Case Study: Outpatient Department Improvement Programme

Outline

The OPD service in the hospital was spread over three hospital sites within a 10 mile range, and this service was about to be integrated into one site on the completion of a new PFI building. Within the OPD departments there was a laissee-faire attitude to late starts which were running at 44% and late finishes running at 31% with no quantification of the effect on subsequent staff rostering and accumulated time off in lieu and clinic in-session utilisation of only 77% whilst the Trust was also running waiting list initiatives.

Study Findings

Following a three week in depth study across the Outpatients Department combined with in depth discussions with the Outpatient management team, a number of issues became apparent which, if dealt with, would result in an increase in productivity, realisable savings and hence improved value for money. The main problems faced by the Trust in OPD were: a lack of clarity on booking protocols and operational policies; Consultants Job plans did not reflect existing planned templates; no targets for in-session utilisation of clinics – the average utilisation ~ 75%; no analysis of the causes and effects of late starts and finishes; very little information captured on a weekly basis of plan v actual and inconsistency in resource allocation to clinics planned.

Specific areas of opportunity included:

- Reduction in the Waiting List Initiatives
- A matching of demand with capacity resulting in the reduction of PAs required for the current demand
- Greater management control
- A refined booking process
- Management devolved to the correct levels using specifically developed KPIs.

Project Objectives and Elements

The elements of the project focussed on adding control and discipline in the utilisation of the four major components of the management system:

- Forecasting
    - Establish new Capacity Model/ Master Schedule for OPD
    - Development of constraints model. Skills flexibility matrix analysing room availability, radiographer skills set and consultant specialities and availability
    - Historic volume and throughput analysis. Modality demand vs provision of service time and staffing resource.

- Planning
    - Agree resource requirement by clinic in agreement with clinicians including review the nursing hour's requirement, nursing vs. administration activities and determine the skill levels required to carry out the required activities..
    - Updating of the booking templates making them specific to the needs of each individual Consultant/Team in relation new session times and waiting list demands; including the length of time for each patients slot by type of patient.
- Assigning
    - Design and implement a rostering tool driven by individual clinic need
    - Agree and implement revised shift patterns and rosters (nursing)
    - Optimising the clinic booking process
- Following-up
    - Development and agreement on a set of Key Indicators which can easily be reported by the department on a weekly basis..
    - Establishment of a weekly review process between all stakeholders within OPD to review performance.

The implementation of the above was to be reinforced with a series of workshops based around the recognition of lost time, management techniques and productivity concepts. These had the effect of enabling the OPD management and service leads to hold effective schedule review meetings which informed the schedule and enabled much greater commitment from the staff in relation to effective planning and amelioration of potential lost run time.

Project Results

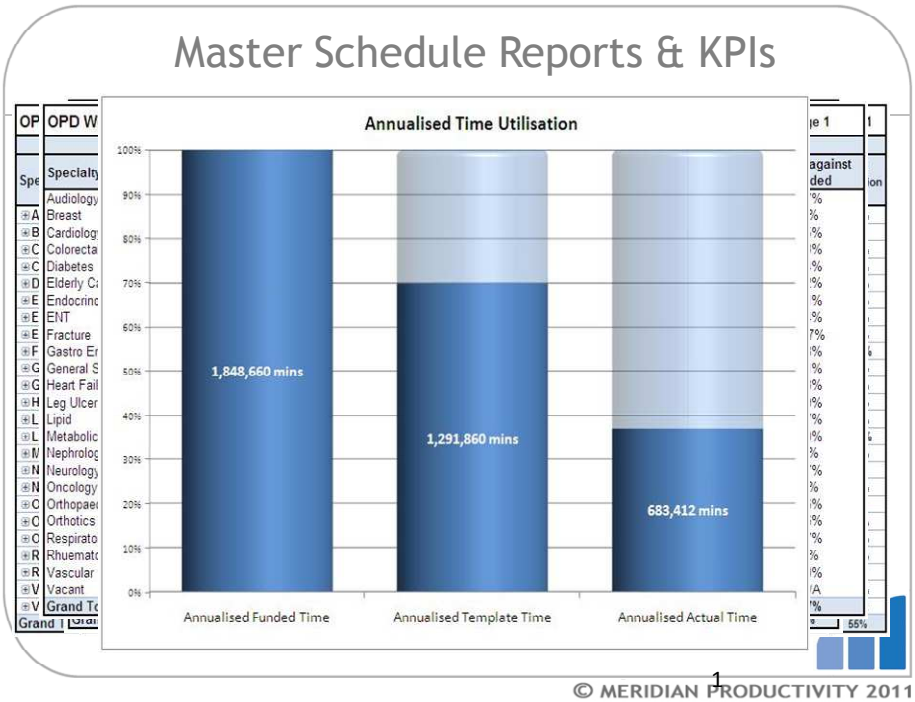
Working with clinicians and managers in each of the hospital sites the following improvements were achieved.

Improved Planning: Clinic templates were adjusted to reflect the reality, by specialty and consultant of the actual time required for new and follow up patients

Improved Utilisation: The ratio of new to follow up patients for each specialty was reviewed and aligned to best practice, freeing up clinical capacity which in turn was used to manage waiting lists

Improved Resource Utilisation: The complete stoppage of waiting list initiatives as, through the improved demand and capacity planning, these became unnecessary

Improved Management Control: An effective management control system was introduced with KPi's giving managers accurate and up to date information which was reviewed weekly



Improved Resource Utilisation and Control: 14,500 clinic sessions were found to be surplus to requirements once the clinicians and managers worked to get maximum planned utilisation from the clinic sessions

Improved Management Control: The reduction in clinics, the elimination of late starts and late finishes enabled the Trust to reduce reliance on agency and bank staff and to better roster and schedule existing staff..

Realisable Savings: Through the removal of the waiting list initiatives and the reduction of excess capacity the client was given cashable savings of £1.9 million.

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