

To increase clinic capacity through the RSH pre-assessment department

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Abstract: Brief overview of the project

The demand for a pre-operative assessment is growing and the current process results in many patients having to attend an additional appointment which is severely impacting on capacity. To overcome this, it was agreed to test out a "One-Stop Triage" process that would result in increasing capacity, while also improving patient satisfaction, which was extremely low. Following engagement with patients and colleagues, a new triage process was agreed and tested for 10 days. Following the trial, the data showed significant improvements to an increase to capacity, due to a decrease in additional appointments, while also significantly improving patient satisfaction. The aim now is to roll out the process to PRH and make this the new standard practice for our patients who require a pre-operative assessment

SMART Aim

To increase patient satisfaction and clinic capacity through the RSH pre-assessment department by December 2022

Plan

The pre-assessment clinic currently assesses every patient during a one-hour timeframe which is booked in advance by the Booking Team. This is an additional appointment whereby a significant time delay has occurred following their original visit to the Trust. It was also further identified that the one-hour timeslot is not needed for all patients and therefore, limits the overall capacity of each clinic. It is possible to grade patients using the ASA scale, which will determine the length of time required to complete a pre-op assessment. However, this scale is not used when booking patients into a clinic slot. The plan was to collect further data to determine how many patients did not require the full one-hour timeslot, with a view to testing out a walk-in same day triage service to increase capacity and improve patient satisfaction.

The following data taken over one month shows the percentage of patients that fall into each ASA category and whether an additional pre-op appointment would be required:

Patient satisfaction	Pre trial
Excellent	28%
Good	34%
OK	15%
Fair	1%
Poor	18%

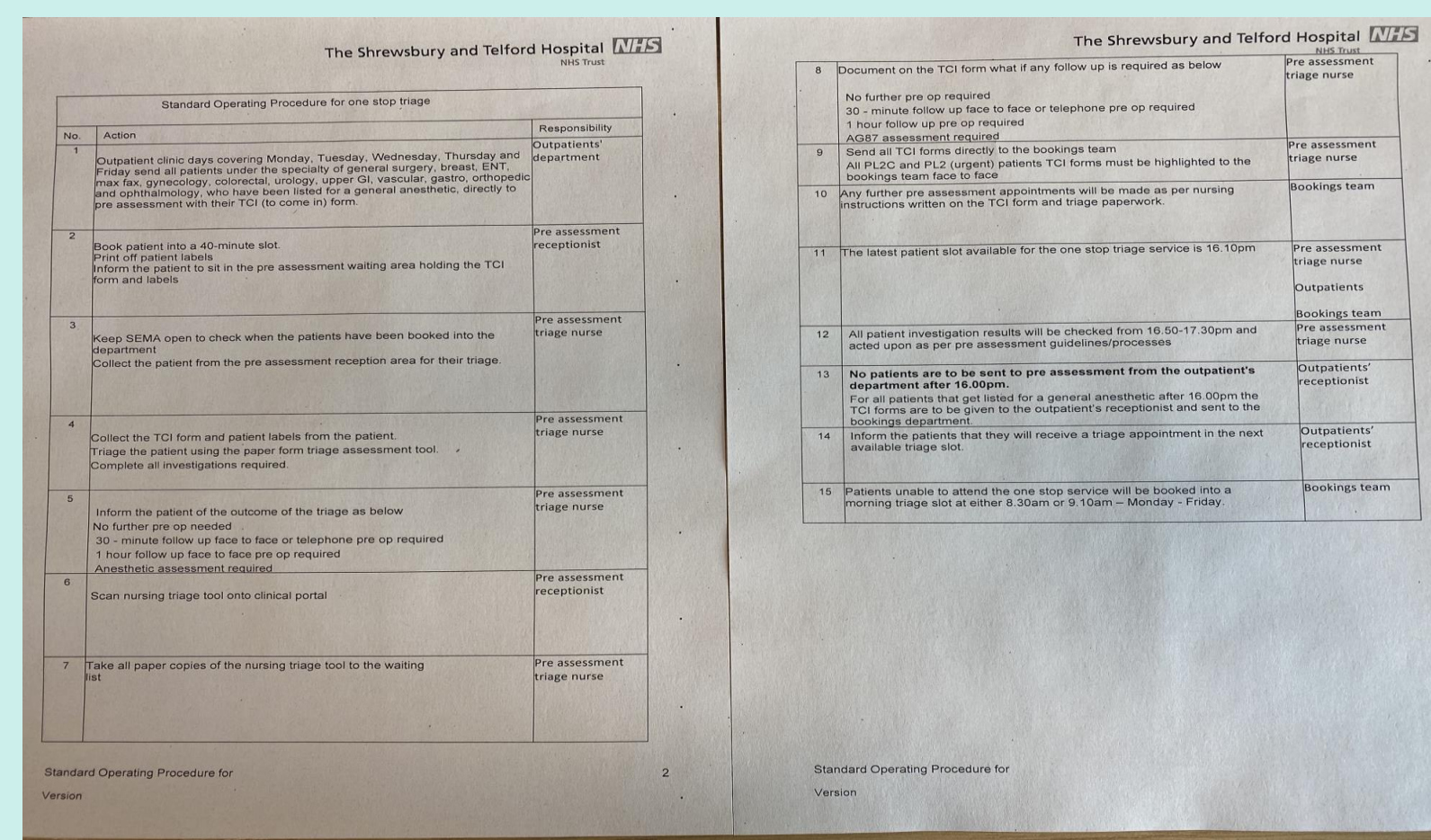
ASA GRADE	% of patients pre assessed	Additional pre op required
1	19.02%	No
2	50.08%	No
3	28.84%	Yes
4	2.06%	Yes

Following this audit, a Process Flow charting session was used to engage colleagues to support generating a SOP for a walk-in service, which was subsequently trialled.

Additionally, a patient satisfaction survey was also undertaken to identify current satisfaction for the pre-op assessment process. As can be seen in the table below, 34% of patients were not satisfied with the current process, which provided the reason why to improve the process.

Do

The team developed a triage assessment document for the walk-in service and tested this for 10 days. Every patient was seen within a 20-minute timeslot and assessed as to whether they required a repeat pre assessment prior to their surgery taking place. All investigations were taken at this point alongside completing the assessment documentation.



Study

Following the testing phase, the following results were noted:

Patient satisfaction	During the trial
Excellent	100%
Good	0%
OK	0%
Fair	0%
Poor	0%

% of patients not requiring a further pre op	% of patients requiring an additional 30 minute pre op	% of patients requiring an additional 1 hour pre op
51 patients 82%	3 patients 5%	8 patients 13%

As can be seen from the graphs, following the introduction of a walk-in clinic, patient satisfaction increased significantly (100%). Additionally, 82% of patients did not require a further appointment, which resulted in increasing the overall capacity of the service as predicted.

Act

Following the success of the one-stop triage service, the intention is to roll this out to PRH and recommend it becomes the new standard way we run the pre-op clinics.

Thank you: I would like to thank the following colleagues who supported this project: Our patients, Sister Karen Forrester and Staff Nurse Chrissie Crabb