### Wait, What is the Problem?

#### Background:

It was already acknowledged within the department that the outpatient clinics within Clinical Haematology frequently overran causing multiple issues. With patients often waiting over an hour from their appointment time to be seen. This was regularly raised as a concern by both patients and the clinical teams. The root cause of this issue was thought to be multifactorial, with issues such as complexity of case, treatments, appointment types, Phlebotomy requirements, clinic space and clinician time.

#### AIM:

To improve patient flow in the Haematology Clinics at Gloucestershire Royal Hospital over a 10 month period by reducing waiting times in Outpatient Clinics.



#### Manage by FACT:

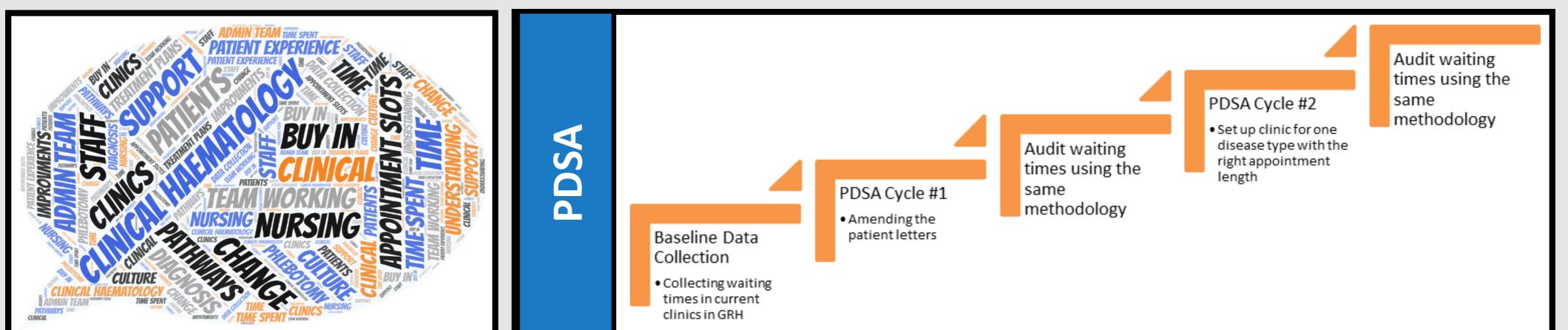
Firstly a driver diagram was drawn up to understand the key drivers and generate change ideas. Reviewing our RCA and Driver Diagram we got a feel for not only was feasible but would have the greatest impact. Then:

Deciding what to measure, sample size, method of measurement.

OM: waiting time PM: appointment time, seen time BM: disease type, bloods

	Admin Factors	Letters Appointments	Patient appt letters need rewording to ensure patients understand need for bloods pre appt Appointment duration to match need Truly separate chemo clinic list Move patients for initiation of therapy to longer appointment on a different day than currently Improve communication with patient if appointment cancelled within 2 weeks of planned date.
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		Other- Notes, Previous clinic letters available	Explore ways of ensuring letters typed and available for next clinic review
			Other ways of tracing notes to sec office so can be found
		Medical	Defined clinic lists- Staff grade, Consultant, Registrar
	Staffing	Nursing	Involve CNS/ ANP to see more patients
		Other	Explore pharmacy input increasing on specific days
	Resources	Clinic Space	Review current clinic room capacity. See where capacity to change
		Phlebotomy	Revisit domiciliary phlebotomy move to create clinic space
		Disease Subtype	Establish numbers of patients attending clinic with each main condition and duration of appointments
			Establish clinics where services set up to meet patients need
	Patient Variation	Dressriptions	Longer apt slots for patients receiving certain therapies required
		Prescriptions	Greater pharmacy input
		Disease pathways	Defined treatment pathway to establish key decision time points and who to see patients at these points and then at remaining time points Implement risk stratified pathways for patients

## **QI** Methodology Saves the Day

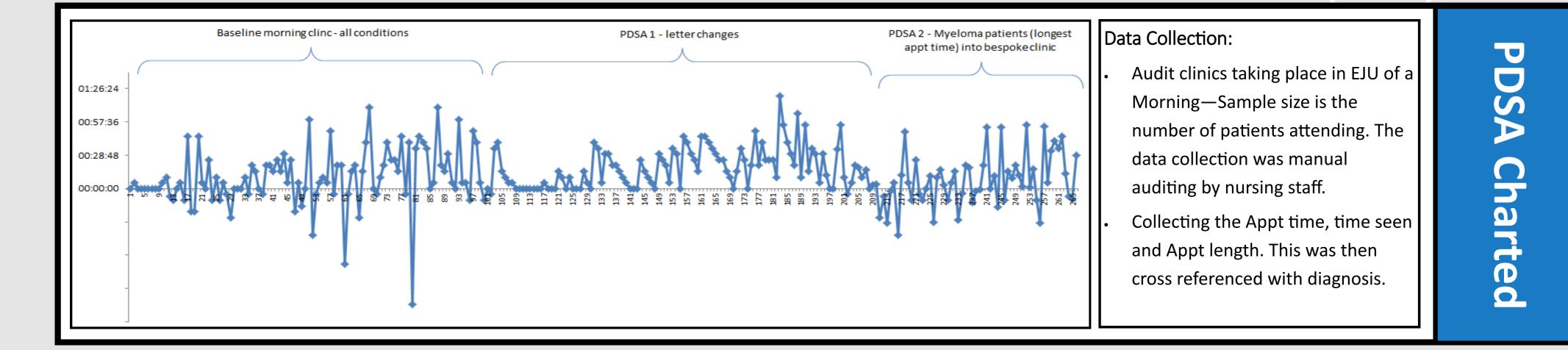


Gloucestershire Safety & Quality Improvement Academy

# **Out-Patience is a Virtue:**

# **Improving Waiting Times in** Haematology Clinics in Gloucestershire Royal Hospital

Zara Strinati, Jo Stokes & Helen Lovell-Hewitt



Gloucestershire Hospitals **NHS NHS Foundation Trust** 

BASELINE data collected to understand the current waiting times showed that patients were waiting over an hour past their initial appointment time. The data showed that many of these patients were delayed due to requiring blood tests. Our **FIRST PDSA CYCLE** was to note on the patient appointment letter to attend the department 45 mins prior to the appointment start time.

The **SECOND PDSA CYCLE** was a clinic template change. The baseline data had highlighted that the majority of patients who were overrunning their appointment times were Myeloma patients. This patient group was reallocated to a new clinic with longer appointment times. This reduced the variation of the amount of delay for patients attending, which demonstrates a **QUALITY IMPROVEMENT**.

Keeping Momentum: Although there has been an improvement in waiting times, its clear that this work needs to continue to further reduce delays. In the future, this model of care can be rolled out to Cheltenham Haematology clinics to improve the service across the county.	The joined up approach to team working using a mixture of both clinical and non clinical staff was key. This was a big	Acknowledgements: Haematology consultant team, Edward Jenner Unit Nursing Team and Clinical Haematology Administrative Team.	Finished	Far From
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### **BEST CARE FOR EVERYONE**

Plan

Do

Act

Study