Project Title

Improving Slot Utilisation at A42 Psychology Clinic

Project Lead and Members

Project lead: Russell Yoong

Project members: Quek Shin Yi, Maleni D/O Valoo

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Medical

Applicable Specialty or Discipline

Psychology

Aims

In lieu of this, the A42 Psychology Clinic aimed to increase the utilisation rate of psychology therapy slots to **75%** by June 2021.

This would mean that patients can be seen and receive therapy earlier and/or as appropriate, and promote a more effective use of clinic and allied health resources.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

- It is important to identify and monitor processes of implementation

- Sustainability of the interventions requires a concerted effort from all stakeholders

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Access to Care, Waiting Time

Keywords

Psychology Clinic, increase clinic utilization rate

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IMPROVING SLOT UTILISATION AT A42 PSYCHOLOGY CLINIC

RUSSELL YOONG, QUEK SHIN YI, MALENI D/O VALOO, ATHENA NG (SPONSOR)

- ☐ SAFETY
- ☐ QUALITY
- ☑ PATIENT EXPERIENCE
- ☑ PRODUCTIVITY
- ☐ COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

Between November 2020 to January 2021, only **59.0%** of Psychology slots in the A42 Psychology Clinic were utilised with patient attendances**.**

This translates to a total of 356 unutilised slots – or 356 hours – unused over the course of 3 months, impacting the psychologists' productivity and denying other patients who could otherwise have been seen.

At the same time, the clinic is experiencing a high First Visit lead time (next available slot in >60 days), and complaints arising from the long wait time to appointments.
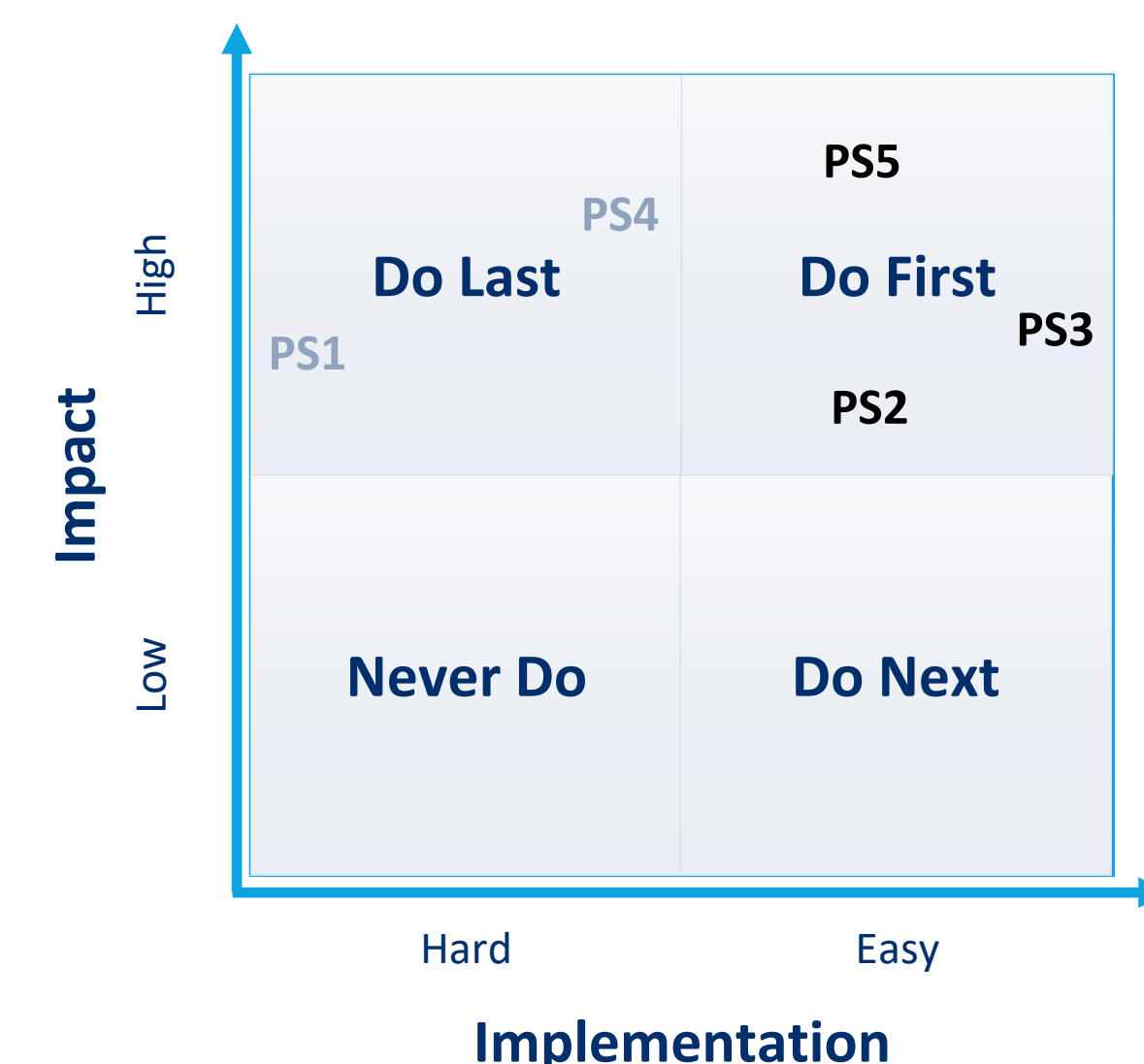
Aim

In lieu of this, the A42 Psychology Clinic aimed to increase the utilisation rate of psychology therapy slots to **75%** by June 2021.

This would mean that patients can be seen and receive therapy earlier and/or as appropriate, and promote a more effective use of clinic and allied health resources.

Establish Measures

What was your performance _before interventions_?

Outcome Measure 1: Utilisation Rate (%)

Outcome Measure 2: No Show Rate (%)

Analyse Problem

What is your process _before interventions_?

What are the probable _root_ causes?

Pareto Chart

Select Changes

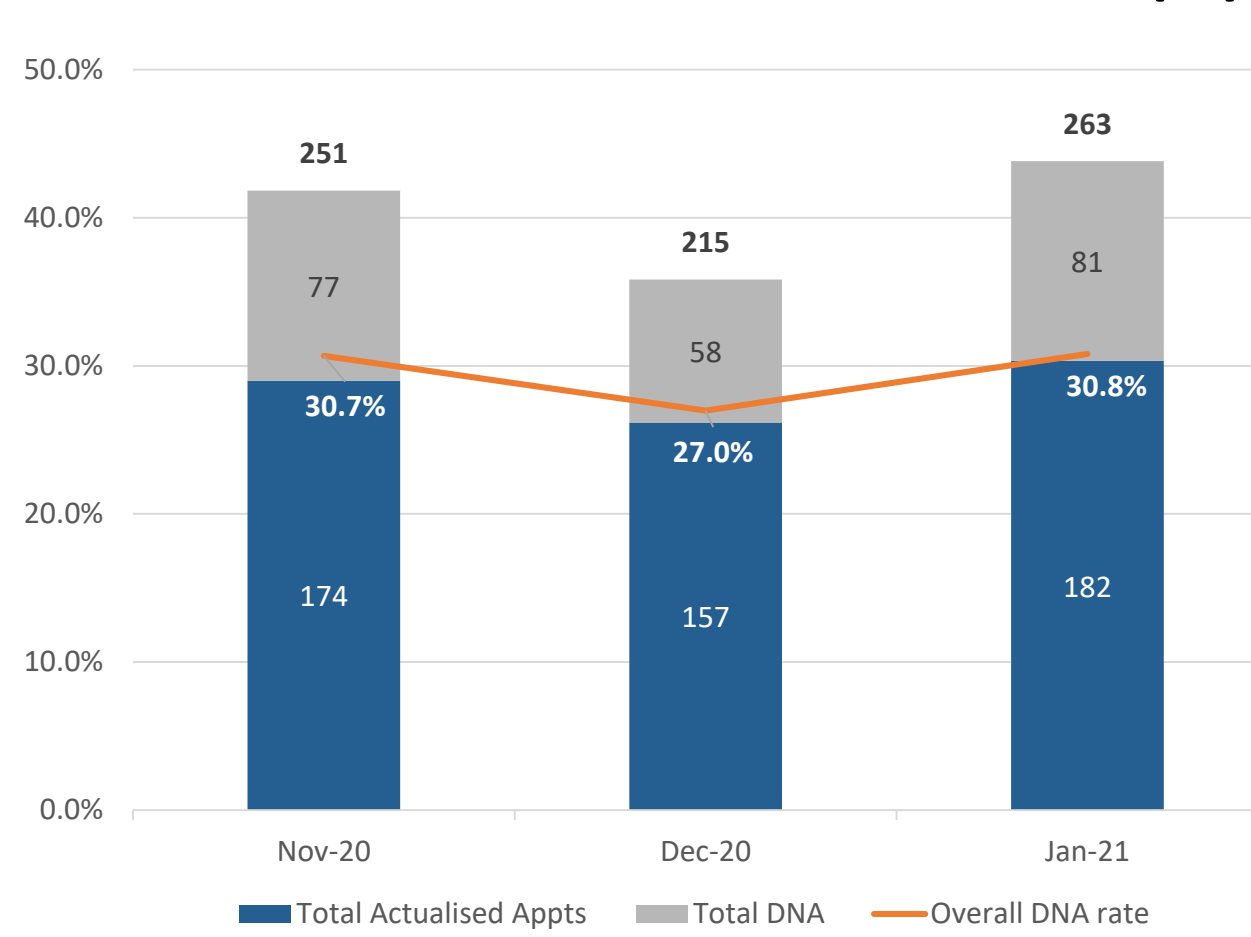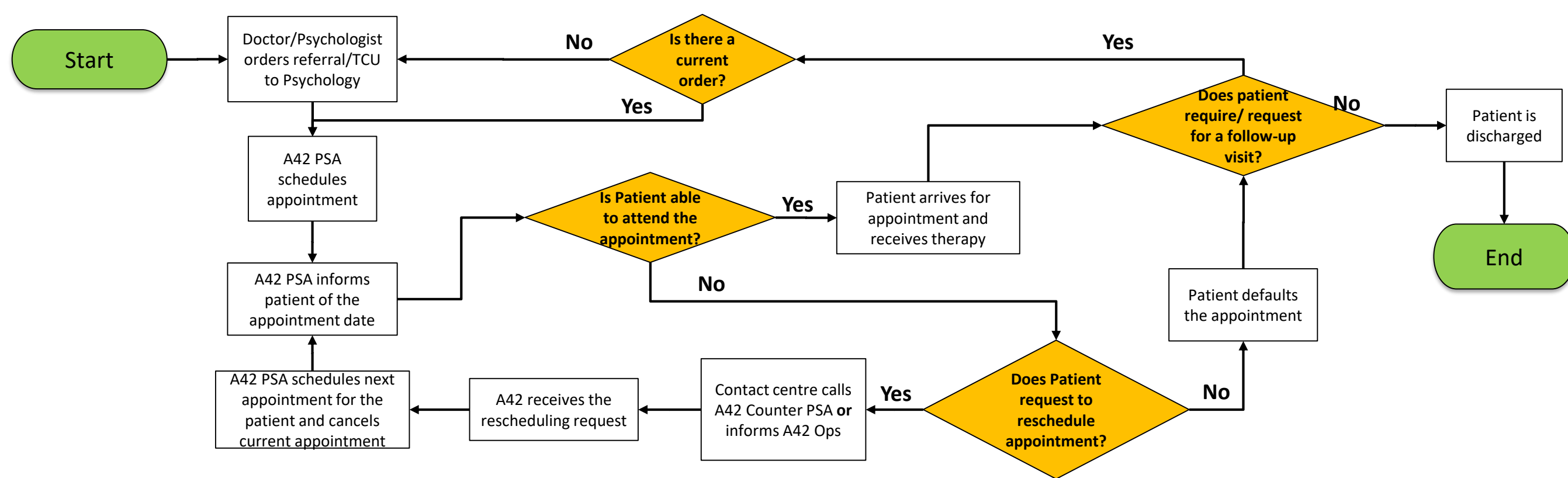**What are all the probable solutions? Which ones are selected for testing?**

Root Cause		Potential Solutions
Lack of consequences	1	Impose penalty/ deposit system
No discharge policy	2	*Automatic discharge. Required to get new referral from doctor to be given appointment*
	3	*Formalise in policy document*
Difficulty identifying patients to bring forward	4	Psychologists maintain list of patients that benefit from early appt
	5	*Use of Epic Short Notice List for patients requesting early appt*

Test & Implement Changes

How do we pilot the changes? What are the initial results?
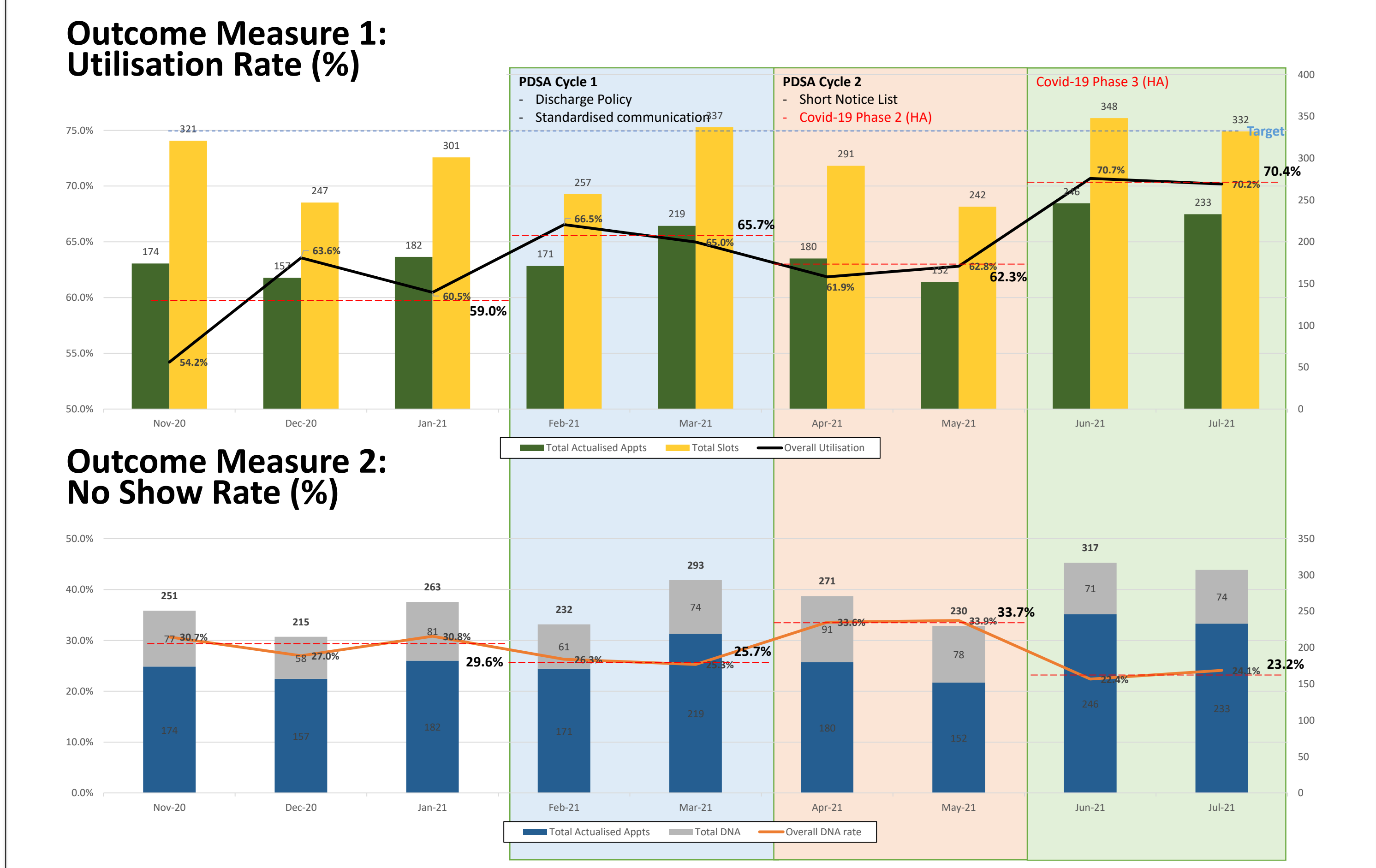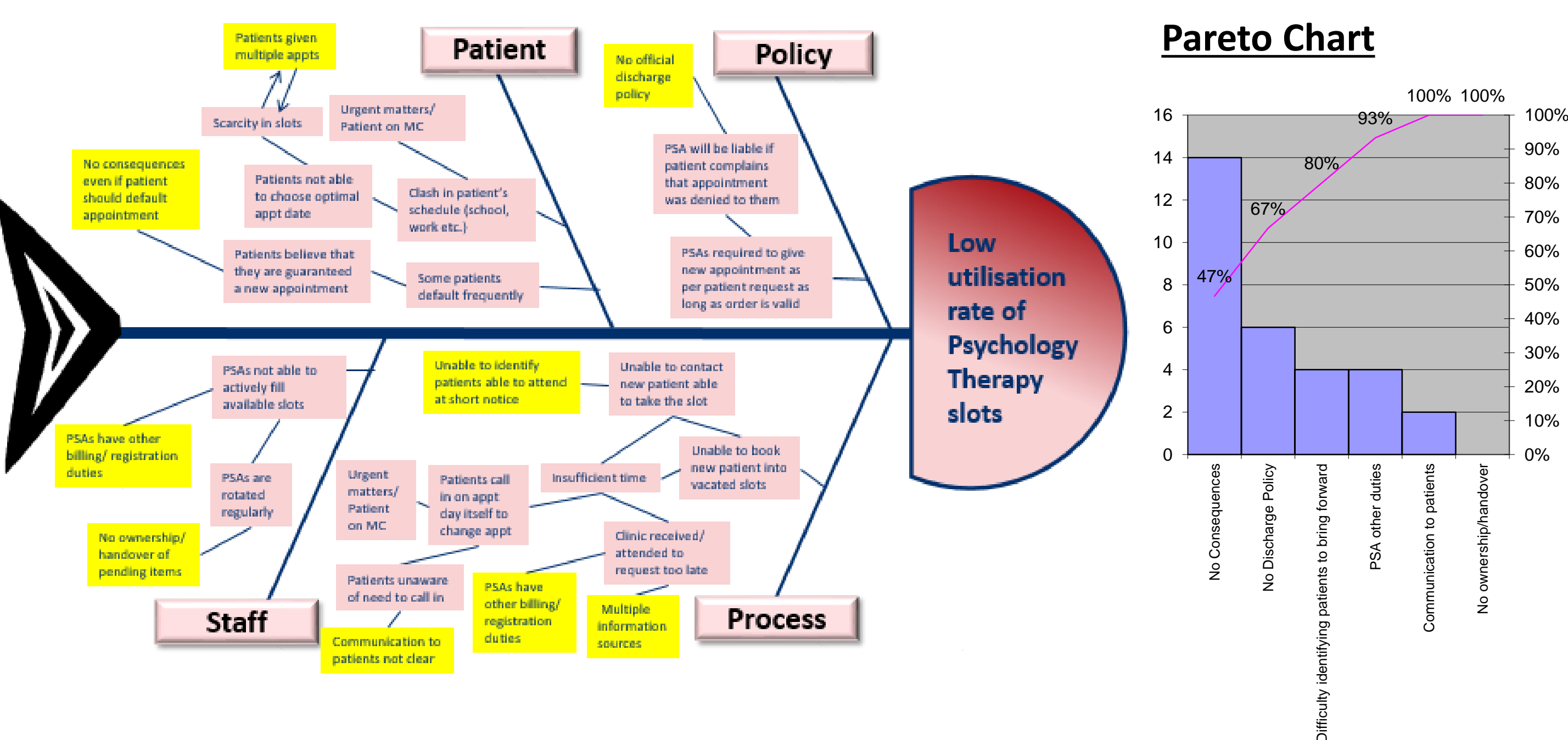
CYCLE	PLAN	DO	STUDY	ACT
1	Formalise **policy** that would allow for discharge of patients after a number of defaulted appointments and **standardise communication** to patients. This is expected to reduce the no show rate and free up slots for booking.	PSAs and Psychologists informed patients about the discharge policy, which they acknowledged. However, difficult to enforce at times, and **inconsistency** is an issue.	**Utilisation rates increased** (59% to 65.7%) and **no show rates decreased** (29.6% to 25.7%) during this period, suggesting some success in this implementation.	**Adopt**
2	Implementation of the Epic **Short Notice List**	**Briefing** and **tipsheet** on the use of the Short Notice List was prepared. Patients who requested earlier appointments were placed on the Short Notice List to be called when slots are vacated.	Results were poor in **Apr21-May21**, likely due to the JEM/ Westgate Covid-19 cluster. Findings in **Jun21** were promising but fell short of the targeted rates	**Adopt**

Outcome Measure 1: Utilisation Rate (%)

Outcome Measure 2: No Show Rate (%)

Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?
- Compilation of workflows, scripts, and guidelines to ensure sustainability of the changes
- Regular refreshers/reminders and catch up with staff
- Staff champion to drive, monitor and sustain change on the ground

What are the key learnings from this project?
- It is important to identify and monitor processes of implementation
- Sustainability of the interventions requires a concerted effort from all stakeholders

Ng Teng Fong General Hospital

Jurong Community Hospital