Long SOPC Waiting Time: Problems and Solutions

Dr Tony Mak

Service Director (Quality & Safety)

Kowloon West Cluster

Hospital Authority

Presentation Outline

- Why WT is long?
- Snapshot 2007
- Various attempts
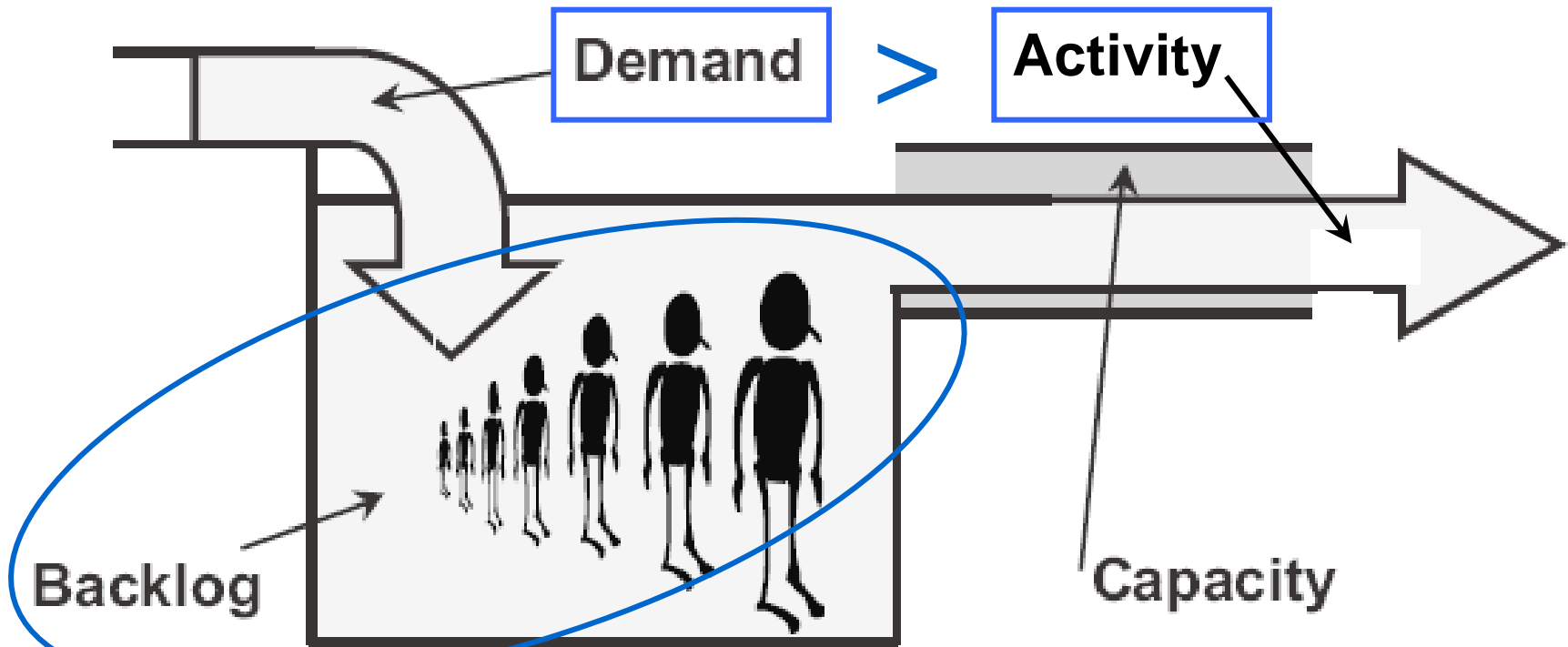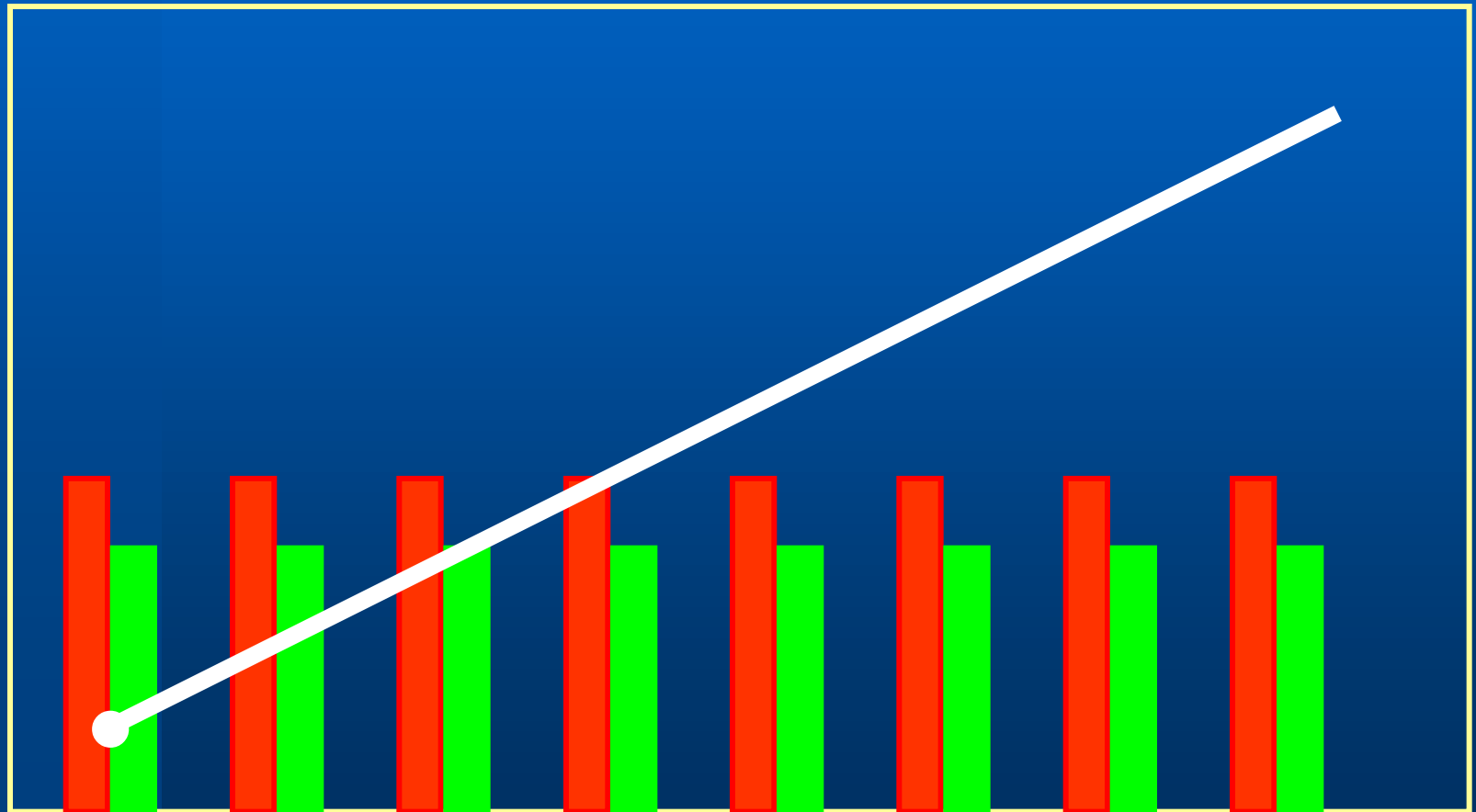- Snapshot 2013
- Conclusions
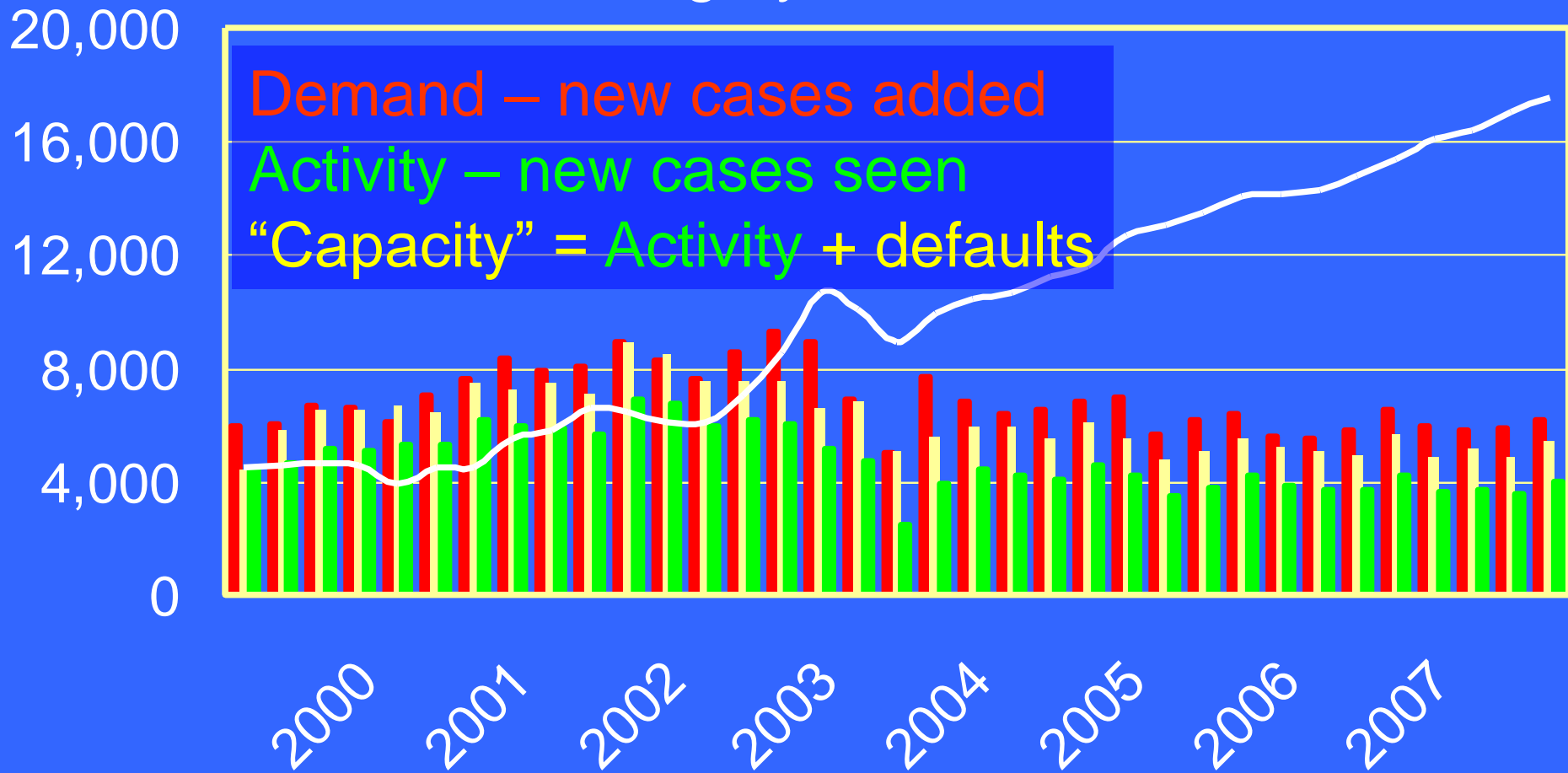
Why Long WT?

Figure 23. Activity, Backlog, Capacity and Demand

NHS, Cardiff. 2005.

Demand, Supply and Backlog

Our Situation

Surgery, Cluster A

Demand – new cases added
Activity – new cases seen
"Capacity" = Activity + defaults

SUR
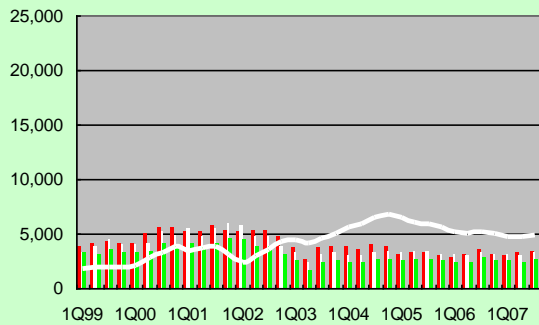
SUR - KCC

SUR - HKEC
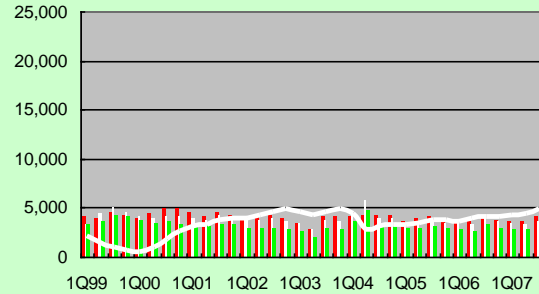
SUR - NTEC
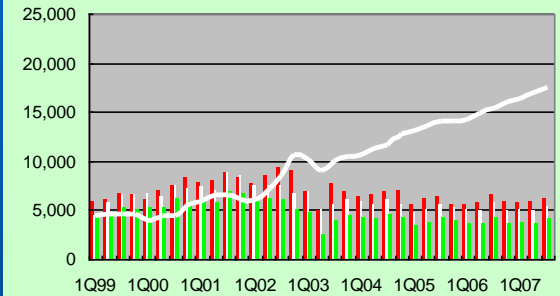
SUR - KEC
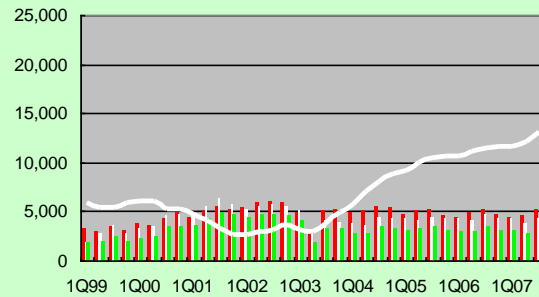
SUR - HKWC
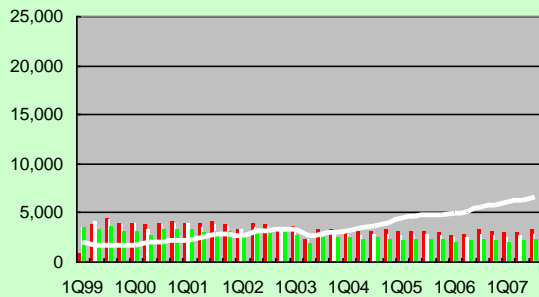
SUR - KWC
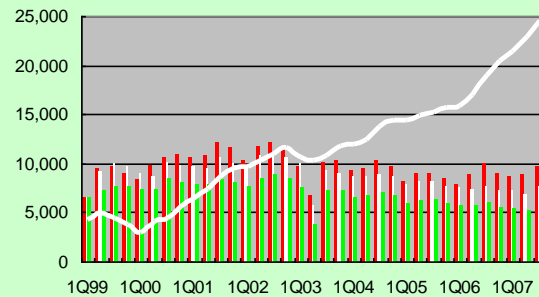
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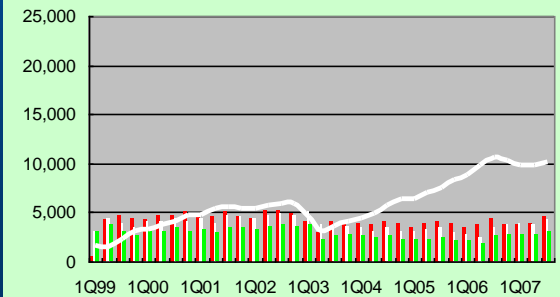
2007: public concerns

- LegCo questions x SOPC
- Long waiting time / waiting lists
- FHB reply:
- Triage x urgent needs
- Prioritization - good results

WT (weeks) in 2007

Routine	2007
ENT	87
MED	70
GYN	50
ORT	70
PSY	74
SUR	152

Note: Routine case, 90th Percentile
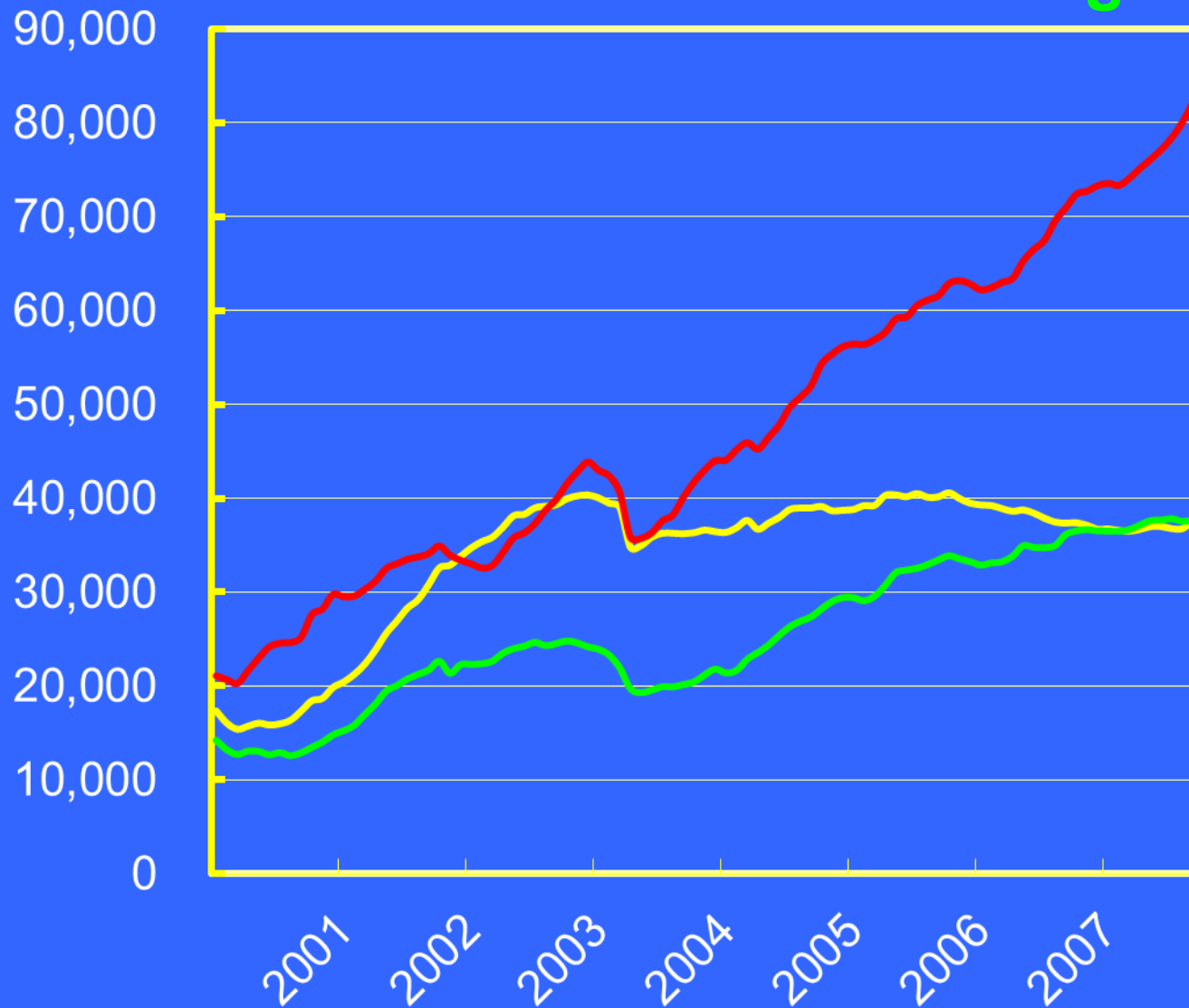
Working Group:
SOPC WT Management

A flagship project

Formed in Sep 2007

- HO

- Clusters

- Specialties

WG ➡ SOPC Steering Com

Prioritizing Demand

Priority 2 (semi-urgent)
Target WT: 8 wks

Priority 1 (urgent)
Target WT: 2 wks

Routine (stable cases)

Prioritization is NOT the solution
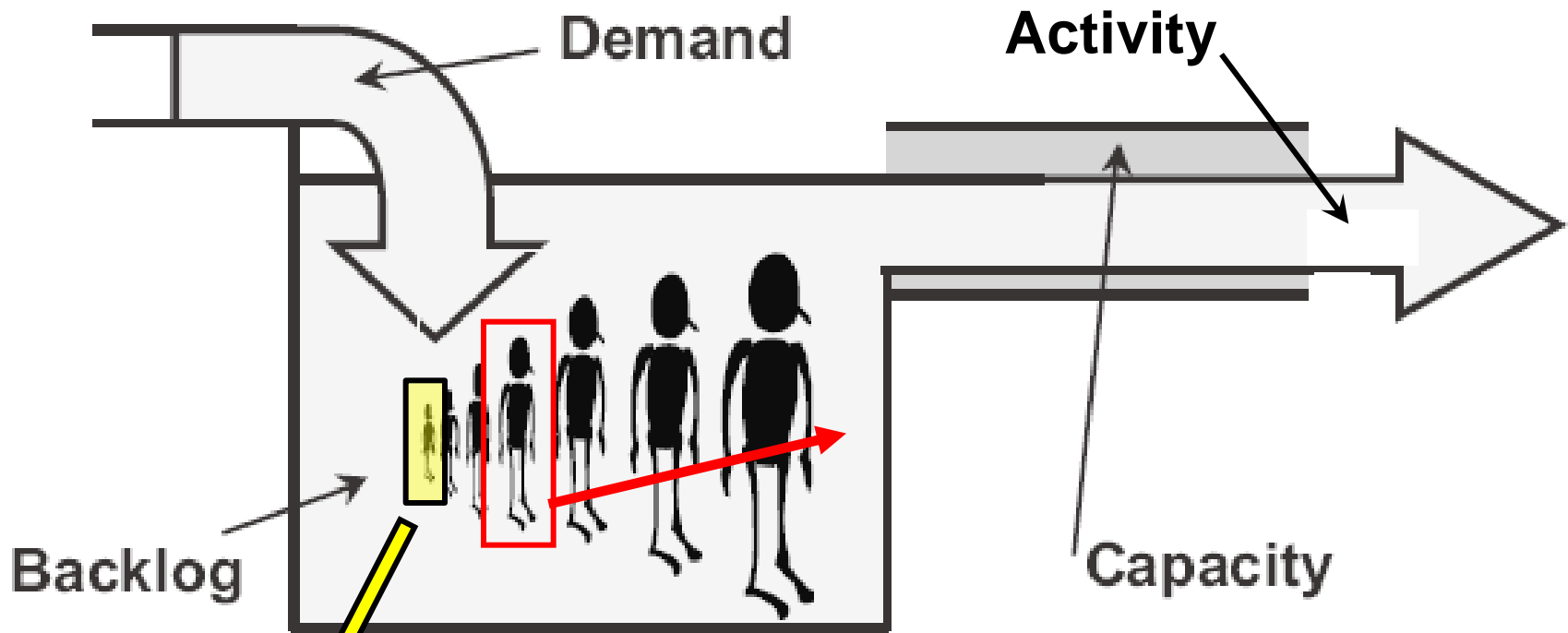
Figure 23. Activity, Backlog, Capacity and Demand

"Cinderella diseases" : those never get invited to the ball!

Prioritization is NOT the solution

Figure 23. Activity, Backlog, Capacity and Demand

NHS, Cardiff. 2005.

2007	Demand	Backlog	Capacity	Activity	Triage
Individual Doctor		Boxer	Boxer		
Department		Job Allocation	Job Allocation		
Cluster	PPI	PPI / Triage Clinic	Nurse Clinic / Triage Clinic		IT Triage / Triage Clinic
Corporate	↑Fee? / Parallel Private Clinic / No service Diseases?	Between Cluster Transferral / Waiting Time Online	Nurse Clinic? / Parallel Private Clinic	Good Practice Sharing	Triage Criteria / Referral Guidelines
Bureau	Family Med	Family Med / One-off Clear-up	Family Med	FM	
Society	Healthcare Financing	Healthcare Financing	Healthcare Financing	Healthcare Financing	

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2007	Demand	Backlog	Capacity	Activity	Triage
Individual Doctor		Boxer	Boxer		

Boxer

"I WILL WORK HARDER! NAPOLEON IS ALWAYS RIGHT!"
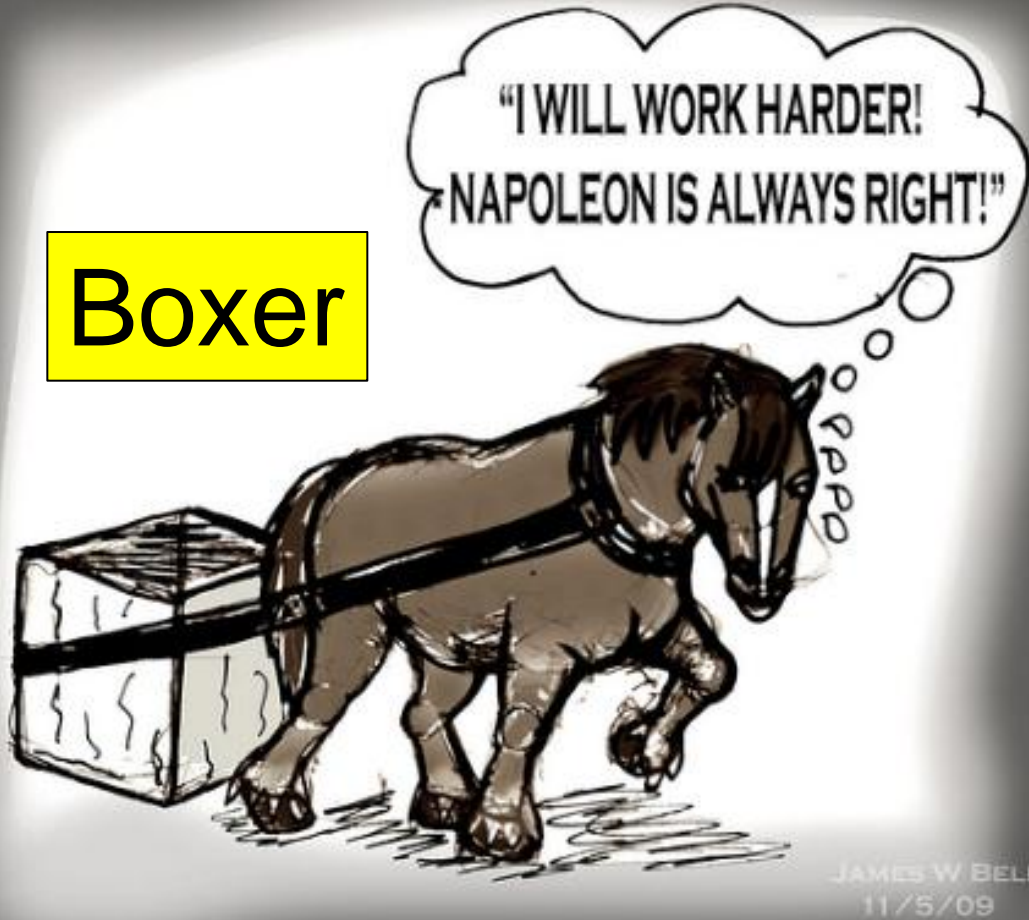
Napoleon
Animal Farm
George Orwell

| Society | Healthcare Financing | Healthcare Financing | | | |

2007	Demand	Backlog	Capacity	Activity	Triage
Individual Doctor		Boxer	Boxer		
Department					
Cluster					IT Triage / Triage Clinic
Corporate	Parallel Private Clinic / No service Diseases?	Transferral / Waiting Time Online	Parallel Private Clinic	Good Practice Sharing	Triage Criteria / Referral Guidelines
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				Healthcare Financing	

Triage Criteria Referral Guidelines

- Important building blocks
- Important long-term measures
- Take time to be effective

2007	Demand	Backlog	Capacity	Activity	Triage
Individual Doctor		Boxer	Boxer		
Department		Job Allocation	Job Allocation		
Cluster	PPI				IT Triage
					Triage Clinic
Corporate	↑Fee				Triage Criteria
	Parallel Clinic			Sharing	Referral Guidelines
	No service Diseases?	Waiting Time Online	Clinic		
	Family Med	Family Med	Family Med	FM	
				Healthcare Financing	

Nurse-led Clinic

- Protocol driven
- Useful in some special situations
- Limitations

2007	Demand	Backlog	Capacity	Activity	Triage
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Department		Job Allocation	Job Allocation		
Cluster	PP				IT Triage / Triage Clinic
Corporate	↑Fe / Parallel Clinic / No service Diseases?	Waiting Time Online	Clinic	...ice Sharing	Triage Criteria / Referral Guidelines
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Between cluster Transferral

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ENT WT - different Clusters

Waiting Time (week) at the 90th percentile for Routine Cases
July 2011 - June 2012
Ear, Nose, Throat

Cluster	Waiting Time (week)
KE	142
NTE	81
NTW	49
KW	41
HKE	33
HKW	31
KC	11
Overall HA	61
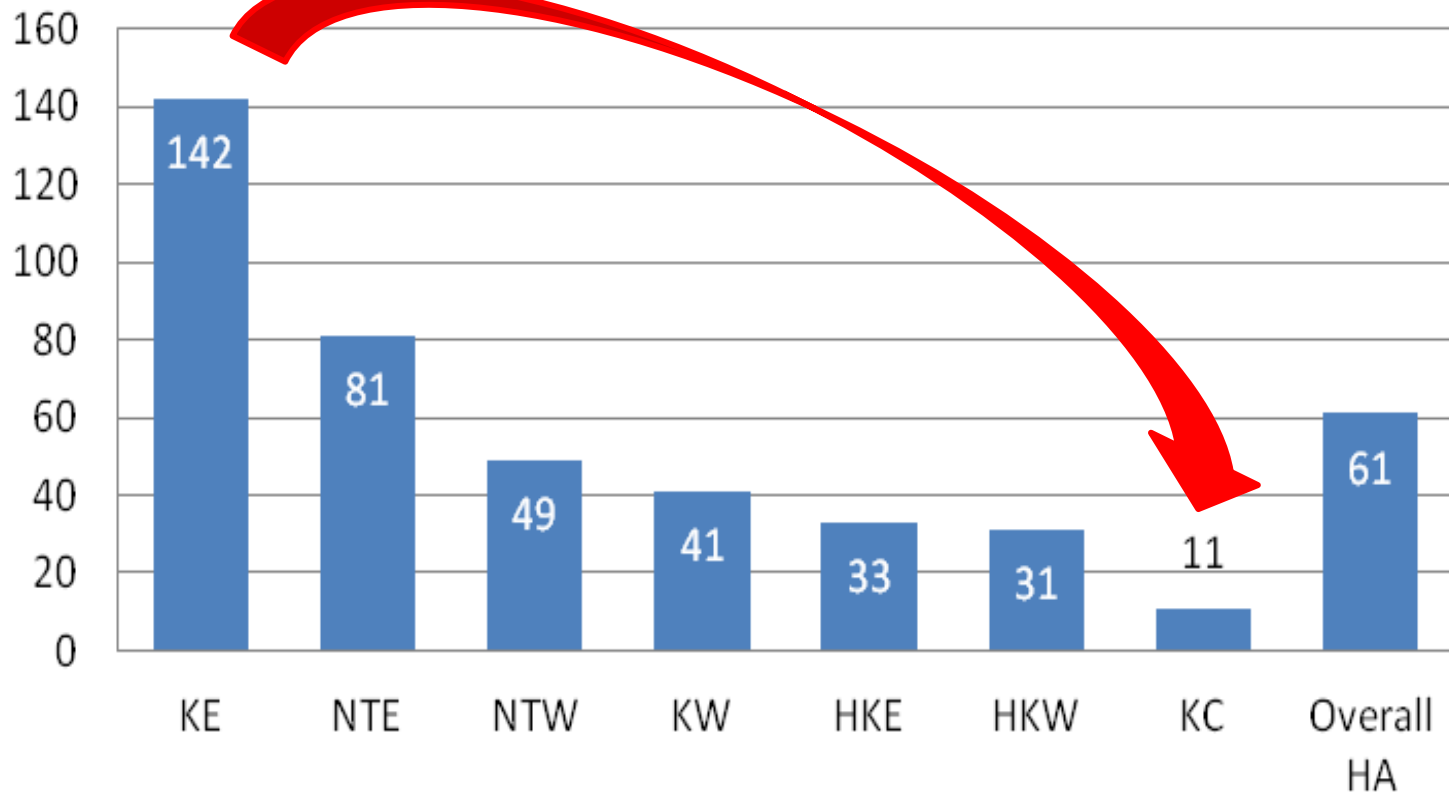
ENT: Cross-Cluster Referral

醫院跨網分流 逾千病人得益
專科診症轉介 輪候期減

【新報訊】截至3月底，九龍東醫院聯網耳鼻喉專科門診，非緊急新症的輪候時間是各個聯網中最長的，差不多要等3年。該聯網在去年中開始，轉介部份新症往九龍中聯網，加上其他相關措施，耳鼻喉專科的輪候時間已逐漸縮短。

醫管局最新數據顯示，截至3月底，醫管局九龍東聯網的耳鼻喉專科門診，非緊急新症

輪候時間是各聯網中最長的，市民須等待151個星期，即大約3年；等候時間最短的是九龍中聯網，只需16個星期；兩者輪候時間相差約10倍。

輪候時間相差10倍

九龍東聯網總行政經理冼藝泉解釋，將軍澳醫院診症室很少，未能應付該區急速增長的人口需求，以致輪候時間越來越長。不過隨着將軍澳醫院年底陸續增設診症室，並增加診症節數，估計明年輪候時間可縮短至約80個星期。

打破聯網山頭主義

冼藝泉表示，九龍東聯網去年8月起試行跨網轉介服務，輪候時間逐步縮短，至今有1,200名病人轉介到伊利沙伯醫院的耳鼻喉專科接受診治。據了解，醫管局亦正考慮在婦

- Started in August 2012
- Narrowing down the gap

ENT WT

		KEC	KCC
2012	Before	151	11
2013	After	82	25

Routine case, 90th Percentile, weeks

2007	Demand	Backlog	Capacity	Activity	Triage
Individual Doctor		Boxer	Boxer		
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Waiting Time Online

網頁公布專科門診輪候時間

醫管局昨起在其網頁公布個別專科門診和手術輪候時間供病人參考，其中耳鼻喉科門診新症輪候，穩定個案在各醫院聯網的輪候時間差別最大，最長的是九龍東，需158個星期，新界東亦需61星期，最短的是九龍中，只需11星期；其餘普遍要30多個星期。

- "Shame" approach?
- "Passive" cross-cluster referral?

2007	Demand	Backlog	Capacity	Activity	Triage
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One-off Clear-up

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RAE Bid: Clear Backlog

- 2013-2014
- Several clusters
- ~ 5000 new cases
- Special honorarium scheme &
- Family medicine clinic
- ➔ Short-term effect

2007	Demand	Backlog	Capacity	Activity	Triage
Individual Doctor		Boxer	Boxer		
Department		Job Allocation	Job Allocation		
Cluster	PR				IT Triage / Triage Clinic
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Managerial Tools

- **Tail-end analysis**
- **Tetris chart**
- **…**

Tail-end Analysis: ORT in KWC
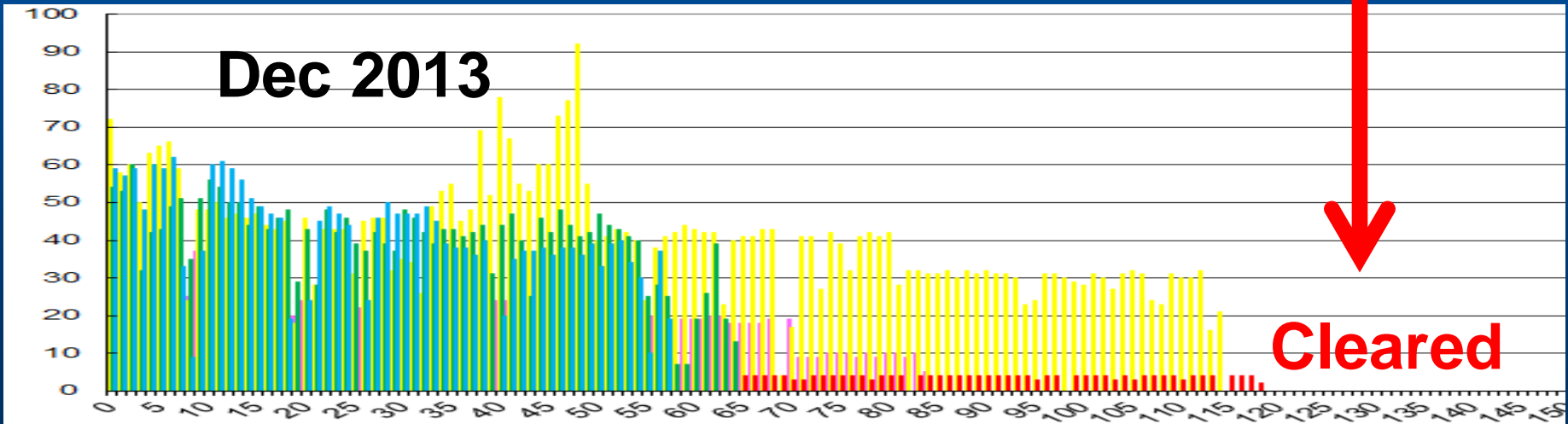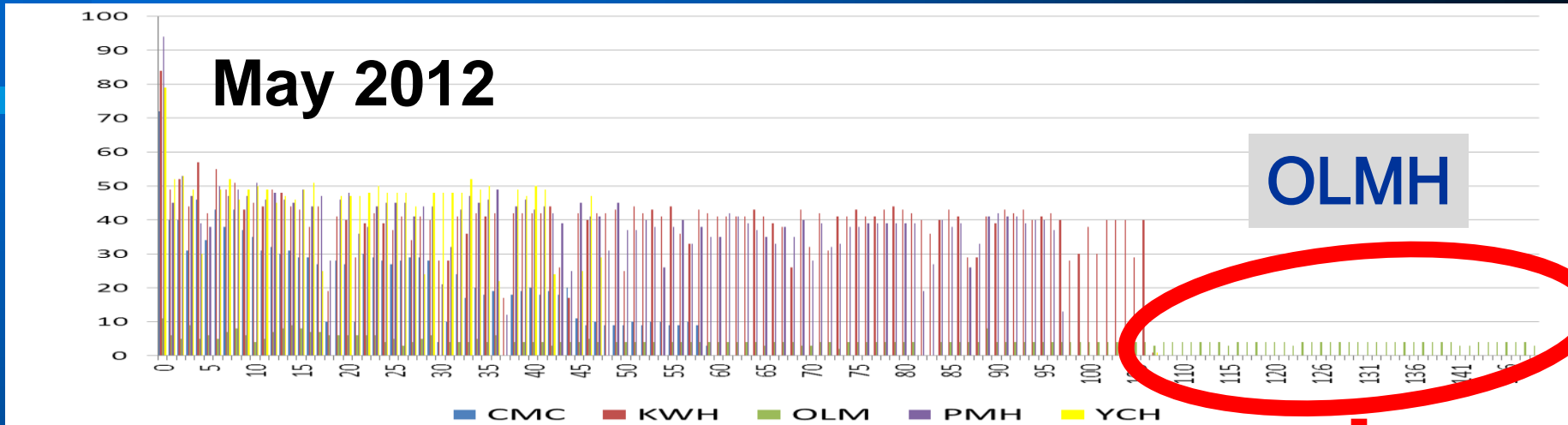
"Tetris Chart"
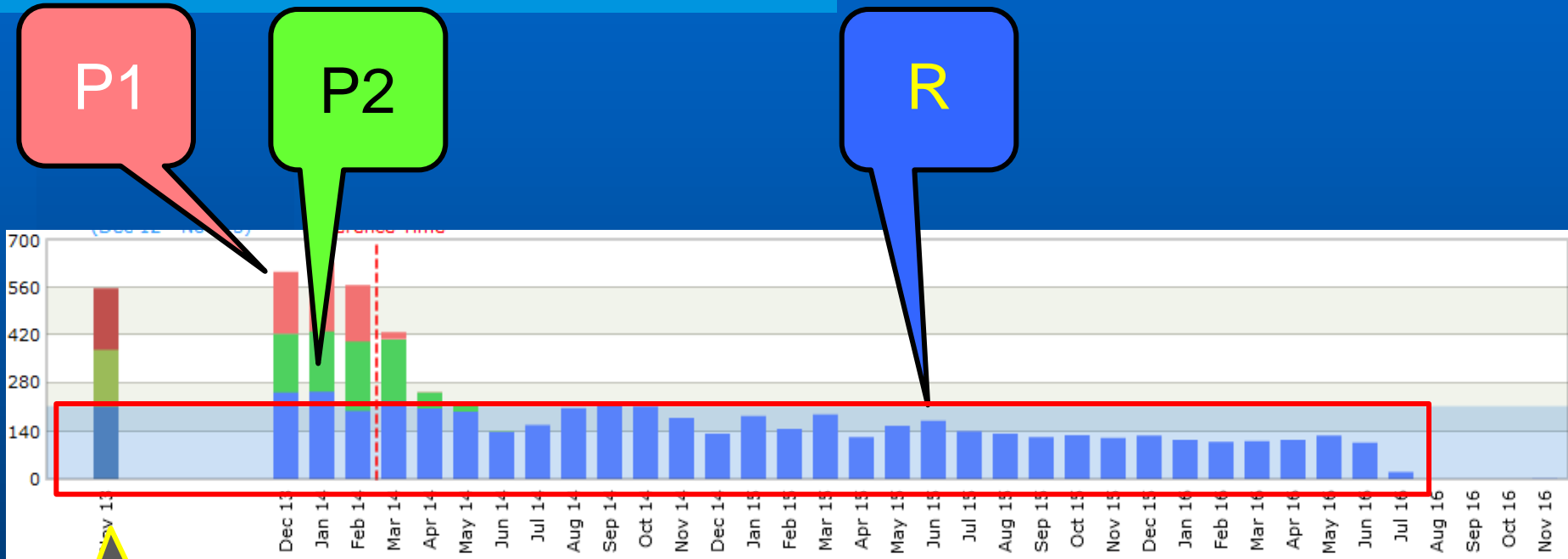
A clinic in one hospital (Jun 2013)

The same clinic in (Feb 2014)

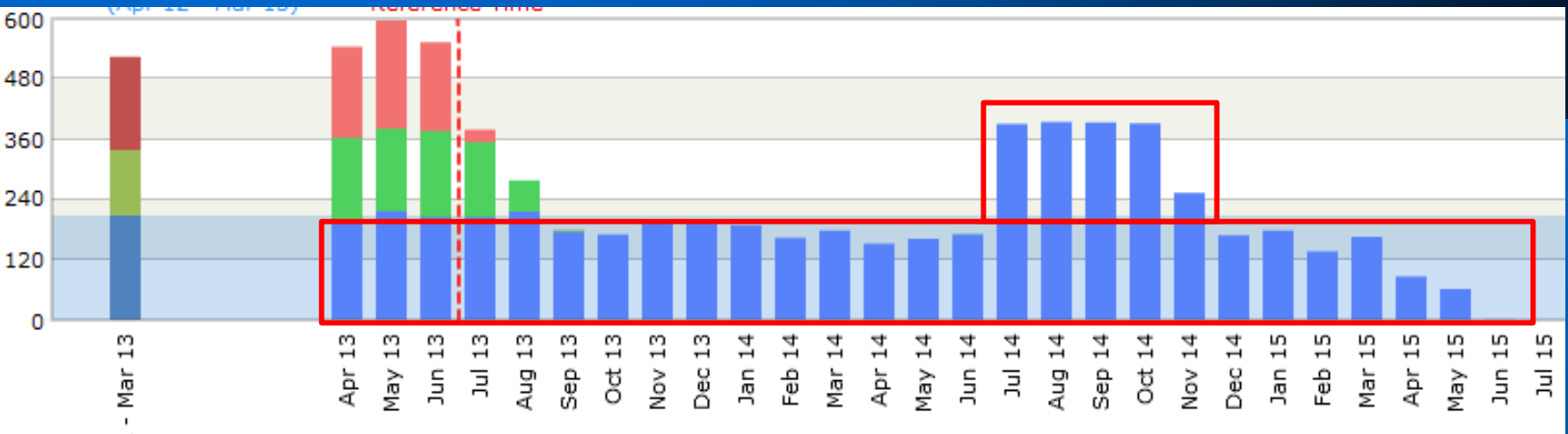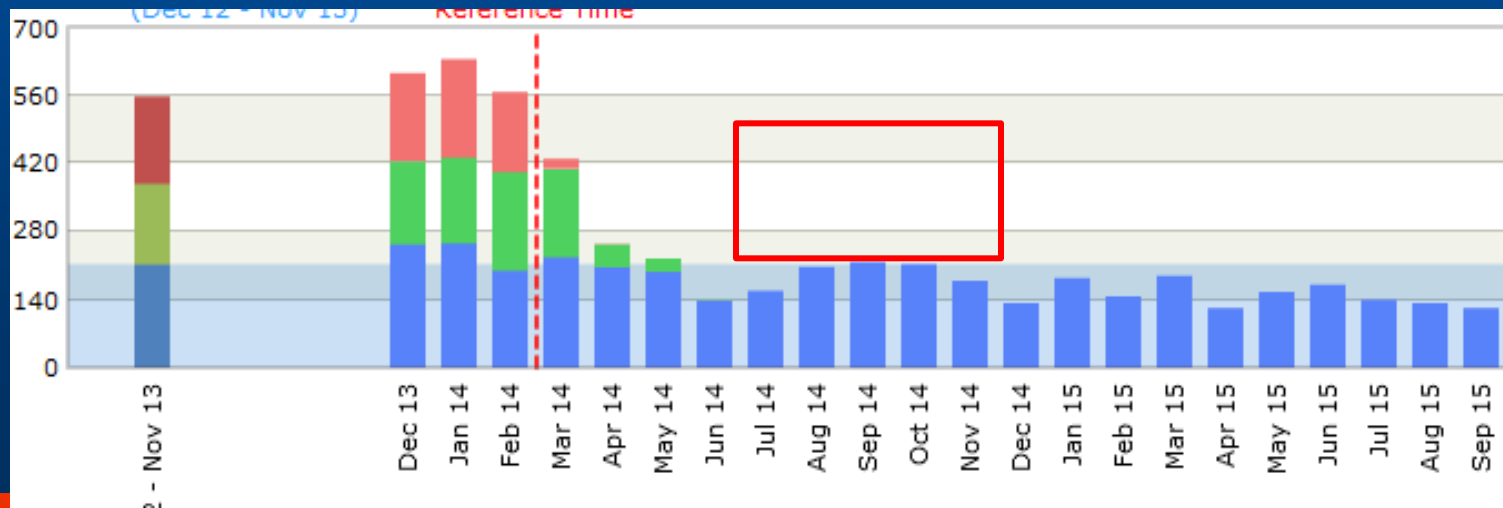| 2007	Demand	Backlog	Capacity	Activity	Triage
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		One-off Clear-up			
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Triage Clinic: FMSC model

KWC: SOPC WT (Routine, vs HA Means)

101-125%	126-150%	151-200%	>200%

Apr 2009

Apr09	ENT	GYN	MED	OPH	ORT	PAE	PSY	SUR	UROL
CMC	226%	100%	137%	54%	25%	35%	102%	52%	27%
KWH	248%	57%	100%		117%	38%		101%	153%
OLM	77%	9%	84%		40%	31%		45%	
PMH		174%	129%		15%	31%		329%	165%
YCH	265%	100%	97%		121%	31%		169%	
KCH							66%		
KWC	248%	100%	124%	54%	119%	38%	69%	101%	155%
HA	100%	100%	100%	100%	100%	100%	100%	100%	100%

Observed
Better: 3/9
Equal: 1/9
Worse: 5/9

Expected
Better: 4/9
Equal: 1/9
Worse: 4/9

PMH SURG SOPC WT

1st visit (weeks)

HA

PMH

FMSC

Nov-09 Feb-10 May-10 Aug 10 Nov 10 Feb 11 May 11 Aug 11 Nov 11 Feb 12

Category: R. 75th Percentile WT
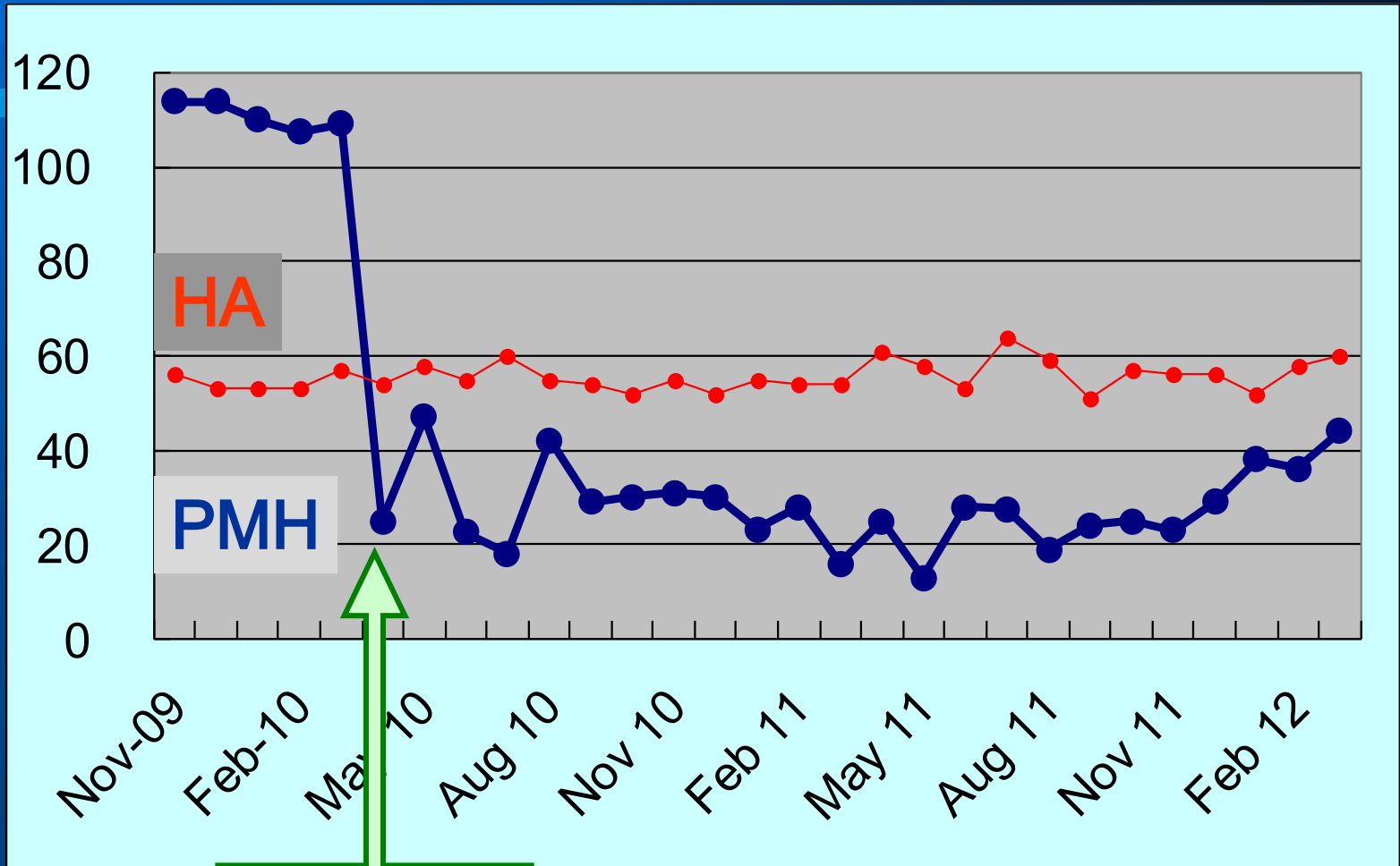
FMSC SURG: Nature of Patients

- Back referral rate <10 %
- Most: discharged after 3 consultations
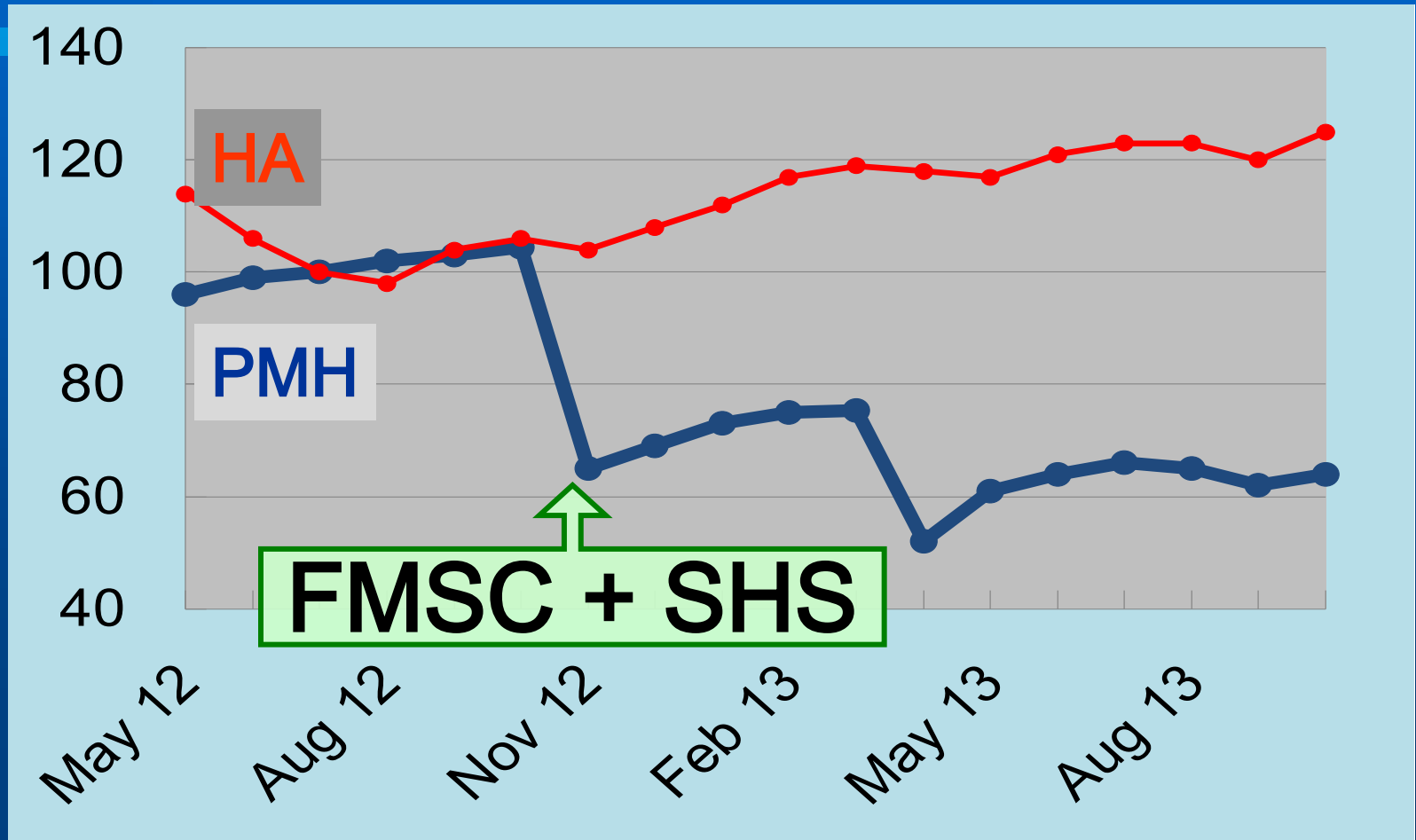
→These are "primary care" cases!
  - PR bleeding
  - change in bowel habit
  - dyspepsia...

FMSC SURG: Capacity

- FMSC Res: 10 sessions / wk
- Surgery Res ~ 2 to 3 / wk

PMH ORT SOPC WT

- Nov 12 – Oct 13
- Suitable cases: 42% of all new
- Back referral rate: 15%
- ➔ "Primary care cases": 36%
- Sessions required to close case: 1.6

PMH ORT SOPC WT

- Manpower to balance demand & supply
- A <u>rough</u> estimation

  In past one year:
  - New cases booked :   6400
  - New cases seen by ORT: 3800
  - Backlog: 2700 (=70% of 3800)

  - 70% of existing PMH ORT manpower = 16 FTE

PMH ORT SOPD WT

- Cases handled by one FMSC FTE: 3,829
- Number of FMSC FTE required: 0.87

To Restore Balance for KWC

- All KWC hospitals
- SUR / URO / ORT / MED
- 6 FMSC FTE
- (Using "rough" estimate = 100!)

KWC: SOPC WT (Routine, vs HA Means)

101-125%	126-150%	151-200%	>200%

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HA	100%	100%	100%	100%	100%	100%	100%	100%	100%

Observed Better: 3/9 Equal: 1/9 Worse:5/9

Expected Better: 4/9 Equal: 1/9 Worse: 4/9

KWC: SOPD WT

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HA	100%	100%	100%	100%	100%	100%	100%	100%	100%

Better: 3/9
Equal: 1/9
Worse: 5/9

Oct 2012

	ENT	GYN	MED	OPH	ORT	PAE	PSY	SUR	UROL
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KCH							121%		
KWH	88%	199%	51%		92%	43%		112%	138%
OLM	44%	24%	123%		136%	11%		94%	
PMH		72%	93%		98%	37%		94%	98%
YCH	73%	17%	97%		49%	80%		62%	
KWC	85%	71%	97%	31%	95%	40%	121%	110%	118%
HA overall	100%	100%	100%	100%	100%	100%	100%	100%	100%

Better: 6/9
Equal: 0/9
Worse: 3/9

Sep 2013

|	ENT	GYN	MED	OPH	ORT	PAE	PSY	SUR	UROL
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KWC	65%	59%	100%	65%	88%	59%	92%	111%	39%
HA overall	100%	100%	100%	100%	100%	100%	100%	100%	100%

Better: 7/9
Equal: 1/9
Worse: 1/9

Triage Clinic

- Sizable proportion of "primary care" cases
- Many tools work ➔ FMSC is important

After all these attempts…
Latest WT situation?
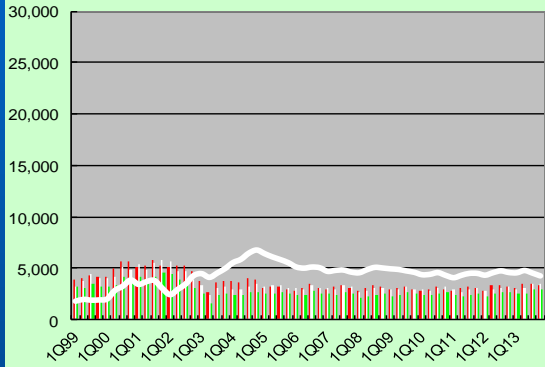
HA: New Referral "Backlog"
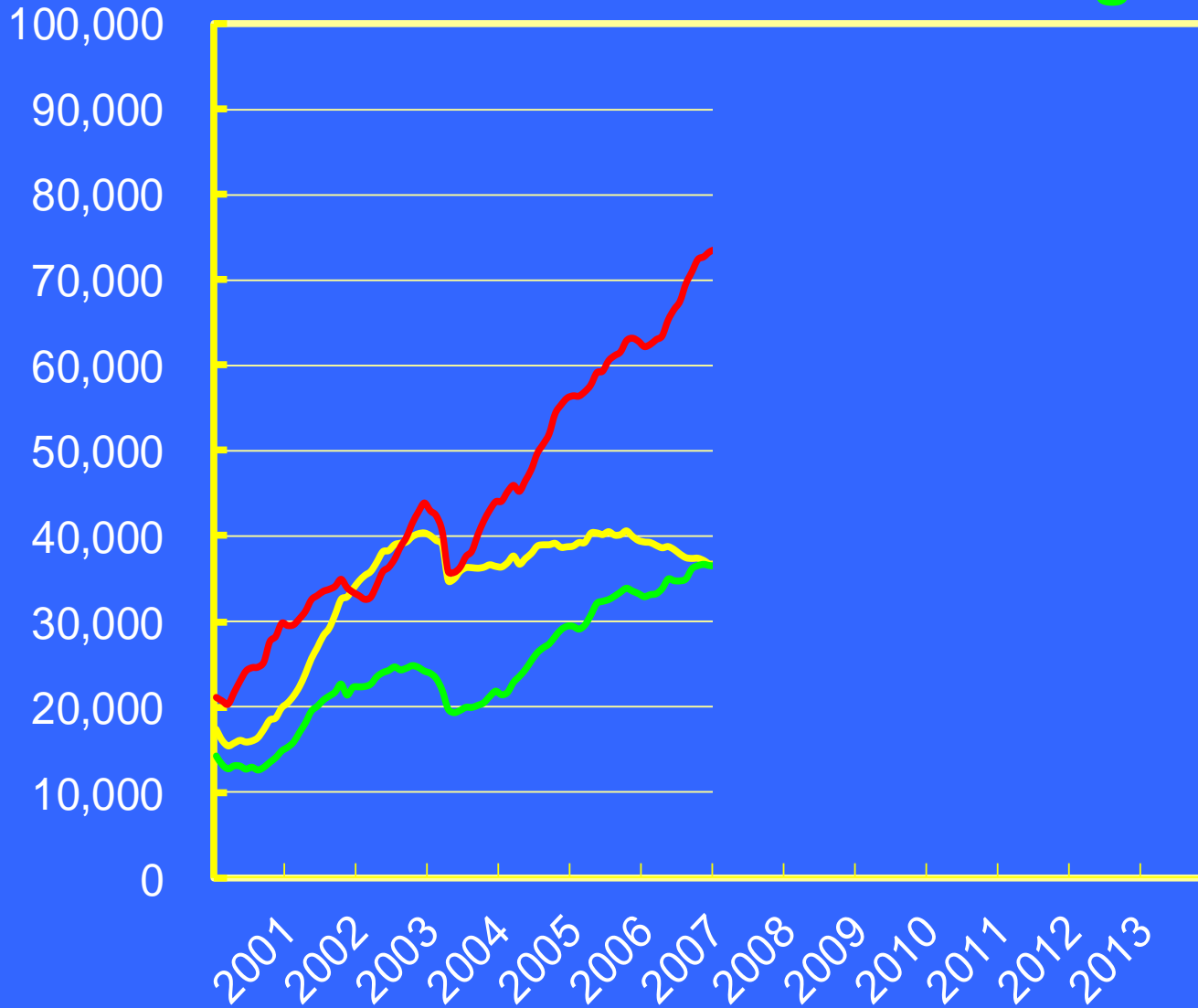
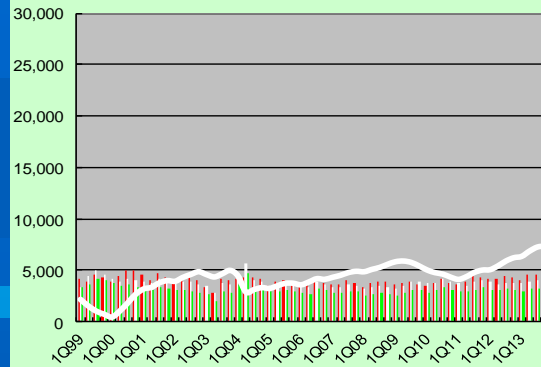**2013/2000**

Surg: 400%

ORT: 430%
Med: 300%

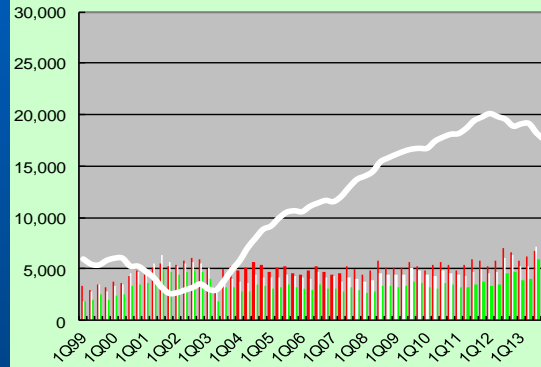"Backlog" = cases waiting for 1st consultation
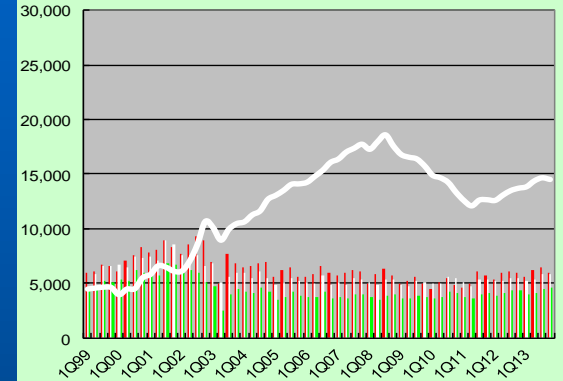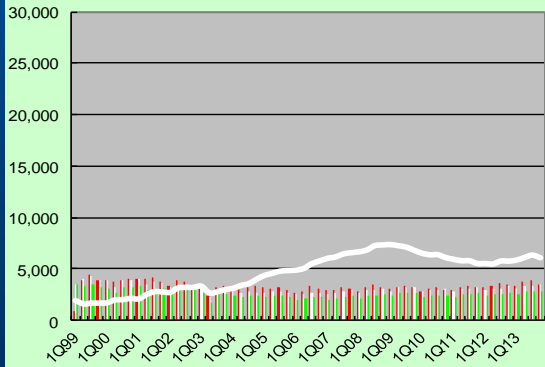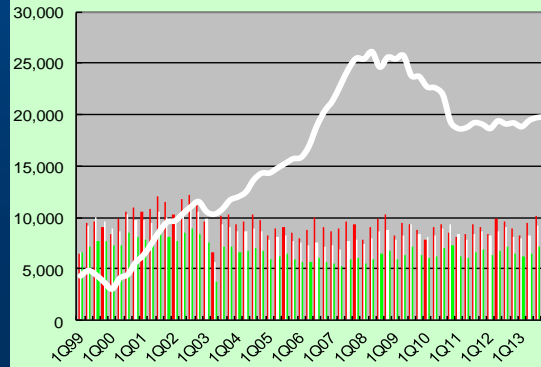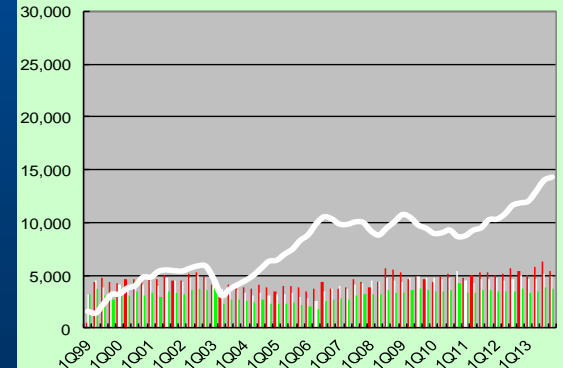
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Note: Routine case, 90th Percentile

Conclusions

- Many tools work – to some extent
- The system has been overwhelmed!
- Everyone is working very hard already!
- Real solution?

Cross-Harbour Tunnel

Western Harbour Crossing

HA

122,000 trips/day

Private

59,000 trips/day

- Economically
  - Traffic jam – alternative cost to the society
  - ⬆ fee of CHT; ⬇ WHC
- Politically
  - Who pays the bill?

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Healthcare Financing

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Thank you for your attention!