Reducing Subsidised New Case Appointment Waiting time for Renal Medicine

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BACKGROUND

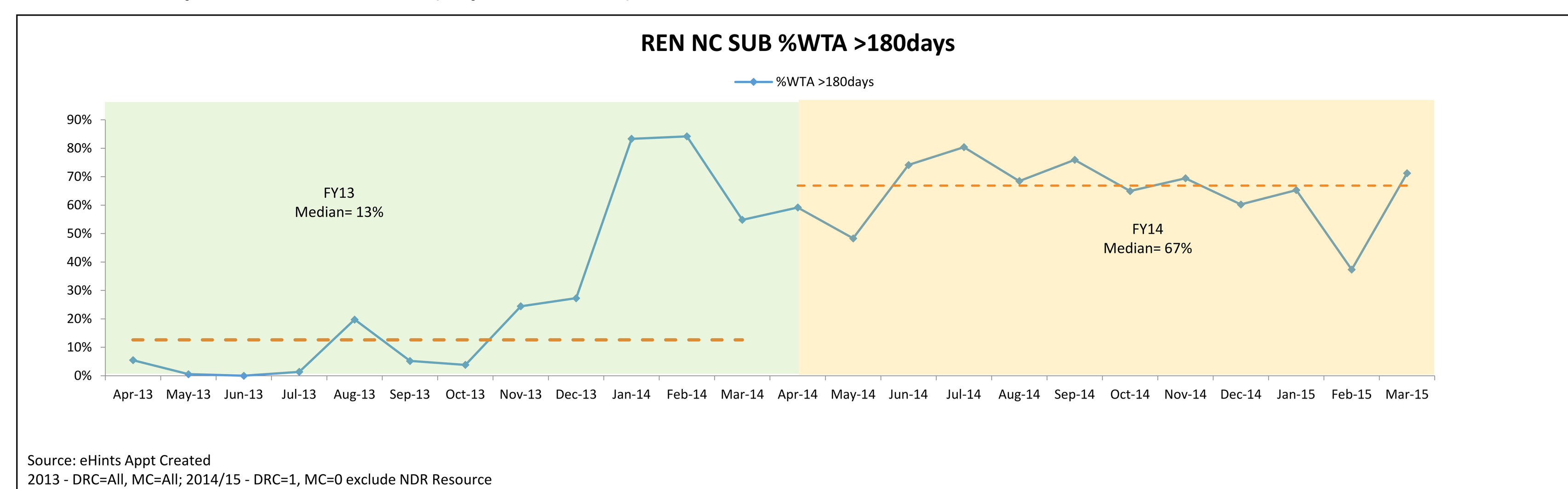
In 2014, there were more than **7000 Renal subsidized new cases** seen amongst the restructured hospitals. Singapore General Hospital (SGH) Renal department alone handled about **28% of the renal subsidised new cases**.

With the high load of renal subsidised new case patients requiring an appointment, waiting time for a renal new case subsidised averaged at about 80% above **180 days and 90% above 60 days.**

In June 2014, **the maximum waiting time** for a renal subsidised new case appointment in SGH was 367 days and the minimum waiting time for a renal subsidised new case appointment was 179. (Refer to Figure A)

The long wait for an appointment to see a specialist was a cause of concern because it meant that patients' access to care may be compromised as their condition may deteriorate during the wait. The long wait also causes delay in treatment and intervention which may impact patient's quality of life.

As waiting time is one of the key performance indicator (KPI) tracked by Ministry of Health (MOH) and also, to be in line with SGH's priority of ensuring patient's safety and quality, the project to reduce the renal subsidised new case waiting time is founded by the SGH Renal department and SGH Specialist Outpatient Centre (Operations).



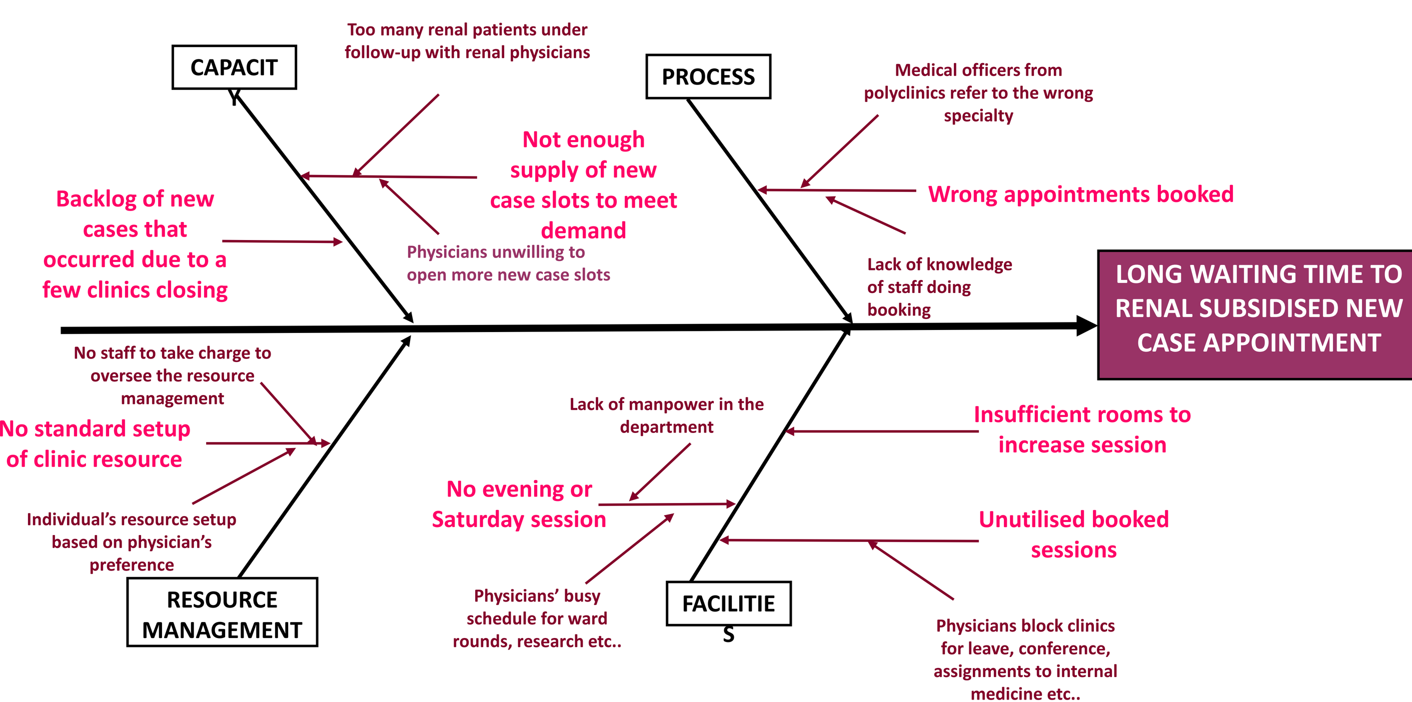
AIMS

1. To reduce Renal Medicine's New Case WTA more than 180 days from 80% to 0%.
2. To ensure that patient who needs to be seen urgently gets an appointment timely.

METHODOLOGY

Identification of root causes

An **Ishikawa diagram** was used to identify the root causes of the long waiting time.



In Depth Study

A more in-depth study of the subsidised new case referral process was done by the team to look for **good practices and bad practices** which could have an impact on the waiting time.

Data Analysis

Data analysis on the **number of patients referred** (demand) and the **number of subsidised new case slots available** (supply) for booking was done to understand the severity of the shortage. Data analysis also focused on if the slots were used efficiently (no wrong referral, no shows etc).

Execution

Base on the team's anaylysis, solutions focusing on the following was planned and executed:

1. Increase the supply of subsidised new case slots for SGH Renal
2. Decrease unutilised booked subsidised new case slots to avoid wastage of slots created
3. Improve the quality of referrals to SGH Renal and ensuring that urgent cases are seen promptly.

SOLUTIONS

Several initiatives was rolled out to achieve the targets

Aug 14 — Setting up of criteria for renal referral from polyclinic

A set of referral criteria was set by the SGH renal department for the Singhealth polyclinics (SHP). This helps the medical officers who change every 6 months refer the patients based on patients' condition, eliminating wrong referrals from the SHPs

Based on record, since the implementation, there have been no wrong referrals from the polyclinics

Oct 14 — Improvement on the Fast Track Referral Process to SGH Renal

In lieu of the long waiting time for appointment, fast track referral process from the polyclinics was introduced. The workflow was further enhanced by allowing Medical officers from SHPs to refer urgent cases via the Sunrise Clinical Manager system and SGH Renal will vet the requests before handing over referrals for appointment to be made by clinic staff according to the dates advised by physicians.

Patients who require immediate treatment and intervention have expedited access to them.

Oct 14 — Encouraging discharge of follow up patients

In order to increase the capacity of physicians to take in more new cases, the departments worked with Singhealth Chronic Disease Management office to encourage discharging and right-siting of stable renal cases. In-service talks were conducted for physicians to promote active right-siting and briefings were given to the clinic to educate on proper workflow.

Discharge maintained at a rate of 3% every month

Jan 15 — Standardisation of Renal physicians blocking for their posting to Internal Medicine

Clinic blockings for renal physicians on DIM posting affects the utilisation of booked subsidised new case slots. After discussion and studying of physicians' schedule, clinic blockings was reduced from 4 weeks to 2 weeks, increasing the utilisation of new case slots by at least 4-8 slots a month.

Unutilised slots dropped from 24.4% to 18.6%, allowing more subsidised new case appointments to be booked.

May 15 — Standardisation of resource setup according to ranks of doctors

The following measures were taken to increase the supply of subsidised new case slots:

- The number of subsidised new case each physician sees per clinic is standardised by the rank of the physician. The numbers are determined with HOD of SGH Renal after looking at the physician's average workload.
- Standardisation of clinic sessions per physician – a KPI of a minimum of 2 half sessions and 2 full sessions was set for all physicians who are consultants and below unless there are other clinical or academic responsibilities
- Management of private new case slots – all private new case slots created for individual physicians are to be above the minimum subsidised new case slots for each physician

Supply of subsidised new case slots increased by 55.6% or 1697 from FY14 to FY15.

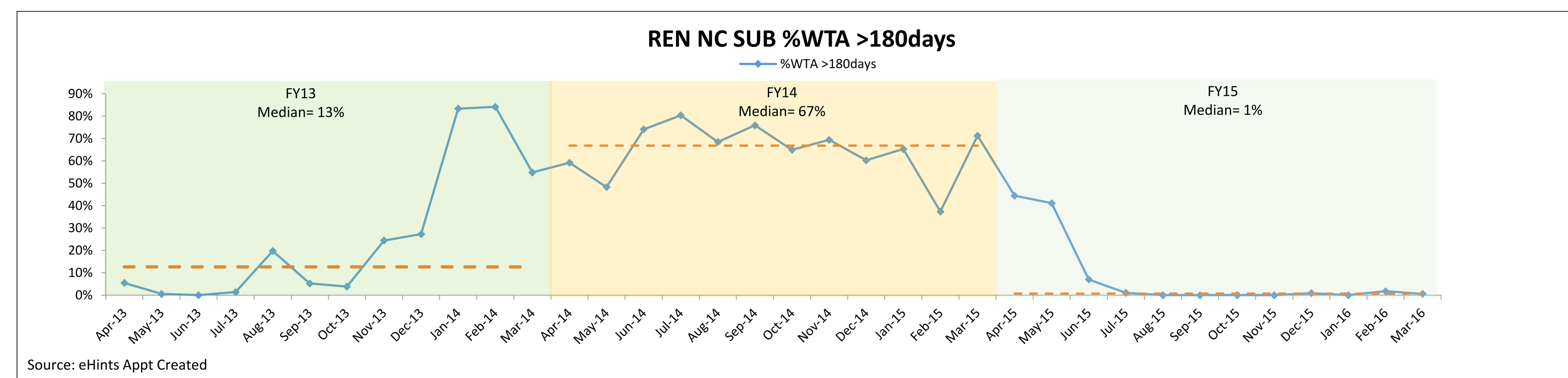
Sep 15 — Ad-hoc sessions setup to clear 'backlog' new cases

A renal physician hired for Seng Kang hospital was attached to SGH Renal. With this extra manpower, ad-hoc sessions were set up to create more subsidised new cases slots.

120 subsidised new case slots were created from Sep 2015 to Feb 2016 to ease the waiting time for

RESULTS

Between August 2014 and 2015, **waiting time for subsidised** new case appointment of more than 180 days **dropped from 80% to 0%.**



From the graph it is evident that waiting time dropped gradually between August 2014 to August 2015 and has sustained at 0% more than 180 days up till March 2016.

CONCLUSION

The initiatives taken in this project have successfully driven the waiting time to renal subsidised new case appointments above 180 days from 80% to 0% with the key improvement between March 2015 to August 2015.

With the optimization of resources, we also ensure that workload is evenly distributed and created an increase in the supply of subsidised new case slots to meet the demand of patients being referred to SGH renal physicians.

Renal diseases are chronic but with early treatment and intervention, patients may be able to have a better quality of life and delay the need of dialysis. Hence, for patient safety and patient care, it is important for the departments to ensure that patients who require specialised care can get the earliest appointment possible enhancing accessibility to care.