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

So long, Mrs Smith

Waiting List

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<tr>
<th>Name</th>
<th>Triage Category</th>
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<td>Joe Smith</td>
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<td>Frank Jones</td>
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<td>Sammy Socks</td>
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<td>Jane Doe</td>
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<td>James Fry</td>
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<td>Jack Frost</td>
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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
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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

NHMRC Partnerships for better health grant
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

BMC Medicine

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. Harding1, Satoko G. Lamatt2, Jennifer I. Watts3, Birdie West4, Luke Onderdonk1, Michelle Kats2
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 hidden waiting list?... staff? What did they think?... Costs? Is it worth the investment to reduce the backlog?... sustainability?

- No change in time to second appointment
- Staff agreed on benefits, learnings about how to implement stat
- Cost neutral from health service perspective
- 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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