**Aim Statement:**
By November 2016 patient waiting times for clinic consultation will have improved by 50% for “active treatment patients” in the BCHC Pilot Haematology Clinic.

**Background to problem worth solving**
Blacktown Haematology outpatient clinics have been working beyond capacity often due to limited patient numbers. This problem was compounded by lack of clinic space in an old dysfunctional building. In April 2016 a purpose-built comprehensive cancer and haematology centre was opened allowing for a review of clinic to occur to better meet the needs of haematology patients. Patients undergoing adjuvant therapy for a haematological problem often require regular, protocolised review and malignancy patients may be admitted to hospital with a prolonged stay. These patients may also be withdrawn from such that waiting times may increase their exposure to potential infection.

**Driver Diagram**

**Problem:**
Haematology clinics are at capacity effecting wait times and patient satisfaction.

**Process Measures:**
- Increase capacity of clinics for treatment patients
- Increase number of patients discharged from clinic
- Increase total number of appointments
- Reduce variety of patient groups
- Reduce number of patients non-attending
- Improve predictability of patient attendance times
- Improve use of IT systems
- Reduce number of patient appointments
- Improve access to all necessary information
- Improve appropriateness of referrals
- Improve need for re-appointment

**Secondary Drivers**

**Process Measures:**
- Increase total number of patient appointments by 20%
- Increase number of patients discharged from clinic
- Reduce variety of patient groups
- Reduce number of patients non-attending
- Improve predictability of patient attendance times
- Improve use of IT systems
- Reduce number of unnecessary second appointments by 30%

**Results**

**Outcome measures**

**Process Measure**

**Balancing measures**

**Discussion**
There was an overall reduction in waiting times for all patients as well as treatment patients as the result of both increased capacity and efficiency. This was able to sustain a high level of patient satisfaction.

**Team members**
- **Sponsor’s (Guidance Team)**
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**Link to Strategic Imperative**
- **NSW Cancer Plan 2016**
  - Increasing Survival- the cancer system to deliver quality, patient-centred, integrated, multidisciplinary care

**Literature review**

**Solution 1 – Treatment Clinic**
A treatment specific clinic with 10 additional places will be created to streamline processes.

**Issues:**
- Patients preference for time
- Trouble clinic officer

**Solution 2 – Implement ARIA disease specific templates.**
Utilising templates within the OIMS will allow for streamlining for data entry recall as well as protocolising visits.

**Solution 3 – Access additional remote information electronically**
Setting up remote access to external pathologists providers will allow for instant access of results during a consultation

**Overall Outcome of Project:**
By the audited clinics (weeks beginning 23rd Nov and 12th December) there was a 54.3% reduction in mean waiting time for “treatment” patients.

**Plans to sustain / share change**

1. Standardisation – This data will be presented to all haematologists in WSLHD for consideration
2. Further solution implementation – namely of follow up reminders to reduce DNAs to be implemented
3. On going re-audit of waiting times 6 monthly

**Plans to spread / share change**

Done:
Submitted to the ACI Innovation Exchange
Presentation to division of medicine
Presentation to the other LHD haematologists