



Service Priorities and Programmes Electronic Presentations

Convention ID: 269

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Effective shorten waiting time in Paed SOPD

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Keywords:

Shorten the Waiting Time

Nursing Interventions on shorten the patient waiting time

Phone consultation

Nurse-assist new case history-taking

Introduction

In October 2013, the waiting time for new-case booking in Paediatric SOPD at United Christian Hospital was 173 weeks. This was due to shortage of staff and long consultation time for new cases. As Paediatric history-taking requires detailed family and social history, a relatively longer time is needed for initial new case assessment, which limits the maximum new-case quota for each session. Long waiting times may cause delay in patient care. Therefore, a team was set up to review the SOPD system and to implement changes to shorten the waiting time and improve patient care.

Objectives

Two programmes were implemented: (1) A protocol for phone notification of Brainstem evoked auditory potential (BAER) results; and (2) Nurse-assisted new case history-taking. The objective of this study is to evaluate the effectiveness of these programmes.

Methodology

(1) Phone notification of results: Previously, all patients requiring BAER were followed up at SOPD for results. In the new system, patients with normal BAER results were contacted by trained SOPD nurse and results informed over the phone. Patients with abnormal results were called back for further management. (2) Nurse-assisted new case history-taking: Previously, all new patients were seen by Paediatric doctors for full history taking. In the new system, SOPD nurses took baseline history (using structured questions) before consultation by Paediatric doctor.

Result

(1) Phone notification of results: 187 patients with normal BAER were contacted by phone since March 2015. Subsequently, the number of follow up cases decreased by 87, therefore increasing the capacity to take up new cases. All 187 parents were satisfied with the arrangements and commented that is more convenient. (2) Nurse-assisted new case history-taking: 128 patients were recruited from April to December 2014, with 64 patients in the intervention group and 64 as control. The

intervention group was seen by nurse for history-taking before doctor's consultation. Mean consultation time (in minutes) of the intervention and control groups were 23.73 vs 33.67 ($P < 0.001$). Consultation times were shortened by 10 minutes, and the new-case quota could be increased. With the implementation of these changes, the new-case quota for each SOPD session increased by 20% since April 2014, and the new-case waiting time decreased from 173 weeks (in 2013) to 87 weeks (in 2015). The programmes of nurse-assisted history-taking and phone notification resulted in a significant shortening of the waiting time for new cases, and considerable improvement in service.