

Timed Out-patient Appointments Guidelines

Health Strategy
Implementation Project



The Health Boards Executive
Working Together for Health



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Introduction

These guidelines, on a health service approach to timed out-patient appointments, have been produced in response to a specific commitment in the National Health Strategy - *Quality and Fairness - A Health System for You* that "the operation of out-patient departments will be improved". (Action 85). The guidelines can be used by all health service providers to ensure that the principle of "people - centredness" which is at the heart of the strategy becomes an increasingly important feature of how we plan and deliver services.

These guidelines are the third in a series covering a range of actions set out in the Strategy. They were prepared by a team drawn from the health services and have been accepted by the C.E.O.s of the health boards and by the Management Advisory Committee of the Department of Health and Children.

The guidelines themselves are not intended to be prescriptive but rather they reflect the approach adopted by the Health Strategy Implementation Group of giving national leadership while promoting local ownership. As such the guidelines should provide a useful framework for developing an approach improving the operation of out-patient departments throughout the health service.

It is the desire of the Implementation Group that these will be living guidelines, which will develop and evolve over the coming years.

Finally I would like to thank the project team, who within a very short timescale, worked exceptionally hard to produce these guidelines.


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1. Purpose of these guidelines

Action 85 of the Health Strategy *Quality & Fairness : A Health System for You* states that the operation of out-patients departments will be improved and that one of the elements of improvement will be the provision of individual appointment times for patients. The introduction of individual appointment times is consistent with the guiding principle of a people-centred approach incorporated in the strategy. This document sets out a health service approach and guidelines for timed appointments.

A people-centred health system

- identifies and responds to the needs of individuals
- is planned and delivered in a co-ordinated way
- helps individuals to participate in decision making to improve their health

2. Elements of a timed out-patient appointments system

The key elements of a timed out-patients appointments system are that the system should

- be developed around patient needs
- offer individual appointments
- be effective and efficient for both the service user and the staff delivering the service
- guarantee that, on arrival at the health care facility, the patient will be seen within a reasonable and specified time period
- ensure the patient is seen by an appropriate and competent person
- ensure that, following their appointment, patients leave the healthcare facility satisfied
- ensure all patients have an understanding of why they have attended the clinic and what action is required following their attendance
- where possible, ensure the patient has a diagnosis and understanding of what is wrong with them, what treatment is required and when they are likely to receive this treatment

3 Principles of a timed out-patient appointments system

- All stakeholders working within the system must be committed to and involved in the design, introduction and maintenance of a timed out-patient appointments system and support its continued operation.
- Timed appointments must be allocated in a transparent, fair and equitable manner.
- Allocation of consultation times will vary from specialty to specialty. The approach adopted must be practical and agreed to by the principal stakeholders and management.
- A timed outpatient appointments system will be subject to ongoing audit to ensure that it is working effectively.

4. Guidelines for implementation

Stakeholder participation

- A programme of consultation with key stakeholders including patients, GPs, medical and nursing staff and hospital management should be undertaken.
- An implementation schedule with timescale should be agreed to by all stakeholders.
- Leadership for timed appointments should be given by senior clinical staff.

Stakeholder Education

Education of the referring professionals, patients and the staff who will deliver the service at the out-patients' clinics, must be enhanced. This will involve:

- Designing an information flow describing for patients what to expect, who is going to see them and what is going to be done etc.
- Producing information booklets with simple instructions and general information.
- The development of agreed procedures and protocols for different specialities.

Phased Implementation

A phased implementation of the system should be planned. Clinics involved in the first phase should be carefully selected and the system piloted at these clinics. It may be appropriate that the system would be piloted at low volume clinics, where the impediments to smooth running could be identified and dealt with.

Evaluation

Performance indicators will be developed for the system in each organisation and a programme of ongoing audit and continuous improvement implemented

Performance indicators could include:

- start and finish times of clinics
- length of time patient waited to be seen
- availability of medical records
- ratio of new and returned patients
- percentage of letters forwarded to GPs within a certain timeframe
- patient satisfaction surveys
- other stakeholder satisfaction surveys
- evaluation - on a monthly basis - with all key stakeholders could be benchmarked against comparable hospitals

Organisational arrangements

The key stakeholders of each organisation will identify the capacity and organisational issues affecting the full implementation of the timed out-patient appointments system. General issues to be addressed by each hospital include :

- staffing levels and physical environment
- provision for difficult or complex consultations which may require longer than the normal consultation time
- ensuring medical notes and information on medical notes is present and complete
- Where there is a significant level of non-compliance by patients, the reasons for this should be investigated and efforts made to address the issues identified.
- A review of facilities will be required, including signage and car parking, to ensure they are conducive to easy access.
- Upgrading of manual and computerised systems to deal with the variation of requirements, having regard to the different specialty mixes in clinics, either doctor led, nurse led or otherwise. (The lack of a sophisticated computer system should not delay the introduction of a timed out-patient appointments system).
- Protocols should be developed to guide the placing of patients on an out-patient waiting list.
- Transport systems - and in particular, arrangements for patients travelling outside a health board's area to external clinics - must be considered by the appropriate agencies. An appreciation by service providers of the special requirements of patients who have travelled a long distance and whose attendance is linked to public/private transport is required. This will necessitate close co-operation between tertiary centres and referring hospitals.
- Resources to support the out-patient clinic and in particular support in the areas of diagnostics, such as x-ray and pathology, must be focused to support the out-patient system. Likewise, other services such as physiotherapy, dietetics, occupational health, social work etc.
- A culture of friendliness and customer care must be instilled in all staff. It is essential to create a multi-disciplinary approach in the out-patients department where all staff take responsibility to organise the system with more emphasis on cross-skilling and co-operation.
- The provision of an appropriate level of out-patient appointments outside of the normal core working day.
- Leadership by senior clinical staff and the implementation of doctor-arranged appointments according to his/her perception of individual patient requirements.

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