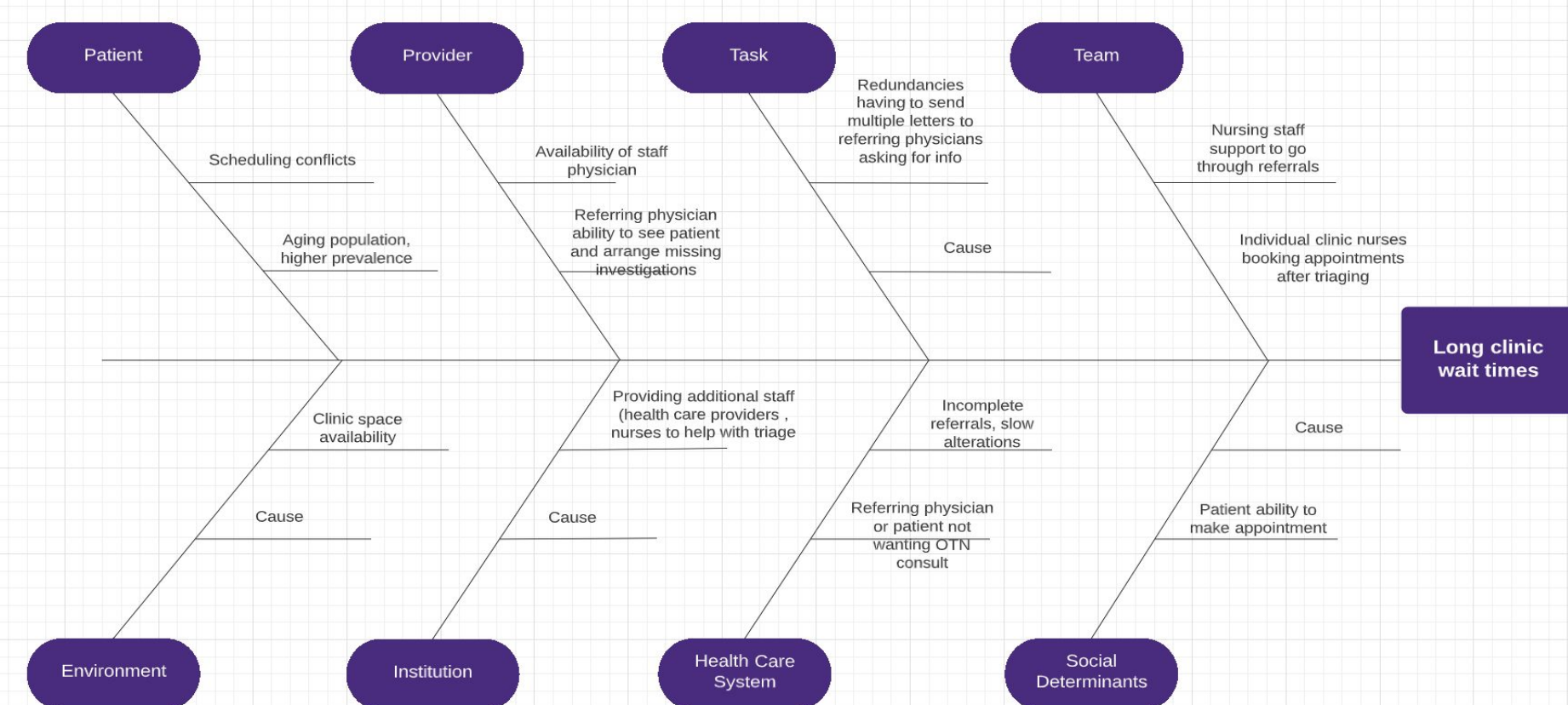


## AIM Statement: To reduce the average wait time of High Priority Referrals to 120 days over 1 year

### PROBLEM DEFINITION

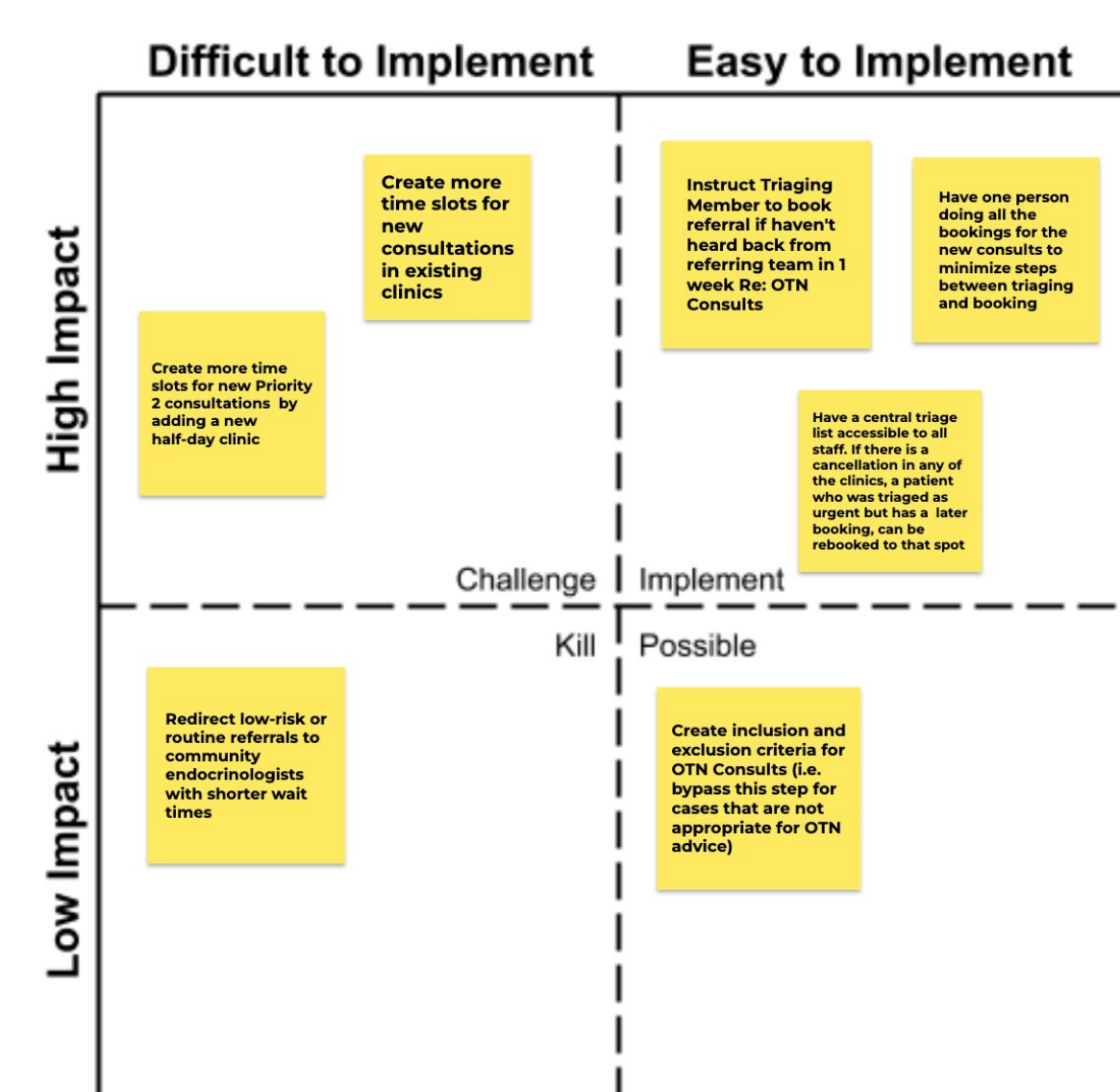
- Fragility fractures secondary to osteoporosis can cause profound effects on quality of life morbidity and mortality.
- By practice guidelines those identified to be at high risk of fracture should be seen within 4 months of consultation.
- Unfortunately, in our practice, High Priority patients are often seen >12 months from the initial referral date.
- This delay creates treatment gaps and delays our ability for therapy to be initiated or optimized in a timely manner.

### ROOT CAUSE ANALYSIS AND INTERVENTIONS



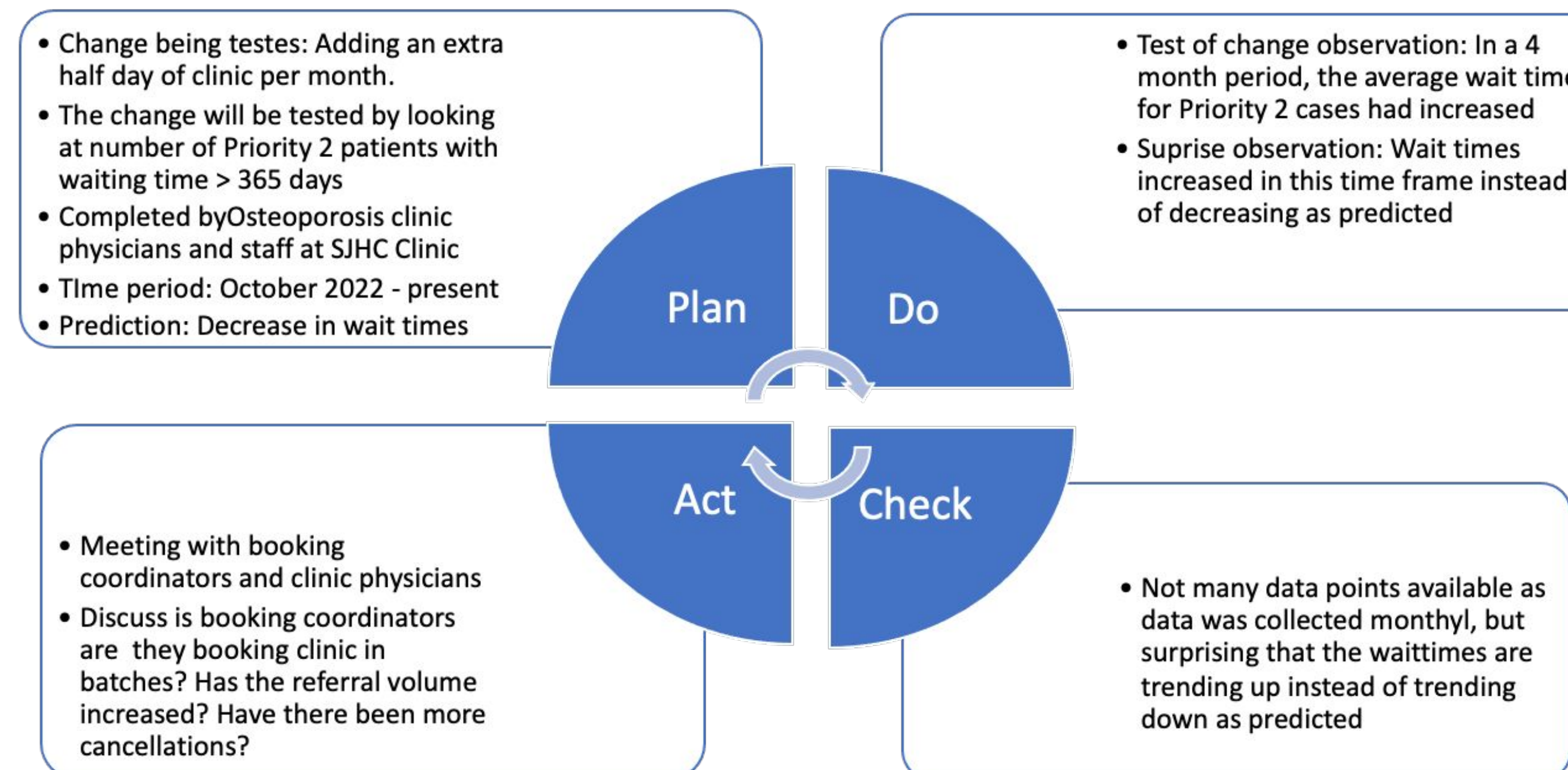
The identified root causes for excessive wait times include:

- Limited time slots
- Suboptimal communication from referring physician about outstanding investigations and econsults
- Patient rescheduling
- Duplicate referrals and no shows



### IMPLEMENTATION

#### PDSA Cycle



#### Implementation challenges and lessons

Ability to only have one clinic a week resulted in only 3 to 4 additional slots.  
Not enough to offset referral volumes and wait times.

### CONCLUSION

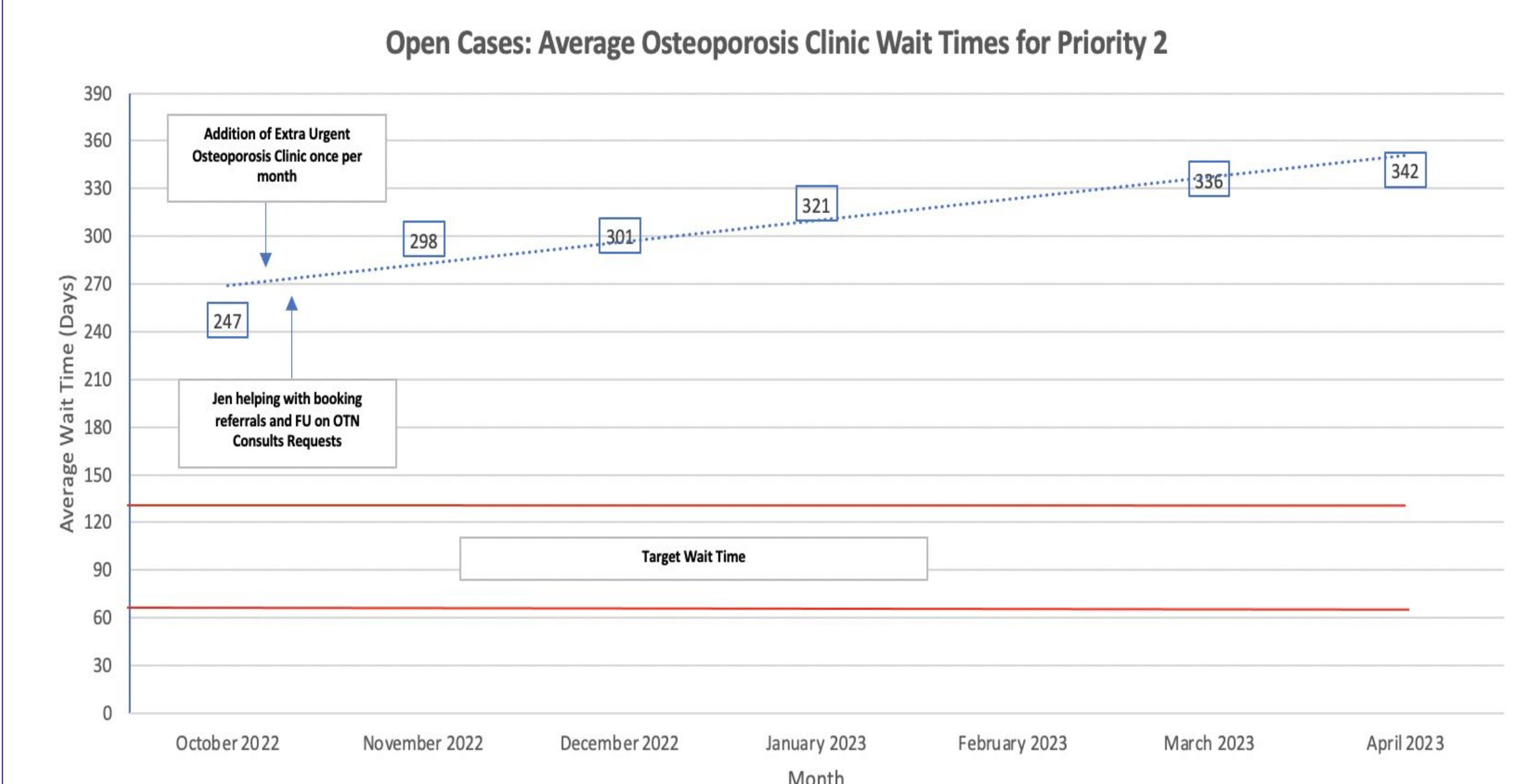
Despite being able to book several new patients monthly our Urgent clinic was not able to compete with increasing referrals and demand on clinic staff. There was rather, an increase in wait times over time.

This suggests the need to open more new referral slots and/or address other root causes for excessive wait times.

Additional tests of change may include: adding a new weekly clinic for an osteoporosis fellow, discharging stable patients to facilitate the addition of new consult spots, and implementation of a fracture clinic at Parkwood Hospital. promoting local endocrinology referrals in Sarnia, Chatham and Windsor, promoting use of e-consults for nonurgent simple cases by primary care providers (PCP), patient/PCP education about the significance of no-show appointments and duplicate referrals.

### MEASUREMENT & RESULTS

#### SPC chart



**Processing measures:** Number of extra clinics added and new patients seen

**Balancing measures:** Number of repeat contacts to family physicians, clinic staff perception of workload

**Other measures:** Number of OTN consults completed

**Reasons for lack of observed improvement:**

- Possible increase in new referrals
- Too many routine (simple) referrals that could be seen by other health care providers such as community endocrinologist/rheumatologist
- Primary care providers declining recommended e-consults in favor of in-person visits

### SUSTAINABILITY

- The new clinic flow will be followed closely by the individuals booking clinics as well as the staff working in clinic.
- Continuous monitoring of wait times will continue once the project continues to allow for further test of changes to be implemented