Improving Access to sub acute ambulatory and community health services

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1. Eastern Health 2. La Trobe University 3. Deakin University 4. Victorian Department of Health and Human Services
The hidden patients on hospital waiting lists

Paul Austin
February 26, 2008

The number of people waiting for treatment at Victoria’s biggest hospital, the Royal Melbourne, is nearly three times as big as the official waiting list declared by the State Government.

Internal hospital documents seen by The Age show that at the end of September last year, 7268 people were waiting for treatment, but only 2437 of them were on the official elective surgery waiting list. A State Opposition analysis of the documents, obtained under freedom of information laws, shows the average waiting time for elective surgery at the
Sub-acute Ambulatory and Community Health Services

Group of services provided in the community to support return to the community following a hospital stay, or maintain health in community settings.

- Allied Health Services
- Specialist clinics
- Community health centres
- Community mental health services
- Community based rehabilitation
Eastern Health

- Covers a geographical area of more than 2800km$^2$ across the Eastern suburbs of Melbourne
- 6 sites providing inpatient care
- More than 73,000 ambulatory appointments annually
Aim of this Study

To identify features of ambulatory services that are associated with long waiting times
Qualitative Design

- Semi structured interviews with senior employees (n= 26) of community health, allied health outpatient and sub acute ambulatory services within Eastern Health.

- Interviews transcribed, data coded and analysed thematically

<table>
<thead>
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<th>Features of included services</th>
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<td><strong>Type of service</strong></td>
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<td><strong>Target client age group</strong></td>
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<td><strong>Location</strong></td>
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<td><strong>Service size</strong></td>
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<td><strong>Typical waiting time</strong></td>
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<td><strong>Service representative</strong></td>
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Key themes

• Staffing issues/
  Lack of resources
  – Lack of leave cover
  – Recruitment delays
  – Part time work force
• Too many referrals
  – Lack of alternative service providers

When someone has to take sick leave or carers leave there’s no backfill, so those appointments then get pushed further down

There’s so many people that need to be seen, there’s no other service
Inefficiencies in access processes

...we don’t get any information that we really need then we get all this extra bit that we’re not that interested in

I think intake take too much information.... I love the fact that they are thorough, but they are going into too much detail that I then need to ask the client anyway so it’s just repetitive
Inefficiencies in scheduling

- DNA rates
- Difficulty getting onto patients – multiple phone calls
- Inefficient use of available clinic time

Probably the other thing that is a big issue for us is failure to attend.... They call up or last minute changes where we can’t fill the diary.

You are always chasing people for appointments, returning phone calls, emails and things.

There is a lot of calling families back when they have called to say I haven’t been seen or I haven’t heard anything.
Acceptance of waiting

• Benchmarking/comparison to other services
  we are looking at 6 week for priority 2’s…so I would say we are providing an excellent service in comparison [to similar services].

• KPIs
  Our category 3 referrals we are seeing within our 6 week KPI.
So what’s the answer? Can we reduce waiting times for ambulatory care?

- Understand supply and demand
  - Simply increasing resources doesn’t always reduce waiting time
  - Perception not always correct
- Keep admin and booking processes simple
- Maximise use of existing supply
  - Failure to attend, ‘right patients, right service’
- Maintain Flexibility
  - Budget for leave cover, forward planning
### STAT Model: Specific Timely Appointments for Triage

<table>
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<th>Analysis of supply and demand</th>
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<td>One off intervention (± additional resources) to reduce existing wait list</td>
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<td>Specific, protected appointments created in clinician diaries for new assessments required to meet demand</td>
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<td>Patients immediately booked into first available assessment slot on referral</td>
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<td>Clinicians assess and determine priority with the context of existing caseload</td>
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Why do we think STAT might work?

- Supply/demand relationship is carefully analysed and balanced

- Reduces admin processes
  - Patients booked in immediately on referral/1st contact – minimal ‘phone tag’
  - Minimal triaging
  - No need to maintain a waiting list
Why do we think STAT might work?

✓ Maintains flexibility
  • Clinicians make priority decisions in the context of demand
  • Number of new patient slots can be adjusted to plan for seasonal variations in demand

✓ Patient-centred
  • Access decisions based on clinical needs of patients, not benchmarking or arbitrary targets and KPIs.

"The greatest danger for most of us is not that our aim is too high and we miss it but that it is too low and we reach it."

Michelangelo
Does it work?

STAT has been shown to reduce waiting time by 40% in pilot trials in community rehabilitation and outpatient physiotherapy.

A large trial of STAT funded by the NHMRC and DHHS is currently underway at Eastern Health involving 8 diverse ambulatory and community health services and over 3000 patients.

Results expected late 2017
Conclusion

- Waiting times for ambulatory and community services are an issue
- Some service factors are associated with waiting time
- Clinicians and managers consistently report too much demand and insufficient staff as the primary reason for wait times.

....BUT ALSO

- **Organisational factors** have been identified that contribute to waiting time, and represent opportunities to better use available resources
- **The STAT model** attempts to address many of these factors: we look forward to reporting whether it can be successful on a large scale.
Are wait lists inevitable in subacute ambulatory and community health services?
A qualitative analysis

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