

Diagnostic Redesign - Bottom Up!

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(Pre-August 2005)

- Outpatient waiting list approx 600 patients
- Waiting time up to 11 months
- Outpatient DNA rate 26%
- Inpatients backlog circa 40 patients
- Inpatient waits up to 0-21 days
- Inpatient DNA rate 19%

Problems from Staff Perspective

- Belief that demand could not be met within any reasonable capacity
- Belief that timely high quality service would be prohibitively expensive
- Belief that elastic service best met clinical need
- Belief that long waits encouraged private referrals

After

(June 2006 – end of pilot)

- Outpatients = no waiting list
- Max outpatient wait = 14 days
- DNA rates minimal (approx 5%)
- Inpatient wait = mean of 48 hours

How?

10 Steps (Easy in theory)

1. Engage
2. Understand
3. Demand
4. Reduce variation
5. Capacity
6. Openness
7. Pilot
8. Feedback
9. Role redesign
10. Innovate

1. Engage



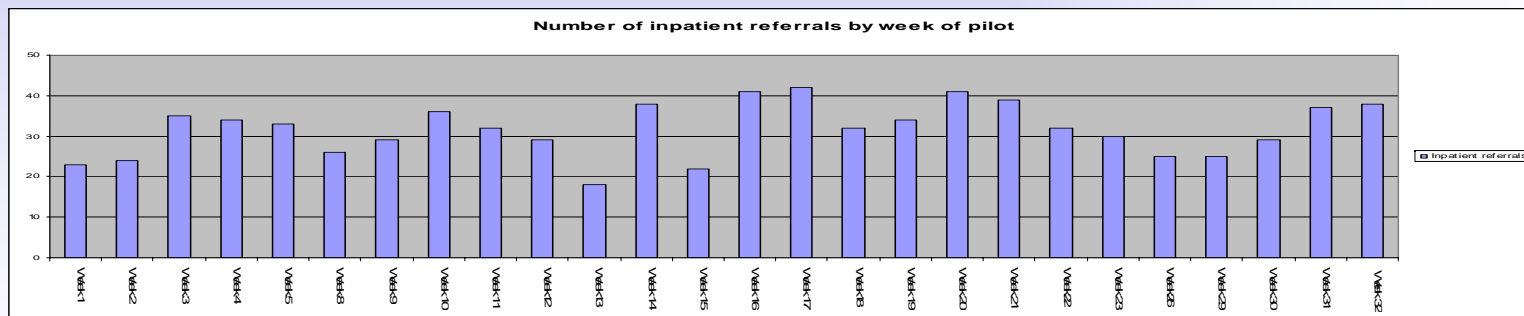
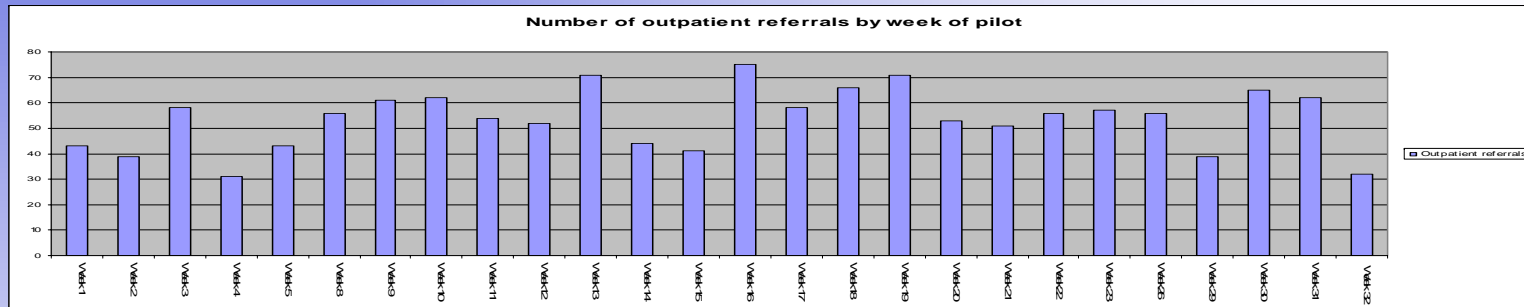
2. Understand

- Ensure your information is **accurate**
- Once you have a 'true' waiting list – **validate it.**
- **This resulted in a 20% reduction in the waiting list**

3. Monitor Demand

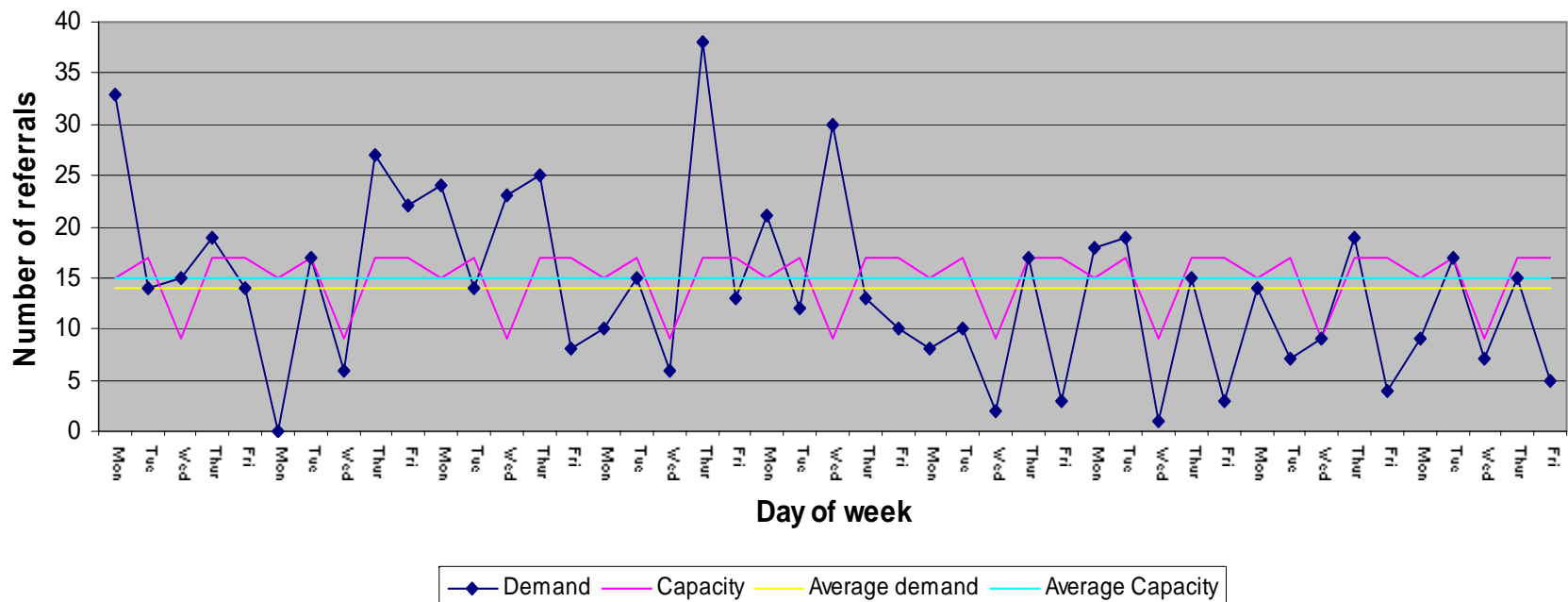


3. Monitor Demand

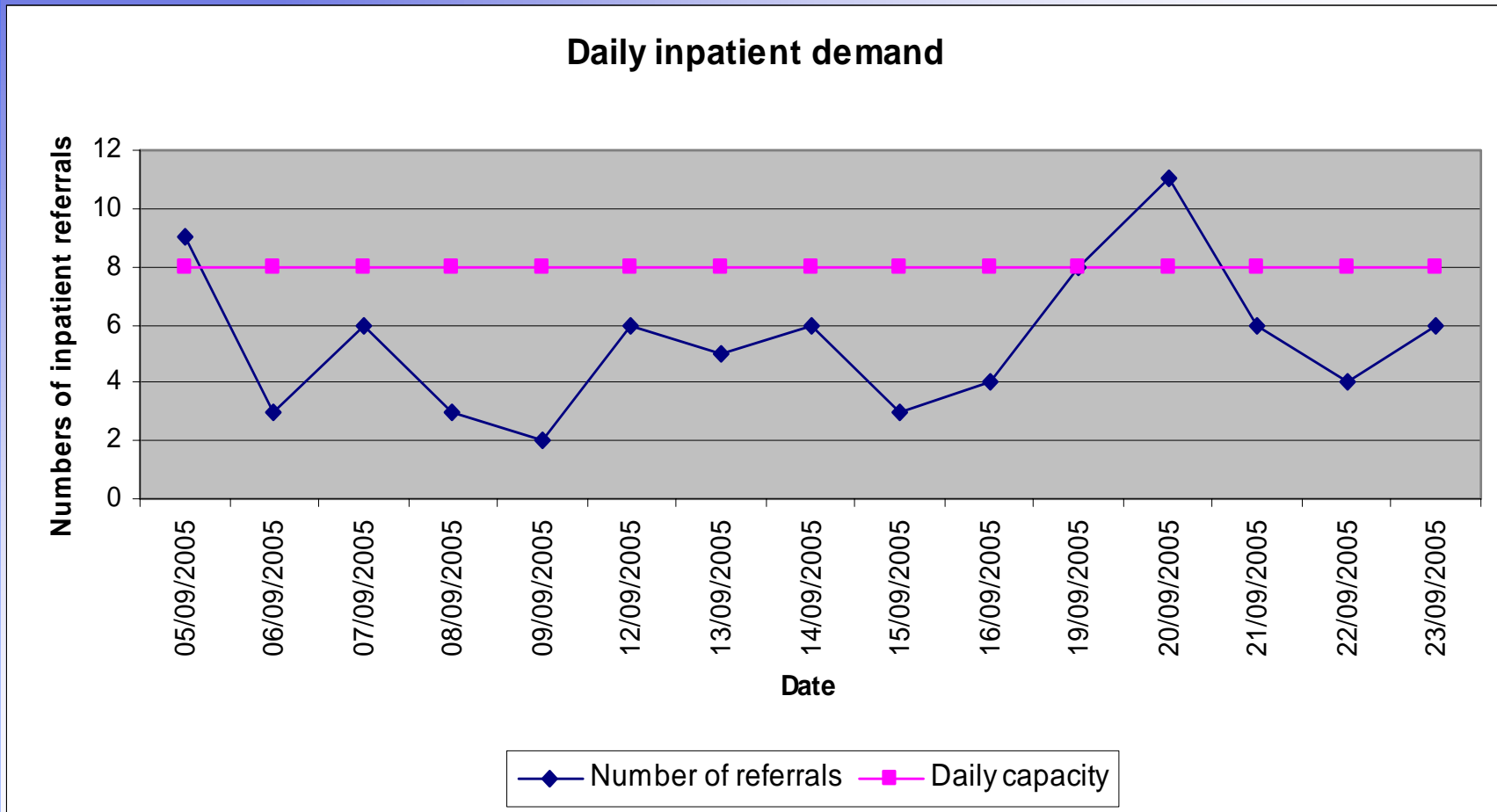


4. Reduce Variation

Demand & Capacity; Total referrals for Echo by day of week 24-05-05 to 06-08-05

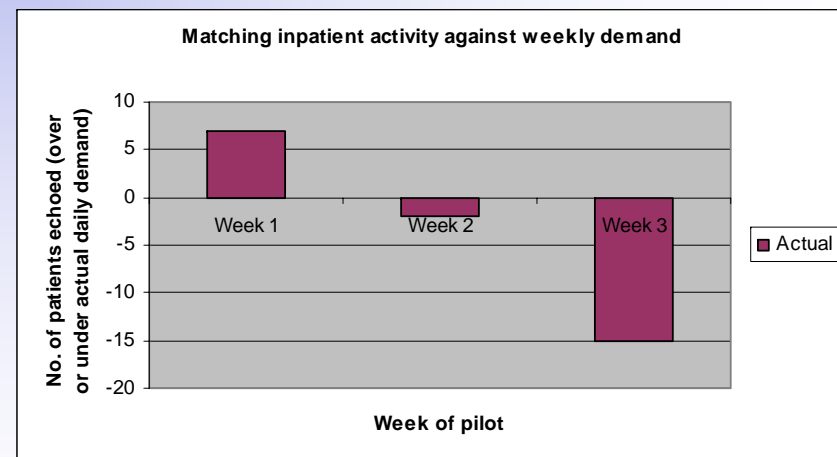
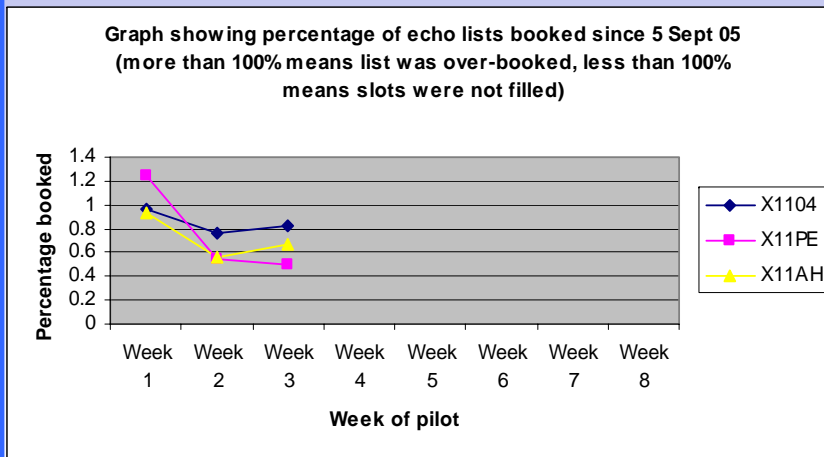


5. Capacity

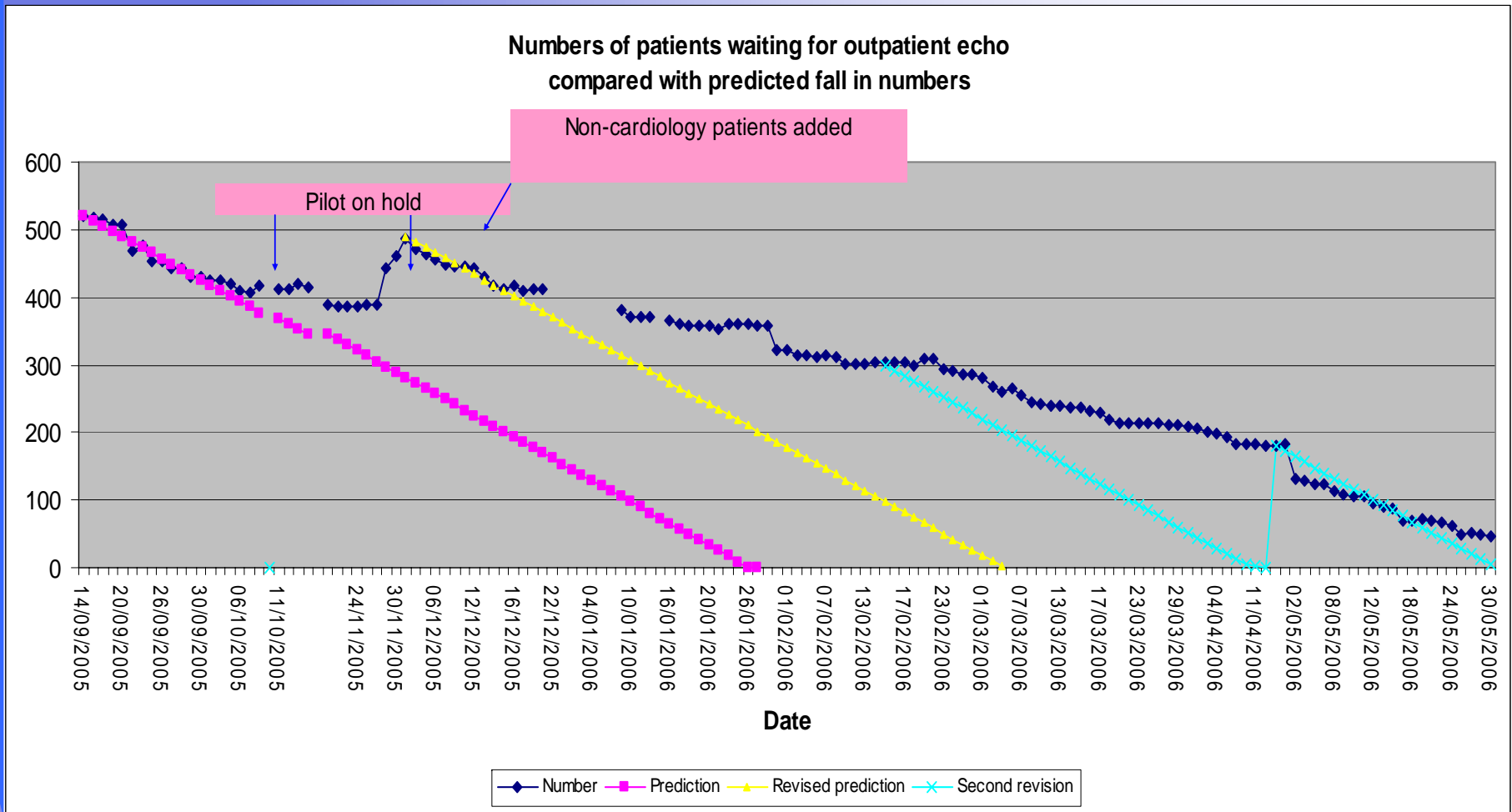


5. Capacity

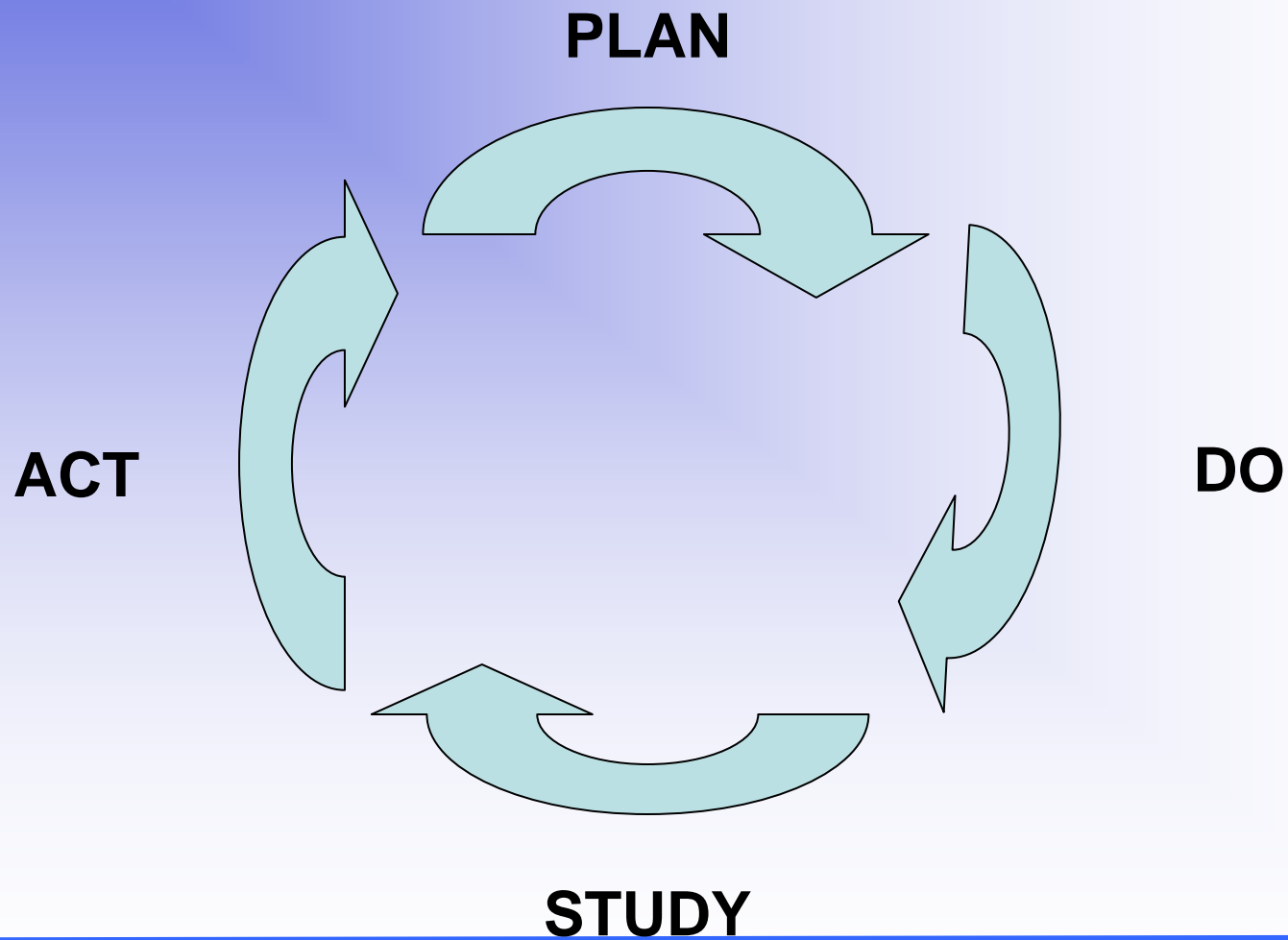
All agreed that 8 inpatient echos per day was achievable, but analysis over three weeks showed that delivery was inconsistent.



6. Openness

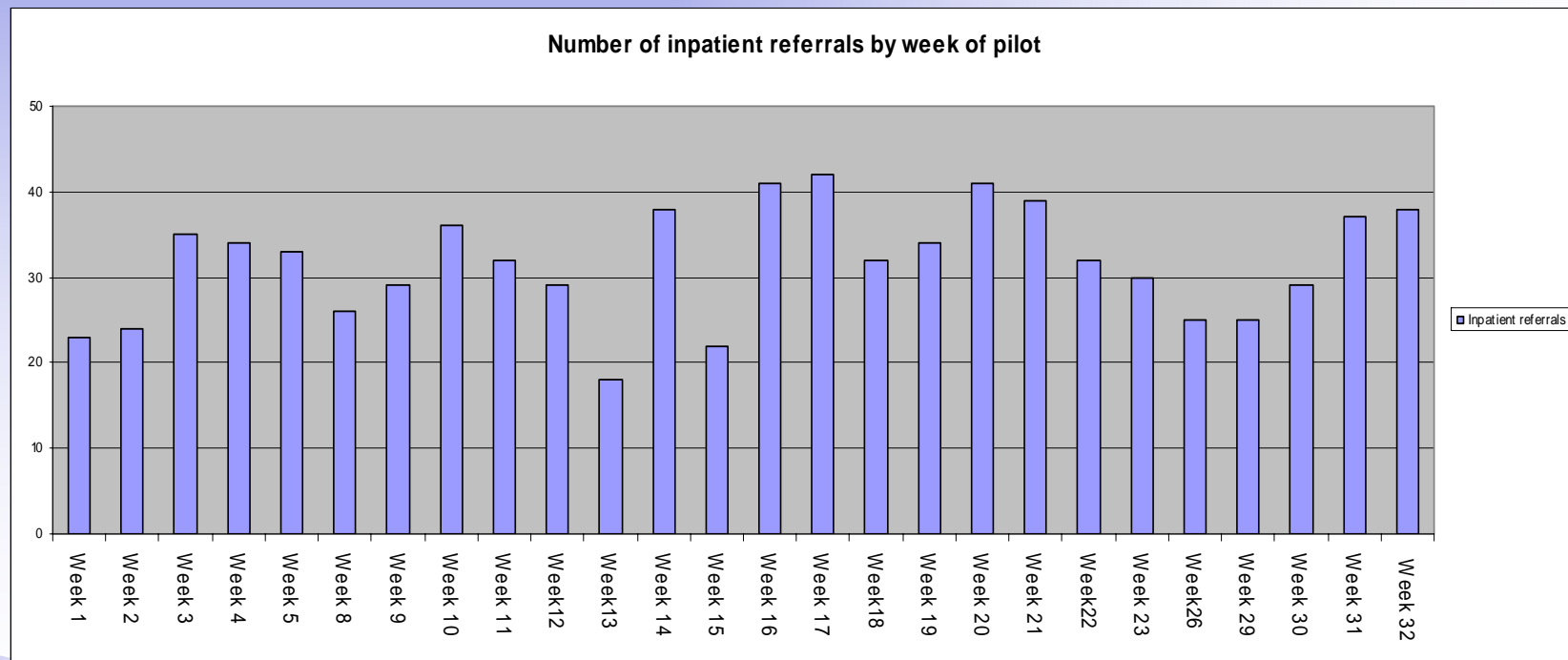


7. Pilot



8. Feedback

Following demand study the inpatient list capacity set at 40 per week (8 slots per day) this was exceeded on only 3 occasions during the pilot...



9. Role Redesign



10. Innovate



Diagnostic Redesign

- Bottoms up to a job well done!

Thanks to all the staff whose hard
work and dedication made theory
a reality