



Neurology Movement Disorder Clinic

Sept – Dec 2012

Eastern Health, Newfoundland and Labrador



Performance Program
Results

Performance Programs

Performance Programs support healthcare teams to implement best practices that improve patient access to high quality care. Changes are implemented and measured over a 3-month period, and a system of continuous improvement is developed to ensuring ongoing performance improvement.

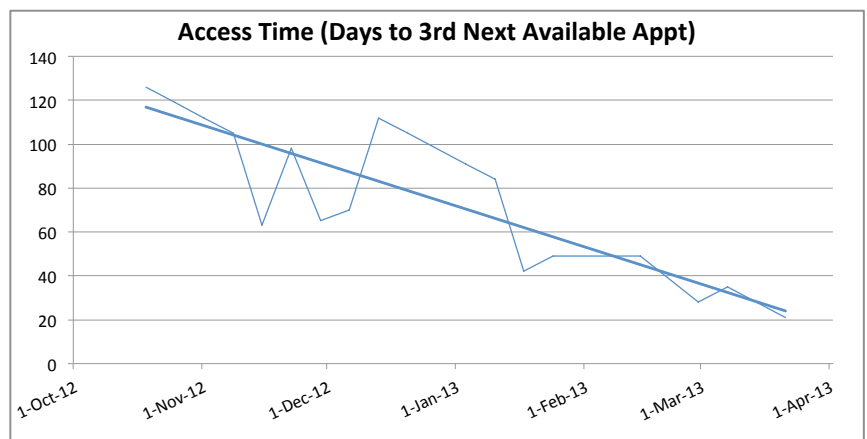
During Performance Programs, participants (physicians, nurses, managers, patients and other members of the healthcare team) learn how to implement the latest process management techniques. Topics include Lean Processes, Theory of Constraints, Change Management and Continuous Improvement. Emphasis is placed on implementing practical improvements that deliver rapid results.

Results

“Better teamwork - Improved quality of care for patients.”

The Performance Program generated approximate yearly financial savings of \$49,200*. During the initial six-months following the start of the program:

- Access time for initial appointment for patients with suspected movement disorders decreased from 133 to 20 days (measured as 3rd next available appointment).
- The percentage of patients seen at the clinic with Parkinson disease rose to 88% from 27%.
- New patient appointments increased to 23% from 8.4%.
- Attendance rose to 93% from 81%.
- A 'carousel' multi-disciplinary appointment and a standardized clinic form improved the flow of patients saving an estimated 150 hours of physician time and 320 hours of administrative time per year by eliminating duplication and reducing dictations.



Following the 3-month Performance Program, the clinical team continued to independently implement improvements, and have now set-up a Deep Brain Stimulation service and a Huntington's clinic.

*Financial estimates are based on time savings estimates from the carousel-appointment format of 150 hours of physician time and 320 hours of nursing/administrative time per year (using costing of \$200/hr for physicians and \$60/hr for nursing/administration). This may represent an under-estimate of the benefits of the changes, as the financial impact of other improvements were not measured.

Background

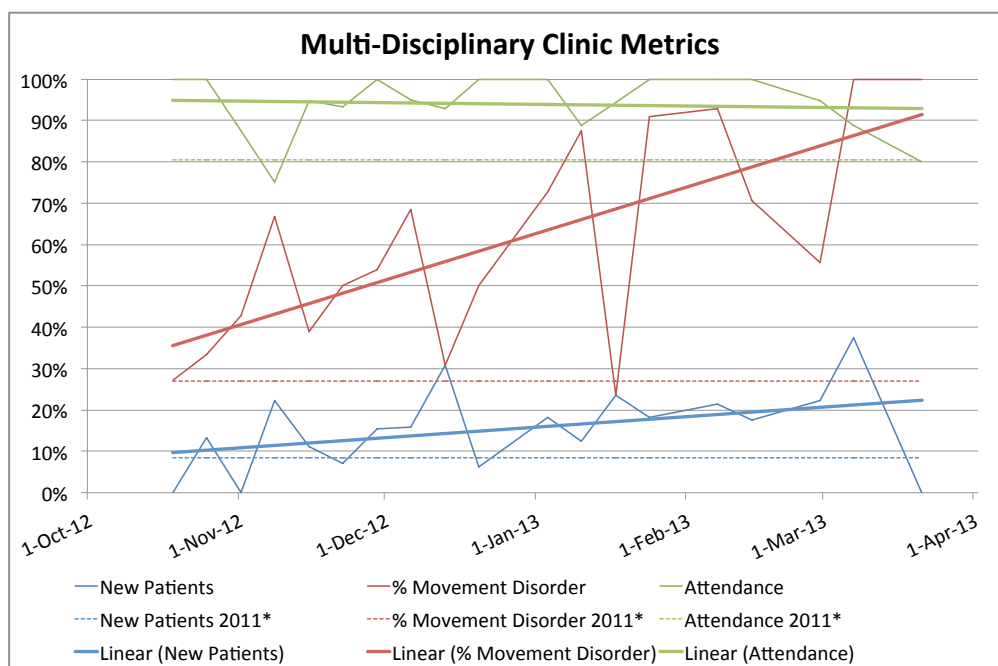
Access times to neurological consultation for patients with suspected Parkinson Disease (and other movement disorders) were felt to be unacceptably long by family physicians in the referral region. Family physicians complained that they had little insight into access times for individual specialists, and were sometimes referring patients to multiple neurologists to try and obtain timely consultation.

In-line with the perceptions of family physicians, neurologists reported a long and growing waiting list for new patients. A symptom of growing wait lists was the need to triage referrals and that secretarial staff often had to "squeeze" urgent patients into full clinic schedules, consistently leading to clinics running over-time.

A multi-disciplinary clinic, including a specialist nurse and physiotherapist, had been established several years prior. However, many general neurology patients with no need for physiotherapy services were being seen at the clinic. It was felt that a specialized movement disorder clinic would make better use of the multi-disciplinary team, provide more patients with access to optimal care, increase efficiency and lead to lower access times.

Key Improvements

Implementation began immediately after a 2-day process improvement workshop. Within several weeks a multi-disciplinary assessment form and a 'carousel' appointment were implemented. Patients were seen initially by a nurse, then by a physiotherapist and finally by a neurologist. Each provider's assessment was documented on the same form. A standardized, comprehensive assessment was developed which eliminated the duplication associated with the previous, ad-hoc process. Reduced variation in workflow enabled balancing of appointment durations for each provider, resulting in improved patient flow.



Previously, physicians dictated a consultation letter to the family physician which was transcribed and mailed. Using a new form, the assessment and plan were documented during consultation and immediately faxed to the family physician, and dictations were eliminated.

All patients now see every member of the multi-disciplinary team at every appointment. This helps us to provide optimal patient care. At the same time the team have experienced a reduction in perceived

work "pressure" and a reduction in overtime clinics.

A centralized referral for new movement disorder patients has been implemented. Previously, each physician's secretary would independently book patients. A single secretary is now responsible for scheduling the movement disorder clinic. Using a list of referral key words, secretaries review all incoming referrals to identify referrals for 'probable movement disorder' and immediately book these patients at the movement disorder clinic. New patients are assigned to the first available neurologist, rather than the neurologist to whom the referral was sent. Family physicians retain the option to refer to an individual neurologist with the understanding that this may result in a longer access time.

Previously, no blocked appointment slots were available for new patients or for patients that needed to be seen urgently, these patients were squeezed into the agenda when necessary. Initially, appointment slots that came free (due to cancellations or other reasons) were blocked for urgent or new patients, and concurrently slots in the future schedule were blocked for urgent patients. This significantly reduced access time and reduced urgent fit-ins. Additional capacity was created by extending follow-up intervals and by discharging stable patients to primary care.

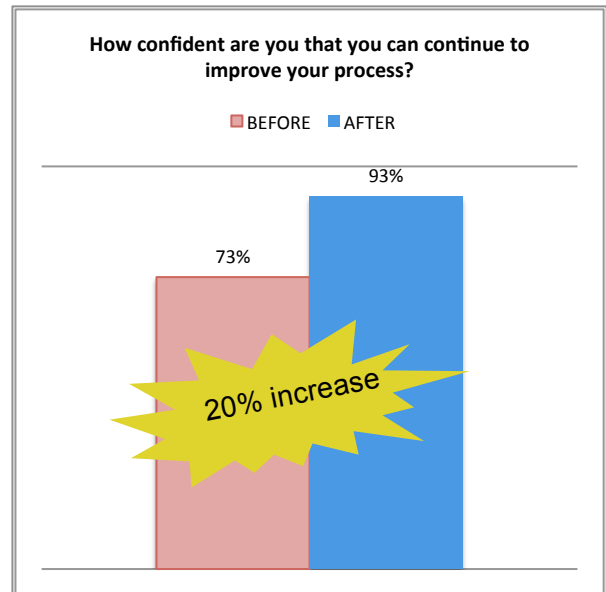
A myriad of additional improvements contributed to improved performance. More than 23 potential improvements were identified during the initial workshop, many of which were relatively simple and have already been implemented. Although the specific contribution of each improvement was not individually measured, it is expected that the cumulative impact contributed to improvements in key performance metrics.

Participant Evaluations

- 100% of respondents reported that the Performance Program helped them to:
 - Increase efficiency or quality of patient care, and
 - Treat more patients with their existing staff.
- 100% of respondents indicated that they would recommend the Performance Program to a colleague.

Participant Comments

- "The changes in both clinics have been great for PT. We (and I speak for all of us who cover the clinics) have found it more streamlined and efficient. We LOVE the forms! The form keeps it simple for us and something we can use objectively for the follow-up clinic visits to monitor changes. We are able to identify clients who require further intervention and set that up seamlessly. On the other side of that we have been able to identify clients that are stable and just need a quick update of their exercises or a simple expression of encouragement that will keep them OFF our waiting lists as frequent flyers! This is common and they tend to wait for long periods of time. I hope you can feel the 'love' I have for this process. It has been a success for us."
- "Very good process, really effective and engaging."
- "Improved efficiency - All MDT members know what they need to do, roles."
- "Very positive re: PT efficiency - Timely management of patient care - Truly multi-disciplinary approach."
- "Decreased wait time, improved access - Apply this to other services - Present this at the Medical Advisory Committee."
- "Importance of the 'team' has been emphasized."
- "Better teamwork - Improved quality of care for patients."
- "Very positive - Feel good about the direction in which things are going - Good for patient care."



Contacts

To learn more about the Performance Program, please feel free to contact program references:

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BMJ Quality Improvement Reports: Goodridge A, Woodhouse D, Barber J. "Improving patient access at a movement disorder clinic by participating in a Process Improvement Program". BMJ Qual Improv Report 2013;2

Funding for the Performance Program was provided by the Newfoundland and Labrador Medical Association in partnership with the Department of Health and Community Services.

