

# Reducing waiting time for ambulatory and community health services

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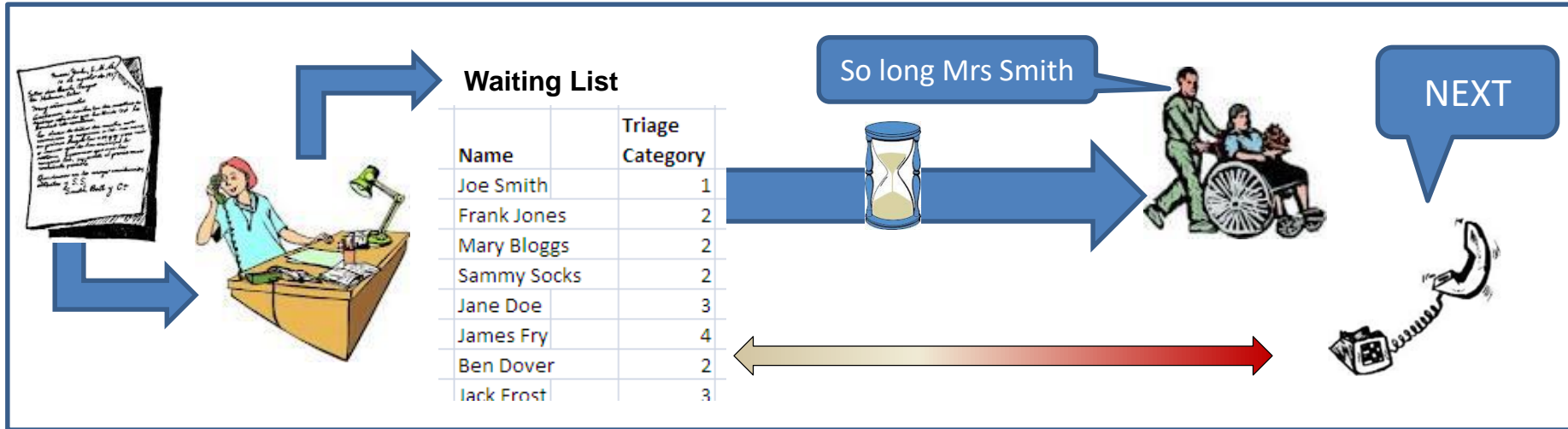
# Ambulatory and community services

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

Common features:

- ✓ Service provided at home or in outpatient settings
- ✓ Usually see clients over a series of appointments
- ✓ Rarely deal with emergencies

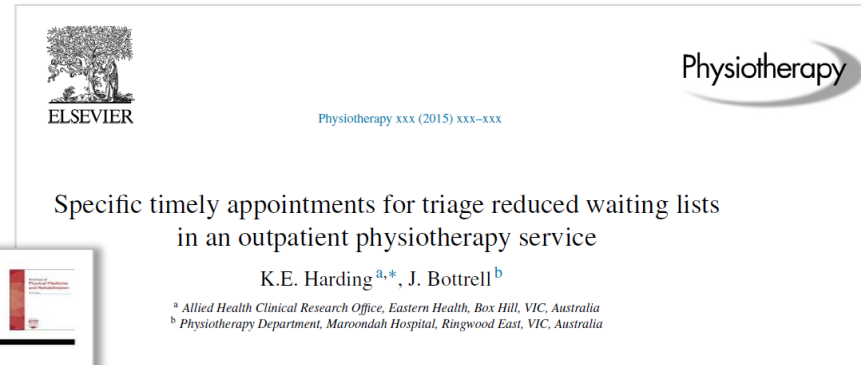
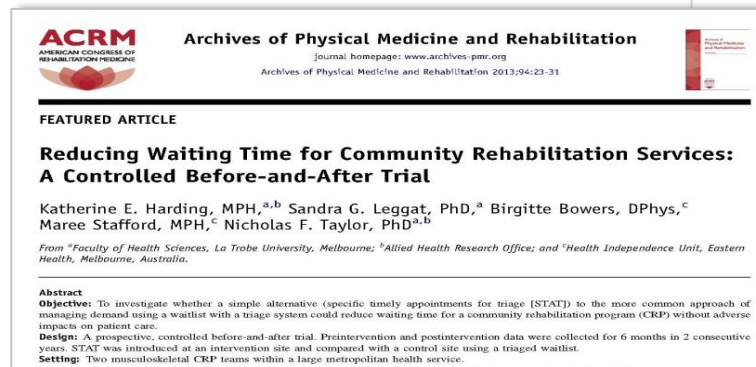
# Triage and waitlist for intake



# STAT: Specific Timely Appointments for Triage

An alternative model for access and triage designed to reduce waiting times in ambulatory services

- Based on evidence from patient flow literature and research conducted by our team
- Reduced waiting times by 30-40% in two pilot trials



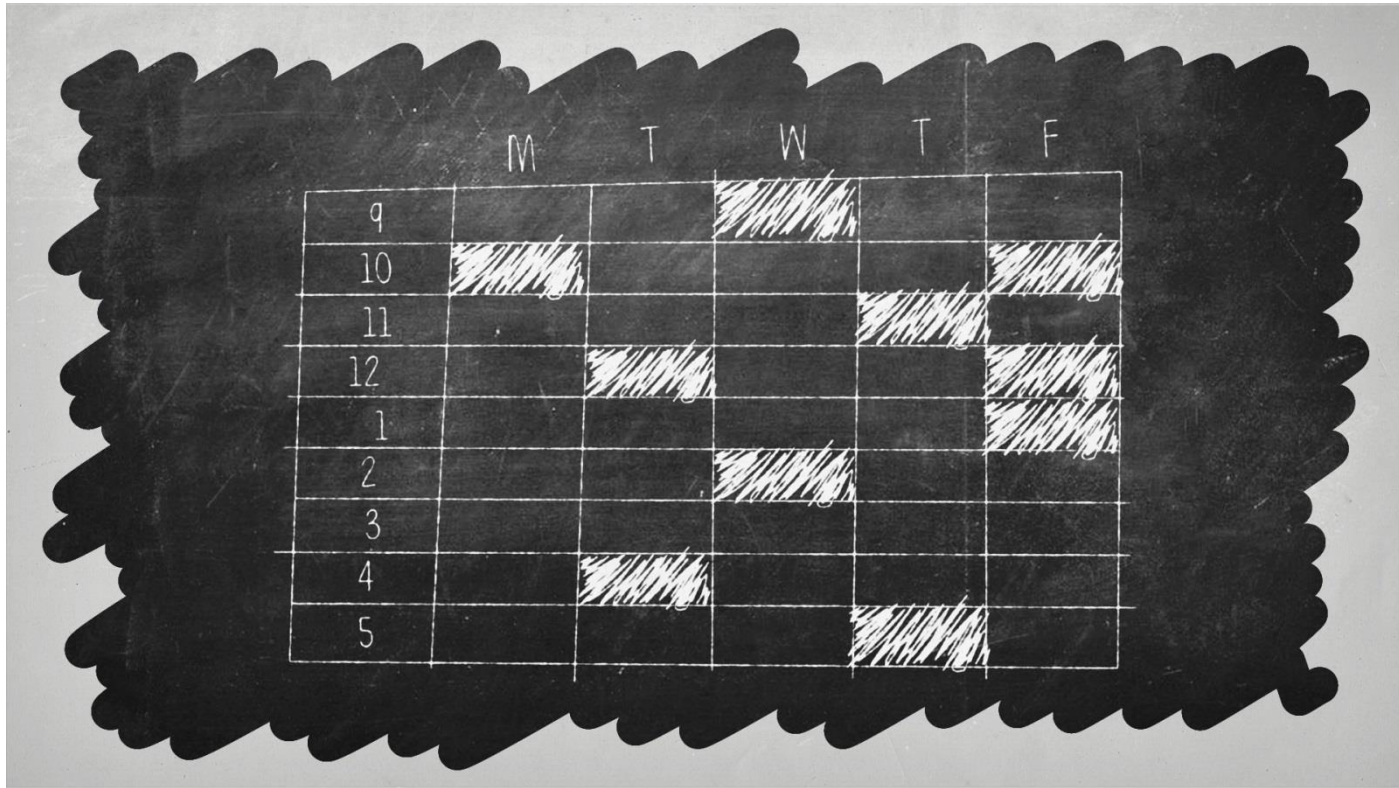
Waiting lists with triage systems are commonly used in outpatient physiotherapy but may not be effective. Could an alternative of access and triage reduce waiting times over a sustained period with no additional resources?

Observational study comparing retrospective data for 11 months prior to the introduction of a new model of access compared with the equivalent 11 months afterwards.

**Patients** Patients referred to a physiotherapy outpatient department at an outer metropolitan hospital before ( $n = 721$ ) and after ( $n = 707$ ) introduction of the new model.

**Intervention** A model of access and triage known as 'specific timely appointments for triage' (STAT), in which appointment slots are booked in advance specifically for new patients based on calculation of average demand.

**Outcome measures** Time from referral to first assessment, number of appointments per patient, occasions of non-attendance and total length of time in the service.



<http://arch.latrobe.edu.au/Metro-Health/Eastern-Health/Research-Themes/STAT-Reduce-waiting-times>  
<https://vimeo.com/275973741>



# The STAT Trial

**Question:** Does the STAT model of Access and Triage reduce waiting time in ambulatory and community health services without adversely affecting other aspects of care delivery?

- **Stepped Wedge Cluster RCT**
- **Intervention introduced at 8 Eastern Health sites**, in random order:
  - 3 x multidisciplinary specialist clinics (adult)
  - 4 x community health services (2 paediatric, 1 adult, 1 mixed)
  - 1 x outpatient physio clinic



# Implementation

## STEPS INVOLVED

Analysis of supply and demand



Targeted short term interventions to reduce existing backlog



New booking processes and workflow

## SUPPORT REQUIRED:

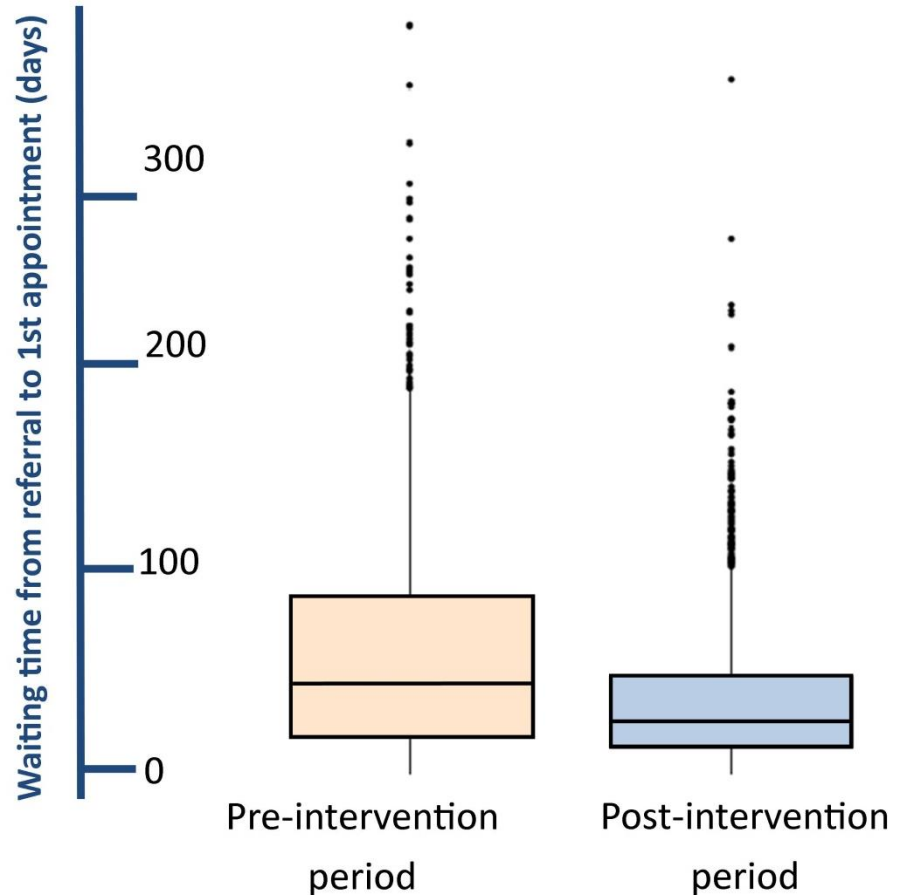
Gather and analyse data

Small injection of resources to support 'one off' strategies

Team workshops and informal support for change management.

# Results: Time from referral to first appointment

- Reduction in waiting time of 34% after controlling for variability between sites and other confounders (IRR 0.66, 95% CI 0.63 to 0.70)
- Variability reduced across all services



Harding et al (2018) 16:182

BMC Medicine

RESEARCH ARTICLE

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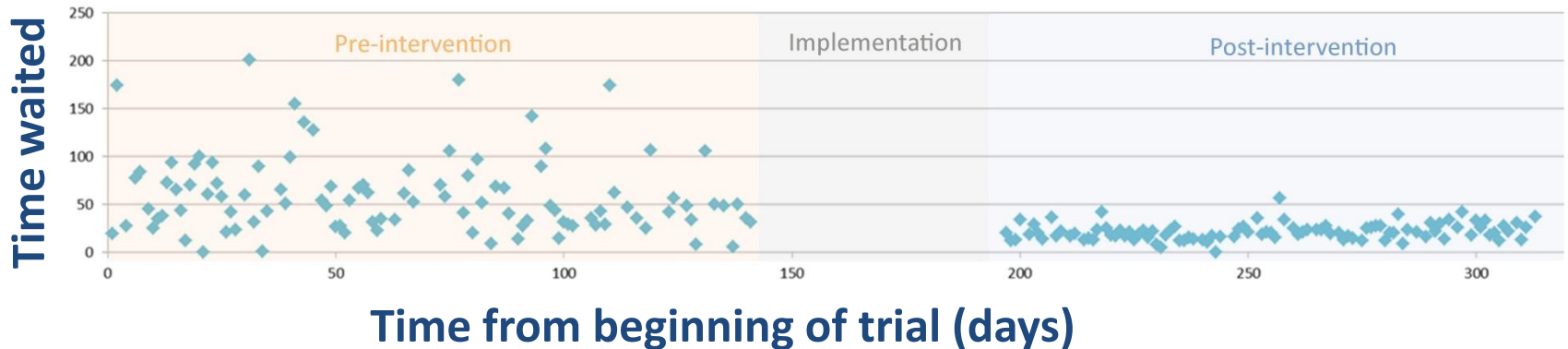
A model of access combining triage with initial management reduced waiting time for community outpatient services: a stepped wedge cluster randomised controlled trial

Katherine E. Harding<sup>1,2\*</sup> Sandra G. Leggat<sup>2</sup> Jennifer L. Watts<sup>3</sup> Bridie Kent<sup>4</sup> Luke Prendergast<sup>2</sup> Michelle Kotsis<sup>5</sup>

# Reductions in Variability

- All services showed reduced variability in waiting time
- Important finding - reduction in “tail” of long waiters, often considered low priority.

◆ = Patients attending first appointment



# But what about...

....the time to second appointment? Haven't you just created a lot of waiting time?

**No change in time to second appointment**

...staff? What about staff?

**Staff agreed on benefits, Learnings about how to implement stat**

... Costs? Is it worth the investment?

**Cost neutral from health service perspective**

...sustainability?

**Initial analysis shows sustainable over 12 months**

# Why it works- Principles

- **ALL patients included in prioritisation decisions** – those on waitlist + those in service
- **Some services have balance between supply and demand** – but constant backlog = constant delay
- **Based on evidence** – literature and data within each service



# Research Translation

- Dissemination of findings
  - Publications
  - Handbook
  - Video
  - Workshops
- Change of practice

# Questions?

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