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 W/TA 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 analysis, 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.

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.