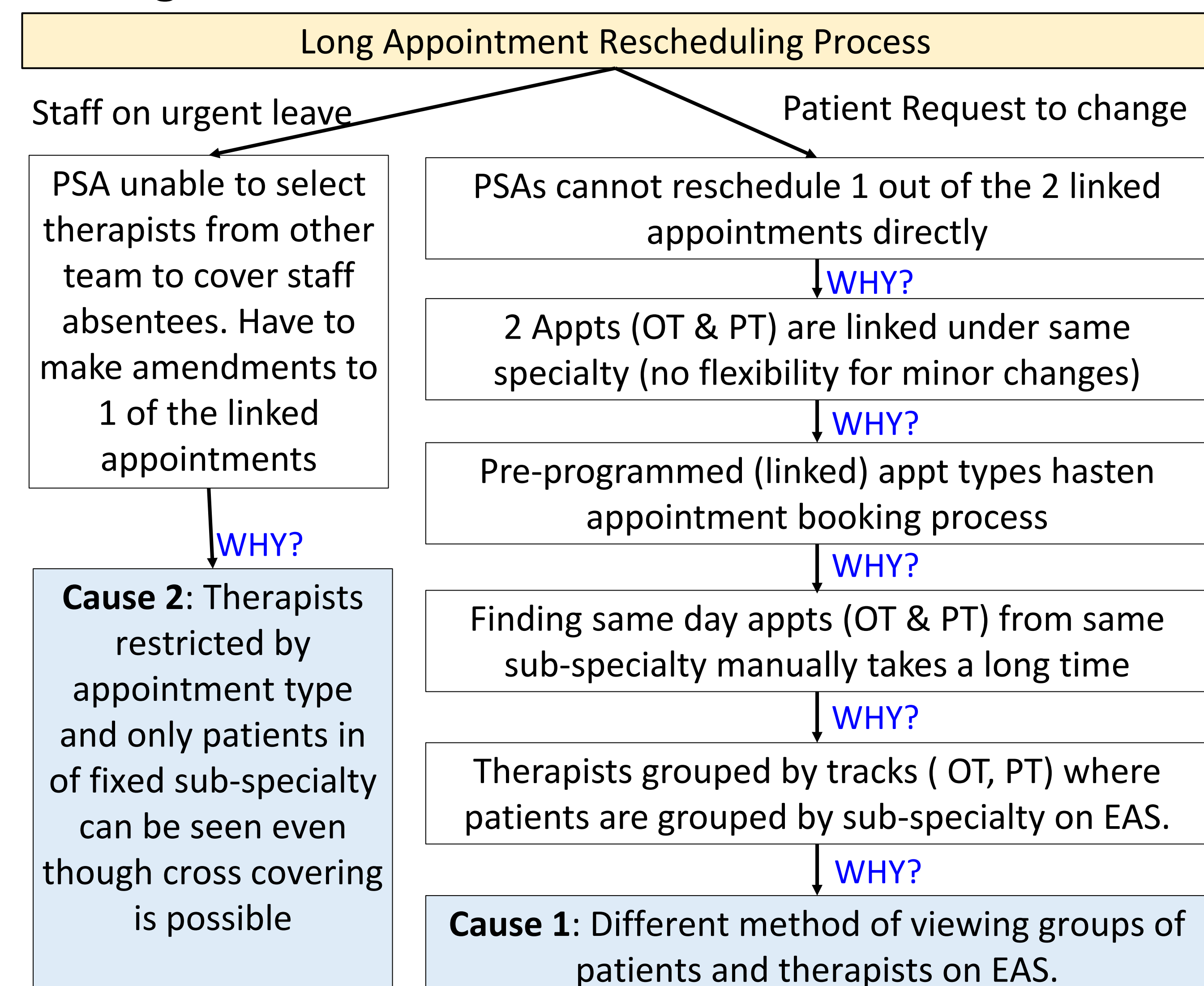
Initial and Target state

Initial State — 4.8 min

| Receive appt rescheduling request | Toggling EAS system | Confirms new appt and close |

Target State — 7.2 min

| Receive appt rescheduling request | Toggling EAS system | Target reduction in time for toggling systems | Confirms new appt and close |

To reduce the average appointment rescheduling time for patient by approximately 50%

Methodology – 5 Whys Analysis

Finding root cause

Long Appointment Rescheduling Process

Staff on urgent leave   Patient Request to change

PSA unable to select therapists from other team to cover staff absentees. Have to make amendments to 1 of the linked appointments

→ WHY?

PSAs cannot reschedule 1 out of the 2 linked appointments directly
↓ WHY?
2 Appts (OT & PT) are linked under same specialty (no flexibility for minor changes)
↓ WHY?
Pre-programmed (linked) appt types hasten appointment booking process
↓ WHY?
Finding same day appts (OT & PT) from same sub-specialty manually takes a long time
↓ WHY?
Therapists grouped by tracks (OT, PT) where patients are grouped by sub-specialty on EAS.
↓ WHY?
Cause 1: Different method of viewing groups of patients and therapists on EAS.

Cause 2: Therapists restricted by appointment type and only patients in of fixed sub-specialty can be seen even though cross covering is possible

Solution

For Cause 1:
Creation of new viewing groups (aligned with how patients are grouped)

Department: Rehabilitation Medicine

View:
Rehab OT
CART Drs
CART Therapist
Rehab Doctors
Rehab OT
Rehab PSY
Rehab PT
Rehab ST
Neuro Team
OTR Team
ABI Team
SCI Team

4 new viewing groups created based on Rehab's Sub-specialty

PSAs can now visualize availability of slots at one glance without toggling through multiple windows

SCI Specialty

PT TPHTCCP	**OT** TOCTTRU
66%	0%
11:30	11:30
12:00 PTGENSAR CHANDRAMOGA...	11:45
	12:00
	12:15

For Cause 2:
Creation of General Appt Type

Before –
Appointment Type by Sub Specialty

App. type / Duration
[Select]
PT-STR-PTE-AF
PT-STR-PTE-AR
PT-STR-SUB-AF
PT-STR-SUB-AR

After –
General Appt Type

App. type / Duration
[Select]
PT-GEN-PTE-AF
PT-GEN-PTE-AR
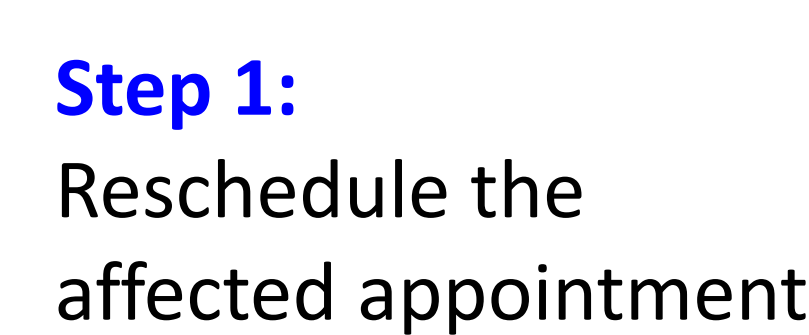PT-GEN-SUB-AF
PT-GEN-SUB-AR

Rescheduling no longer required. Therapists could make internal arrangements for urgent cross coverage

Results

1) Reduction in process steps

3 Steps → **1 Step**

Step 1:
Reschedule the affected appointment

OT —🔗— PT ✗

OT —🔗— PT **(new date)**

2) Reduction in average toggling time on EAS
4.8min → **1.3min**   - 73%

3) Reduction in average ~~total~~ appointment rescheduling time
7.2min → **3.7min**   - 49%

Overall patient waiting time reduced!

Conclusion

What went well?

•**Better Staff experience**
PSA are less frustrated as rescheduling can be done more efficiently.
•**Better patient experience**
Reduced waiting time for patients
•**Sustainable Outcome**

What helped?

•**Ground Engagement**
Through internal comms platform to increase awareness of staff. Hence inputs for best solutions were available
•**Staff Cooperation**
•**Good Feedback System**
from the internal comms platforms

What did not go well?

•**Frontline Interruption**
There were work demands at the front counter where data collection was affected. Some data points have to be omitted.

What hindered?

•**Limited outpatient therapy workload**
Longer data collection period to gather sufficient data points.