

Evaluating Impact and Improving Utilization of Victoria Hospital's Urgent General Surgery Clinic (UGSC)



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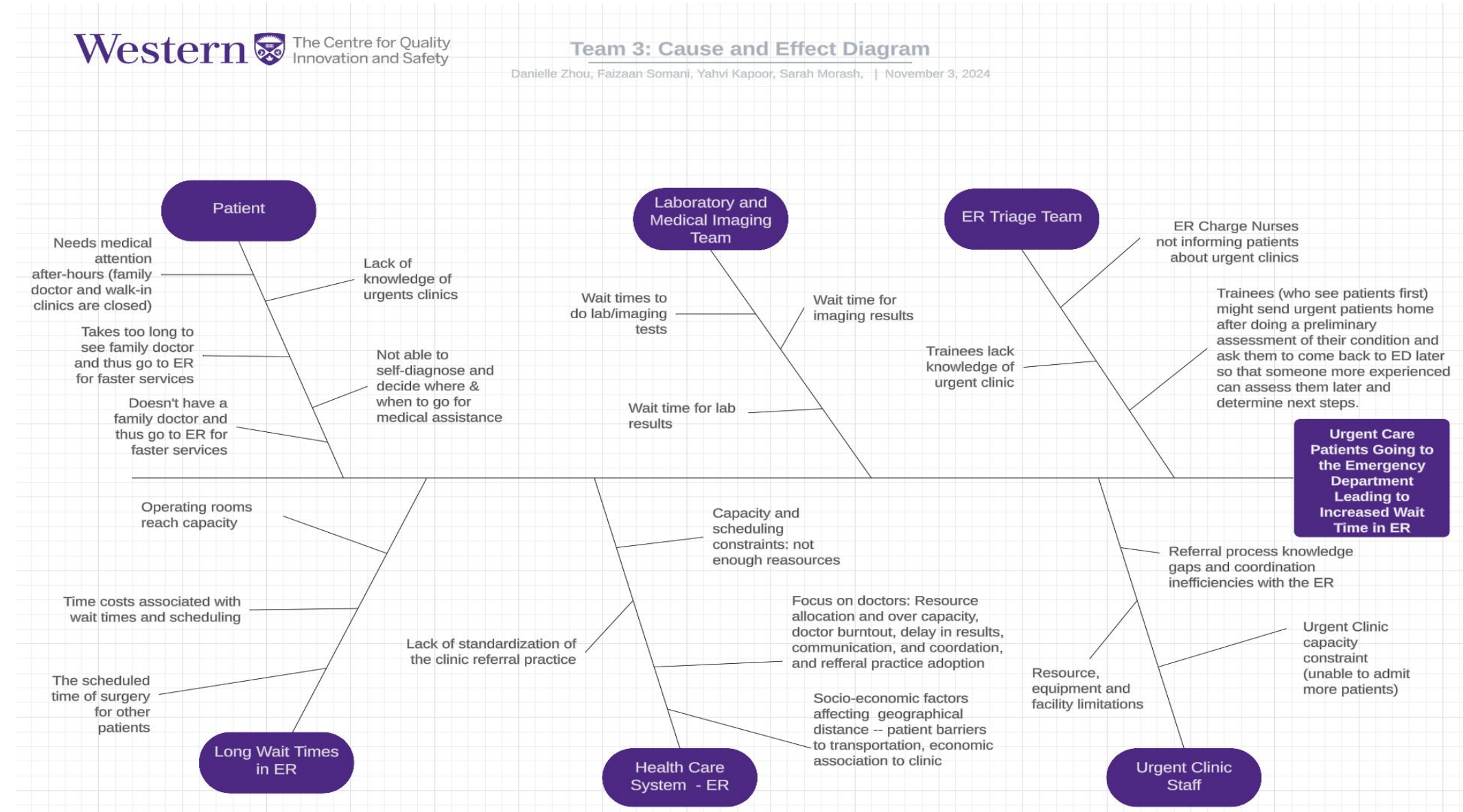
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AIM Statement: By June 2025, increase Urgent General Surgery Clinic (UGSC) average capacity utilization from 20% to 80% on days of operation.

PROBLEM DEFINITION

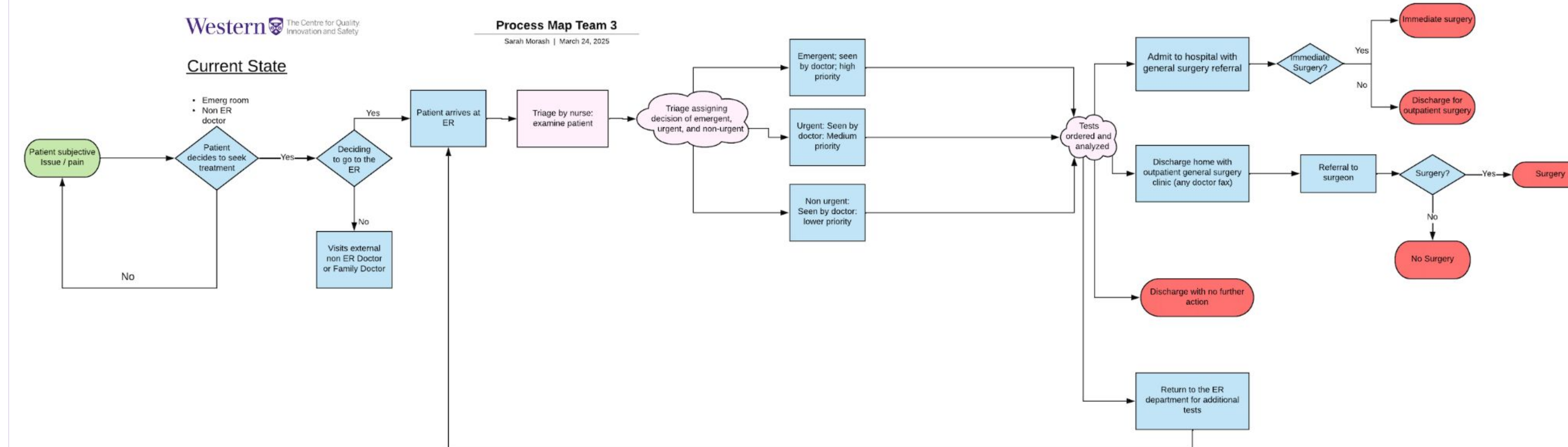
An Urgent General Surgery Clinic was piloted at Victoria Hospital to redirect urgent-care patients from the ED. The clinic is currently operating below its full capacity. Stakeholders (including ED doctors and clinic doctors) are partially misaligned on the clinic's purpose and functions.

ROOT CAUSE ANALYSIS

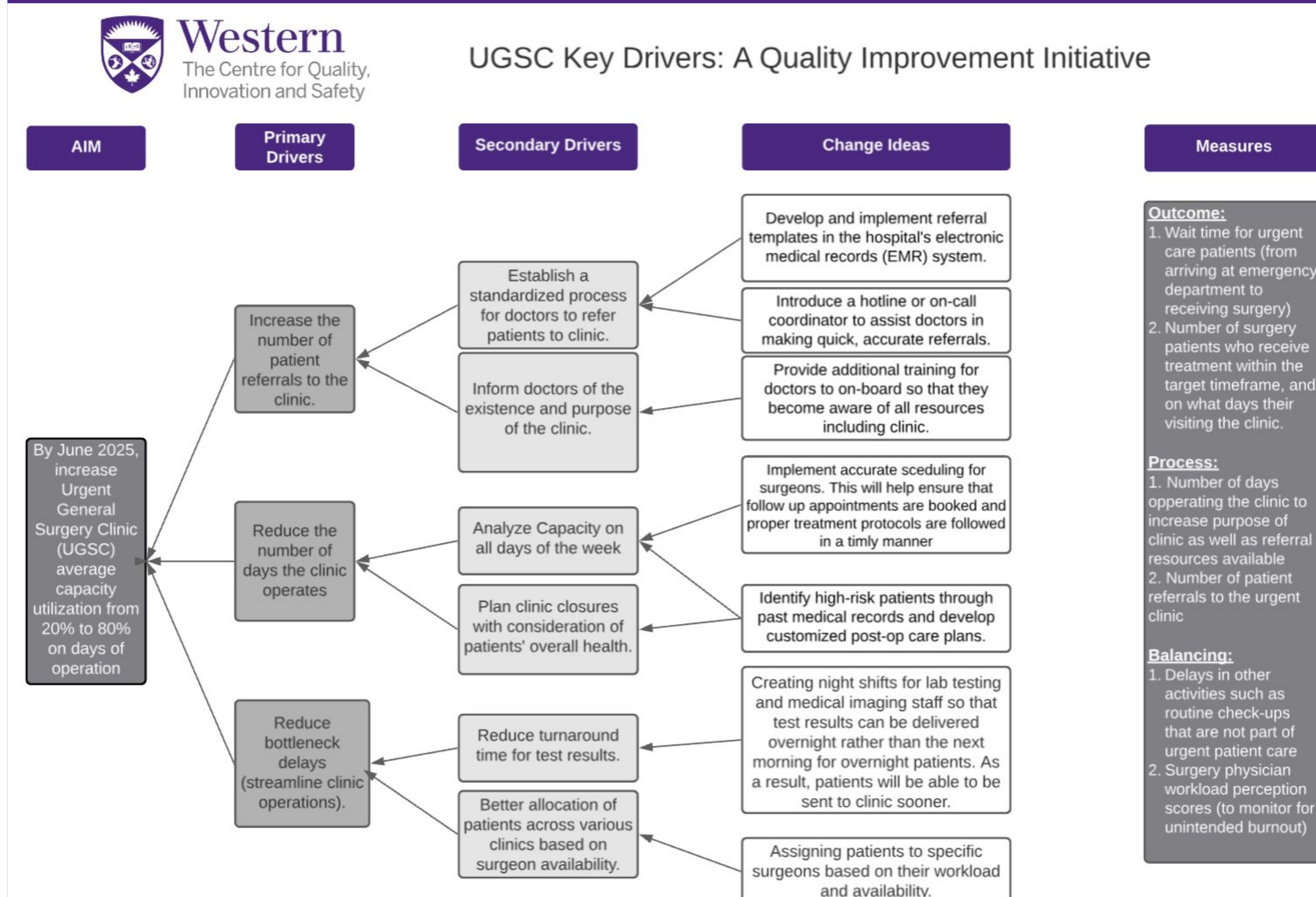


Initially, insights from Dr. Hilsden were used to create the original fishbone diagram & process map to identify the root causes of clinic underutilization. The team initially suspected that low awareness of the clinic among ED doctors led to limited referrals to the clinic. However, after visiting the clinic & speaking with Dr. Vogt (clinic cofounder), the team learned that lack of clinic awareness and referrals were not the issue. Rather, the primary issue was keeping the clinic open on days with few to no urgent patients requiring appointments. Based on this insight, the team decided to analyze two years of urgent patient visitation data to identify potential weekdays on which the clinic could be closed.

PATIENT TRIAGE FLOW DIAGRAM



DRIVER ANALYSIS



Future Opportunities for improvement:

- Explore demand on weekends by opening on Saturdays to collect further data on patient volume and visit details.

IMPLEMENTATION

PDSA #1: Launching an awareness campaign targeting ER staff through posters, emails, and huddles to increase referrals to the UGSC.

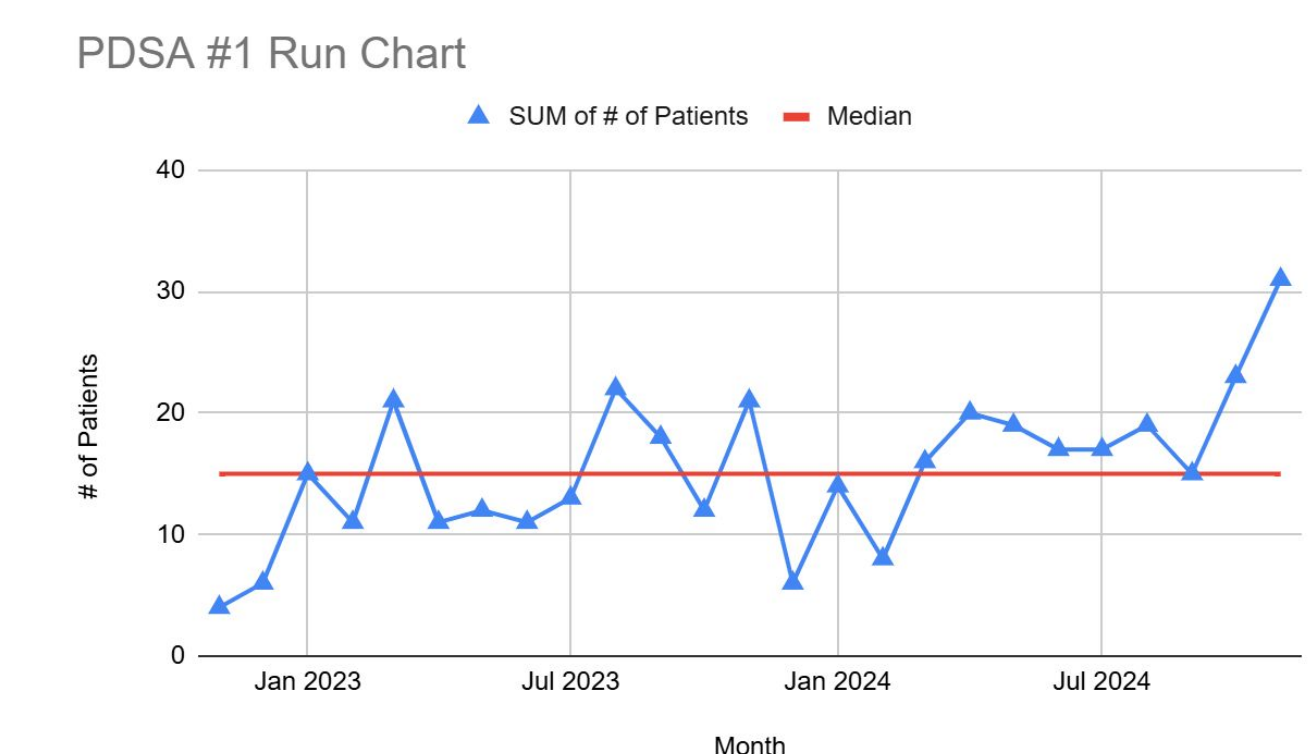
PDSA #2: Analyzing past data to identify weekday trends in clinic demand, specifically measuring ER-to-clinic time to guide scheduling adjustments.

MEASUREMENT & RESULTS

Process Measure:

Urgent General Surgery Clinic Capacity Utilization;

Balancing Measure: Healthcare provider workload and risk of burnout



Discussion: The run chart shows an upward shift in patient volume starting in October 2024, suggesting a process change. The Nov 2024 data is likely an outlier. The 8 runs indicate potential non-random variation. Lastly, the analysis of surgery rates showed 11 runs with no clear trends, suggesting minimal impact from prior referral interventions.

SUSTAINABILITY

- Process owner: 2 clinic cofounders/surgeons
- Documentation of new standard: New schedule updated with ER and urgent clinic scheduling staff.
- Monitoring plan: Continue tracking daily clinic volume and other visit details. A monthly report can be used to flag underutilization trends and guide future adjustments.