



Reducing Waiting Times in Occupational Therapy Service for Children.

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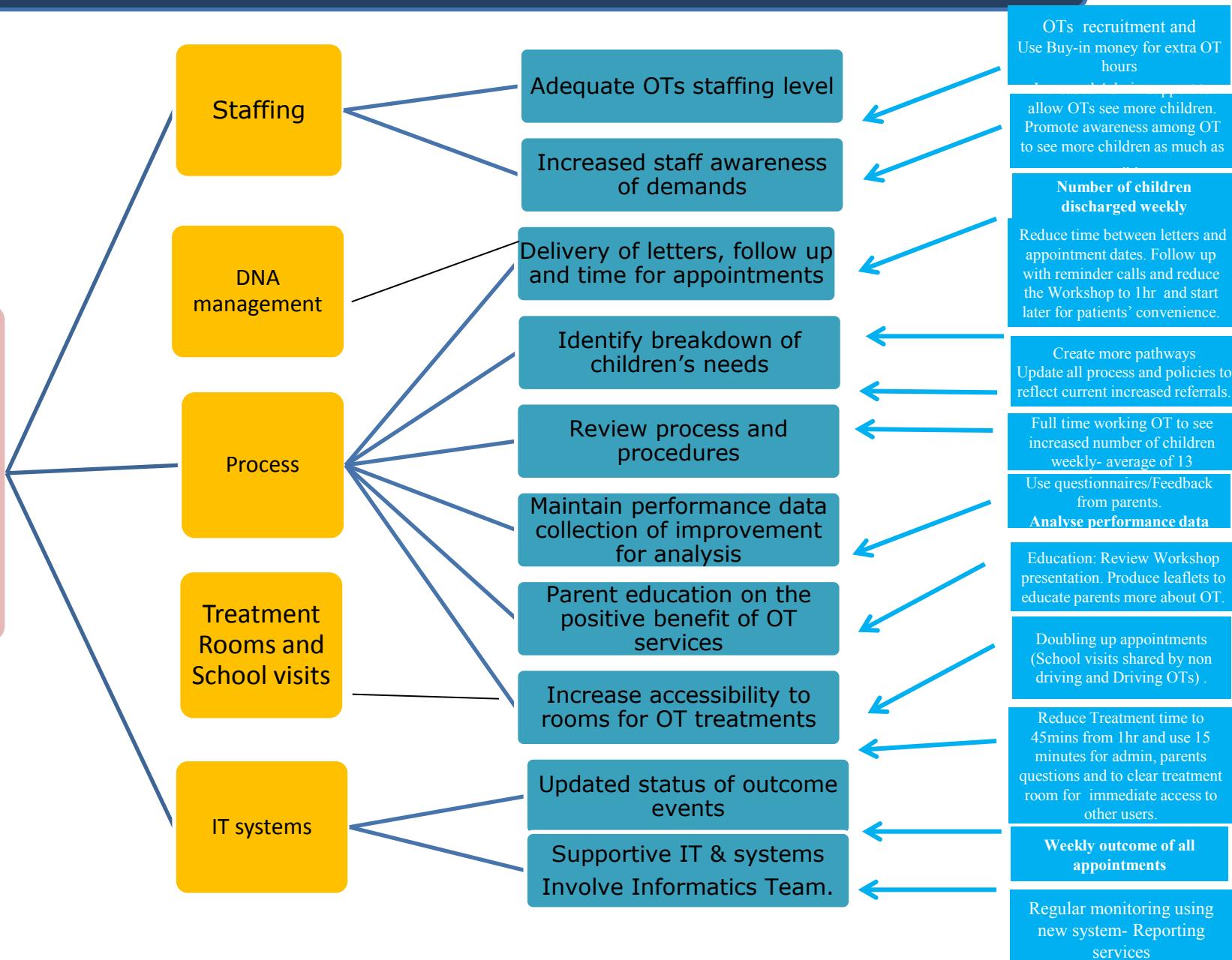


Background

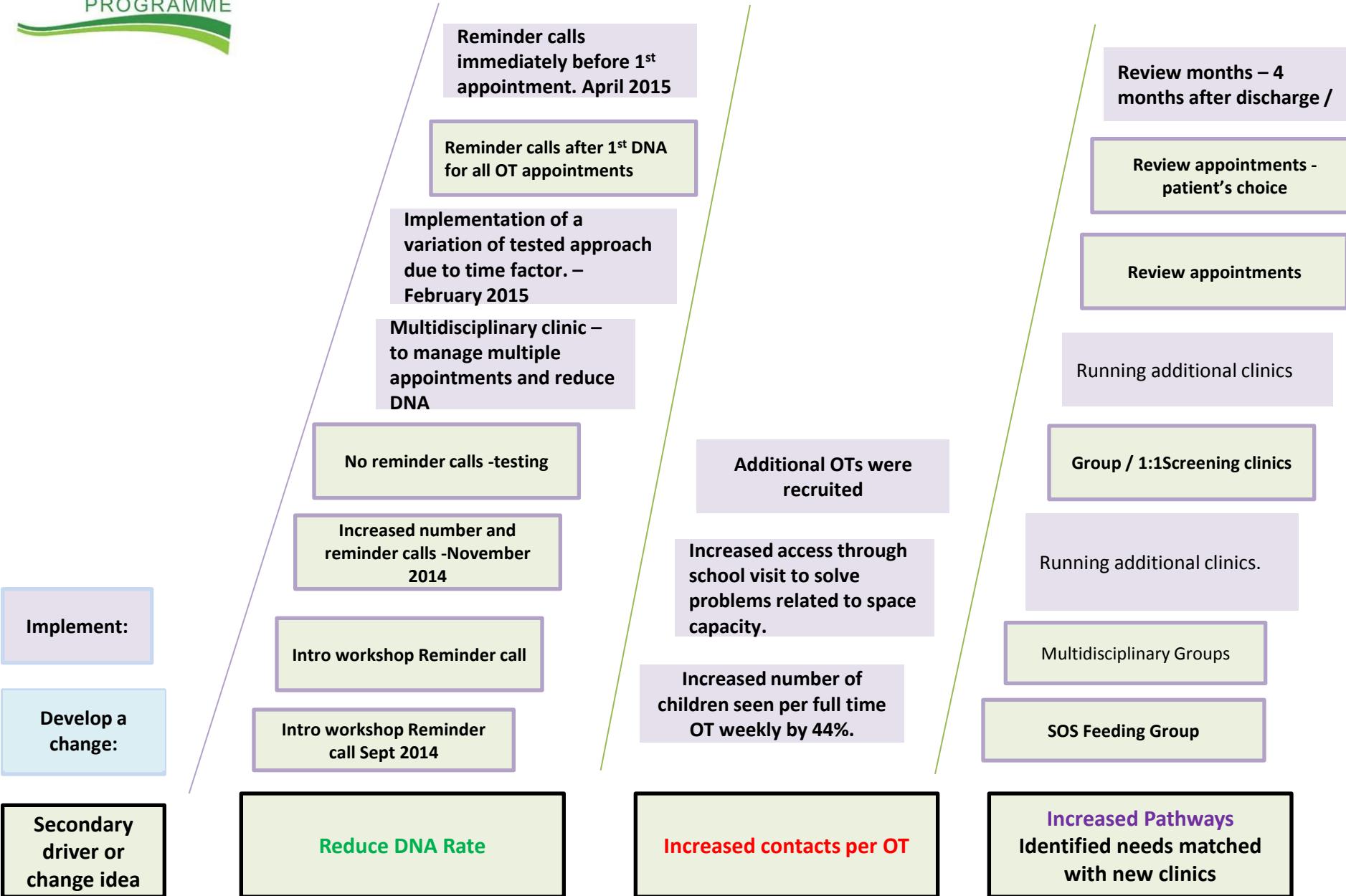
- **Why you chose this project?**
 - It was important for the service to provide quality service that guarantees patient satisfaction. This will not be possible if services are delayed or patients wait too long to get access to our service.
- **What was the problem?**
 - Many referrals were breaching 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)

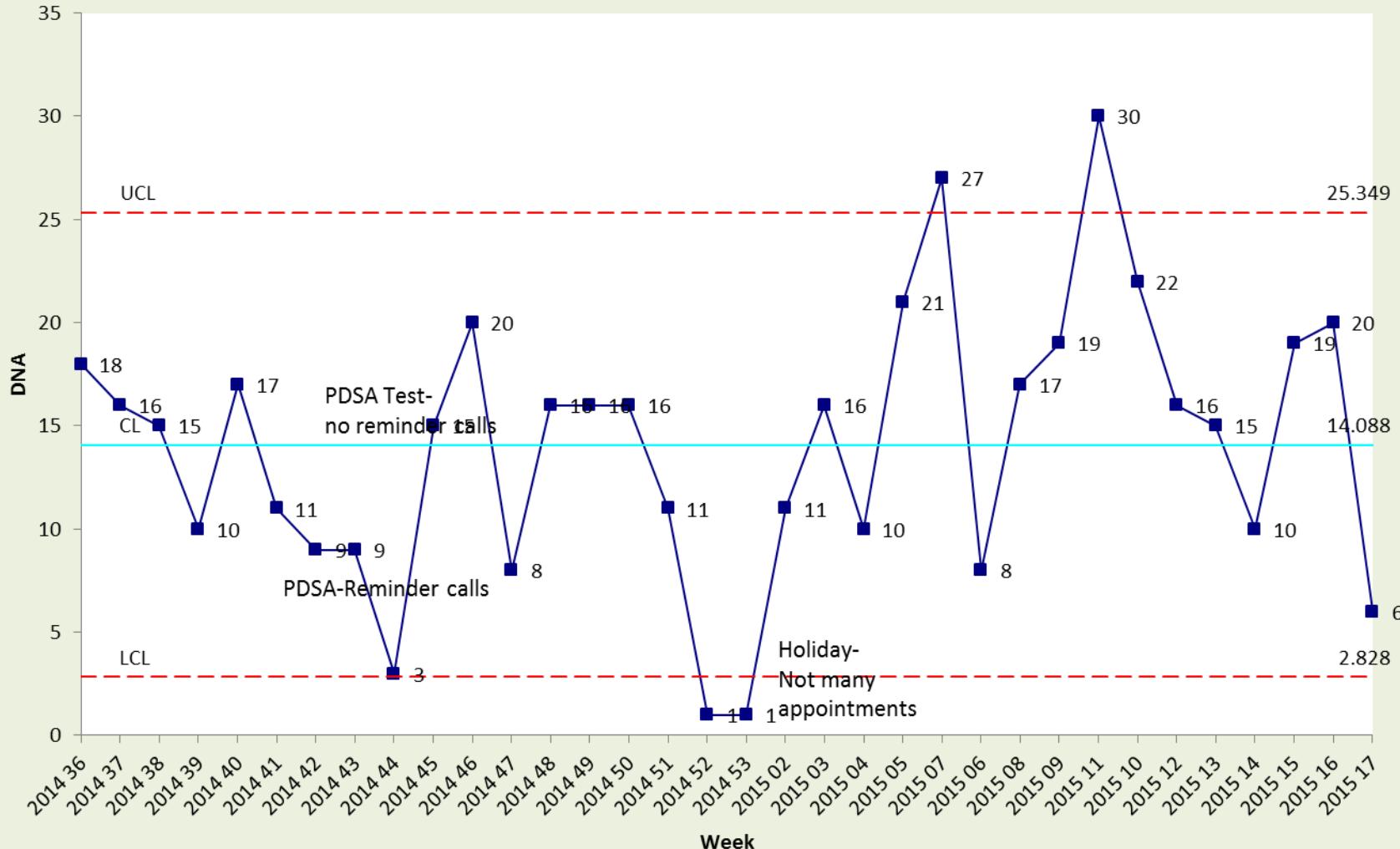


Our PDSA ramps

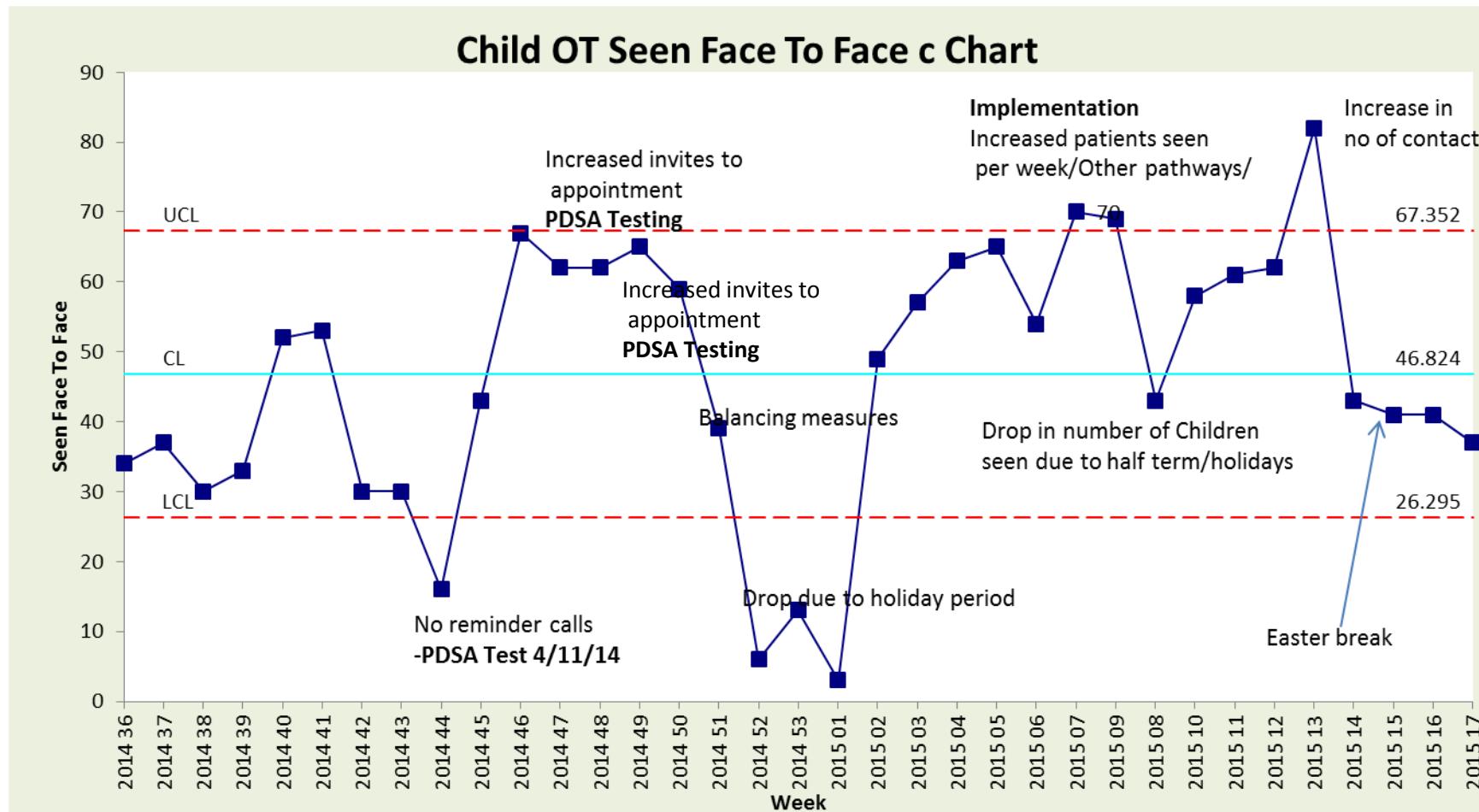


Data

Child OT DNA c Chart

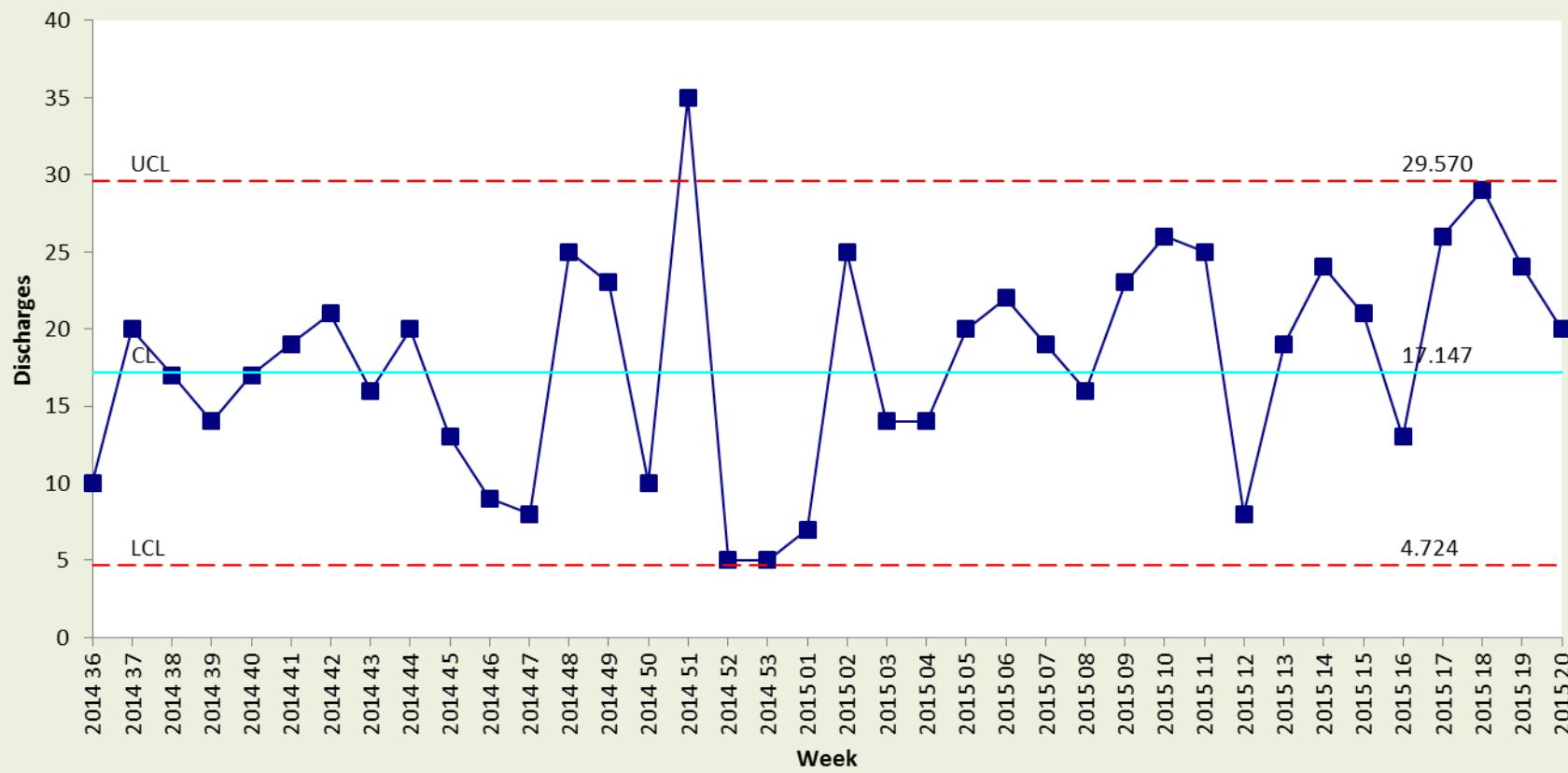


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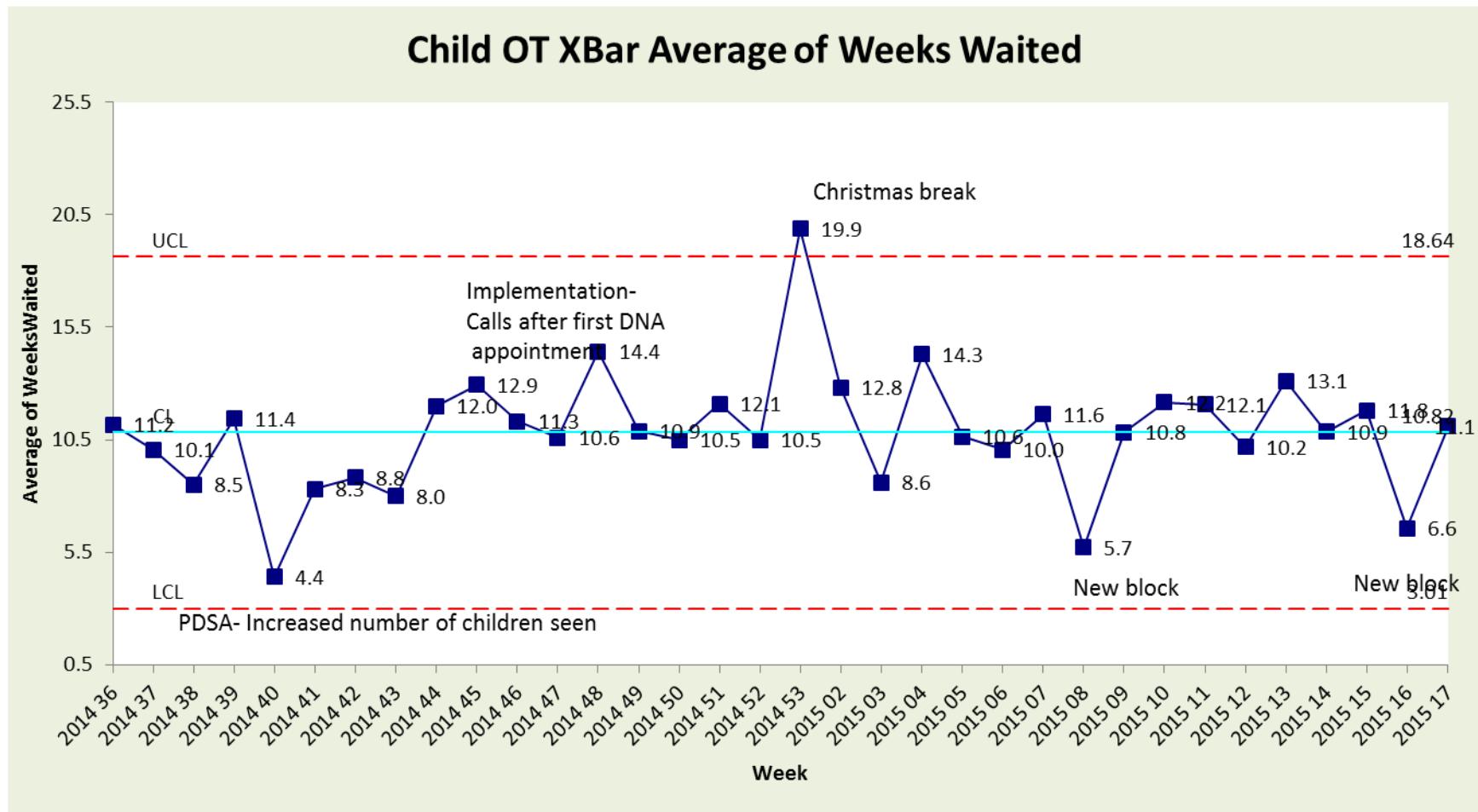


Data

Child OT Discharges per Week c Chart



Data





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

