Meridian Productivity

CASE STUDY

Ophthalmology Referral Pathway Improvement Programme

Background

The organisation is a specialist tertiary eye centre that has a long-standing history. It is now part of a very large hospital in a major UK city and is the second largest eye centre in Europe. The centre receives approximately 500 referrals per week from GPs and hospitals within the county and also specialist referrals from much further afield within the UK.

The centre treats the full spectrum of eye conditions from relatively common, minor complaints through to Glaucoma, Retinal disorders and diabetic related eye conditions. The teams also provides treatments for rare conditions not available elsewhere in the UK.

The service was under growing pressure due to excessive demand, with steadily increasing waiting lists and consistent breaches against internal targets. Furthermore there had been a restructure, where the referral and booking teams had moved out of the department to a centralised office in another part of the hospital. Administration staff turnover had been unusually high and the knowledge required for processing Ophthalmology referrals largely lost.

In addition to this, the trust had recently introduced a 6-week referral to treatment target.

Study Findings

As part of a larger project within the Ophthalmology Outpatients improving the utilisation of clinics, the current referral process was mapped out from the initial receipt of referral to the booking of an appointment. This revealed a very long and convoluted pathway with excessive delays, points of error, duplication of work and clinical risk. The lead time was often in excess of 6 weeks making it impossible for the department to meet the referral to treatment target. The key problems are outlined below:

- Once referrals arrived in the trust they were registered on the system at different points, some several weeks after arrival.
- Before registration the referrals were “first-phase triaged” by un-trained and non-clinical booking staff using a very rudimentary “crib sheet”.
- Although the “crib sheet” only gave clues for the sub-specialty that the referral may come under, the referrals were randomly allocated to a named Consultant and subsequently registered under them, with no view of the Consultants’ backlog. This led to very uneven backlogs between the Consultants.
- Furthermore many referrals (perhaps 20%) were wrongly allocated and then needed to be redirected to another Consultant for triage. This doubled the time the referral would take to be processed as well as duplicating the work for both the booking staff and the Consultants.
- There were many steps and people involved in the process, including manual collection and delivery of referrals to various places within the department, which led to many referrals being lost or misplaced. Lost referrals meant resending for Consultant triage causing duplications.
- There was little supervision of this process and no points of control.
- The pathway and lead times were not tracked and so there was no view of how long referrals had been in the system.
- Many erroneous or duplicate referrals remained in the system, skewing the figures and causing unnecessary administration time.

Meridian proposed the following actions to increase management control, deal with issues and reduce the turnaround time.

1. Install a weekly management report tracking the referral flow and the time delays between each stage.
2. Introduce a centralised point for referrals to be delivered and collected within the department.
3. Establish control points by initiating the role of “gatekeepers” of the referrals within the department.
4. Reassign the role of “first-phase triaging” - renamed “allocating” – to clinical staff within the department to minimise the quantity of redirected referrals.
5. Increase flexibility, by not assigning referrals to named Consultants at such an early stage in the process.
6. Install a process of rescanning triaged referrals so that there is digital evidence of the Consultants’ instructions, reducing the problems incurred when referrals are lost.

Project

Alongside all key stake-holders in both the department and the centralised booking team, a new pathway was developed.

The first key decision was made to remove the task of "first-phase triaging" from the booking staff. Instead, the referral team would register and scan all referrals once they arrived at the referrals office. If a referral was addressed to a named Consultant or the subspecialty was clearly marked on the referral, the admin staff would register the referral accordingly. All other referrals would be registered under "Ophthalmology Unspecified"; a new category agreed and added to the system by Meridian. Meridian also coached the referral staff on this new system.

All the referrals would then be delivered to the department. The "unspecified" referrals would first be viewed and allocated to the sub-specialities by a clinical member of staff and then passed to the Patient Administration Managers (PAMs). The PAMs would act as the "gatekeepers" of the referrals. They would manage the distribution of the referrals, via the sub-specialty secretaries, for triage by the Consultants. Once triaged the referrals would return to the PAMS. Any erroneous or rejected referrals would be closed on the system at this point. If any referrals needed redirecting to another Consultant this would be done "in house" by the PAMs without returning the referral to the referrals office.

All accepted and triaged referrals would then be allocated on the system to the respective Consultant and authorised by the PAMs before returning back to the booking office.

Once returned to the booking office, the triaged referrals would be re-scanned to keep a clinical record of the Consultant's instructions, so that if the paper copy was lost, it would not need to be resent for triage.

In addition to this improved referral and triage pathway, Meridian worked with the information team to develop a weekly report where all timing points would be tracked so that improvements could be identified and any major points of delay identified.

Results

- Referral processing time greatly reduced by removing the "middle men" and smoothing out the pathway.
- Much needed capacity freed up in the booking office by removing the problem of redirecting referrals.
- Time freed up for the booking team by minimising time spent chasing triage details as they are now scanned back onto the system.
- Improved clinical record keeping.
- The risk of losing referrals minimised.
- The closing of erroneous and duplicate referrals shortly after the point of identification implemented, removing "dirty data" from the trust report and saving time spent by various staff and managers chasing seemingly long-dated referrals.
- Much greater control over the whole pathway.
- An overview of any delays in the pathway so that variances can be addressed and acted upon.
- Flattening of Consultant waiting lists as new referrals are no longer unnecessarily assigned to a named Consultant.
- Clear tracking of the referrals so that any lost referrals can be identified.
- Clear points of contact for any queries with the installation of gatekeepers.
- Improved morale in the booking office because recurrent problems and disproportionate time spent dealing with these problems have now been systematically dealt with.

Contact Us

For more information on Meridian's work in healthcare, please contact:

James Quinn
Tel. +44 (0) 7971 400428
quinn@meridianpl.co.uk

Meridian Productivity was established 1996, and has been extensively involved in the Healthcare industry across the United Kingdom, Republic of Ireland, Holland, Belgium, Spain and the Czech Republic. Meridian assists clients across the Healthcare environment (private and public) in achieving improved operating efficiencies and performance, through the development of bespoke management and behavioural processes. These processes are all designed and implemented to ensure that our client organisation can be assured of returning the best performance on the resources applied.
We work with about 20 to 25 organisations a year, both in the public and private sectors, helping them to reduce their operating costs, improve their productivity and provide value for money.

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Contact us today:

T: +44 (0) 131 625 8500
E: info@meridianpl.co.uk
W: www.meridianproductivity