

Wait Time Optimization within an Acute Gynecology Clinic

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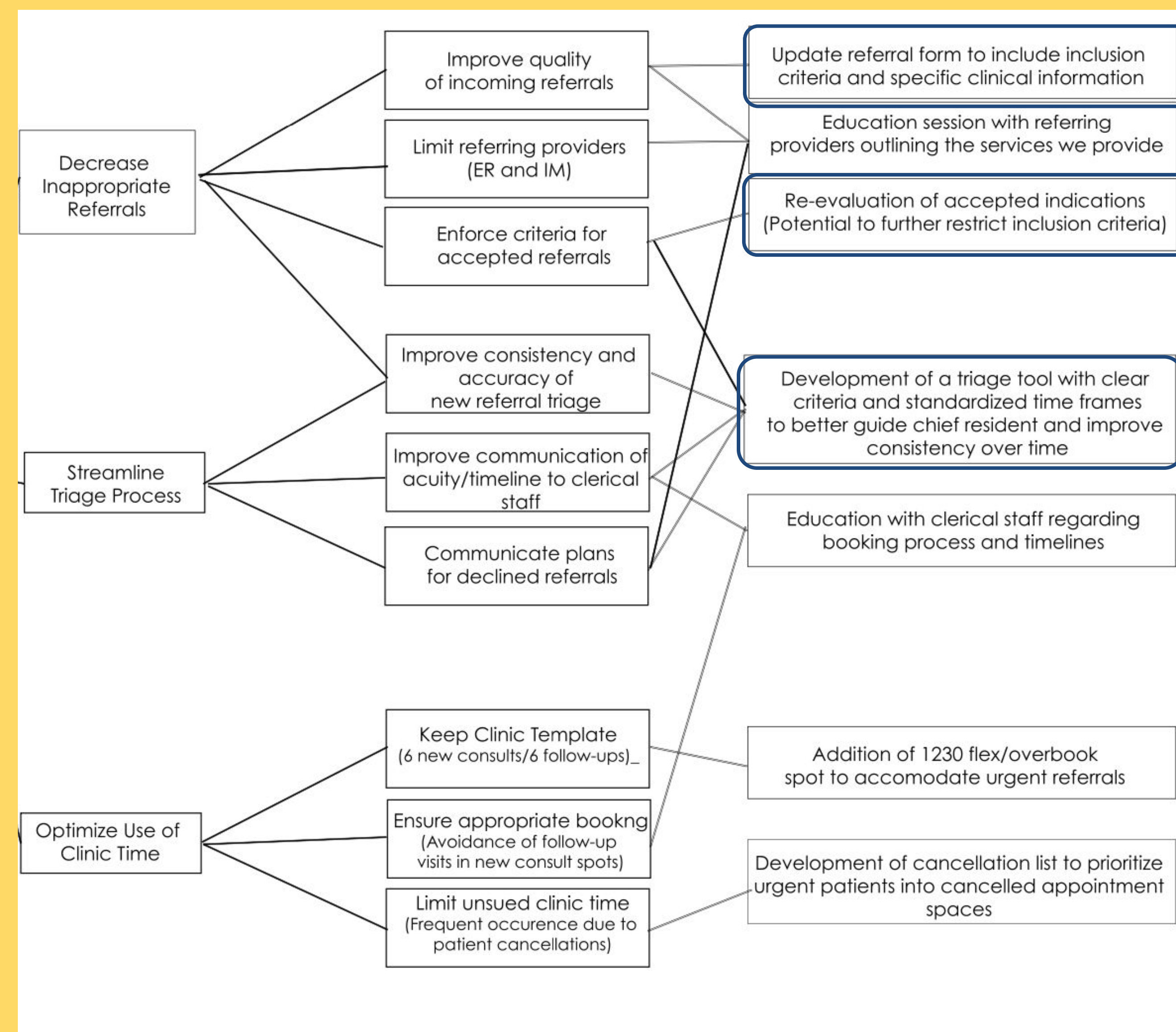
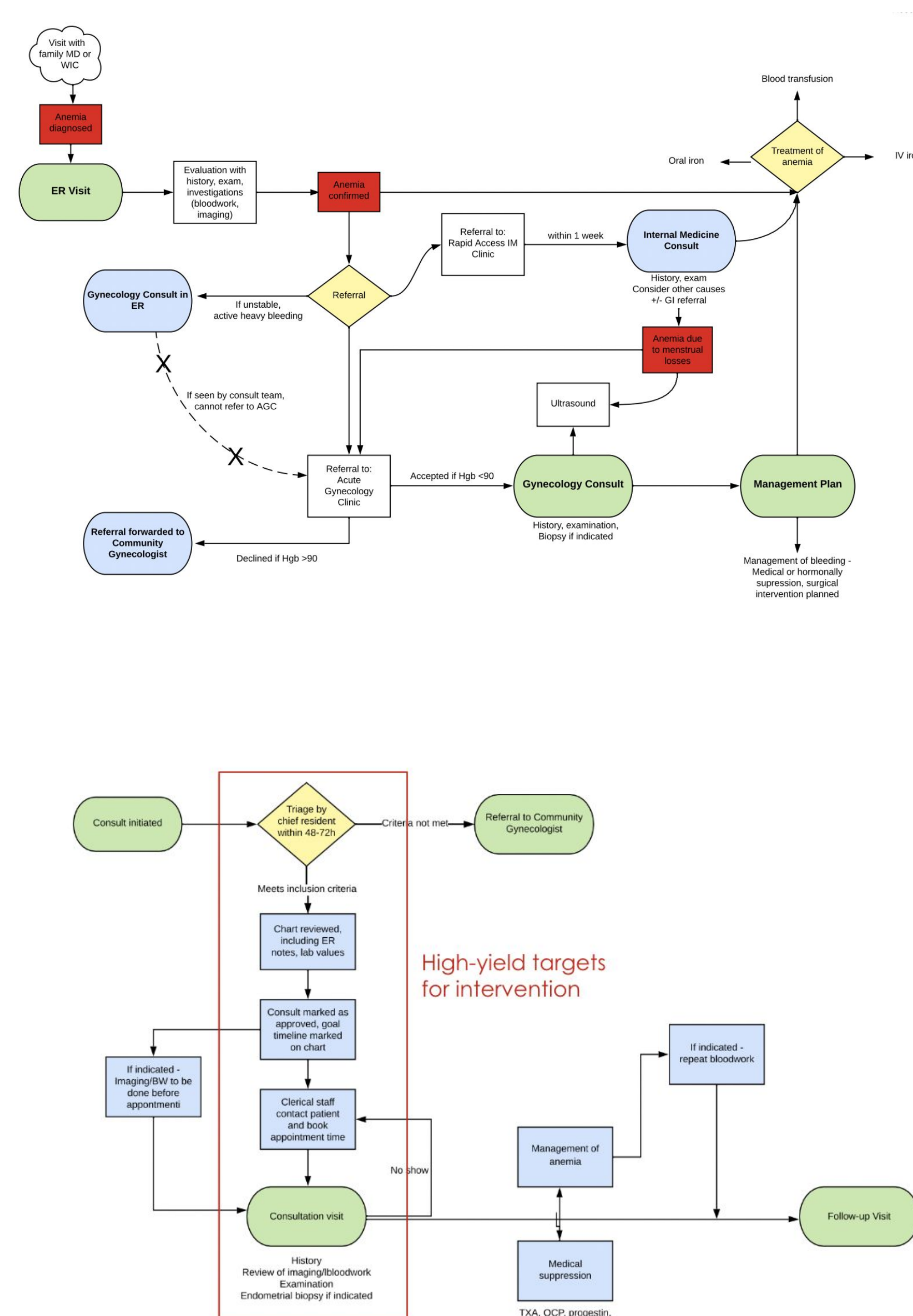
By May 2023, we aim to increase the number of patients seen within 28 days of initial referral, specifically those referred to the Acute Gynecology Clinic for evaluation of abnormal uterine bleeding with associated anemia (Hgb <100) to **80% from our baseline of 16%.**

PROBLEM DEFINITION

The Acute Gynecology Clinic (AGC) is run by rotating chief residents, and has a mandate of providing rapid access for gynecologic consultation. Patients are predominantly referred through the Emergency Department.

Ability to provide timely care limited with long wait lists. Certain patients, especially those with abnormal uterine bleeding and anemia, may face exacerbation of their condition while waiting due to ongoing menstrual losses.

ROOT CAUSE ANALYSIS



PDSA 1 - Review of baseline data - Wait time for June 62.7 days. Confirmed high volume of accepted referrals that do not meet criteria (38.8%) for June/July.

PDSA 2 - Education with resident on clinic goals. Education with Gynecology staff that we cannot provide follow-up for patients who have already been seen in consultation. Implementation of templated letter for declined referrals. Letter has educational component to referring providers on our referral criteria. Noted subsequent decrease in inappropriately accepted referrals to 17.6%.

PDSA 3 - Trial of triage slip to aid in communication with clerical staff. Concerns raised that obscures certain information, difficult with scanning. Triage slip abandoned.

PDSA 4 - Development of an AGC-specific referral form. Draft provided by leadership, recommendations for change provided. Ongoing changes in progress.

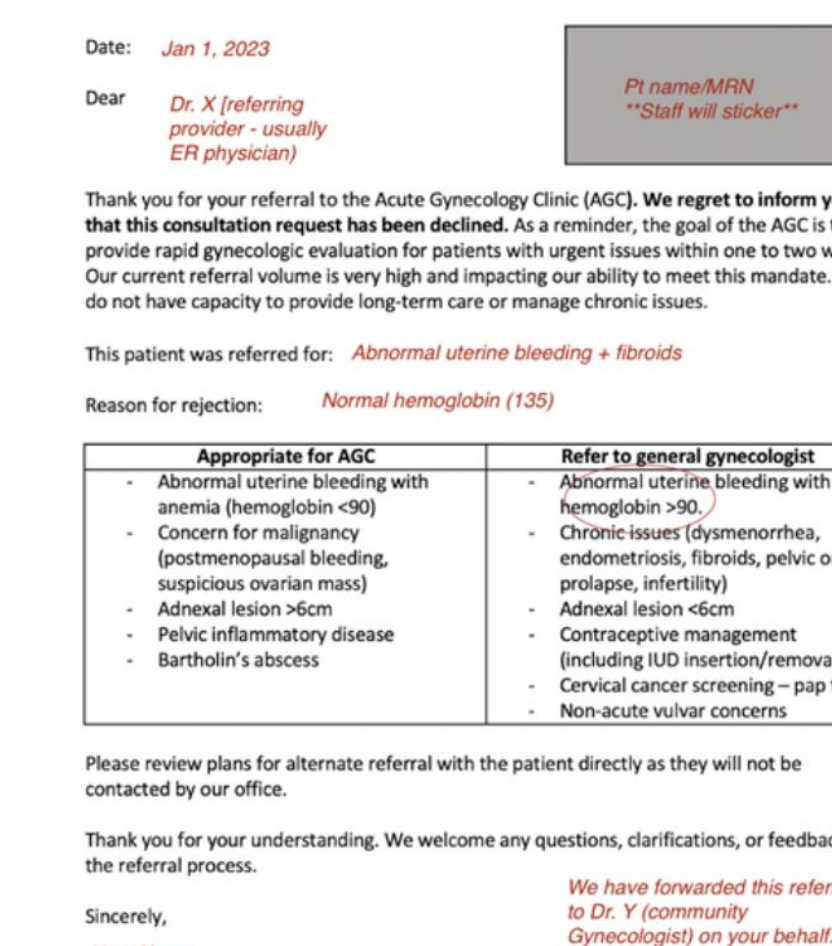
PDSA 5 - Trial of a comprehensive triage tool to track referrals (accepted, forwarded or declined) and provide clear guidance to rotating resident on inclusion/exclusion criteria and time frames. Excellent uptake of tool. Unusual increase in inappropriately accepted referrals to 31.8%, determined to be relating to specific resident referral practices - educational materials changed to reflect current practices.

PDSA 6 - Audit to confirm requested time frames for visits are being followed. One clinic audited - 100% of consults appropriately triaged. All but one booked in requested time frame (other relating to patient factor/request). Confirms clinic can accommodate requests.

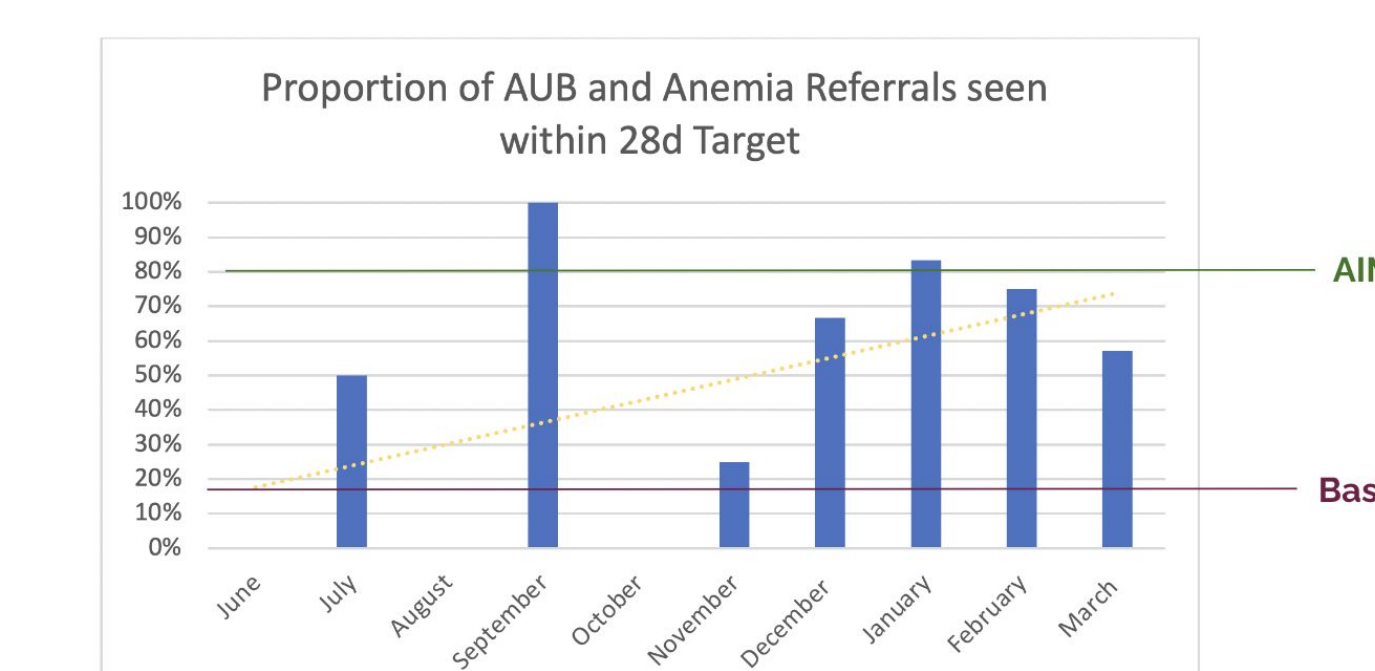
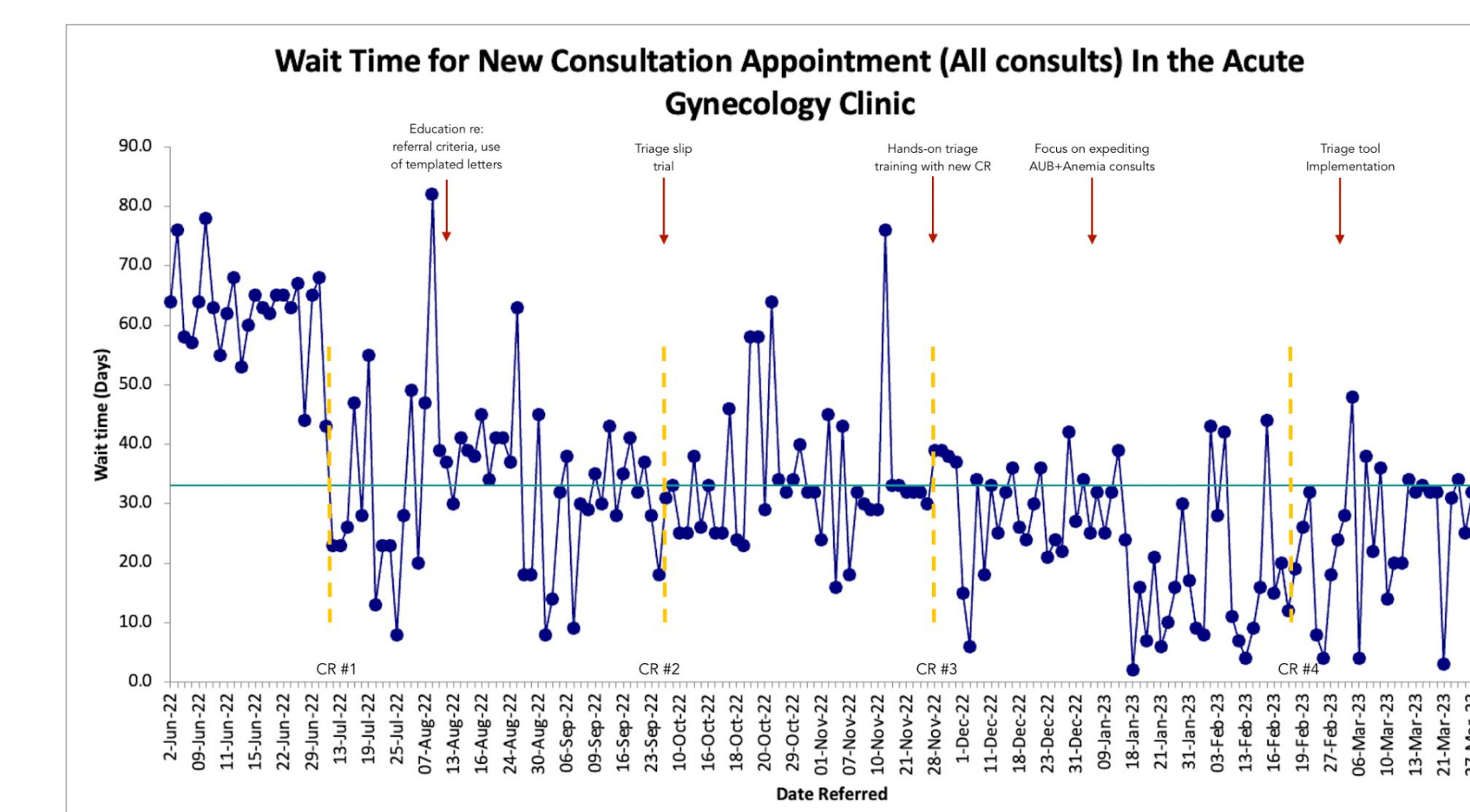
PDSA 7 - Confirmed ongoing consistent use of triage tool. Recommended adoption for ongoing use in the clinic space. Educational materials updated to reflect this.

IMPLEMENTATION

Focused on addressing supply/demand issues through use of standardized tools (letters, referral forms, triage tools) to streamline process, especially in context of rotating residents. Educational materials for residents kept up to date with changes.



MEASUREMENT & RESULTS



SUSTAINABILITY

- 1) Permanent interventions - Adoption of new referral form (currently pending at leadership level).
- 1) Education - Clinic handbook for residents has been continually updated to reflect changes.
- 2) Physician handover - Change in supervisorship of AGC to new fellow July 2023. Onboarding meeting planned with sharing of materials.