

IT'S BETTER to be "seen and assessed, and then wait" than it is to "wait to be seen"

NO ONE likes to wait a long time to see a specialist in outpatient departments. The media have recently commented about Victorians waiting to see a specialist, in some cases as long as 912 days, after a referral from their GP for an outpatient appointment at a public hospital.

The number of people waiting to see a specialist at Geelong Hospital is growing every year. There were 64,000 outpatient appointments in 2005/06, an increase of 6% over the last five years. Barwon Health must manage this demand.

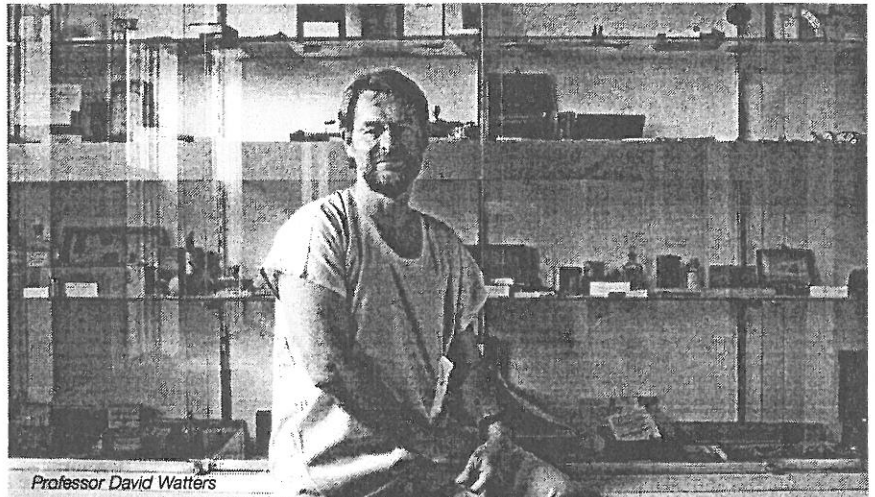
Waiting times are important because:

- a person's condition may deteriorate while waiting and in some cases the effectiveness of the proposed treatment may be reduced
- the very experience of waiting can be extremely distressing in itself
- a person's family life may be adversely affected by waiting
- a person's employment may be adversely affected by waiting.

Barwon Health recognises that time spent waiting for an outpatients appointment is an important indicator of quality. This inspired Professor David Watters to improve access to General Surgery Outpatient Clinics by coming up with a better management model.

"From a health perspective, it's much safer for someone to be seen and assessed than it is to wait to be seen," said Professor Watters.

With this in mind, Professor Watters and his team undertook a review of the waiting list numbers and waiting times for new referrals to general surgery clinics. The data confirmed that waiting times were longer than desired and were continuing



Professor David Watters

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to increase. They found there were some improvements that could make the waiting times shorter.

"The aim of the project was to reduce the risk to patients by ensuring their early assessment whilst waiting for a surgical opinion about their need for an operation," said Professor Watters. "We set ourselves a target of seeing all urgent referrals within four weeks of referral and of seeing routine referrals more quickly, preferably within three months. We designed a new model that streamlined the triage system and set targets which were monitored by the Surgical Services Executive on a monthly basis."

The results speak for themselves. The target of four weeks to see all urgent referrals was achieved within four months of the project commencing in 2005 and the waiting time for new routine referrals was reduced to three months. Prior to the project commencing, there were 100

urgent patients waiting beyond 30 days for assessment and semi-urgent and non-urgent patients were waiting up to nine and 16 months.

Many patients who were formerly regarded as semi-urgent were reassessed as urgent and no one was regarded as 'non-urgent'. The expectation was that routine patients should be seen within three months. At the same time, waiting times for surgery have fallen with the lowest numbers of patients on the waiting lists for years.

"We have had some great outcomes from this project. 18 months on, we are seeing more patients, more quickly. We also have a sustainable model that is safe for patients and has enhanced the roles of staff and improved the outpatient experience for all," said Professor Watters.

"It's better to be seen and assessed, and then wait than it is to wait to be seen."