Project Title

Improving Weight Management Clinic Take Up Rate

Project Lead and Members

Project lead: A/Prof Tey Beng Hea

Project members: Dr Chan Soo Ling, Jazlyn Lim, Yeow Suan Woo, Lee Zhao Qin, Vivien Lee, Kwee Xiang, Chay Yu Xuan, Angie Ng, Nadiah Haniff, Jessica Kalarani, Sun Qin

Organisation(s) Involved

Ng Teng Fong General Hospital, Jurong Community Hospital

Healthcare Family Group(s) Involved in this Project

Allied Health, Healthcare Administration

Applicable Specialty or Discipline

Weight Management Clinic

Project Period

Start date: Oct 2020

Completed date: Jun 2021

Aims

The team aimed to increase the monthly conversion rate of referrals to the programme by 20% by June'21

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

Complex issues when broken down into parts and steps enabled the team to refine our understanding of the problem, thus facilitating improvement through discussion.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Workflow Redesign, Job Effectiveness, Care Continuum, Preventive Care, Community Health

Keywords

Referrals, Conversion

Name and Email of Project Contact Person(s)

Name: Chay Yu Xuan

Email: yu_xuan_chay@nuhs.edu.sg

IMPROVING WEIGHT MANAGEMENT CLINIC TAKE UP RATE

MEMBERS: A/PROF TEY BENG HEA, DR CHAN SOO LING, JAZLYN LIM, YEOW SUAN WOO, LEE ZHAO QIN, VIVIEN LEE, KWEE XIANG, CHAY YU XUAN, ANGIE NG, NADIAH HANIFF, JESSICA KALARANI, SUN QIN

- ☐ SAFETY
- ☑ QUALITY
- ☑ PATIENT EXPERIENCE
- ☑ PRODUCTIVITY
- ☐ COST

Define Problem, Set Aim

In 2019, there were a total of 229 referrals to the Weight Management (WM) Clinic. Due to a variety of reasons, only 18, or 7.9% of the referrals commenced on the Weight Management Programme (WMP). The conversion rate of referrals to programme is very low, resulting in low attendance numbers for the clinic.

AIM

The team aimed to increase the monthly conversion rate of referrals to the programme by 20% by June'21.

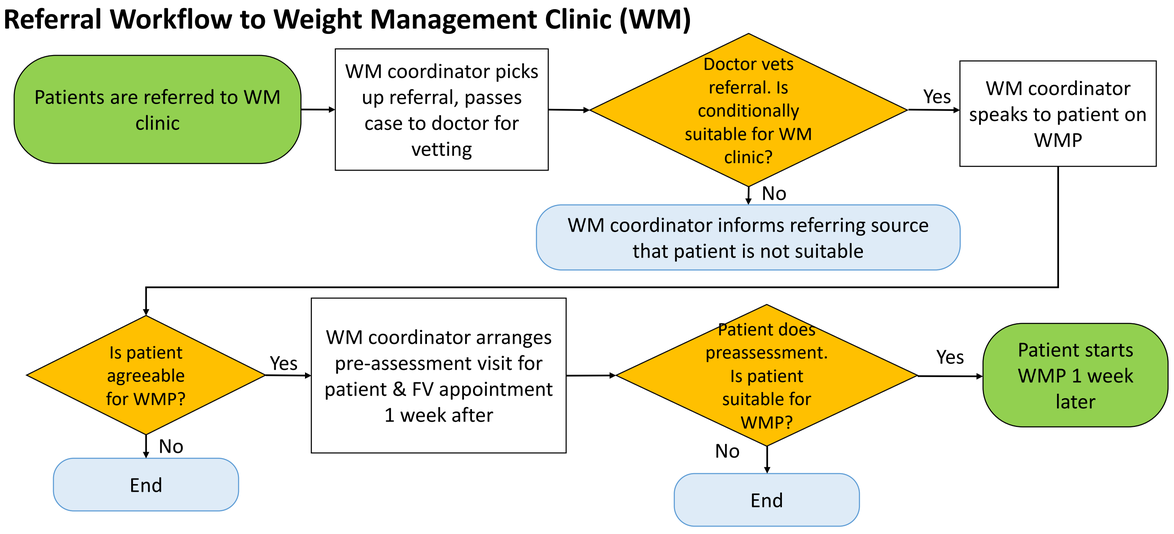
Establish Measures

There were a total of 229 patients referred to the Weight Management Clinic in 2019, of which, 18, or 7.9% of the patients had their FV appointments actualized and commenced with WMP.

	Cases
Total number of Referrals	**229**
Total number of FV cases to Weight Management Programme	**18**

Analyse Problem

Referral Workflow to Weight Management Clinic (WM)



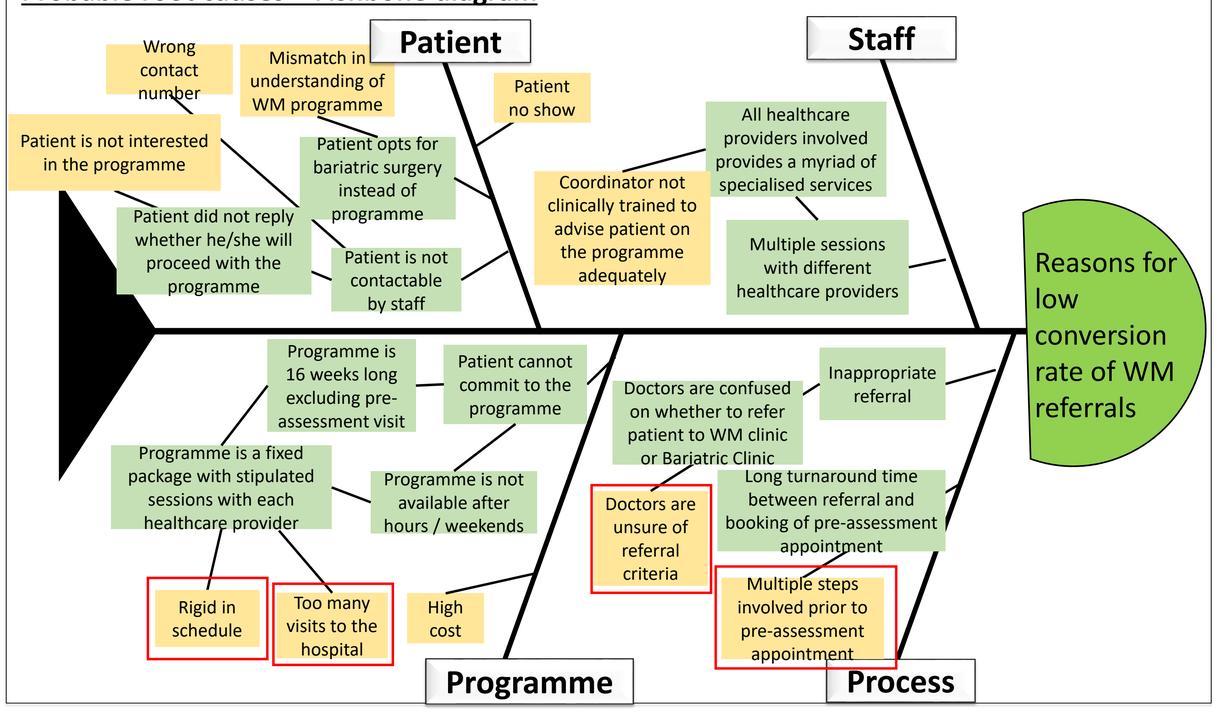
WM Clinic is a specialized clinic that consist of a 16-week package. There is strict criteria for patients to participate in the programme. Because of this, the referral process to the clinic is more complicated than regular clinics and it involves contact with patients on multiple occasions. This creates potential for patient drop-off at every touchpoint.

Based on the reasons of dropoff, the team quickly established that most of the drop-off occurred due to the complexity of the referral process and the rigidity of the programme.

	Cases
Total number of Referrals	**229**
Less Rejected Referrals	*35*
Total number of Referrals Accepted	194
Less Patient Reject/Dropout before Pre-Assessment Visit	*162*
Total number of Patients with Pre-Assessment Visit booked	32
Less No Show to Pre-Assessment Visit	*14*
Total number of Patients with Pre-Assessment Visits	18
Less Rejected cases after Pre-Assessment test	*0*
Total number of FV cases to Weight Management Programme	**18**

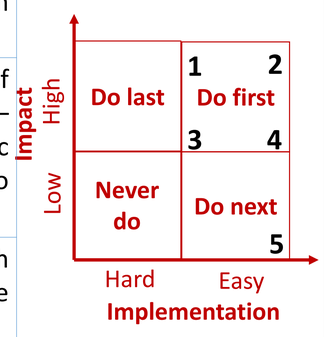
Reason for Dropoff before Pre-Assessment Visit	Count
Fees	20
Coordinator unable to contact patient at all	16
Coordinator managed to contact patient initially, but patient did not respond to subsequent correspondence	38
Patient not keen on program	30
Patient cannot commit to the program	31
Other reasons	27

Probable root causes – Fishbone diagram



Select Changes

Root Cause		Probable Solution
Rigidity of the programme	1	To offer an 'ala carte' WM service where patient will see the doctor and selected allied health services only
Too many visits to the hospital	2	To combine first doctor visit for screening of suitability and first allied health provider visit – dietitian. The dietitian will provide ad-hoc clinic service on the same day of patient agreeing to start the programme
	3	Allied health providers to provide telehealth consultations where possible to reduce the number of hospital visits Dietitian can provide telehealth consultation at the preferred time and date.
Multiple steps involved prior to pre-assessment appointment	4	Simplifying the communication process between Weight Management coordinator and patient
Doctors are unsure of referral criteria	5	Reviewing of referral criteria to WM service



Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1 (Oct' 20)	To offer an 'ala carte' WM service where patient will see the doctor and selected allied health services	Specialty Operations worked with the allied health teams to identify slots for ala carte appointment booking. Clinicians /WM coordinator to offer ala carte service in the event patient rejects WMP.	About half of the patients reject WM Programme due to various reasons, but all are willing to take up ala carte programme.	To adopt and implement the new workflow.
	Simplifying the communication process between Weight Management coordinator and patient	WM coordinator to focus on booking pre-assessment and FV appointment to WM clinic after clinician has vetted through the referral. Introduction of Weight Management Programme to be done by the doctor and coordinator during the First Visit.	Patient dropoff due to complexity in patient recruitment has dropped by 35% Number of patients who are not keen of WM clinic has increased.	To continue the workflow, but find out from patients on why they are not keen about the service.

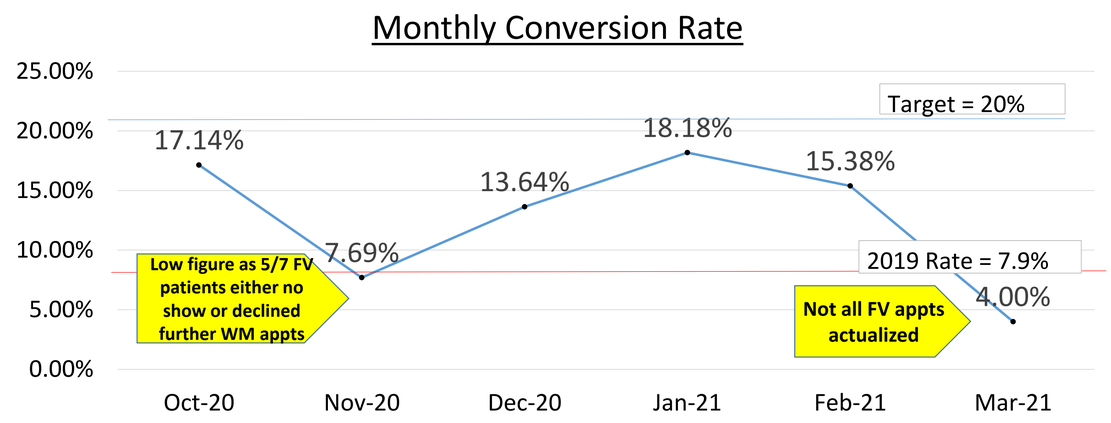
Results after Implementation

Implementation of the new workflow begun in Oct-20.

Monthly conversion rate of referrals from Oct-20 to Mar-21, on average, **increased to 13% - 15%,** an improvement over 2019's rate. The conversion rate in Mar-21 is low as not all referrals have had their appointments actualized yet.

The number of dropouts occurred during the period post referral vetting and before arranging of pre-assessment visit has fallen by 35%.

Patient drop-off due to communication fatigue and commitment and fees decreased significantly, by >70% and >85% respectively



Spread Changes, Learning Points

Continued engagement via monthly multidisciplinary team, face to face meetings with the allied health involved enabled the success of this new workflow.

Complex issues when broken down into parts and steps enabled the team to refine our understanding of the problem, thus facilitating improvement through discussion.

Ng Teng Fong General Hospital

Jurong Community Hospital