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Bwrdd Iechyd Prifysgol  
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Cardiff and Vale  
University Health Board

**AGENDA ITEM 3.9**

**22<sup>nd</sup> February 2011**

**PATIENT ADMINISTRATION REVIEW - UPDATE**

<b>Report of</b>	Divisional Director Clinical Diagnostics and Therapeutics
<b>Paper prepared by</b>	Directorate Manager Outpatients, Health Records and Clinical Coding
<b>Executive Summary</b>	This update gives summary details of work undertaken to date under a process review of all functions within Outpatients, Health Records, Clinical Coding and PMS Administration. The prime focus of this work is to ensure that these functions are of appropriate quality and delivered with optimal operational efficiency. The update will be expanded on in a presentation by the Divisional Director, Divisional Manager and Directorate Manager to the Performance Committee on 26 April 2011.
<b>Action/Decision required</b>	For Information
<b>Link to Board Committee (s)</b>	n/a
<b>Link to Standards for Health Services in Wales</b>	This report relates primarily to Standard 20 "Records Management"
<b>Link to Public Health Agenda</b>	The effective administration of pathways is integral to the delivery of patient-centred care.

**FOR INFORMATION**

<b>Link to UHB Strategic Direction and Corporate Objectives / Legislative and Regulatory Framework</b>	The programme of work described in the report forms the basis of the operational plan for the directorate.
<b>Link to relevant evidence base</b>	<ul style="list-style-type: none"><li>• 3M study on preparing medical records for outpatient clinics - March 2009</li><li>• Review of Clinical Coding in Wales - April 2010</li></ul>

## **INTRODUCTION**

The purpose of this paper is to provide an update to the Performance Committee of the Patient Administration review. It has been previously agreed that the directorate would undertake a review of all of the functions within Outpatients, Health Records, Clinical coding and PMS administration to ensure that the service delivered is of appropriate quality and delivers optimal operational efficiency. This agreement with the Director for innovation and improvement detailed the need to deliver improvements at the latest by the start of the 2011-12 financial year.

The Programme team has identified two distinct streams of work

1. Projects reviewing individual processes and performance within the directorate
2. Performance improvement within specialties

Within this paper the progress against the individual projects will be detailed in addition to recommendations for the performance improvement elements

### **Directorate Led Projects**

Within the directorate Operational Plan for 2011-12 the approach to the Patient administration review has been detailed. Through a use of a combination of lean and six sigma methodologies the directorate will undertake a number of projects in order to deliver a higher quality service and improve efficiency.

The operational plan details 13 separate projects that will be delivered before the end of the 2011-12 financial year. The projects have been chosen on the basis of which will deliver improvements to operational efficiency and support the directorate in improving the quality of the service provided.

The following projects have already commenced or have been implemented:-

- The record Library weeding project was implemented at the start of January 2011. Through the use of a report from PMS the directorate was able to change the process of removing old records from the library. This resulted in a change in the time to safely remove a record from the library from 6 minutes to 50 seconds.

During the first two weeks of January the directorate was able to remove 28000 records that were appropriate to be sent for scanning

- Clinical coding will undergo a capacity and demand review in order to identify the methodology required to reduce the current backlog.
- The Outpatient department is undergoing a skills mix review with recommendations due before the end of the financial year. This is being led by the divisional nurse for surgery as the professional lead for the division.
- In addition to the performance improvements expected through the call remind project the directorate has focussed on implementing operational processes to support the use of the outpatient utilisation tool. The directorate has a key performance indicator that all centrally managed clinics will have a local target of 90% utilisation in 2011-12

Two other projects have a planned implementation before the end of this financial year (2010/11).

- The review of the Inpatient waiting list team will enable the directorate to reutilise staff in core records functions. It is estimated that this will include up to 10 WTE (BAND 2).
- The call remind project will focus on piloting a methodology to reduce DNA rates in outpatients. This has a planned go live date of the 14<sup>th</sup> of March.

The directorate will continue the process of identifying additional projects so that there is a rolling programme of at least 5 projects running concurrently.

### **Performance Improvement within Specialties**

The programme team has discussed the fact that a number of the performance indicators for outpatients remain the responsibility of the individual specialties. For the purpose of the review the two key areas of focus are new to follow up ratios and outpatient productivity. The improvement of performance in both of these areas requires clinical leadership within specialties.

New to follow up ratios are directly impacted by the following:

1. Clinical complexity
2. Measurement of N:FU
3. Clinical Practice

In order to make improvements to N:FU ratios an exercise of validating individual specialties N:FU ratio is required. Each specialty should detail what is clinically safe and practical in terms of a new to follow up ratio, and concurrently identify if there is unreasonable clinical variation within the specialty. If following this exercise the N: FU exceeds the target for the specialty an exercise should be undertaken to identify if there are alternative clinical pathways that could be introduced.

An outpatient productivity is in the process of being developed with the information department. The purpose of this is to assist specialties in the reduction of unreasonable clinical variation of templates.

## **CONCLUSION**

The directorate review is progressing and performance improvements are expected before the end of the financial year. The directorate led projects will be an iterative process, and the total time frame for the review is yet to be finalised. In order to review the entire directorate, the total time of review may be several years. The intention of this review is to introduce a different management methodology so that continuous improvement can be attained.

## **RECOMMENDATION**

The Performance Committee is asked to:

- **Note the progress of the directorate led projects**
- **Support the approach of the performance measures improvements for individual specialties**

**IMPACT ASSESSMENT**

<b>Health Improvement</b>	The project is intended to improve the patient experience by ensuring that the processes supporting pathways are patient centred and reflect best practice.
<b>Workforce</b>	The practices introduced via this process review will ensure that there is clarity in terms of staff responsibilities in this area.
<b>Education and Training</b>	The practices introduced via the review will inform the identification of any training and development needs necessary for discharge them.
<b>Financial</b>	The review is intended to ensure that optimum use of made of relevant resources, thus contributing to the UHB's statutory duty to break even in financial terms.
<b>Legal</b>	The processes introduced via the review will ensure compliance with relevant medico-legal requirements.
<b>Equality</b>	Equity in service provision is integral to the processes introduced via the review.
<b>Environmental</b>	N/a

**RISK ASSESSMENT**

<b>Clinical/Service</b>	The processes introduced via the review will be designed to minimise any risks associated with this aspect of clinical service provision.
<b>Financial</b>	The review is focussed on delivering resource effective care based on best practice, thus minimising the potential for unnecessary expenditure in this area of clinical service provision.
<b>Reputational</b>	The review is intended to support high quality service provision thus minimising the potential for harm to the UHB's regard in this regard.

<b>Acronyms and abbreviations</b>	PMS – Patient Management System UHB – University Health Board N : FU – New to Follow Up WCE – Whole Time Equivalent
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## **CONSULTATION AND ENGAGEMENT**

The Project Board membership includes a staff side representative.

## **SOURCES OF INFORMATION**