



IMPROVING EFFICIENCY OF REFERRAL TRIAGE FOR AMBULATORY PAIN MANAGEMENT SERVICE FOR IMPROVED PATIENT ACCESS AND FLOW

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Who are we?

- Eastern Health Ambulatory Pain Management Service
- Multi-site Interdisciplinary (Medical and Allied Health) Outpatient service

Background:

- Delays in access to treatment for persistent pain are associated with poor client outcomes (*Lynch et al., 2008*)
- Literature suggests that long waiting lists often result from problems with access, scheduling, and management of patient flow through the service. The STAT model for triage has been trialled to address this. (*Harding et al., 2013*)
- Diagnostics of our service indicated steadily increasing wait-times of up to 4 to 5 months (~120 days) to first face to face client appointment.

References:

1. *Harding et al., 2013 Archives Of Physical Medicine And Rehabilitation, 94(1), 23-31.*
2. *Lynch et al., 2008 Pain, 136, 97-116.*

Aim:

To improve patient access and flow into the Eastern Health Ambulatory Pain Management Service by maximising efficiency of referral triage to obtain reduction in wait times from referral to acceptance by 20%.

Method:

Routinely collected service data was compared for 6 months pre and post intervention (implemented in March 2018) to identify validated root causes and understand supply and demand for the service.

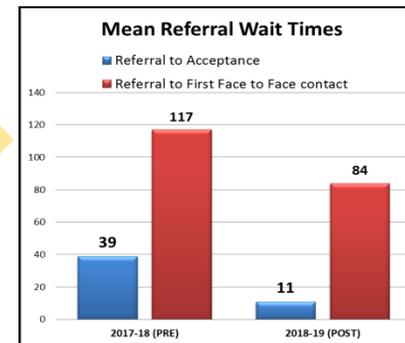
What did we do?

- Redesigned the referral process based on lean principles to reduce waste and introduced performance monitoring systems like performance boards and weekly huddles
- Workflows were recreated to align with the principles of Specific Timely Appointments for Triage (STAT) model including calculation of existing appointments to match with the demands on the service.
- Introduction of brief referral triage /risk screening tool to improve efficiency of referral processing.



Results:

Primary outcome: Mean waiting times
Referral to acceptance: 39 to 11 days ↓74%
Referral to first face to face: 117 to 84 days ↓28%



Secondary outcomes: Referral processing time down 32.5%

