Gloucestershire Safety and Quality Improvement Academy 2025

Rapid oral soft tissue assessment clinics: Doubling efficiency or double trouble?

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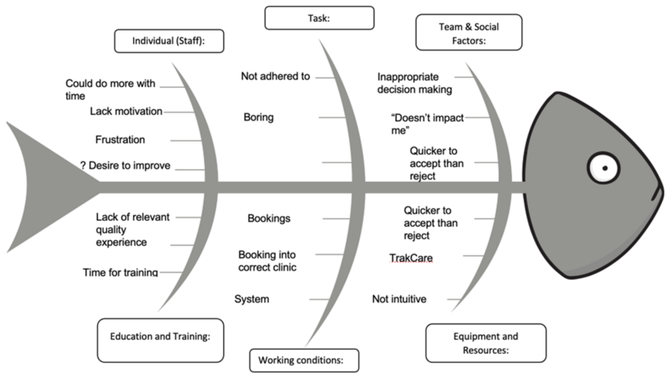
Introduction

- GHT had a long referral to first outpatient appointment time - >65 weeks. The referral to treatment (RTT) was therefore even longer.
- We were aware that some outpatient appointments were used ineffectively – some benign soft tissue assessment take less than the standard 20-minute appointment time.
- This project is part of our elective recovery for waiting lists and RTT management.

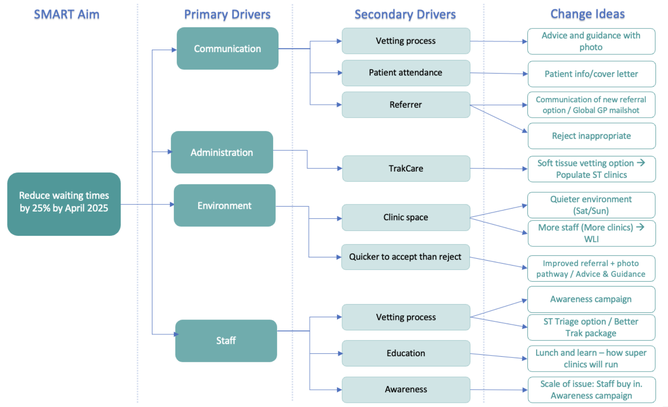
•**AIM –** *Increase clinic effectiveness through implementation of a 'Rapid Oral Soft Tissue Assessment Clinic' (a 'High-Intensity' clinic) with a dedicated vetting stream. By matching clinical need to appointment length we could double the patient throughput in a clinic from 12 to 24*

Methods: QI Methodology

1. **Fishbone analysis:** To identify contributory problems



2. Driver diagram: To identify which aspects impact whether our aims would be achieved



3. PDSA

Cycle 1: Pilot clinic
2 senior clinicians working across 4 rooms with 4 nurses
10 min appts
Nurses empowered to explain clinic proves and on wards pathway once seen

Cycle 2: 2nd iteration
Can reduce to 3 nurses (cost saving)
Further nurse empowerment options
IT limitations encountered
Importance of correct vetting noted

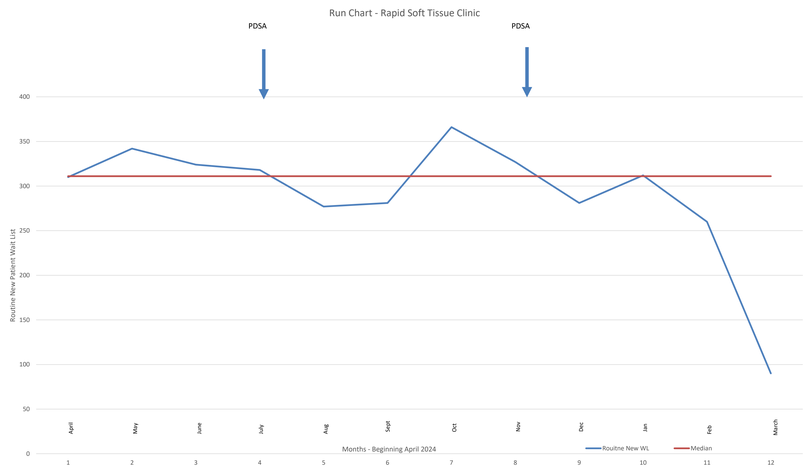
Results

Pilot Rapid Soft Tissue Clinics

- Two senior clinicians operate in four rooms alongside four nurses.
- Appointments are scheduled for 10 minutes each.
- Senior nurses are empowered to clarify the rapid clinic process to patients and discuss the next steps, such as biopsies.
- 49% discharge rate, 42% for biopsy, 7% for review and 7% PIFU/DNA.
- The high discharge rate has significantly reduced the RTT by quickly clearing the waiting list.

Dedicated Vetting Code

- It is essential to fill the clinics without requiring clinicians to reassess the waiting list.
- There is agreement in principle, but implementation has yet to occur – TrakCare is an external organization, and changes tend to progress slowly.



Run Chart:
The two pilot rapid soft tissue clinics are seen as the blue PDSA arrows.
The orange line is the median and the blue represents the numbers of patients on the waiting list.

During the second PDSA we trialled the rapid clinic with three nurses, rather than 4. This reduced costs.

Original Aim to reduce waiting times
- Impossible to quantify accurately in context of all other recovery work commenced in interim

Conclusions

- Rapid clinics require suitably senior and willing clinicians who can safely and competently manage the high volume, decision making and record keeping.
- Human factors risks can be associated with working faster but this cohort of patients (high volume, low complexity) lend themselves well to high-intensity working – already established in some theatre environments.
- Meticulous planning mandatory – benign soft tissue referrals only.
- Not waiting list initiative and not aimed at clinician burnout but using principles of safe and effective care to implement high-flow working within our normal practice to improve our patients' care.
- Individual teams can determine what is in their capacity to do better and high-flow lists can make an enormous difference to large numbers of patients

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