Leadership and Sustainable Change: A Process Improvement Initiative in Endoscopy

WAIT TIMES: THE CENTRAL HEALTH CONTEXT

The Newfoundland and Labrador (NL) Provincial Colonoscopy Screening Program was announced in the spring of 2010. The Department of Health and Community Services (DHCS) announced a Regional Wait Time Management Strategy to look up wait times and improve access to endoscopy services.

Central Health Regional Endoscopy Waitlist Management Working Group was formed to assist in the development of a regional waitlist management strategy for endoscopy to improve access to Endoscopy services.

The Goals:
- Standardized provincial referral form for all Endoscopy services.
- Communication strategies focused on all key stakeholders.
- Explore methods to utilize capacity, improve access and reduce wait times.
- Standardized provincial referral form for all Endoscopy services.
- Formed to assist in the development of a regional waitlist management strategy for Endoscopy.

SYSTEM ENGAGEMENT AND PROCESS CHANGE

- Early engagement of key stakeholders was central in implementing change and achieving goals.
- Communication strategies focused on all key stakeholders.
- Action plans and process maps were developed, outlining key changes.
- Strong and committed leadership at provincial, regional, and facility level.

Principles of Change Management

- Inconsistent booking practices
- Lack of standardized form (including urgency bands)
- No ability to increase recovery beds

IMPACTING WAIT TIMES

- By implementing Central Intake the RHA was able to better evaluate referral practices and measure referral volumes.
- True demand for service was determined through validating the waitlist.
- Standardizing the referral form and process based on established guidelines.
- Improving access by redesigning patient flow and implementing 2 room model (1 physician, 2 rooms).
- Decision makers and stakeholders ownership and implemented and evaluated recommendations thoroughly.

OUTCOME MEASURES

Key Performance Indicators
Central Health - CNHIC

Key performance indicators were developed by the DoHCS in collaboration with the RHA to measure efficiency, accessibility, and effectiveness.

- All referrals (excluding Urgents) are entered into a pending list and booking process occurs from pending list (Meditech).
- Booking for new patients accommodates referral volume by type, next available, and physician specific requests.
- Wait times are calculated from electronic scheduling module based on timely entry of referrals.
- Physicians (Endo) screen all referrals based on standardized urgency bands.
- Significant improvements in Urgent Colonoscopies in both the 50th and 90th percentiles.

Organizational Outcomes

- New processes embedded in the organization.
- Innovative approach to address access issues.
- Outcomes reflect change strategies that support system integration.

Future Plans

- Spreads implementation success to remaining three urgent bands, second referral site and other services within RHA.

ACKNOWLEDGEMENTS

- Department of Health and Community Services, Access and Clinical Efficiency Division.
- Centre for Research in Healthcare Engineering (CRHE).
- Central Health Regional Waitlist Committee.
- Newfoundland & Labrador Provincial Endoscopy Advisory Committee.

IMPRESSIVE ACCESS

To improve accessibility and reduce existing wait times, several options were presented to the Regional Endoscopy Waitlist Committee. The following options for increasing clinic capacity were evaluated:

- Increase physician capacity: Impact of adding three physicians to the Endoscopy service and implementing the 2 Room model.
- Redesign patient flow to prep patients in waiting room and walk to procedure room to eliminate patients admitted to “bed” prior to procedure.
- Process to book all Urgents as referral is received.

CHALLENGES

- Bottlenecks and inefficiencies existed with no process to validate current waitlist.
- Significant system redesign was needed to improve overall efficiency and manage growing waitlists.
- Existing capacity underutilized: 1 Room vs. 2 Room Models.
- Lack of standardized referral form.
- Lack of Central Intake.
- Late starts and early finishes.
- Demand surpassing throughout.

OUTCOME MEASURES

Key Performance Indicators

- Referral Rates Urgent & Non Urgent Combined
  - Dec. 2011: 115
  - Dec. 2012: 86
- Number of Colonoscopy Referred
  - Actual: 14
  - Goal: 45

- Accessibility Rates Urgent
  - Dec. 2011: 50
  - Dec. 2012: 88
- Colonoscopies 50% percentile
  - 15
- Colonoscopies 90% percentile
  - 237
  - Goal: 25

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