

The utilization of “Awaiting Reports” option in Clinic Reconciliation Form and its impact over the overall Clinic Efficiency

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Abstract- The Consultant led specialist clinics are the main stay of treatment for patients referred by General Practitioners (GPs), on outpatient basis. NHS England has implemented a standard to reduce waiting time for those patients who are being referred for specialist clinics. 18 Week Maximum Waiting Time from Referral to Treatment means to patient as a right under the NHS Constitution to access services within maximum waiting time, unless choose to wait longer or it is clinically appropriate to wait longer. The NHS will take all reasonable steps to offer a range of alternative providers if this is not possible. Deviation from the set time on the clock may lead to additional cost to the provider organization by way of penalties.

The clinic reconciliation form is one of the main tools utilized in the documentation process of the patient care journey in a specialist outpatient clinic. There are several options available in the reconciliation form for a consultant to document his decision regarding patient care management. These clinic outcomes include “Booking follow-up appointment, Awaiting reports, Discharge patient back to GP, Discharge and Refer to other SFH consultant / AHP and Refer to another provider”.

“Awaiting reports option” is the method of reviewing patient’s investigation reports before discharging or booking a follow-up appointment. As no follow-up visit is booked before reviewing investigation reports, this option would mount to getting it right at first time (GIRFT) performance of the clinic. The 10% standard value was considered as the standard for the audit. The clinical outcomes of a total of 207 patients those who attended a consultant led clinic, as the first visits was analysed following the records and letters stored in the Winscribe software. Out of 207 patients, 100 (48.3%) patients have been discharged after reviewing reports without booking new follow up appointments and 24 patients (11.6%) were discharged from the clinic referring to another provider. Only 83 (40.1%) patients were booked new follow-up appointments after reviewing investigations reports. Therefore, the GIRFT was found to be 59.3% and this is very remarkable in the aspects of efficiency and effectiveness of clinic performances. Further, this option would invariably reduce the RTT as 59.3% of patients have been discharged from the clinic after the first visit.

Index Terms- Awaiting reports, Clinic efficiency, Consultant led clinics, Reconciliation form

I. INTRODUCTION

Patients in England, by the NHS constitution, have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers should this is not possible. The constitutional standard of outpatient wait should be no longer than 18 weeks from GP referral to treatment. Trusts providing consultant led outpatient services are expected to adhere to this standard that is monitored nationally on regular basis by the NHS Improvement. Breaching the standard beyond to a level could make the trust liable for penalties to the Clinical Commissioning Group^{1,2,3,4}.

The contemporary challenges that most NHS Trusts are confronted with such as lack of optimal clinical workforce, particularly for consultants, expectations of patients, communities and clinical commission groups, increasing number of referrals, and budgetary constraints, apply to Sherwood Forest Hospitals (SFH) as well. SFH provides services to a community of 420000 in Mid Nottinghamshire and adjacent parts of Derbyshire and Lincolnshire.

King’s Mill Hospital provides outpatient services for a population of 420,00 and from November 2016 to October 2017, King’s Treatment Centre has provided services for 518,039 outpatients. According to the Care Quality Commission (CQC) report published in August 2018, the e-referral system established in KMH has resulted in lack of clinic slot availability above the national target of 4% to 20%.⁶ Therefore, it is vital to improve the clinic efficiency of the hospital.

Getting It Right First Time (GIRFT) aims to improve the care provided to the patients by identifying the best practices among the trusts and introduce those to other settings to minimize unwarranted variations in clinical practice and patient and trust performance outcomes⁵.

A range of measures have been proposed and implemented in UK, as well as globally, to improve the efficiency of outpatient clinics, by applying various principles to reduce direct consultations of specialists. These innovative measures are based on improving the outpatient system supported by strong and engaged clinical leadership to formulate and deliver a clear strategy, for supporting new outpatient service models using technology, underpinned by appropriately calculated costs and

adequately resourced plans. Approaches to be considered include adopting see-on-appearance of a symptom, and virtual clinic, use technology, allowing patients to self-manage their condition, avoid unnecessary travel, and to record and track outcomes. The proposed model includes incorporating the following into a bundle of strategies; E-clinical decision support for GP's, Patient initiated follow up, Group based follow up for some conditions versus individual appointments, PwSI model / community clinic model shifting care from hospitals to primary care, Nurse led OP care vs doctor led OP care, Technology – Telephone follow up, skype, video link & Tele care, Referral refinement – often used strategy in glaucoma, Identifying the super 6 of specialty, When patients are referred to OP clinics to implement a rapid assessment intervention and discharge (RAID) process and Dealing with inter-consultant and non GP referrals. In addition to these small changes in existing embedded process may result in changes to productivity and efficiency improving patient experience as well as promoting a better utilization of clinic resources.

After clinic attendance the clinician makes a decision as to whether a patient can be discharged with a clear care plan, referred onwards to a different specialist for treatment i.e. surgical, requires monitoring and observation over a period of time or requires further tests. Pre availability of such tests facilitates early diagnosis and initiation of treatment and may reduce need for follow up consultations.

At present the process in clinics is that first visit outcomes of patients referred to endocrinology clinic of the SFH by the GP are reconciled as "Booking follow-up appointment, Awaiting reports and Appointment to be given in later date, Discharge patient back to GP, Discharge and Refer to other SFH consultant / AHP and Refer to another provider"⁷. Consultants are required to determine these outcomes after consulting these patients.

First visits patients who are held on for awaiting reports under the outcome category of "appointment to be given at a later date" can be either discharged or referred to another provider without a follow up visit to endocrinology clinic once the reports are reviewed by the consultants. In such instances it as well contributes to the first visit outcomes. This could potentially save the time of the consultants that can be utilized to see more new patients. Also, it could reduce unnecessary visits of patients to hospital hence save their time and money. Holding on patients for awaiting reports rather than giving them another follow appointment can therefore be taken as a best practice contributing to GIRFT.

This study aims at describing the impact of awaiting reports in contributing to the first visit discharges at the endocrinology clinic of the SFH.

II. AIMS

To Describe the impact of awaiting reports on the first visit discharges at a consultant led endocrinology clinic at King's Mill Hospital, SFH.

III. METHODOLOGY

Sampling: 248 case notes of patients attended to a Consultant of the Endocrinology Clinic; whom reconciliation slips were marked as "Awaiting reports" were analyzed following the records and communication letters appearing in the Winscribe software. 207 patients out of 280 episodes were selected for study according to the inclusion criteria. Due to the duplication 33 episodes were excluded from the sample.

Data collecting technique and study instruments: The total sample of 207 patients who attended to the Endocrinology Clinic of a Consultant during year 2018 and 2019 were selected for this study. A data collection form was prepared under the guidance of the Supervisor and the sample was detailed by going through electronic record of clinic letters (EPRO) by accessing with permission to "Winscribe". Data were collected by reviewing all the communication letters from GP to Consultant and Consultant to GP. All the necessary information was extracted from the clinic letters and data collection form was completed.

A Specially designed excel sheet was used to enter and analyses the data. The different columns were designed to enter the Serial number, Date Referred by the GP, Clinic Appointment Date and Clinic outcome of the first visit.

Data analysis: The coding was done according for the clinic outcome of the first visit. (1 = Discharged, 2 = Follow-up and 3 = Refer to Another Provider). The data were analyzed and frequencies and percentages were calculated.

IV. RESULTS

As a baseline assessment to define current practice we analysed a sample of 742 patients who were referred to the endocrinology clinic by the GPs in 2018/2019 revealed that "first visit discharge", "another appointment given today" or "appointment to be given at a later date" were 16.3%, 28.4% and 55.3% respectively. It was found that there were unwarranted variations in determining the outcomes of the patients among consultants.

A total of 207 patients were included in the study. All patients were categorized as "Awaiting Reports" after the first clinic visit. Out of 100 patients who were in the sample have been discharged from Endocrinology Clinic only after reviewing reports. This discharged patients' percentage was 48.3%.

24 out of 207 patients were referred to another provider and their percentage was 11.6%. Only 83 out of 207 patients were booked with new follow-up appointments and this percentage was 40.1%.

There for, 124 out of 207 patients were discharged from the clinic and this percentage was 59.6%. this is the GRIFT performance of the clinic regarding "Awaiting Reports" option.

Table 1: First Visit Clinic Outcome of Patients who were categorized as “Awaiting Reports” after the First Visit

	Frequency	Percentages
Discharged	100	48.3%
Follow-up	83	40.1%
Refer to Another Provider	24	11.6%
Total	207	100%

Figure.1.1 First Visit Clinic Outcome of Patients (Frequency)

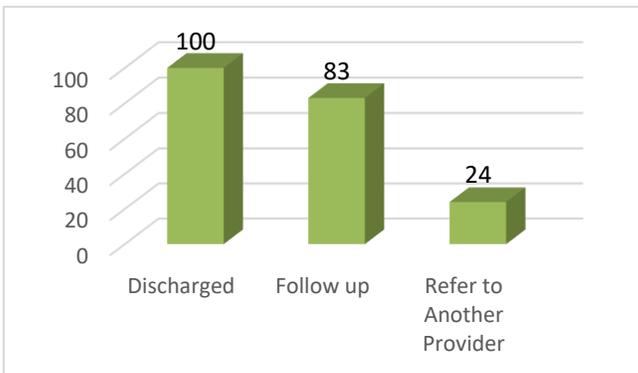


Figure.1.2 First Visit Clinic Outcome of Patients (Percentage)

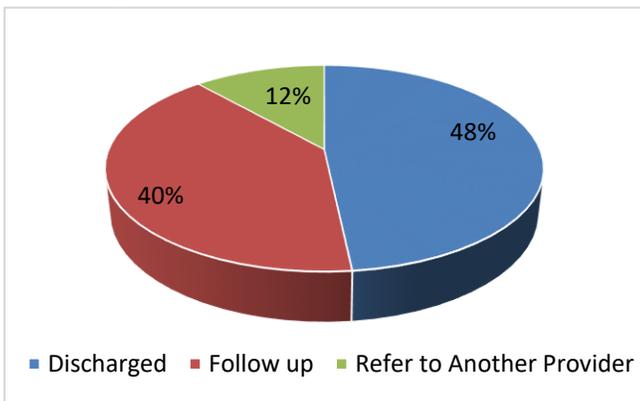


Table 2: GIRFT of the First Visit Clinic Outcome of Patients who were categorized as “Awaiting Reports” after the First Visit

	Frequency	Percentage
Total First Visit Discharges	124	59.9%
Follow-up Appointments	83	40.1%
Total	207	100%

Figure.2.1 GIRFT of the First Visit Clinic Outcome of Patients (Frequency)

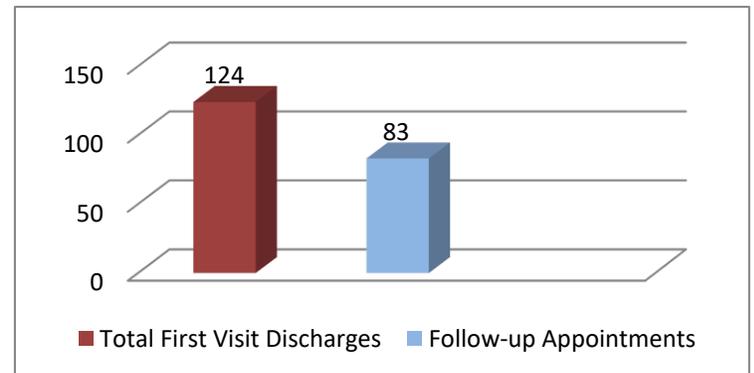
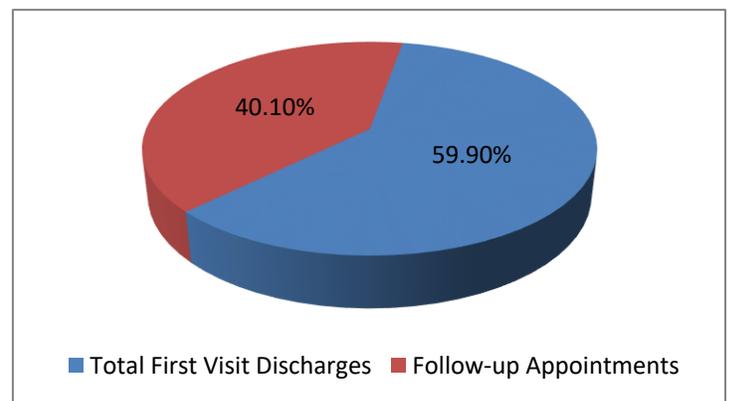


Figure.2.2 GIRFT of the First Visit Clinic Outcome of Patients (Percentage)



V. DISCUSSION AND CONCLUSION

“Awaiting reports” option is the method of reviewing patient’s investigation reports before discharging or booking a follow-up appointment. As no follow-up visit is booked before reviewing investigation reports, this option would mount to getting it right at first time (GIRFT) performance of the clinic⁶. The 10% standard value was considered as the standard for the audit. A total of 207 patients of a consultant led Endocrinology Clinic, King’s Mill Hospital were analysed using “Winscribe” software. Out of 207 patients, 100 (48.3%) patients have been discharged after reviewing reports without booking new follow up appointments and 24 patients (11.6%) were discharged from the clinic referring to another provider. Only 83 (40.1%) patients were booked new follow-up appointments after reviewing investigations reports. Therefore, the GRIFT was found to be 59.3% and this is very remarkable in the aspects of efficiency and effectiveness of clinic performances. Further, this option would invariably reduce the RTT as 59.3% of patients have been discharged from the clinic after the first visit.

It is revealed that the increased waits and hence prolonged RTT could be dealt with the appropriate use of reconciliation form documentation. A simple practice of ticking the “Awaiting Reports” option would dramatically increase the first-time discharges from the clinic. If the option is not selected and the sequela would be the booking of follow up appointment with the reports. This would invariably increase the follow up appointment requirement and hence prolonging the RTT. The number of patients who receive care at Sherwood increases year on year. In particular too many patients receive unnecessary outpatient appointments, which may not improve their health or wellbeing⁸. As the patient demand is persistently rising while the supply is limited, this study is an eye opener for utilizing existing system deal with the challenge to improve efficiency, quality, and productivity of the services⁹.

It is recommended to introduce this “Awaiting Report Option” as an essential path for patients who are needing follow-up appointments to review investigation reports and plan of management. Simply, the reports could be evaluated by the Specialist and inform relevant GP the management plan. This simple measure would reduce the patient burden to the clinic,

and it will also reduce the RTT of the patients.

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