

Appendix 13 Waiting List and DNA Policy Framework Powerpoint presentation

Waiting List and DNA Policy Framework for Allied Health Community and Outpatient Services



Waiting List and DNA Policy Framework

- This policy framework is designed to inform policies developed at a local or district level
- It provides guidelines to specify the requirements to be included in district policies
- It is designed to be implemented as part of the Toolkit for Managing Demand on Allied Health Community and Outpatient Services

Overview

- Background and Aims
- Process for Introducing Policy Framework Overall Policy
- Policy A (Outcomes and Efficiency of Service)
- Policy B (Clinical)
- Policy C (Administrative)
- Letter Templates
- Questions/Discussion

Background

- Recommendation 12 of DG's Allied Health Recruitment and Retention Taskforce highlighted the need for improvement of workload management including waiting list management
- Allied Health Service Management Survey 2002 found that there was little/no consistency between services regarding strategies to manage demand for services including waiting list and DNA management

Aims of Policy Framework

- Assist Allied Health Services develop an accountable system based on prioritising by urgency and evidence
- Provide processes, strategies and resources for managing waiting lists and DNA within current staffing and resource levels

Process for Introducing Waiting List and DNA Guidelines

- Decide to introduce guidelines
- Planning Session
- Notify Stakeholders
- Initial Data
- Develop the new policy statement
- Schedule a Launch
- Trial Process

Scope

- Hospital outpatient departments
- Outreach services from hospitals
- Community health units and teams
- Public health units
- Other services where patients/clients are not admitted and where assessment and intervention are provided
- Excludes mental health services

Overall Policy

Allied Health facilities within Qld Health will have a policy at district and service level to define:

- Clients to whom the policy refers and the relationship to relevant QH guidelines
- Clinical processes used to ensure waiting list position and DNA procedure is actively decided and managed, e.g. how urgency or priority is determined
- The administrative processes that are used to ensure the policy is efficient and effective as possible to implement and easily explained to others

Policy A

Allied Health personnel within Queensland Health will administer services to hospital outpatients and in community settings using interventions and organisational procedures which maximise client/patient health outcomes and efficiency of services

Principles of Policy A

- Compliance to policy framework
- Client/Patient Focus
- Cooperative Networks
- Quality Improvement
- Risk Management
- Privacy Standards

Policy B (Clinical)

Allied Health facilities within Queensland Health will maintain clinical processes which support the provision of quality, evidence-based services to hospital outpatients and in community settings prioritised by urgency

Policy B Cont'd

- Allied Health services will be evidence-based with informed consideration of all treatment options and approaches
 - Use evidence of effectiveness to assist in deciding priority ranks and the range of interventions offered (e.g. individual, group, education) for referred clients
 - Do not continue to see clients where there is direct evidence a standard intervention is not effective



Policy B Cont'd

- All client/patient referrals will be reviewed and a clinical urgency category assigned
 - Determine whether Schedule A or Schedule B from the policy framework is appropriate for the type of client referred, or for the context of the service
 - Some services will need to use both schedules for differing contexts, e.g. Schedule A for more acute clients and Schedule B for community/outreach contexts

Schedule A

Category 1	Urgent To be seen within one working day
Category 2	Semi-urgent To be seen within 10 working days
Category 3	Non-Urgent To be assigned next available appointment

Schedule B

Category 1	Urgent Appointment within 5 working days
Category 2	Non-Urgent Assigned next available appointment
Category 3	Self-Management Appointment for self-management and date for review booked
Category 4	Assessment and Treatment not required

Urgency Category Schedules

- Have specific criteria identified and documented at the local service level
- Criteria will vary according to the urgency category and to the discipline or team involved
- The urgency rating should be completed by the relevant allied health staff member or another trained staff member
- Some services will select a specific triage process to inform their urgency ratings
- Referrals which are unable to be given an appointment within the defined time for their category should be placed on a waiting list

Policy B Cont'd

- Allocation of appointments to allied health services will be prioritised by clinical urgency rating rather than by sequence of receipt of referral
- Clients/patients with similar symptoms or urgency categories wait a similar time for their first appointment
- Existing evidence must be taken into consideration in assigning priority category

Factors which Influence Prioritisation

- Level and frequency of pain
- Safety
- Comorbidity or potential for consequent impairment
- Ability to perform roles or retain independence
- Social and community support
- Access to centre
- Evidence about outcomes of interventions according to timeliness

Policy B Cont'd

- Clients of hospital outpatients and community settings placed on waiting lists will be monitored while waiting
 - It must be documented whether the referred person is to be monitored by the referring source (most commonly) or the allied health service
 - All referred clients must be advised to contact the monitoring facility if there is a negative change in their condition

Policy B Cont'd

- All Allied Health Outpatient and Community Services will be managed to ensure coordination across the continuum of care and appropriate discharge planning

Clients/patients should be discharged when:

- The treatment is completed, client goals are met or the problem for which the client was referred has been resolved to a safe level
- Another facility can more appropriately provide the service
- Client/patient moves to a different locality

Policy C (Administrative)

Allied Health facilities within Queensland Health will have administrative processes in operation which support the provision of quality services to hospital outpatients and in community settings

Policy C Cont'd

- Referrals received should contain appropriate information and reflect the clients' needs and the designated scope of the allied health service
 - Each service must have written guidelines defining their allowable referral sources and any limits on referrals
 - Referrers should have access to precise information about the content needed in a referral for the QH service

- The suitability of referrals in terms of location and service type must be determined with reference to the client as well as the allied health service
- Compensable clients should be advised that they qualify for private service provision and be offered or encouraged towards this choice

Referral Content

Referrals should contain the following minimum information:-

- Client/patient identifying and contact details
- Referrer's contact details
- Relevant information about the client/patient's condition and the reason for referral
- Any particular risks or care requirements to be alert to
- Date and signature of person accepting referral



Referral Content Cont'd

- Services may implement procedures to educate referring practitioners regarding appropriate referral content to assist triage and categorisation
- Referring practitioners should be provided with regular feedback about the completeness of content in their referrals
- Services need to have a defined process for managing the receipt of inadequately complete referrals

Policy C Cont'd

- All allied health outpatient and community services will maintain a waiting list system to register essential details about all clients/patients referred to the service who do not receive an immediate appointment
 - Minimum data kept must comply with list in policy
 - Other data can be kept as determined locally
 - Intake procedures established at the front end of a multidisciplinary service or team should also keep a record of the above data
 - Waiting lists should comply with privacy standards

Policy C Cont'd

- A Defined Booking System Should be Established
 - Appointments should be booked up until a predetermined number of weeks or months ahead, beyond which it becomes inefficient or unsafe
 - At initial contact referred clients must be informed of service guidelines for appointments, waiting lists, attendance, self-management procedures and DNA

'Did Not Attend' Policy

- The DNA procedure in the policy framework should be the standard used. Missing 2 appointments without reasons deemed suitable by the allied health clinician should result in being re-processed as a new referral
- The intent of the DNA policy is to manage demand for services at better equity and efficiency standards for clients

Policy C Cont'd

- Systems will be administered with the intention to maximise efficiency
- Staff leave is managed to maintain efficiency and plan appointments around pre-determined periods
- Data re referral numbers and waiting times as stated in policy should be kept and reviewed regularly to assist with managing demand and providing best practice

Policy C Cont'd

- Waiting lists should be regularly audited to ensure the record is accurate
 - Develop an appropriate schedule of audit times to review each waiting list
 - Ensure need and contact details are correct and that the appointment is still required
 - Audit may include contacting referred clients in writing or by phone call to confirm details
- Referred clients should be removed from the waiting list if pre-determined conditions have been met

Audit Schedule Example for Schedule A

- Daily audit for Category One referrals
- Fortnightly audit for Category Two referrals
- Twice monthly audit for Category Three referrals

Policy C Cont'd

- An appropriate communication system should be developed and used to notify referrers and clients about waiting list information
 - Have a defined procedure for when letters etc should be sent about appointments
 - Ensure communication is understood by people with special needs or with language and cultural differences
 - Information should be available to clients and referrers on their request within QH privacy standards

Information to Clients

- Appointment Offer/Placement on Waiting List
- Time, date and location of appointment and AHP providing service
- Appropriate course of action if any changes occur to client's condition
- Appropriate course of action if appointments need to be confirmed, cancelled or rebooked
- Clients rights and responsibilities within QH
- Any special requirements
- Removal from the waiting list

Information to Referring Practitioner

- Client's/patient's placement on the waiting list
- Estimated waiting time
- Arrangements for clinical review of the client/patient while waiting for outpatient appointment
- Notification about any significant changes in the client's/patient's condition
- Date and nature of the appointment

Letter Templates

- Inform client that placed on waiting list
- Inform referrer that client placed on waiting list
- Inform referrer that client has been directed to a more appropriate service
- Inform client that designated another intervention strategy other than 1:1
- Inform referrer that client assigned another intervention strategy

- Audit client's continuing need for an appointment
- Inform client of first DNA and offer another appt
- Inform client of second DNA and discharge from service