

1 INTRODUCTION

Poor new case attendance

will delay patient's early intervention resulting in increased risk of suicide, morbidity due to relapses and development of complex clinical condition that further impair quality of life. This will add to socio-economic burden to patient and caregiver. A verification study revealed only 50% attendance, with psychiatric admissions at 21% and 122 suicide attempt cases.

2 PROBLEM IDENTIFICATIONS

2.1 PROBLEM PRIORITISATION

No	Problems	S	M	A	R	T	Total
1.	Poor new case attendance in outpatient clinic	14	9	11	9	7	50
2.	Increase in number of walk-in cases in clinic	6	7	6	6	5	29
3.	Increase in default rate	7	8	5	6	8	32
4.	Patients long waiting time in clinic	8	7	5	5	6	31

2.2 REASON FOR SELECTION

- S** High percentage of new case non-attendance resulting in increase number of:
 - Suicide (122)
 - Number of admission and emergency cases (21%)
 - Walk-in cases (13%)
- M** Data can be collected and measured using the New Case Slot Book, New Walk-in Case Book, surveys, and the EHIS system
- A** To provide comprehensive care, early detection, treatment, accessible and effective hospital-based community services must be established.
- R** Remedial action could be done to improve number of new case attendance.
- T** This study can be completed within acceptable time frame.

3 LITERATURE REVIEW

“significant number of psychiatric patients don't get timely treatment, impacting the course of their illness. Research in Ethiopia found that those with mental health issues often wait for years before seeking professional help, leading to worsened health outcomes, including higher rates of physical and psychiatric complications and the risky use of substances to cope.”

“Treatment adherence remains a widely recognized problem but knowledge how to improve it is still limited. Action for treatment non-adherence and default patients.”

4 PROBLEM STATEMENT

Scheduled new cases did not attend the appointment date. From September 2020 to January 2021; 50% of scheduled new cases defaulted the appointment

Resulting increase walk-in & on-call patients, delay in intervention and worsened patient conditions

CAUSES ineffective work process, lack of staff adherence to SOP, long waiting time for new cases & poor patient adherence to appointment

Hence ..we aim to improve new case patient attendance in psychiatry outpatient clinic.

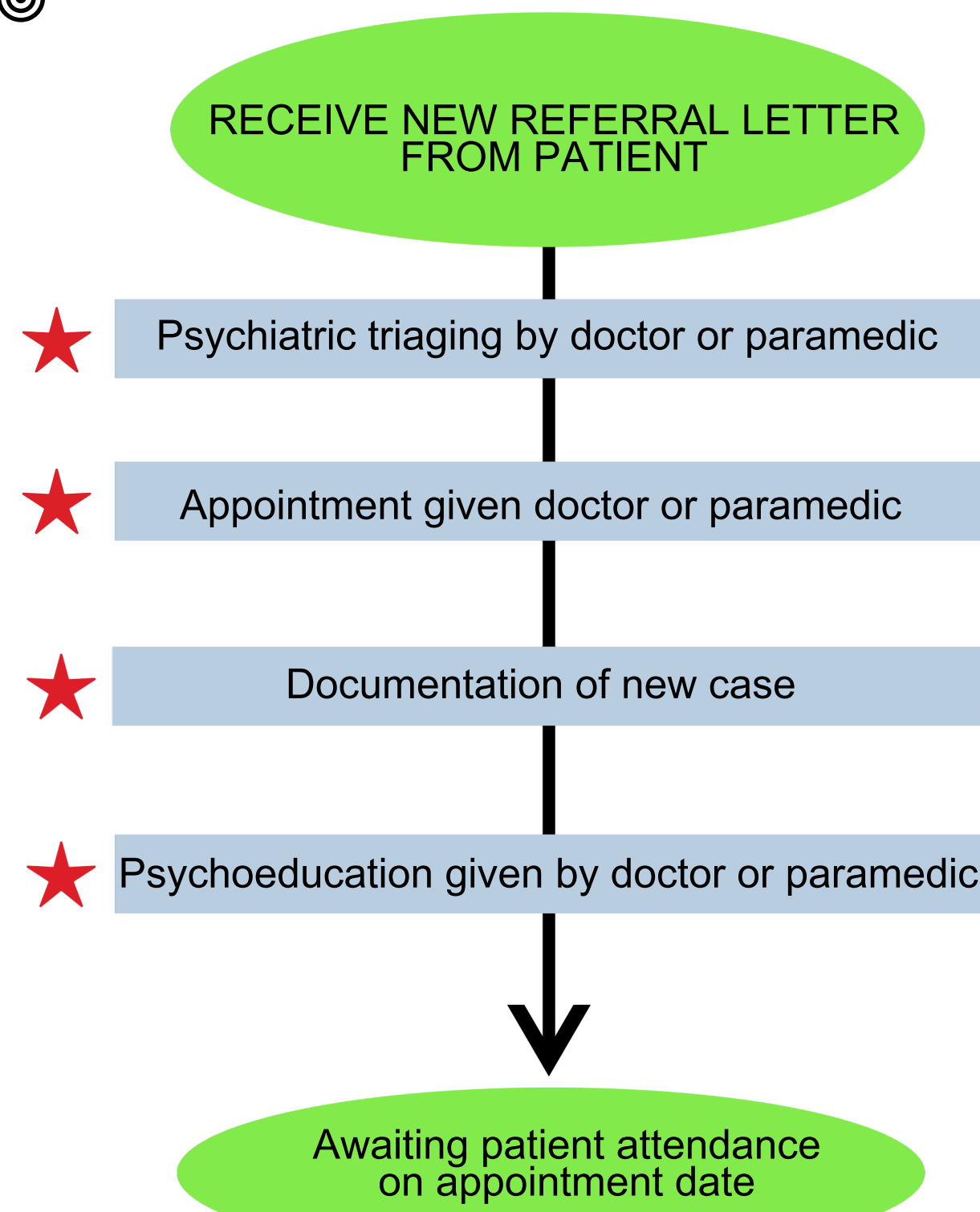
5 PROBLEM ANALYSES

WHAT	Poor psychiatric new case attendance
WHY	Ineffective and improper on work processes, lack of awareness among staff and patients.
WHERE	Outpatient Psychiatry clinic Hospital Serdang.
WHO	Doctors, paramedics, and patients
WHEN	From 2020 until now
HOW	Non attendance among new cases data were never collected and follow up actions were not taken.

5.1 PROBLEM ANALYSIS CHART



5.2 PROCESS OF CARE



6 KEY MEASURES FOR IMPROVEMENT

6.1 OBJECTIVES

GENERAL OBJECTIVES

To improve New Case-Attendance in Psychiatric Outpatient Clinic Hospital Sultan Idris Shah, Serdang.

SPECIFIC OBJECTIVES

- To verify the prevalence of new case attendance in the Psychiatry outpatient clinic
- To identify the contributing factors to the low percentage of new case attendance
- To formulate and implement proper remedial actions
- To evaluate the effectiveness of the remedial actions

6.2 TERMS & DEFINITION

New Case attendance Clinical Performance Surveillance unit – KPL	First psychiatric encounter in outpatient clinic which is present for their appointment.
New case default Clinical Performance Surveillance unit – KPL	First psychiatric encounter in outpatient clinic which failed to attend their appointment.
Psychiatry Triaging A Quick Guide to Psychiatry Triaging (KKM)	A standard brief clinical assessment for all new referrals that is conducted at point of entry to psychiatry outpatient clinic to sort out the urgency of intervention.
Psychoeducation American Psychiatric Association	The education of a person with a psychiatric disorder in subject areas that serve the goals of treatment and rehabilitation.

6.3 INDICATOR & STANDARD

INDICATOR

Percentage of New Case attendance

FORMULA

$\frac{\text{Total number of new cases attendance}}{\text{Total number of all new cases with given appointment}} \times 100\%$

STANDARD

85%

Based on expert consensus - Psychiatrist on 15h June 2020

Inclusion Criteria

All new cases in outpatient clinic.

Inclusion Criteria

New cases in Emergency Department and ward

7 METHODOLOGY

Study Design	Quasi-experimental					
Study sample	Number of new patient attended appointment at given date					
Sampling Technique	Universal sampling					
Duration	Verification: Nov 2020 – Jan 2021	Cycle 1: April 2022 – June 2022	Cycle 2: Sept 2022 – Nov 2022	Cycle 3: Feb 2023 – April 2023	Cycle 4: July 2023 – Sept 2023	Cycle 5: Dec 2023 – Feb 2024
Remedial action	Feb 2021 – March 2022	July 2022-Aug 2022	Dec 2022-Jan 2023	Remedial measures: May 2023	Remedial measures: June 2023	Remedial measures: Nov 2023
Tools	New Case Appointment Book New Walk-in case book Interdepartmental Reference Case Book Self administered questionnaires for doctors and paramedics					

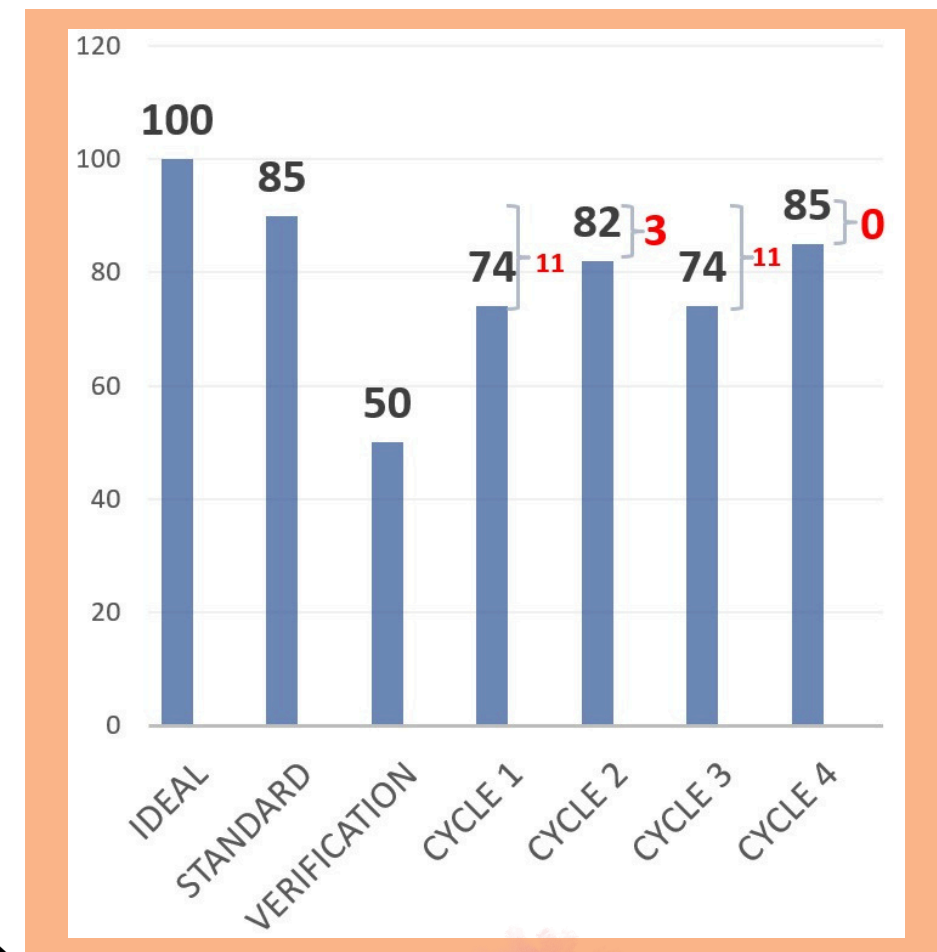
8 MODEL OF GOOD CARE

PROCESS	CRITERIA	%	VERIFICATION	POST CYCLE 1	POST CYCLE 2	POST CYCLE 3	POST CYCLE 4	FOURTH CYCLE
Psychiatry triaging by doctor or paramedic	• Triaging conducted	100%	100%	85.3%	78.4%	82.3%	72.3%	72.3%
	• Fill up patient info in Psychiatry Triaging Form	100%	0%	70.4%	67.2%	71.5%	68.7%	68.7%
	• Provide Psychiatry Triaging coding	100%	100%	60.2%	67.5%	87.2%	87.9%	87.9%
Appointment given doctor or paramedic	• Filing of completed Psychiatry Triaging Form with referral letter	100%	100%	78.2%	79.2%	73.2%	73.2%	80.2%
	• Appointment given based on proper justification	100%	54.4%	72.3%	78.9%	75.3%	82.2%	82.2%
Documentation of new case	• Write appointment date on referral letter	100%	54.2%	70.3%	80.2%	74.3%	82.2%	82.2%
	• Appointment date given verbally or through message	100%	50.7%	73.4%	87.2%	74.8%	88.4%	88.4%
	• Appointment date recorded in new case attendance book	100%	55.4%	76.5%	82.1%	74.5%	83.1%	83.1%
Psychoeducation given by doctor or paramedic	• Appointment date slot in EHIS schedule	100%	61.3%	82.2%	78.5%	84.4%	78.2%	78.2%
	• Gives EPSS/STEP to the patient	100%	60.0%	60.2%	90.3%	89.7%	91.2%	91.2%
	• Advice patient to call clinic if postpone to come early if condition worse	100%	44.0%	65.2%	81.3%	85.2%	83.2%	83.2%
Education documented properly (bookform)	• Education documented properly (bookform)	100%	65.3%	64.3%	87.3%	88.3%	80.2%	80.2%

9 STRATEGIES FOR CHANGE



10 EFFECTS OF CHANGE



Achievable Benefit Not Achieved (ABNA) in new case attendance

11 IMPACT

- New case attendance increased to 85%
- Suicide attempt rates in the emergency department decreased to 45 cases (36%)
- Psychiatric admission rates decreased to 2.3%
- Percentage of patients on maximum medication doses decreased from 74% to 45%
- A total cost savings of RM12141 was achieved due to fewer visit to emergency department.
- Work satisfaction reached 99%, and faster symptom improvement was observed.
- All new cases appointment date within 6 weeks.

36% decrease in suicide attempt rates

12 THE NEXT STEP

- The development of the Psychiatric Triaging Policy, spearheaded by HSIS, commenced with a pilot study and subsequent implementation in March 2022, following endorsement by the National Psychiatry Services of the Ministry of Health (MOH). Currently, the policy is being progressively implemented across all Psychiatry Clinics in Malaysia. Protocol publication at both state and national levels.
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LESSON LEARNT

1. Collaboration among staff at various levels is crucial for conducting this study.
2. Sufficient and appropriate facilities will enhance staff motivation.
3. Creativity and innovation play significant roles in enhancing daily work processes.
4. Improving attendance for new cases indicates that early detection and intervention have been implemented to mitigate the risk of suicide, enhance optimal socio-economic functioning, and optimise human resources in the country.
5. Implementing effective and standardised work processes can enhance patient satisfaction and reduce stress among staff.

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