

Decreasing Wait Times in the Allergy Clinic

Western
The Centre for Quality,
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AIM Statement: By May 2022, decrease the waitlist for the outpatient clinical immunology and allergy clinic at SJHC by 30%.

PROBLEM DEFINITION

- The Clinical Immunology and Allergy Clinic at St.
 Joseph's Health Care London has a waitlist of over
 1.5 years with a high rate of no-show appointments
- The patients who no-show receive priority rescheduling, further increasing the wait times
- This results in poorer patient satisfaction and unnecessary delays in care

ROOT CAUSE ANALYSIS

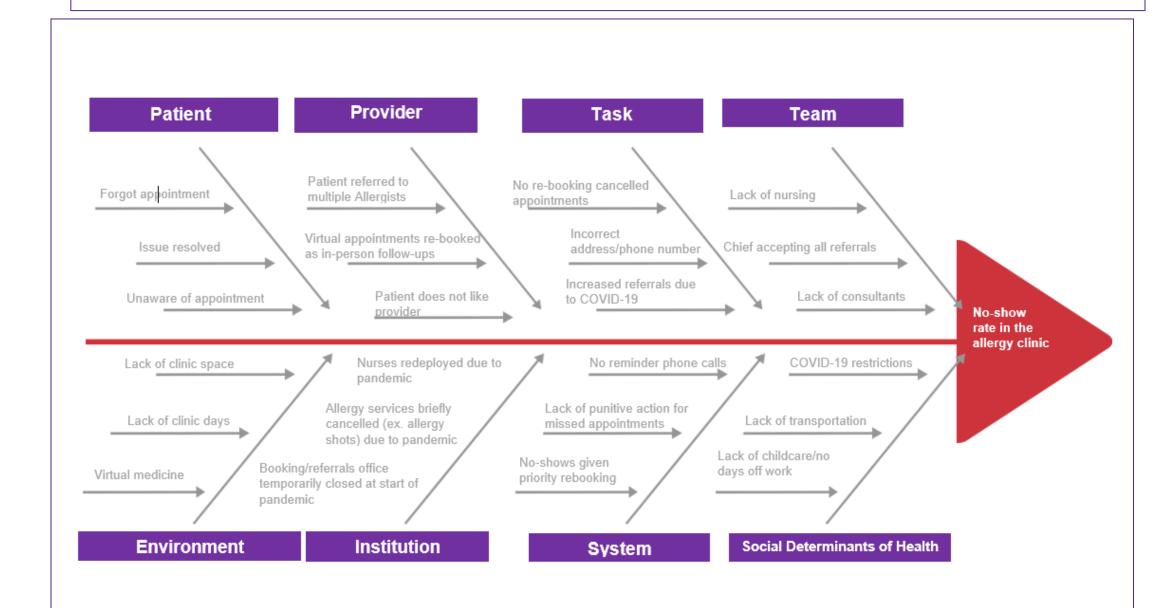


Figure 1. Cause & Effect Diagram constructed with key stakeholders (Chair/Chief, Allergists, Clinic Nurses, Nursing Coordinator)

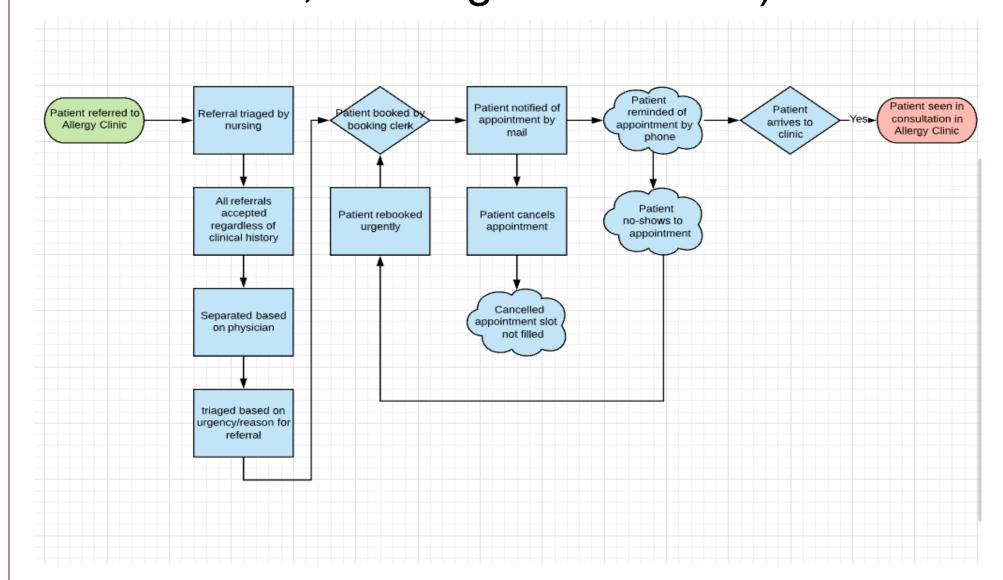


Figure 2. Process Map outlining when a patient is referred to when the patient is seen in consultation.

Imbalance of supply and demand was responsible for a long waitlist in the Allergy Clinic.

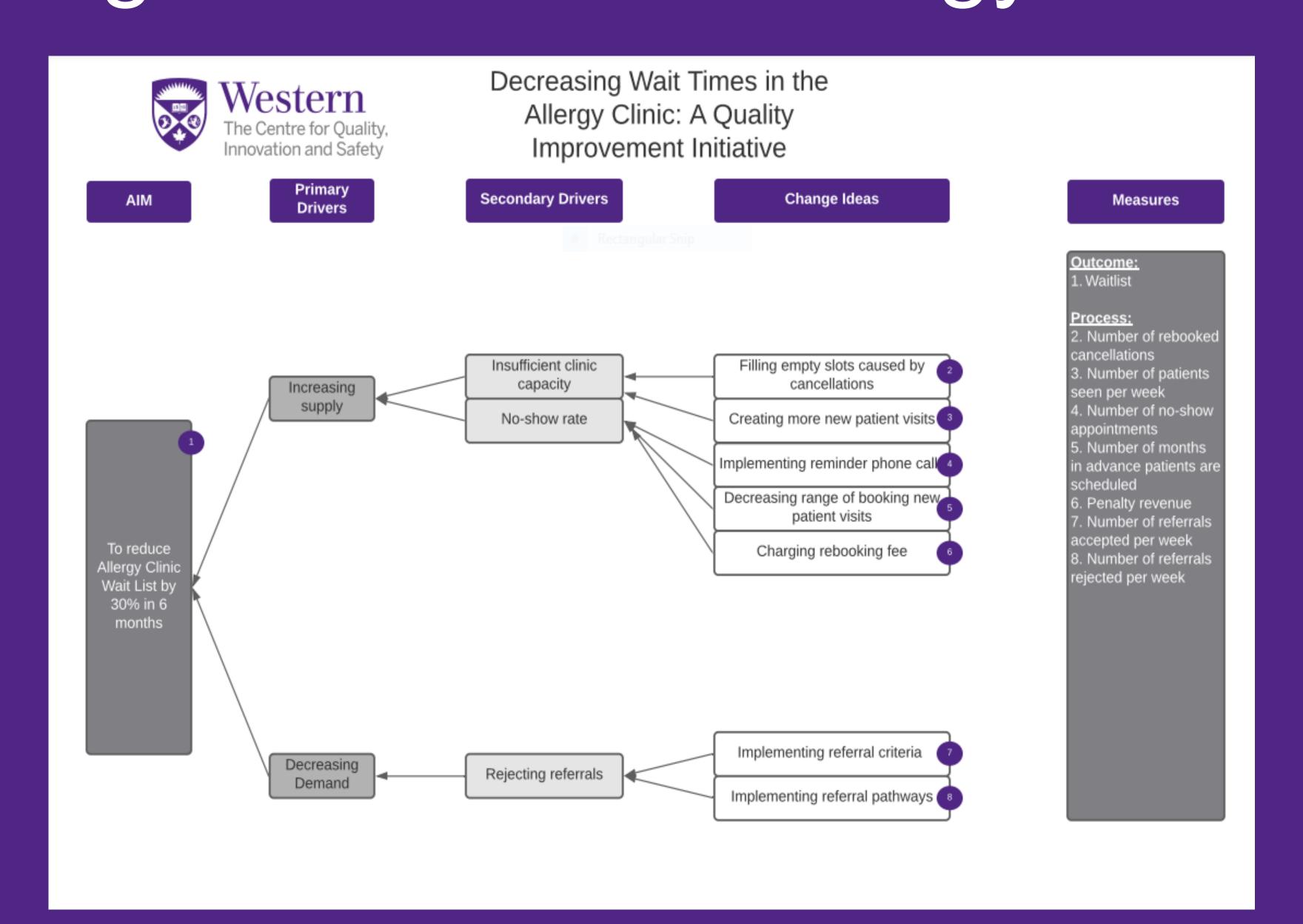


Figure 3. Driver Diagram identifying possible root causes and possible change ideas. Areas to focus on include increasing the supply (decreasing no-show rates and maximizing new patient visits), and decreasing demand by rejecting referrals based on predetermined referral criteria.

IMPLEMENTATION

PDSA cycle #1: Maximizing supply by decreasing no-show rate and increasing new patient slots in templates

-Reinstated reminder phone calls and imposed noshow fees

PDSA cycle #2: Decreasing demand by implementation of referral pathways

-Could only get consensus on referral pathway for COVID-19 referrals

MEASUREMENT & RESULTS

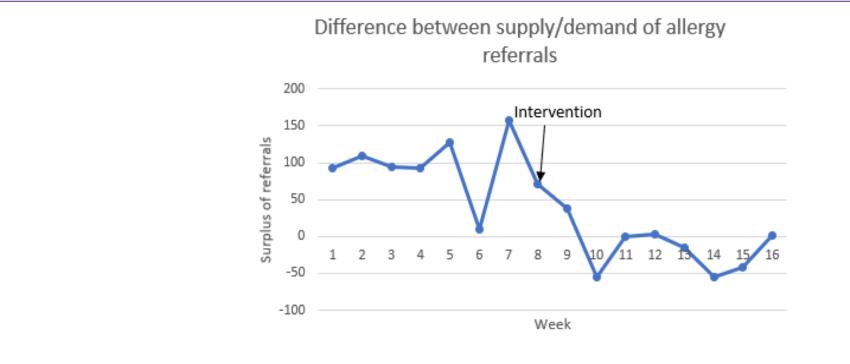


Figure 4. Run Chart demonstrating one shift after implementation of the first intervention (maximizing supply)

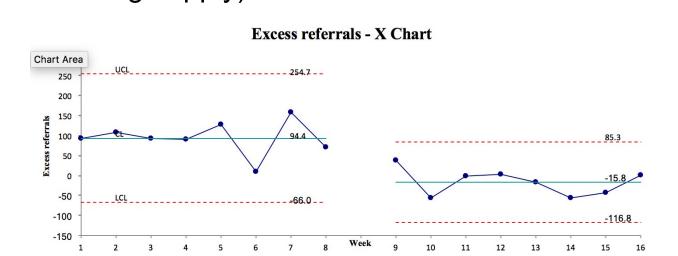


Figure 5. Statistical Process Control Chart demonstrating special cause variation after implementation of the first intervention. Prior to the intervention, there was a surplus of 94 referrals per week. After the intervention, there is a deficit of almost 16 referrals.

SUSTAINABILITY

All Allergists at SJHC will now see 15 consults per day to keep up with supply of referrals. We will now reject inappropriate referrals to decrease the demand, which will be monitored by the triage nurse.