Skinnovate phase 1: Reducing the Dermatology waiting list through redesign of internal systems .

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Introduction

- In September 2020 there were 3736 patients waiting for a Dermatology Outpatient Appointment. Routine patients were waiting up to 2 years to be seen and there was 2000 patients on the waiting list with no appointment.
- The referral and triage process was variable and disjointed with individual waiting lists operated by each Consultant. This resulted in variation in wait time for patients, lengthy routine wait lists without appointment dates and an underutilisation of capacity in the system.

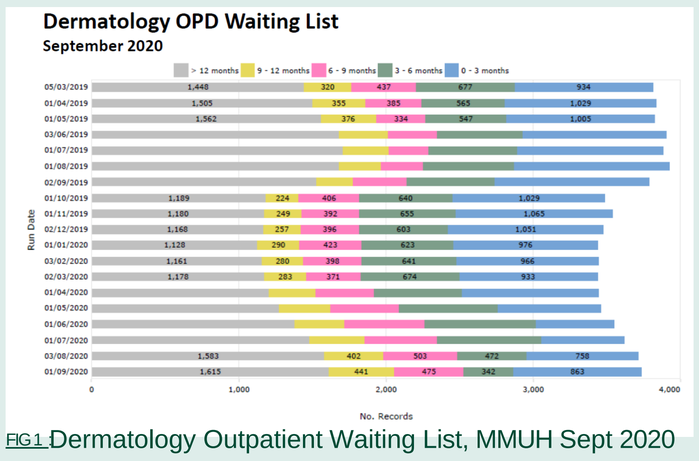

FIG 1 Dermatology Outpatient Waiting List, MMUH Sept 2020

September 2020
3736 patients waiting
1,615 waiting > 12 months

Voice of the Patient
"The waiting is really hard and it is difficult but when you get there and get in they mind you really well"

Voice of the Dermatologist
"*The service is struggling with the volume of referrals. We have limited new patient capacity which is often consumed by urgent skin cancer referrals*"

Voice of the GP
"*I know the wait times are long and would consider sending my patient referral elsewhere to try to access Dermatology services*"

Goals and Objectives

1. **Standardise - Triage criteria Time to triage**
2. **Reduce** waiting time for all patient cohorts
3. **Break cycle** of soon & routine patients becoming long waiters
4. **Improve** quality of referrals (Tertiary)

Methods

Using Lean Six Sigma methodologies the team carried out:
Desktop exercises
Gembas / observational studies on triage and booking processes
Analysis of waiting lists
A deep dive on referral data over a one-month period reviewing triage categories, nature and extent of referrals, time from referral received to first appointment.

Insights

1. **Triage Categories varied** – for example: 3 consultants used 5 triage categories (U1, U2, U3, soon, routine). 1 consultant used 3 categories (Urgent, Soon, Routine)
2. **Variations in time from triage to appointment** for urgent, soon and routine which meant instances where less critical patients were given appointments before more critical patients
3. **Differences in volumes of referrals received per consultant**
4. **Patient's triaged as soon and routine remained on the waiting list without appointment**

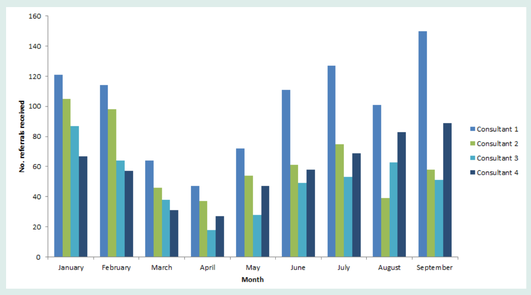

FIG 2: Distribution of Referrals by month and Consultant, Jan- Sept 2020

Median Waiting times
Sept 2020

Urgent – 81 days
Soon – indefinite
Routine – indefinite

What was implemented

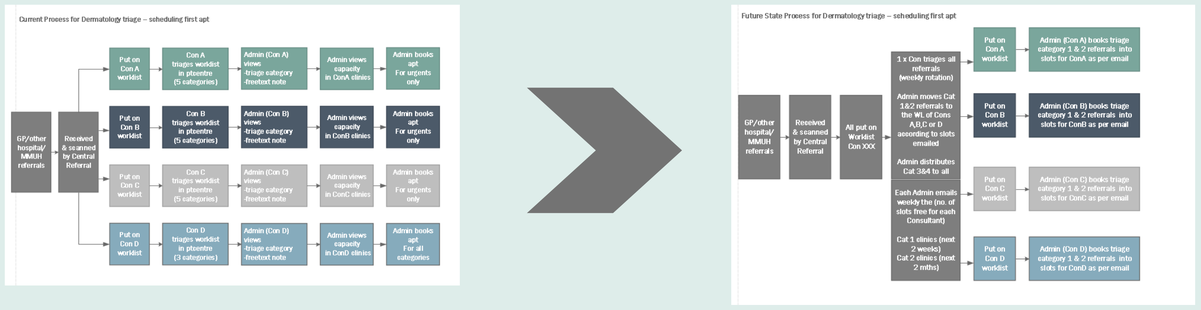

FIG 3: Process maps showing restructure of the triage system- from individual consultant triage processes and waiting lists to a single list, with management and oversight by one consultant from a centralised position

Centralised Triage & Booking system

- Triage categories were standardised and agreed with all consultants
- All referrals were directed to one list with one consultant carrying out triage
- Urgent, Soon and routine referrals distributed equitably and in line with patient demand
- Target to have all referrals triaged and appointment booked within 1 week

Audited the waiting list using '5S' methodology and removed:

- Benign diagnosis no longer accepted as per Royal College of Physicians, Ireland
- Patients that already have appointments & that no longer required appointment
- Duplicate referrals (more than 1 speciality)
- Wrong - hospital /speciality / service / age group/ private referrals
- Implemented strategy for Long waiting patients- booking into specific clinics
- Implemented system of returning incomplete referrals to GPs

Redesigned Referral forms for most common presenting conditions
(Non Melanoma Skin Cancer| Inflammatory Conditions| Acne)

Results and Conclusion

The design of a centralised system with single mode of referral and central management has resulted in:

1. A 40% reduction in the Dermatology Outpatient waiting list
2. Significant reduction in wait times across all categories (see results box)
3. Consistent patient wait times in accordance with urgency
4. All patients now have an appointment date
5. Capacity in system fully utilised
6. Time to triage now within hours -appointment booked within 1/52
7. Centralised management has enabled understanding of system to design referral forms that produce meaningful information to triage.
8. Enabled understanding of demand to influence re-design of clinic structure.
9. Enabled increased liaison with GPs in whole system

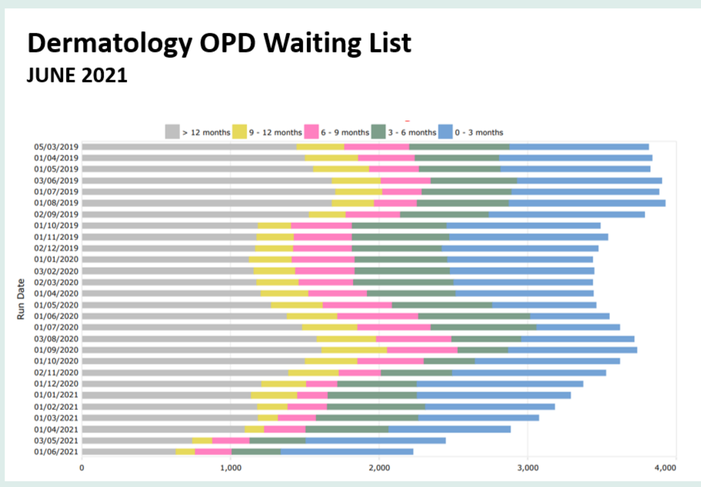

FIG 4: Dermatology Outpatient Waiting List, MMUH June 2021

40%

Reduction in waiting list
from 3736 (Sept '20) to 2,228 (June '21)
724 patients waiting >12 months
(60% reduction)

Patient Waiting times
Median

	Sep 2020	*Sep 2021*
Urgent	81 days	41 days
Soon	indefinite	4/12
Routine	indefinite	6/12