

Reducing Waiting Times in Occupational Therapy Service for Children.

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Background

- **Why you chose this project?**
 - It was important for the service to provide quality service that guarantees patient satisfaction. This will not be possible if services are delayed or patients wait too long to get access to our service.
- **What was the problem?**
 - Many referrals were breaching targets on our waiting list.
 - Operational capacity was low due to drop in the number of OTs.
- **Project aim:**
 - To reduce waiting time of referrals to 1st Therapy Contact from 20 weeks to 15 weeks by March 2015.

Driver Diagram : Reducing Waiting Times

AIM:
To reduce waiting time of referrals to 1st Therapy Contact from 20 weeks to 15 weeks by March 2015
(reviewed to June 2015)

Staffing

Adequate OTs staffing level

OTs recruitment and Use Buy-in money for extra OT hours

Increased staff awareness of demands

allow OTs see more children. Promote awareness among OT to see more children as much as possible

DNA management

Delivery of letters, follow up and time for appointments

Number of children discharged weekly

Reduce time between letters and appointment dates. Follow up with reminder calls and reduce the Workshop to 1hr and start later for patients' convenience.

Process

Identify breakdown of children's needs

Create more pathways Update all process and policies to reflect current increased referrals.

Review process and procedures

Full time working OT to see increased number of children weekly- average of 13

Maintain performance data collection of improvement for analysis

Use questionnaires/Feedback from parents. **Analyse performance data**

Treatment Rooms and School visits

Parent education on the positive benefit of OT services

Education: Review Workshop presentation. Produce leaflets to educate parents more about OT.

Increase accessibility to rooms for OT treatments

Doubling up appointments (School visits shared by non driving and Driving OTs) .

IT systems

Updated status of outcome events

Reduce Treatment time to 45mins from 1hr and use 15 minutes for admin, parents questions and to clear treatment room for immediate access to other users.

Supportive IT & systems Involve Informatics Team.

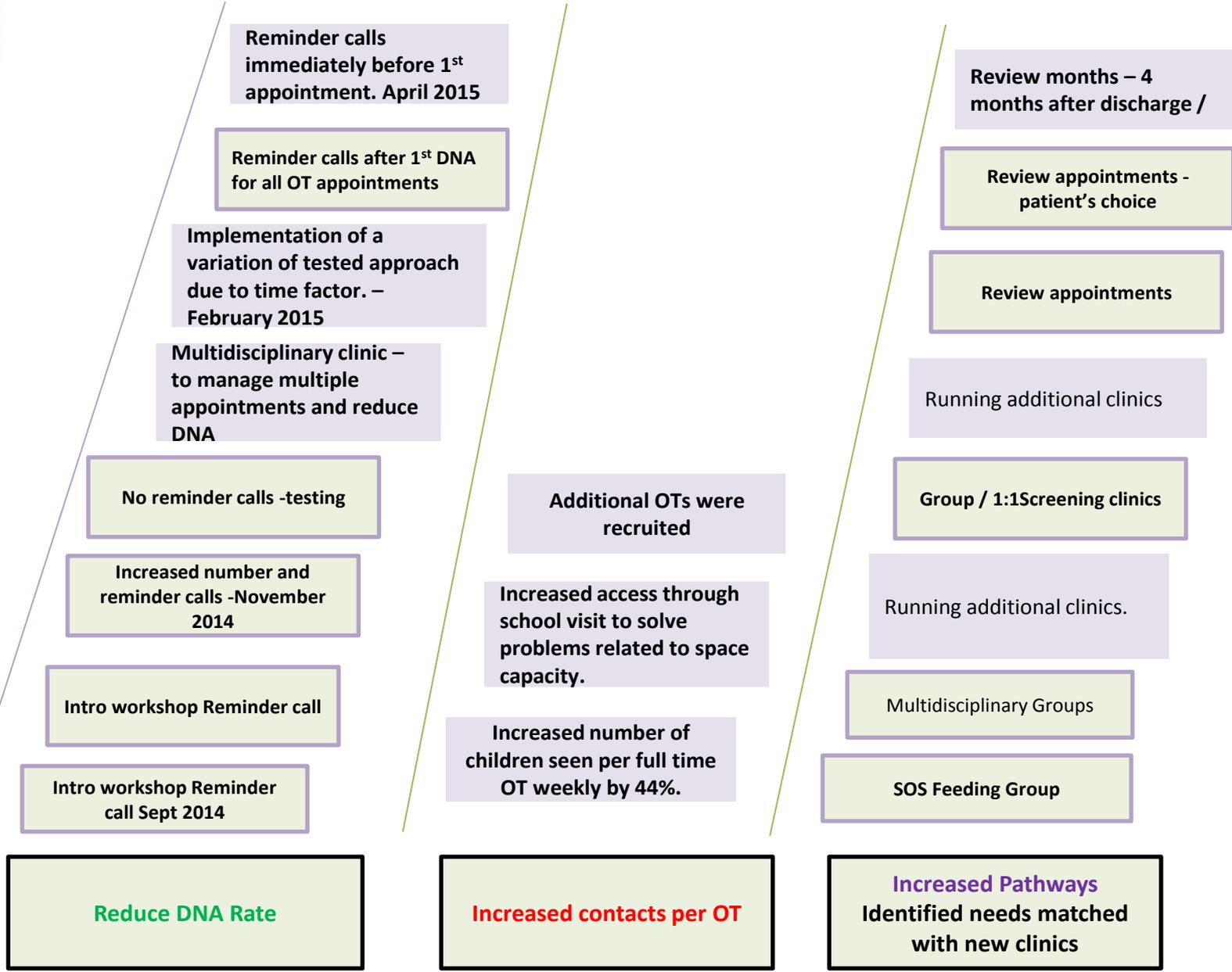
Weekly outcome of all appointments

Regular monitoring using new system- Reporting services

Implement:

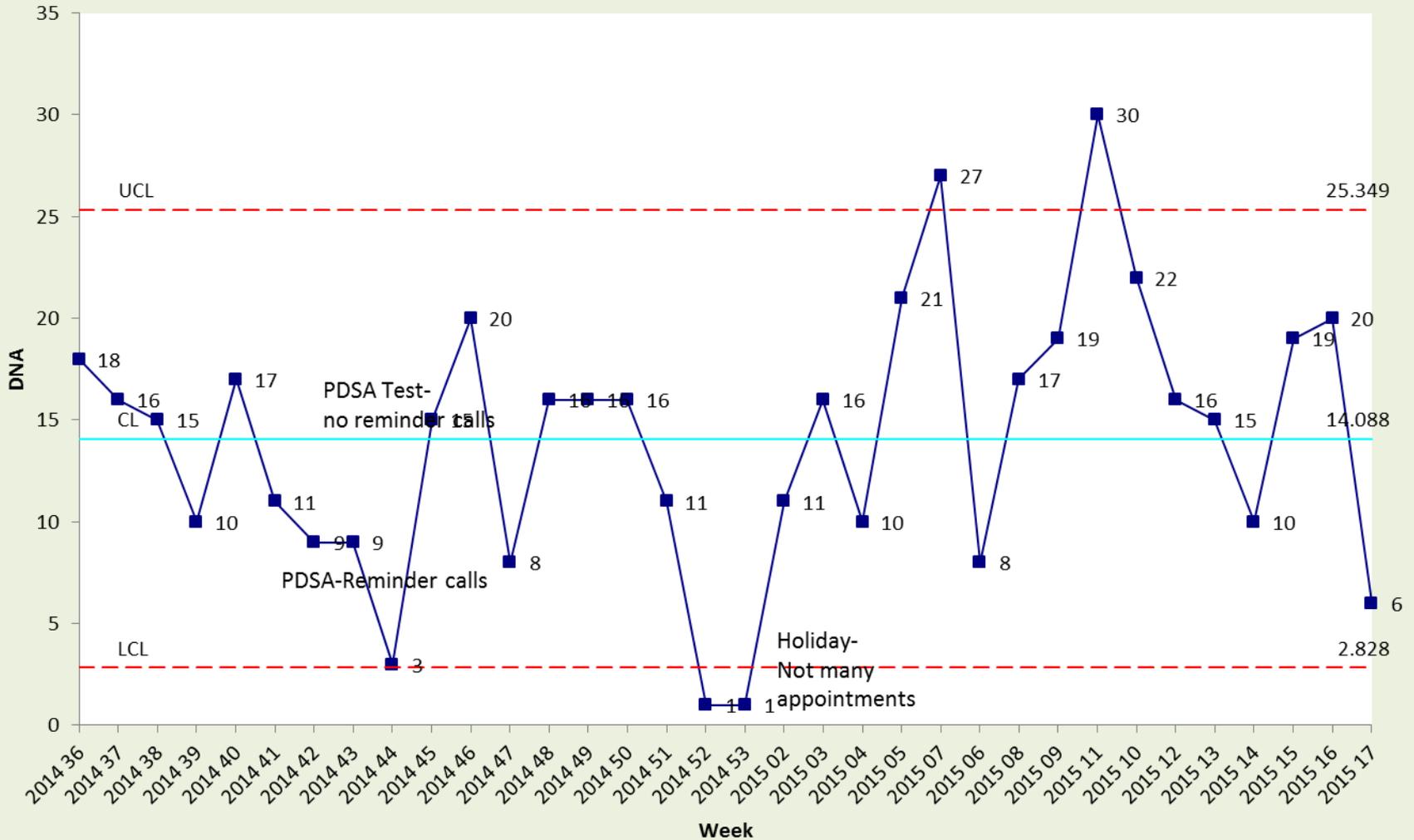
Develop a change:

Secondary driver or change idea

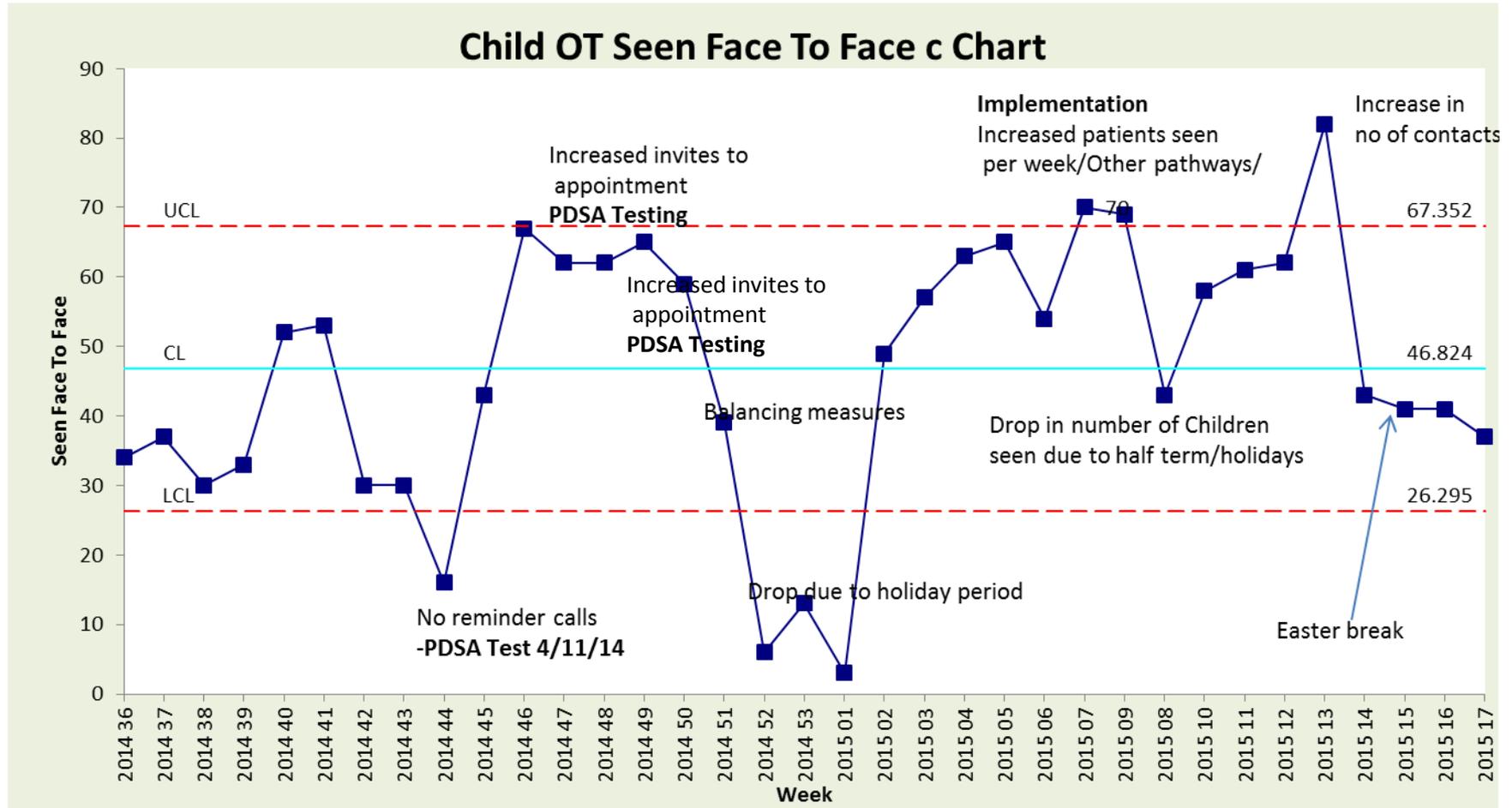


Data

Child OT DNA c Chart

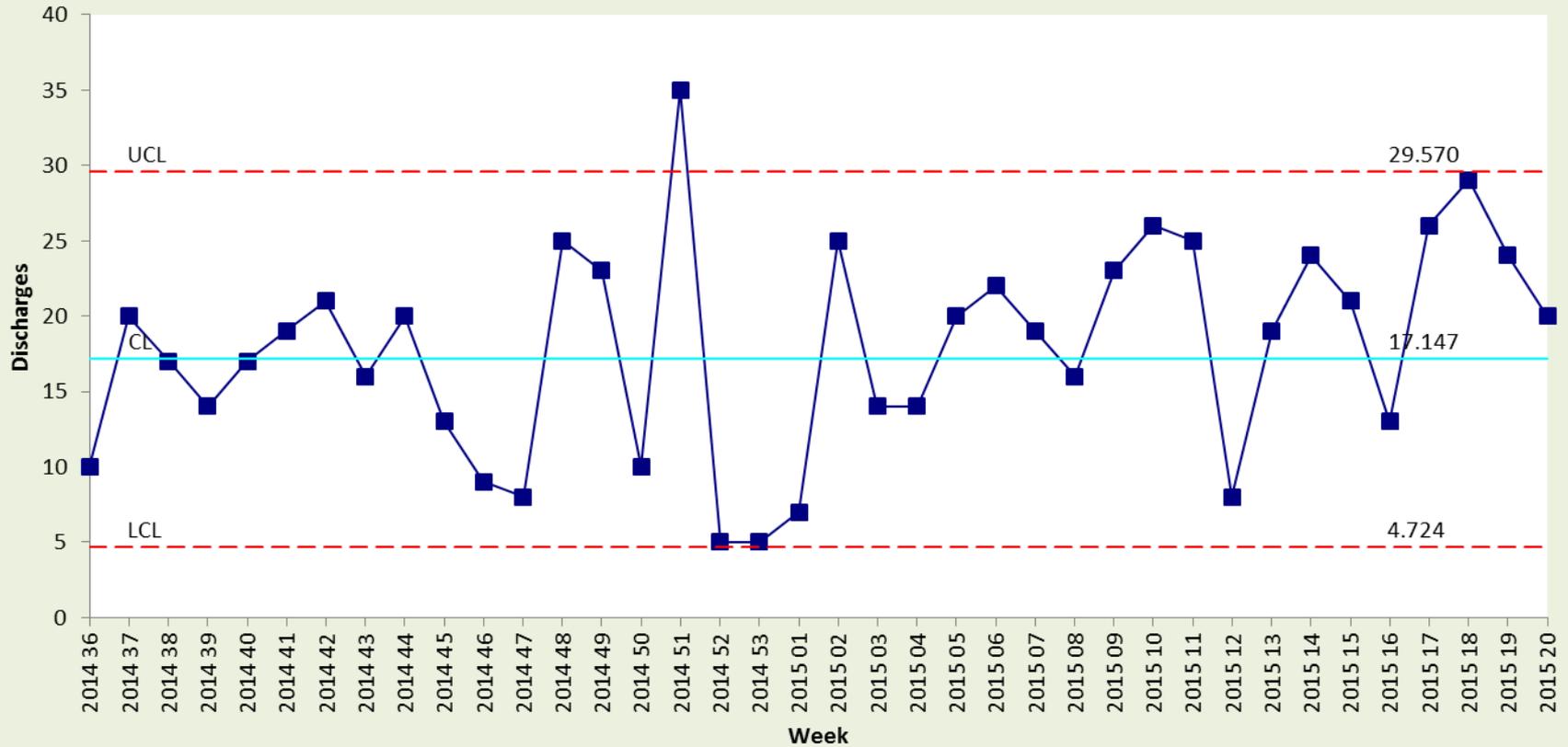


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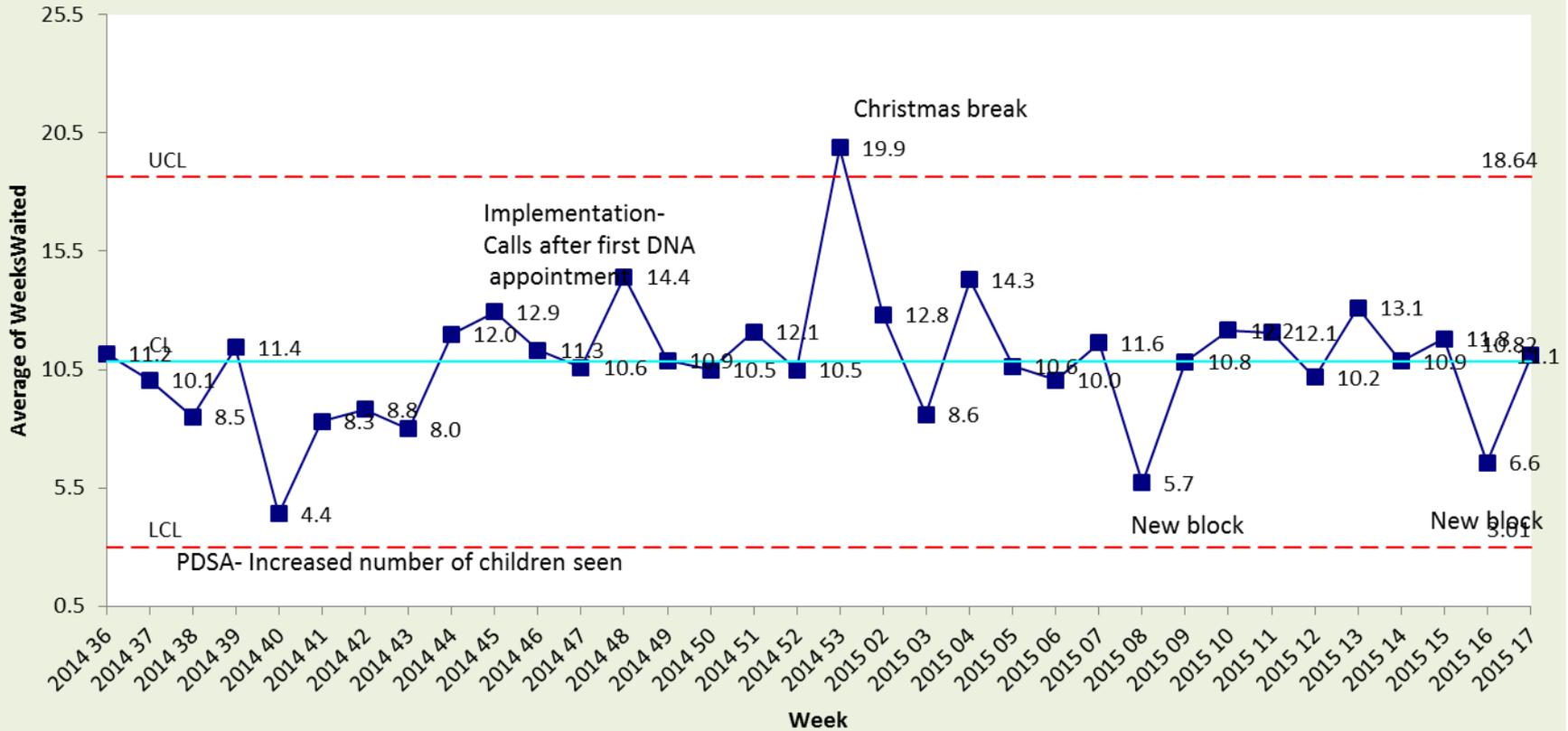
Data

Child OT Discharges per Week c Chart



Data

Child OT XBar Average of Weeks Waited



Learning

- We discovered that our average waiting time was actually far below 20 weeks from start. So the real issue was breaching of targets due to backlog of referrals when staff level dropped.
- We have not seen any improvement in terms of change concept because we still have many breaching targets, but we have done some major things that should translate into improvements, giving some more time.
- **We understand clearly that we need more than one intervention to solve** problems surrounding waiting times. Though reminder calls will reduce DNA rate but this is not sufficient. Our survey over 13 weeks show that there are many reasons that cause DNA: highest being patients cancellation as a result of sickness, preference for other times and clash of appointments. While it is out of our control to prevent DNA as a result of sicknesses, OT has employed MDT appointments to manage appointments for children who are seeing different teams. This is positive in terms of patient experience – reducing number of appointments, solving problems of near clashing of appointments and saving therapists' time.

Learning

- Some DNA problems can be averted through proactive planning as we have higher DNA rates during school holiday and summer break. Appointment bookings around **holiday periods** is under review to facilitate better use of OT time and reduce wastage through DNAs during these periods.
- **Increased timely** record of OT activities on RIO helped to reflect better waiting times. Timely outcome of appointments on RIO will reflect the actual period patients waited before their first contact with Therapists. Seen.
- Very importantly, we need enhanced team capacity to solve backlog problems.

Impact of ongoing improvement project

Challenges:

Time limitations impacted on the project. Some meetings were attended by 2/3 out of 5, to ensure regularity and continuity. This situation was however, managed well by communicating discussions through emails and as a follow up.

Positive:

Patient and staff satisfaction survey confirmed that both patients and staff are positive about the ongoing process.

For patients, we had responses with a scale of 1- 5: 'very satisfied' 'satisfied', 'not sure', 'slightly satisfied' and 'not satisfied'. 5 being 'very satisfied'.

80.6% of patients were very satisfied and the remaining 19.4% were satisfied.

When asked if patient will **recommend our service** to others based on the quality of service we provided, **97.3%** responded positively.

Team's survey came with results as **16% very happy, 44% were content, 25% were not bothered** and 3% not very happy.

What we have done and Next line of action

- We
 - Increased number of children seen through different and ethical measures which should result to reduction in waiting times with time.
 - Make better use of RIO activity recording to reflect correct waiting times.
 - Secured data from reporting services to support measurements and monitoring of our efforts.
- Next:
 - New project to commence on solving DNA problems around major holiday periods. This will result to effective use of OT time.
 - Other ideas to tackle breaching of targets are in the pipeline and being discussed with management. This is the core of our problem as current average waiting is actually better than what we aimed for.

Thank you

