Increased wait time at Combined Maternity/Endocrine Clinic

Data was collected using the following methods:
- Process Mapping
- Participants
- Meeting/Consultation with Diabetes NSW
- Time in Motion Study
- Staff focus group
- Patient interview

Reports were endorsed and approved by project sponsors, SLHD and IWSML executives. A Steering Committee defined timelines for deliverables.

Method
The project followed the NSW Clinical Redesign Methodology with predefined timelines for deliverables. Reports were endorsed and approved by project sponsors, SLHD and IWSML executives. A Steering Committee was appointed and met to agree on plans, solutions and actions.

Data was collected using the following methods:
- Patient interview
- Staff focus group
- Time in Motion Study
- Patient Experience Tracker (PET) and GP Tracker
- Meeting/Consultation with Diabetes NSW
- Process Mapping: Participants

Case for change
The number of endocrine episodes of care for women with Gestational Diabetes Mellitus (GDM) or Type 2 diabetes (T2D) at the Canterbury Hospital Maternity outpatient service has tripled from 798 episodes (2003) to 2,453 episodes (2013) over the past ten years.

Approximately 20.4% of women who gave birth at Canterbury Hospital in 2014 had a pregnancy complicated by GDM or T2D, which is well above the NSW state average of 7.4% (2012).

The rapidly increasing numbers of women with GDM or Type 2 diabetes attending the clinic have resulted in:
- Increased wait time at the Combined Maternity / Endocrine Outpatient Clinic

Objectives
1. Improve the average wait time for women with GDM/T2 diabetes attending the Combined Maternity / Endocrine clinic by 25%, from 80 minutes to 60 minutes by June 2015
2. Improve timely screening and referral for women at risk of GDM or pre-existing T2 diabetes to the antenatal outpatient clinic by 20% by June 2015
3. Improve the confidentiality and privacy of health visits at outpatient antenatal clinic Canterbury Hospital measured by patient satisfaction survey by June 2015.
4. Increase the uptake of glucose tolerance testing (GTT) by 3 weeks after having the baby for women who had been diagnosed with GDM from 33% to 50% by June 2015.

Goal
The goal of the Combined Maternity / Endocrine Outpatient Service Clinical Redesign Project is to improve the quality and continuity of care provided to women with gestational diabetes or type 2 diabetes in the antenatal outpatient clinic at Canterbury Hospital and primary health care setting.

Summary of key solutions
- Increased waiting time at Combined Maternity/Endocrine Outpatient Clinic
  - Develop best practice policy
  - Develop low risk GDM Clinic

Quick Wins and completed solutions
- New referral form
- GDM guidelines & newsletters to GPS
- Revised appointment system
- Flowchart for identification of GDM/T2D
- Improved coordination of GDM/T2D referrals
- Escalation plan for endocrinologist and diabetes educator service
- Implementation of Scheduler (electronic booking system)
- Training for midwifery staff on eMR
- Obstetric doctors arriving on time to commence clinic

Conclusion
Implementation plan in place to track and monitor solutions
Ongoing and regular Steering Committee and Project Team meetings to ensure project does not fall off the track
Consistent support of solutions

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