

# ECU Physicians Pediatric Endocrinology New Patient Referrals: Streamlining the Referral Process to Improve Patient Access

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ECU Physicians Pediatric Endocrinology

Unified Quality Improvement Symposium

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## Despite a need for Pediatric Endocrinology Services...

- Clinic schedules were underutilized (55-68%)
- Multiple factors were identified to be contributing to both low fill rates (66-90%) & high no show rates (20-25%)
- Delays in scheduling new patient referrals with long wait times
- While new patients account for only 20% of our patient volume, we choose to focus on this process to improve our utilization rates and improve access to Pediatric Endocrinology Services in Eastern North Carolina

# Team Members



- Jennifer Sutter, Physician
- Rebecca Ayscue, Nurse Specialist
- Mona Ham, Referral Coordinator
- Rhonda Strickland, Nurse Manager
- Susan Albritton, Patient Access Services, Manager
- Betty-Jo Scott, Director Patient Access Services for Pediatrics
- Brett Erwin, Quality Coordinator, Pharmacy Services
- J. Todd Jackson, Director of Pharmacy Services

# Aim Statement



Over the next two years, we will streamline the new patient referral process and apply template standardization to improve patient access for new referrals to ECU Physicians Pediatric Endocrinology with the goal to:

1. Schedule a new patient referral in less than 5 days
2. Decrease wait time to less than 28 days for routine referrals and less than 14 days for urgent referrals
3. Decrease the new patient no show rate to less than 20 percent

# Improvement Strategies Employed: PDSA Cycles



## **Phase 1: Identification of Problem**

(March to August 2017, 6 months)

## **Phase 2: Streamline Referral Process**

(September to December 2017, 4 months)

## **Phase 3: Template Standardization – Gradual Roll Out**

(January to June 2018, 6 months)

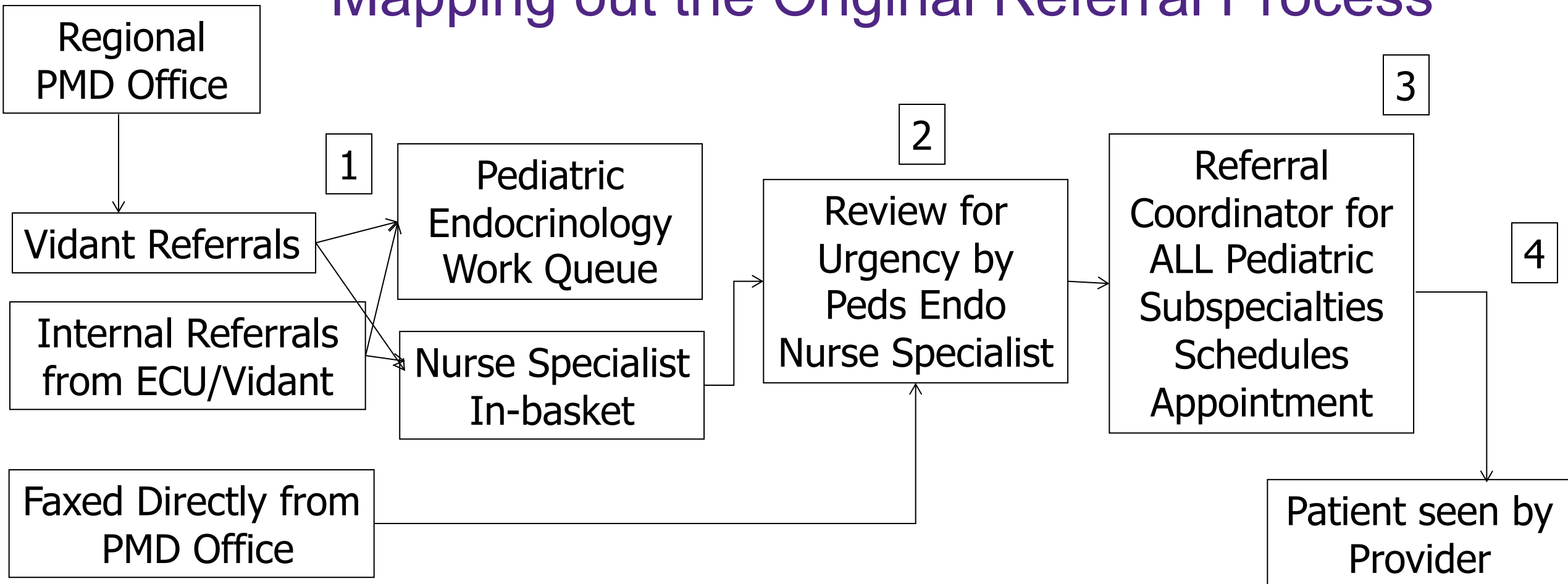
## **Phase 4: Template Standardization – Fully Implemented**

(July to December 2018, 6 months)

## Phase 1: Identification of Barriers to Scheduling & Seeing New Patients in a Timely Fashion?

- Mapped out the process for scheduling a patient
- Collected data regarding the time it takes to complete the required steps to schedule a new patient referral
- Presented the data to the key players in the process to determine what needed to be adjusted

# Mapping out the Original Referral Process



# Average Time in Days from Referral Placed to Patient Scheduled



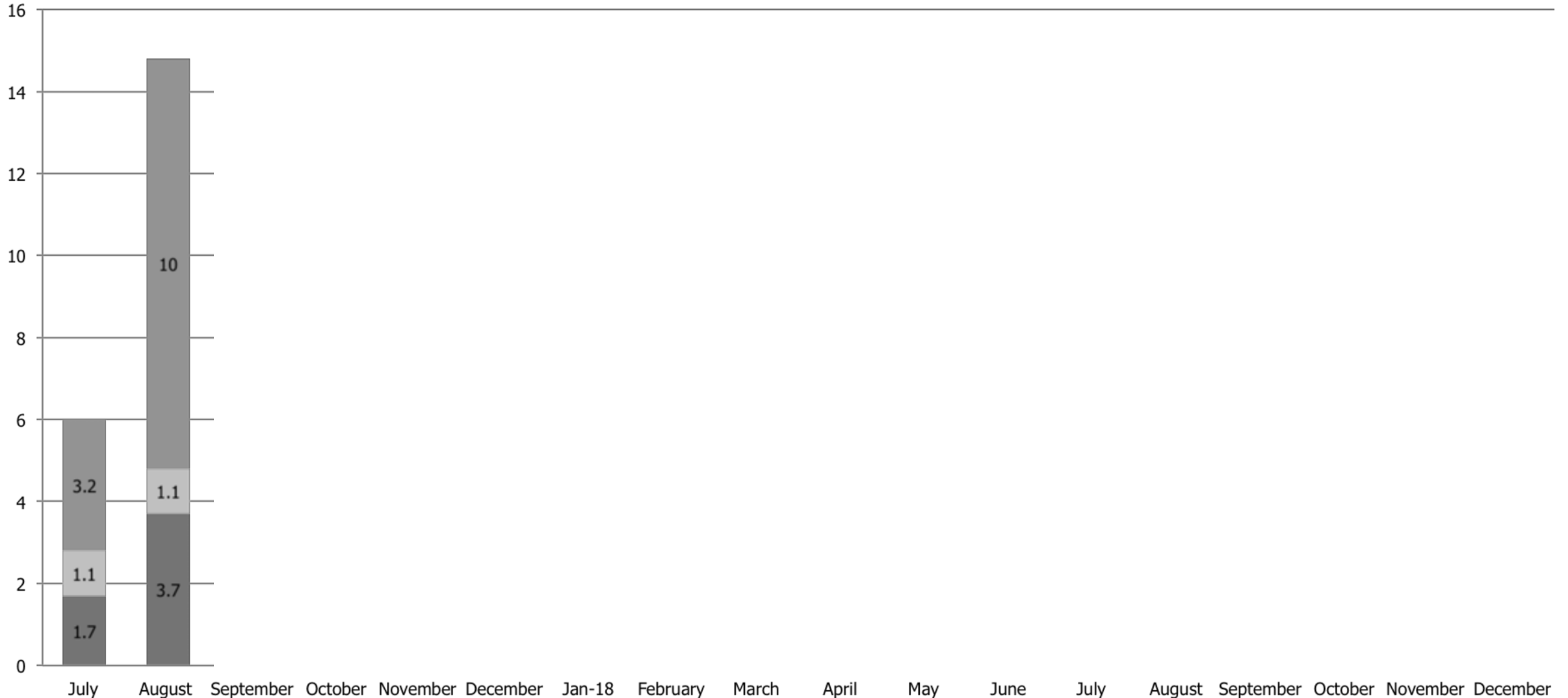
10.9 Days

1

2

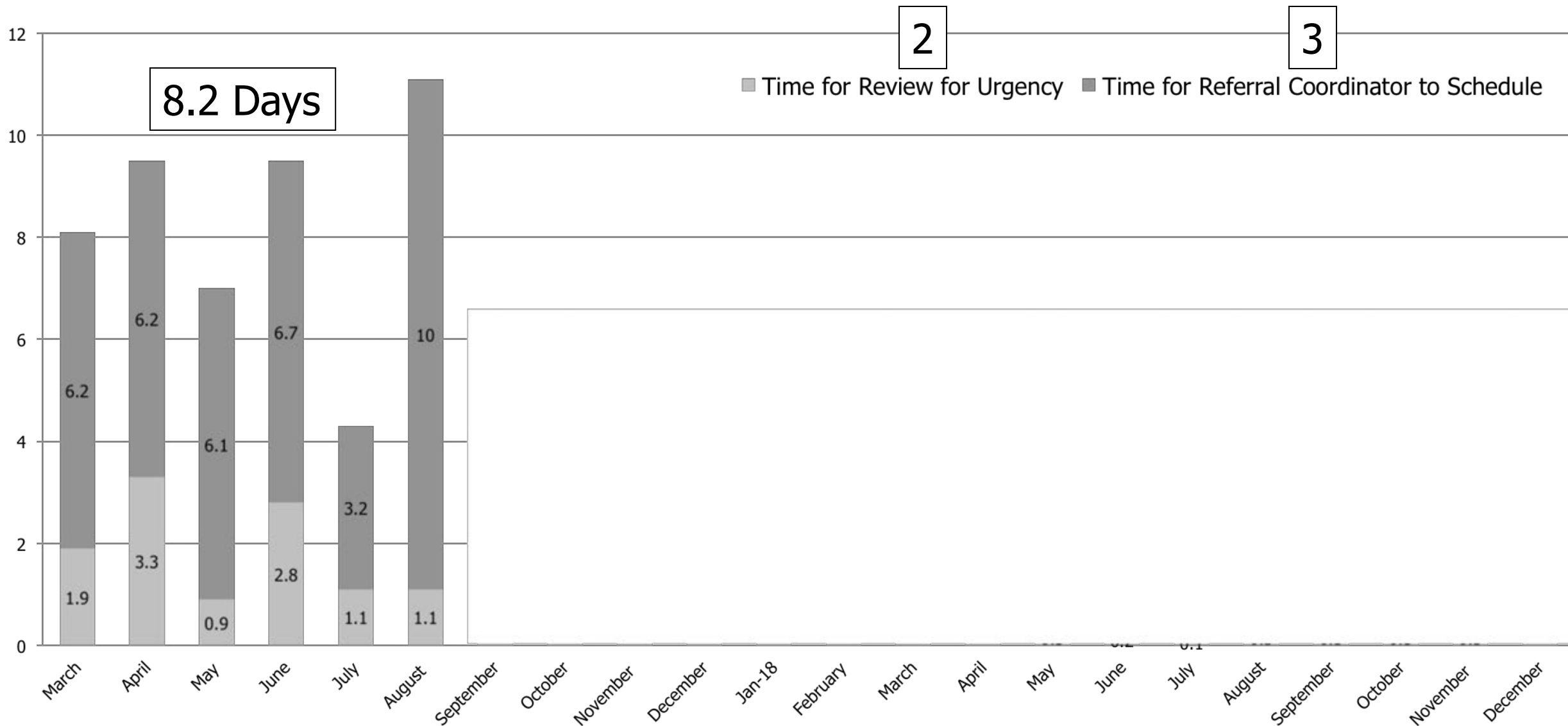
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■ Days from Referral placed to Endo   ■ Time for Review for Urgency   ■ Time for Referral Coordinator to Schedule

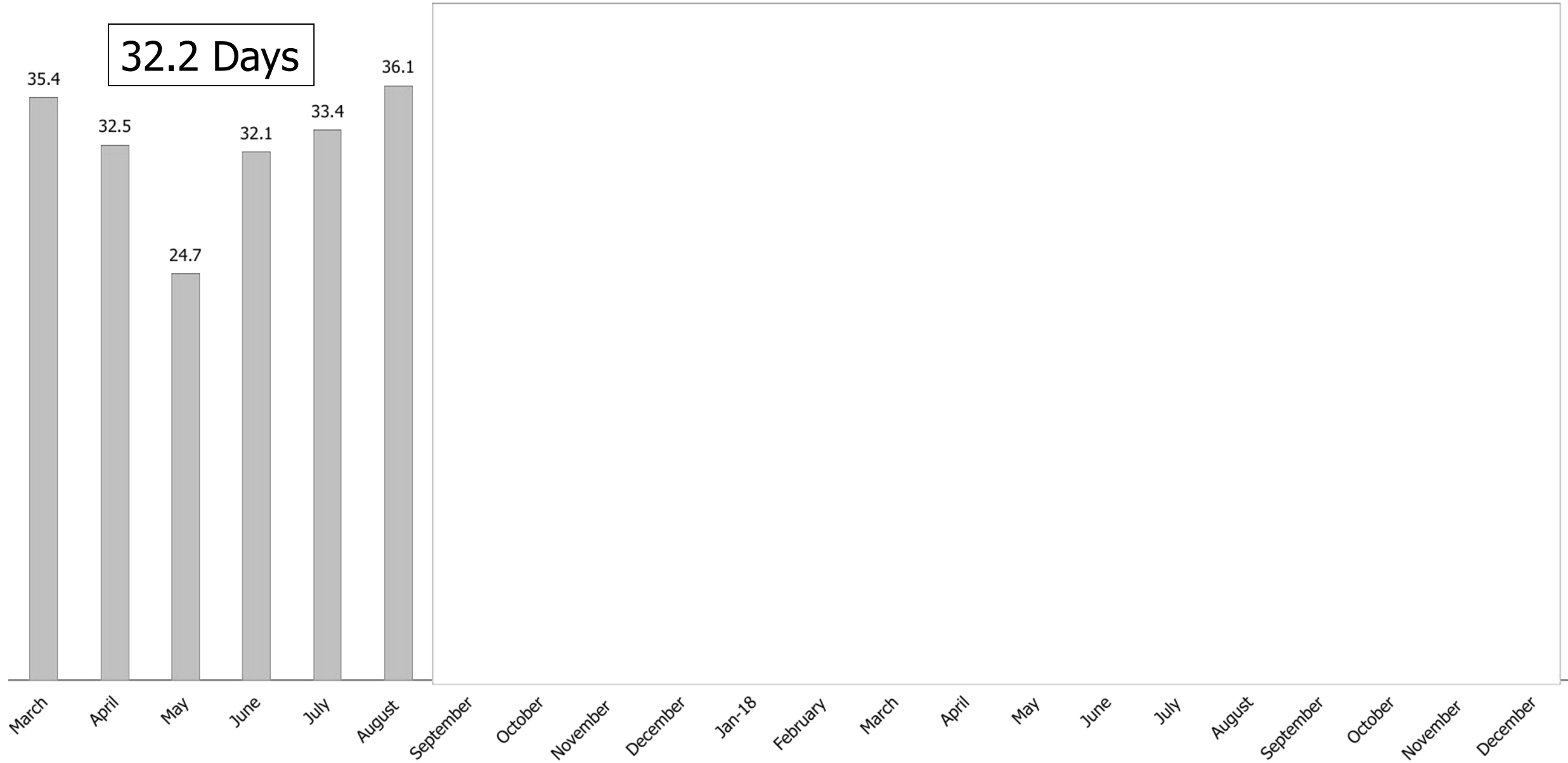




# Average Time in Days from Referral Being Placed in Endocrine Work Queue to Patient Scheduled



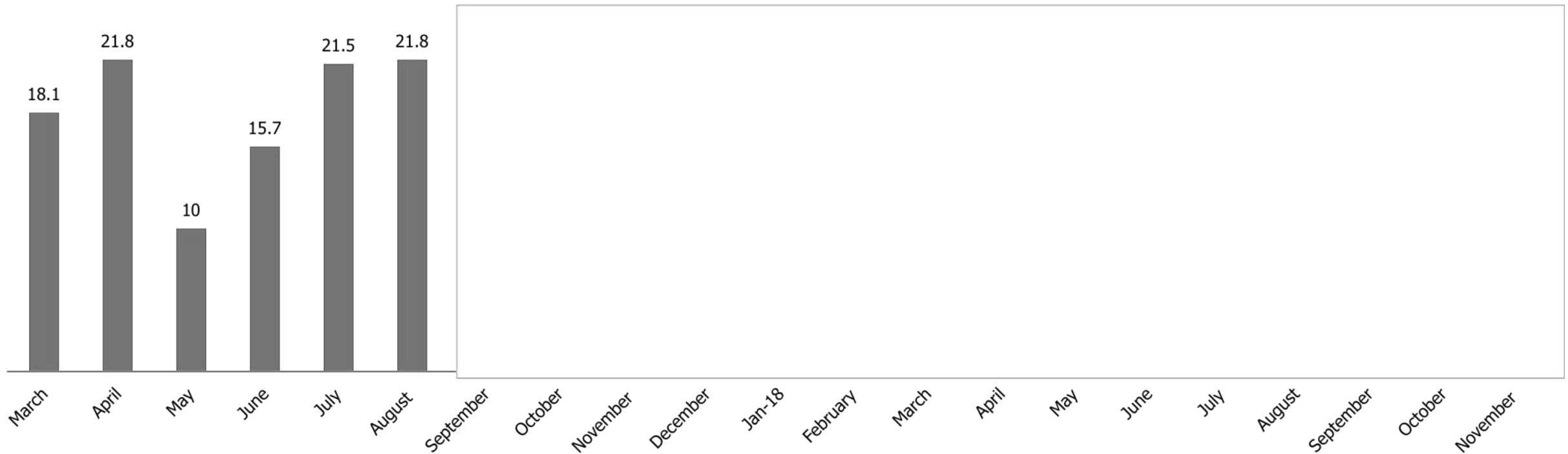
# Average Time in Days to New Appointment



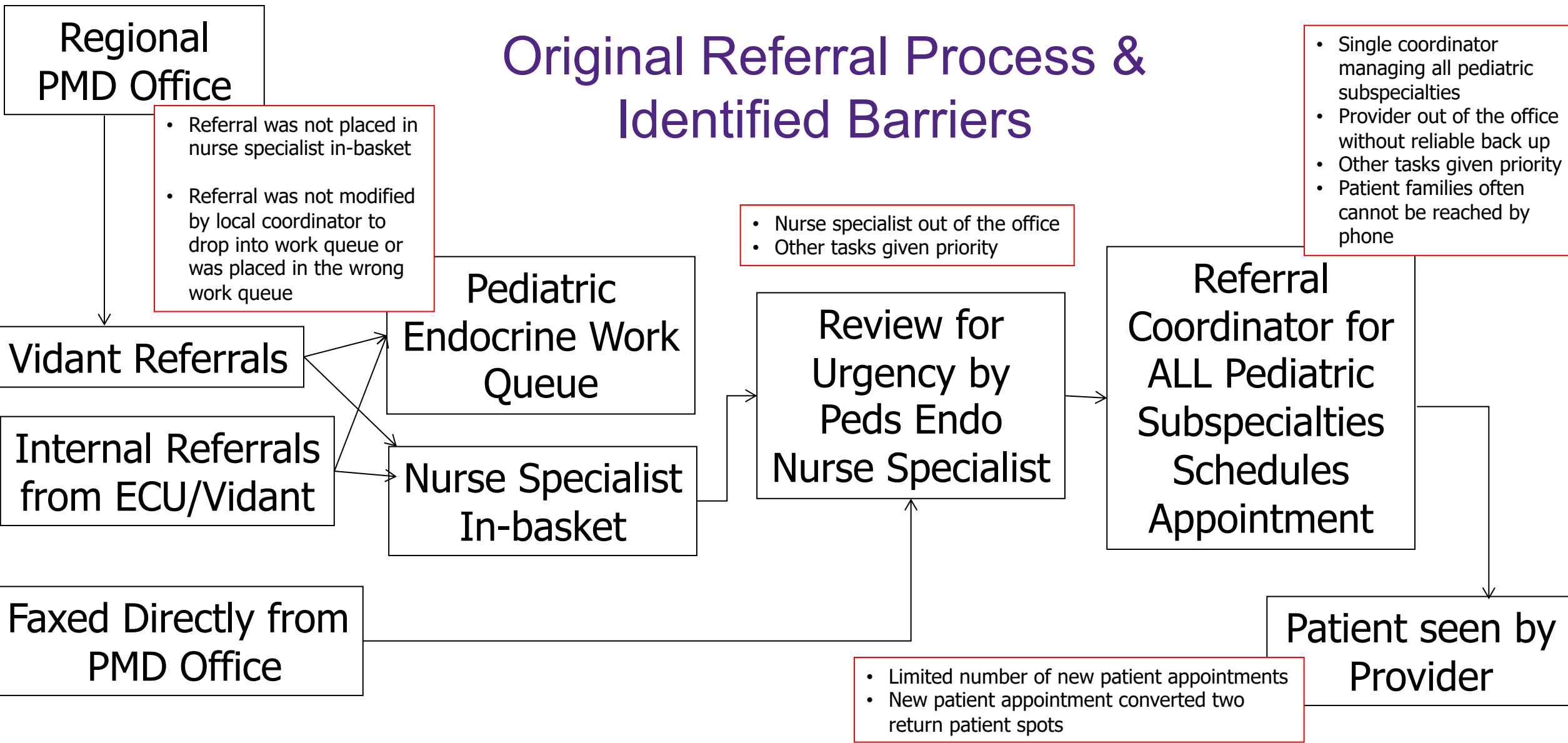
# Average Time in Days to New Urgent Appointment



18.2 Days



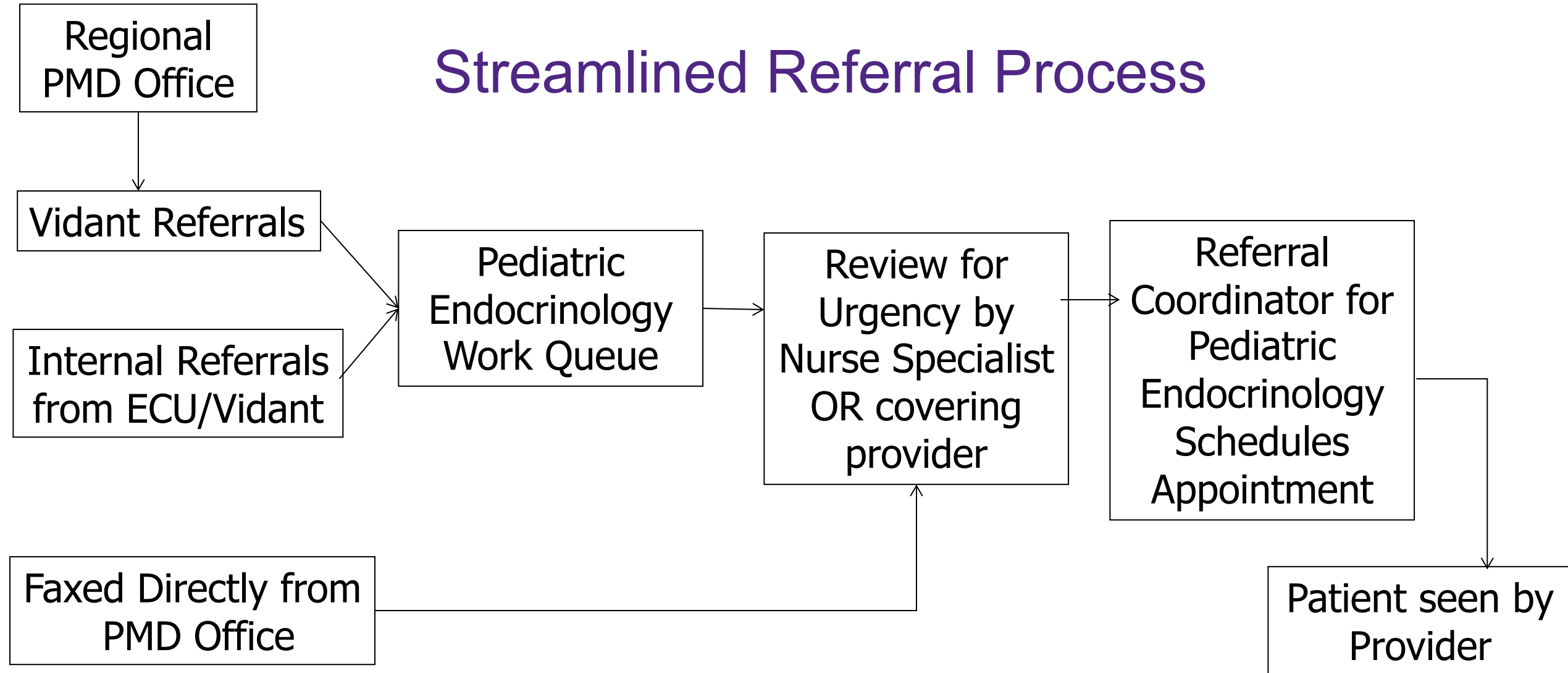
# Original Referral Process & Identified Barriers



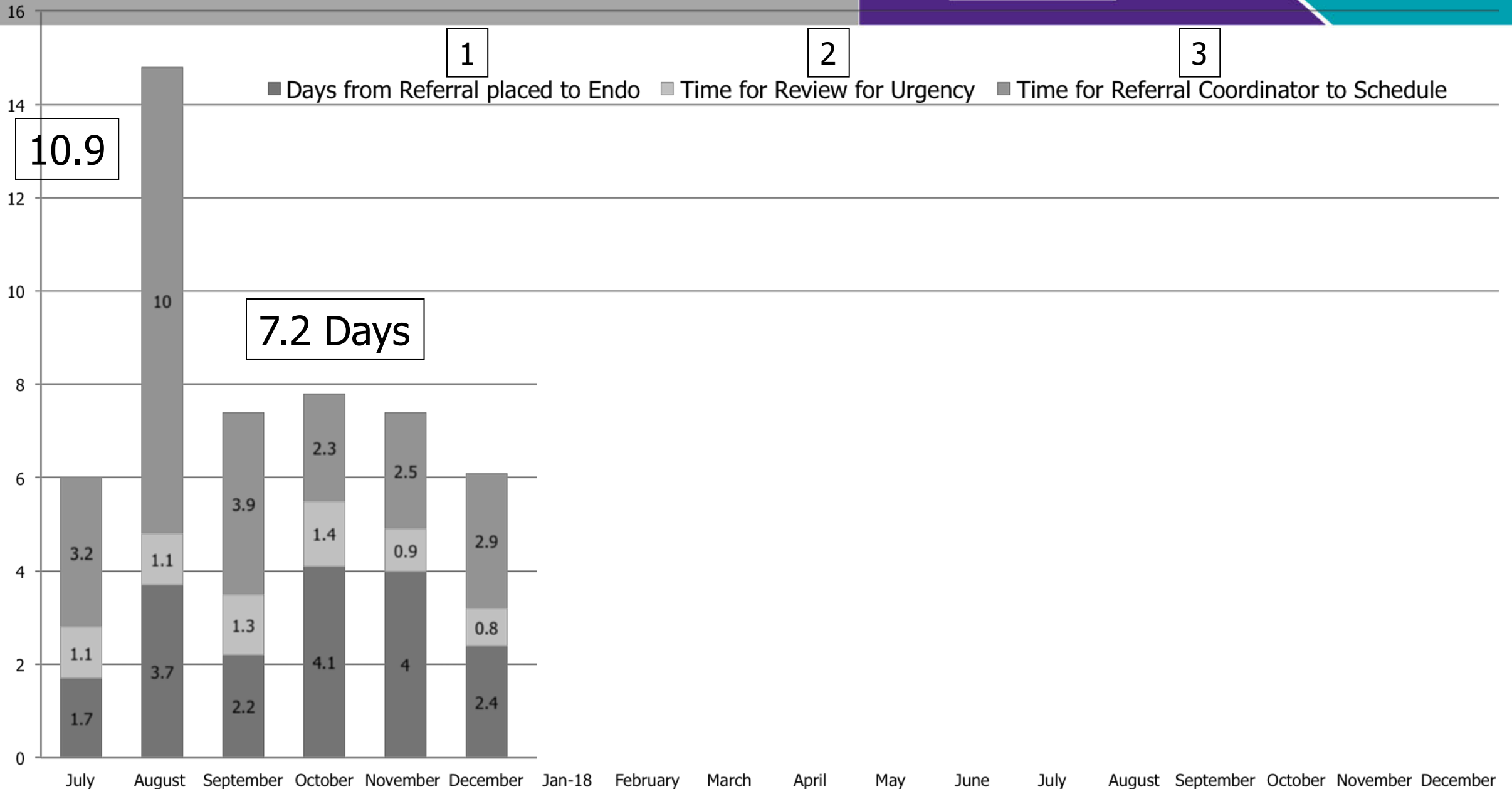
## Phase 2: Streamline the Referral Process

- A single referral coordinator was assigned to Pediatric Endocrinology (without other routinely assigned sections) with a single back up person
- Endocrinology Nurse Specialist was given access to the Pediatric Endocrinology Referral Work Queue
- A written protocol was developed for the referral process including the ability to blind schedule patients and the expectation that providers will review referrals for urgency if the nurse specialist is not in the office
- Informal education was provided to VMG/ECU Referral Coordinators regarding how to place a referral in the Pediatric Endocrinology Work Queue

# Streamlined Referral Process



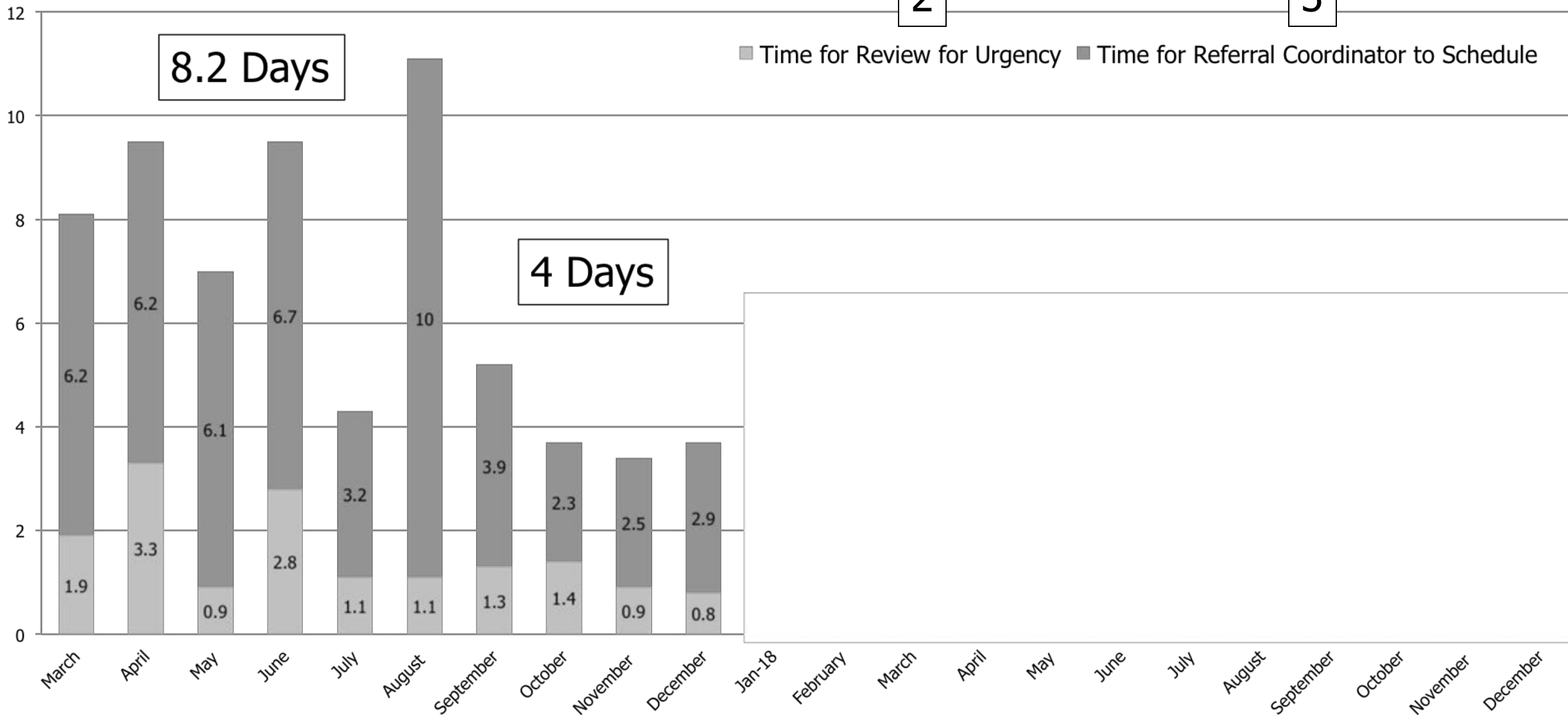
# Average Time in Days from Referral Placed to Patient Scheduled



# Average Time in Days from Referral being Placed in Endocrine Work Queue to Patient Scheduled

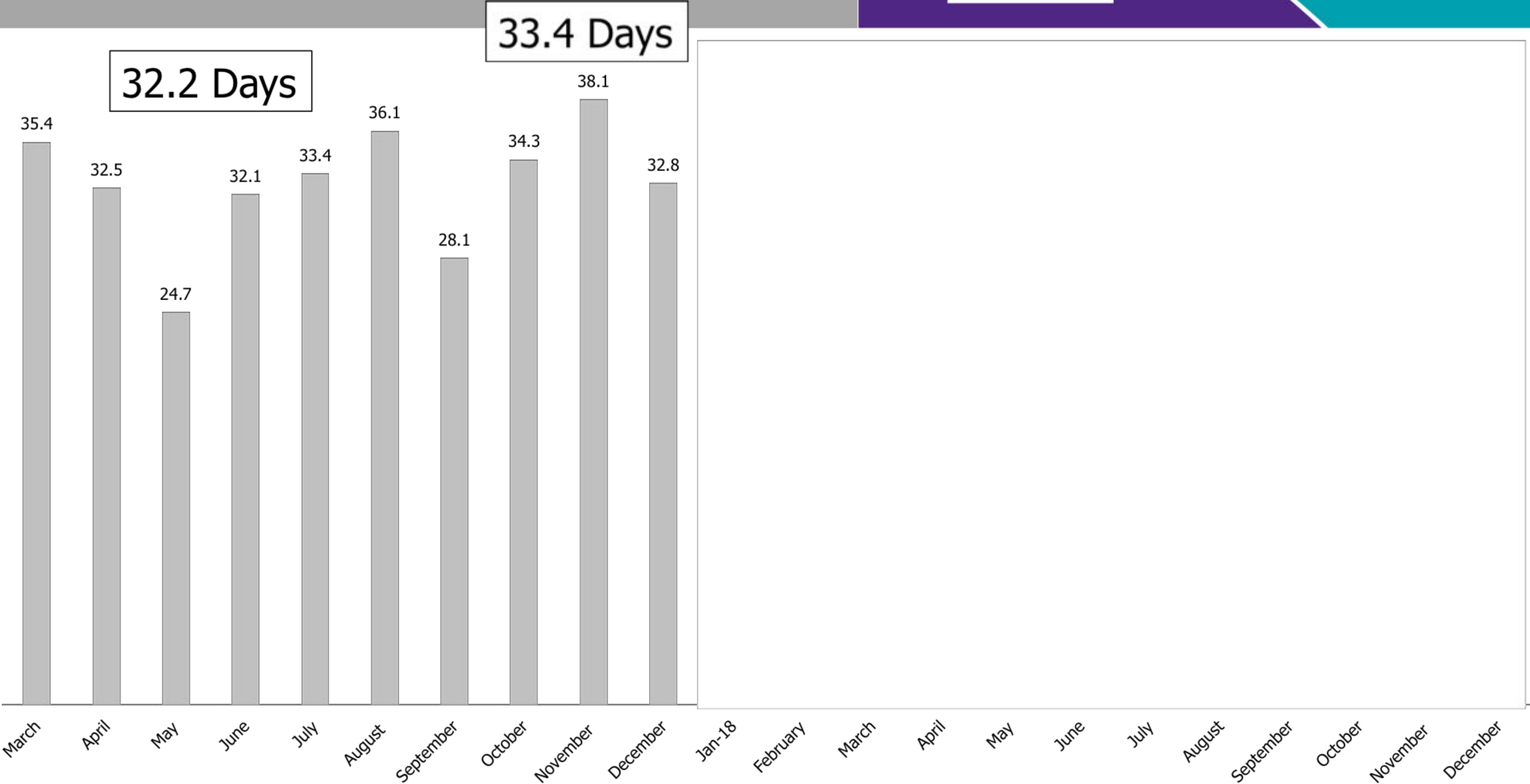
2

3





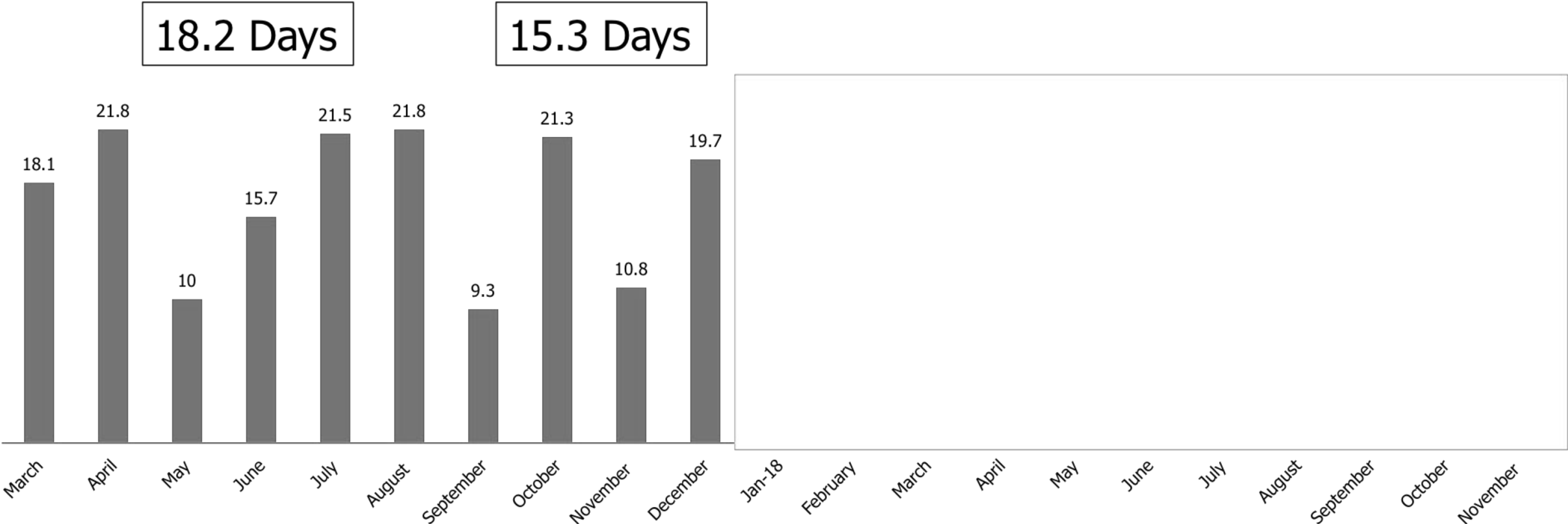
# Average Time in Days to New Appointment



32.2 Days

33.4 Days

# Average Time in Days to New Urgent Appointment



# Phase 3: Improve Access – Template Standardization (Gradual Roll Out)



## BASELINE TEMPLATES

Provider	New Patient Visit (min)	Return Patient Visit (min)	Additional Requirements
1	40	20	Schedule 8-12 pts/4 hrs (0-4 new pt visits)
2	45	30	Schedule 7 pts/4 hrs (2 new pt visits)
3	60	30	Schedule 4-6 pts/4 hrs (2-4 new pt visits)

## NEW TEMPLATES All Providers

New Patient Visit (min)	Return Patient Visit (min)	Additional Requirements
40	20	<ul style="list-style-type: none"> <li>• Schedule 8 pts/4 hrs (goal to see 6 pts/4 hrs)</li> <li>• 4 new &amp; 4 return spots/4 hours</li> <li>• New patient slot can be split into 2 return slots only with permission from provider</li> </ul>

# Phase 4: Improve Access – Template Standardization (Fully Implemented)



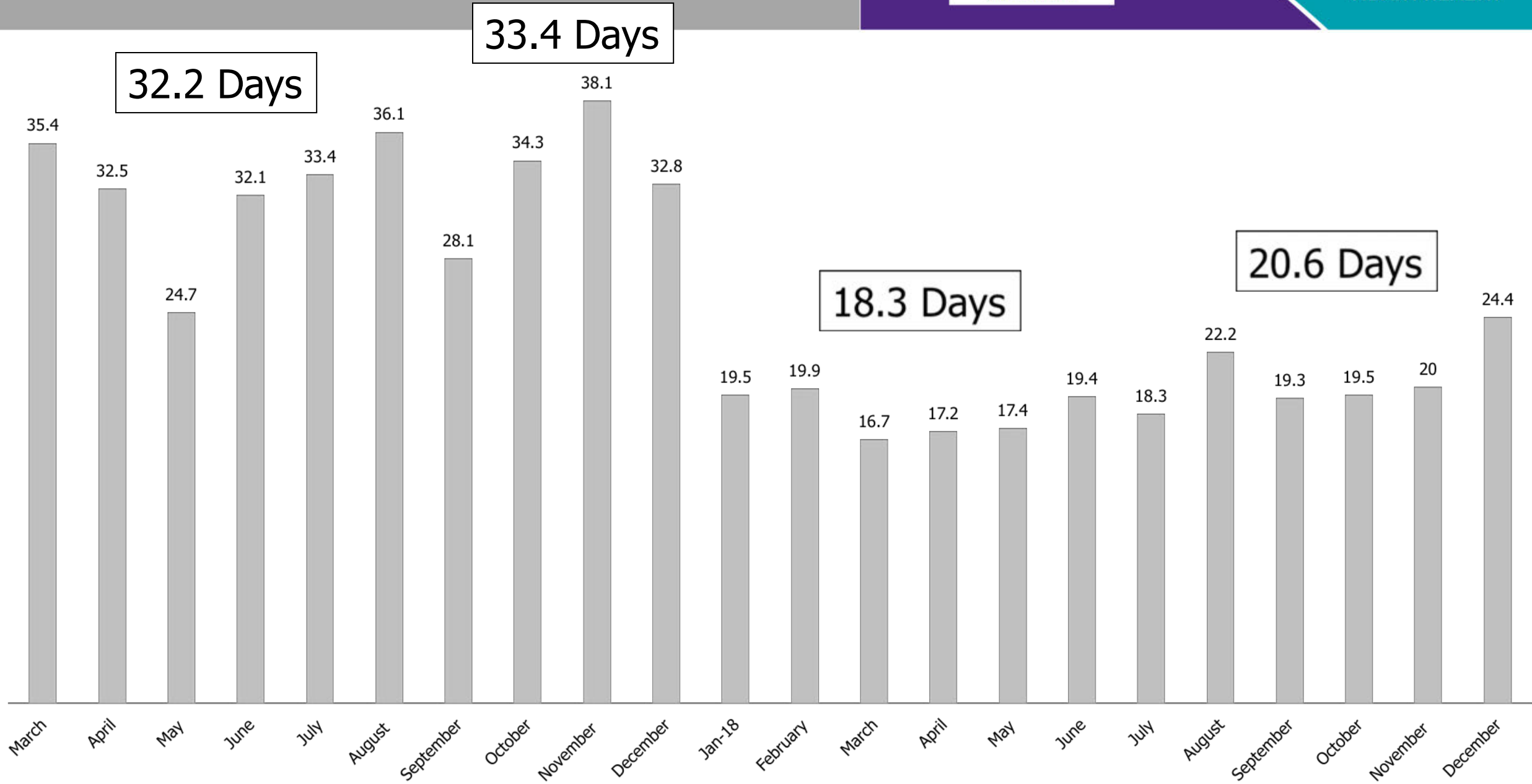
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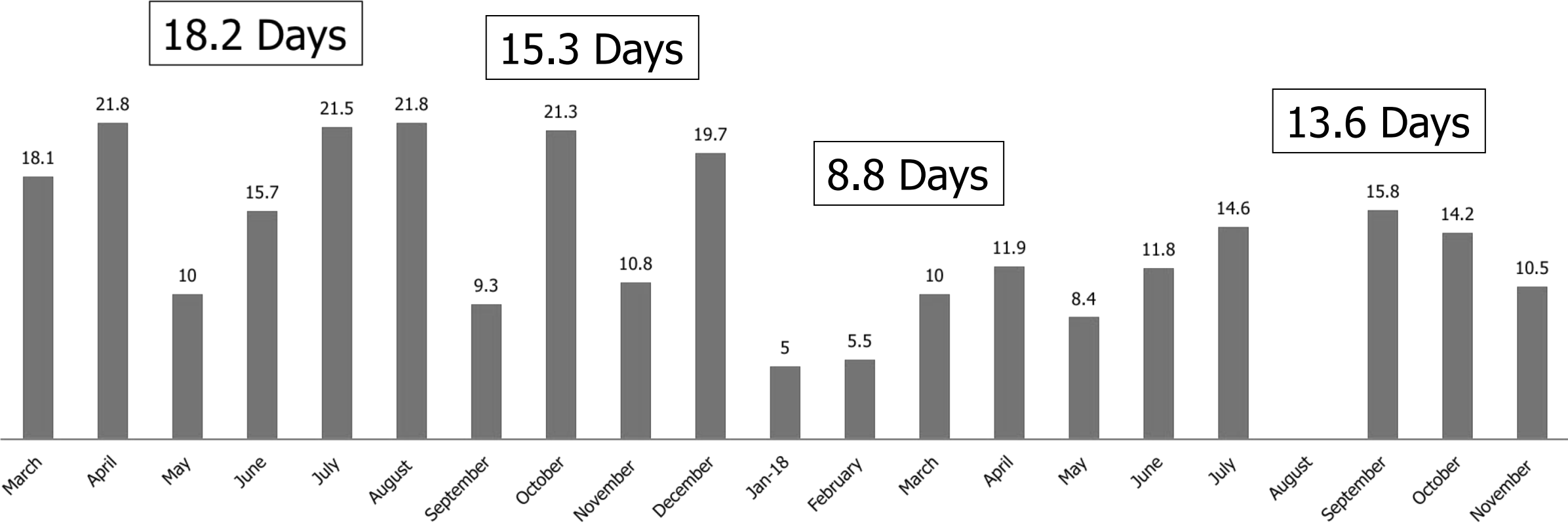
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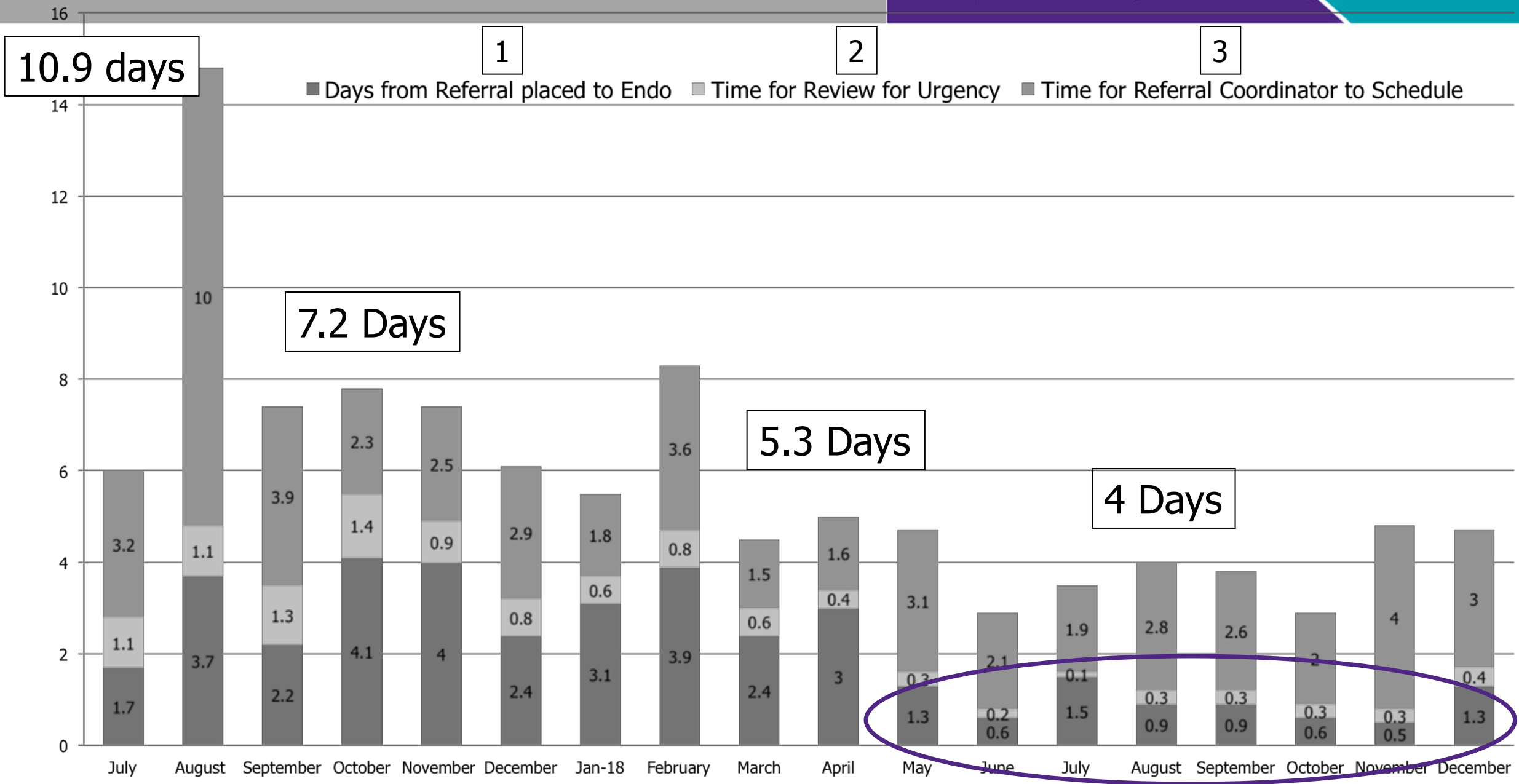
# Average Time in Days to New Appointment



# Average Time in Days to New Urgent Appointment



# Average Time in Days from Referral Placed to Patient Scheduled



# Average Time in Days from Referral Being Placed in Endocrine Work Queue to Patient Scheduled

2

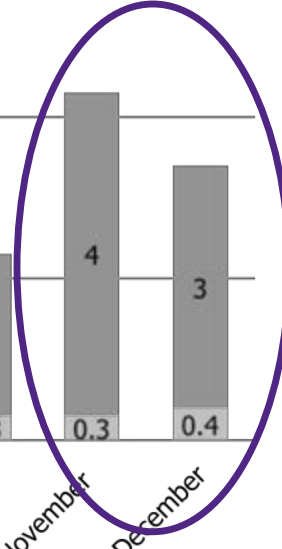
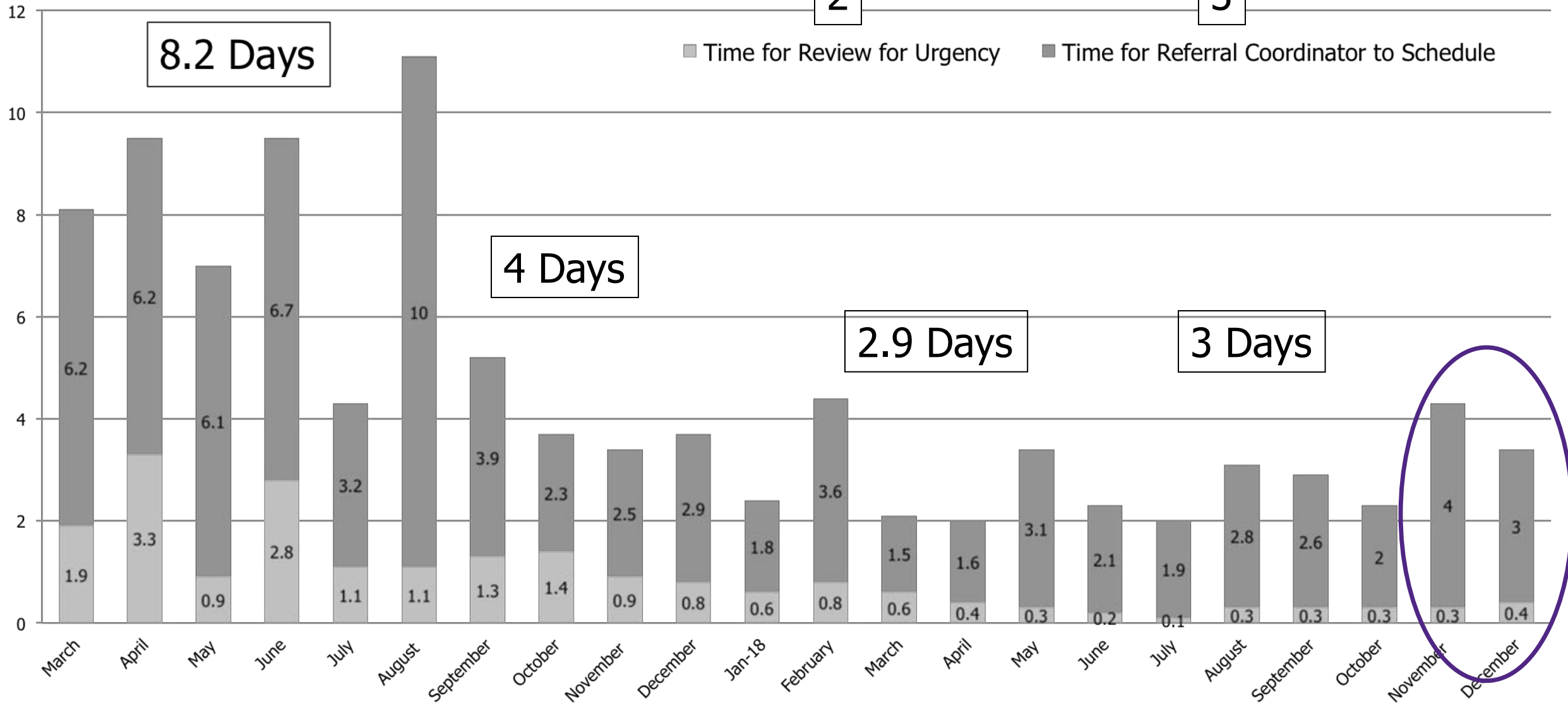
3

8.2 Days

4 Days

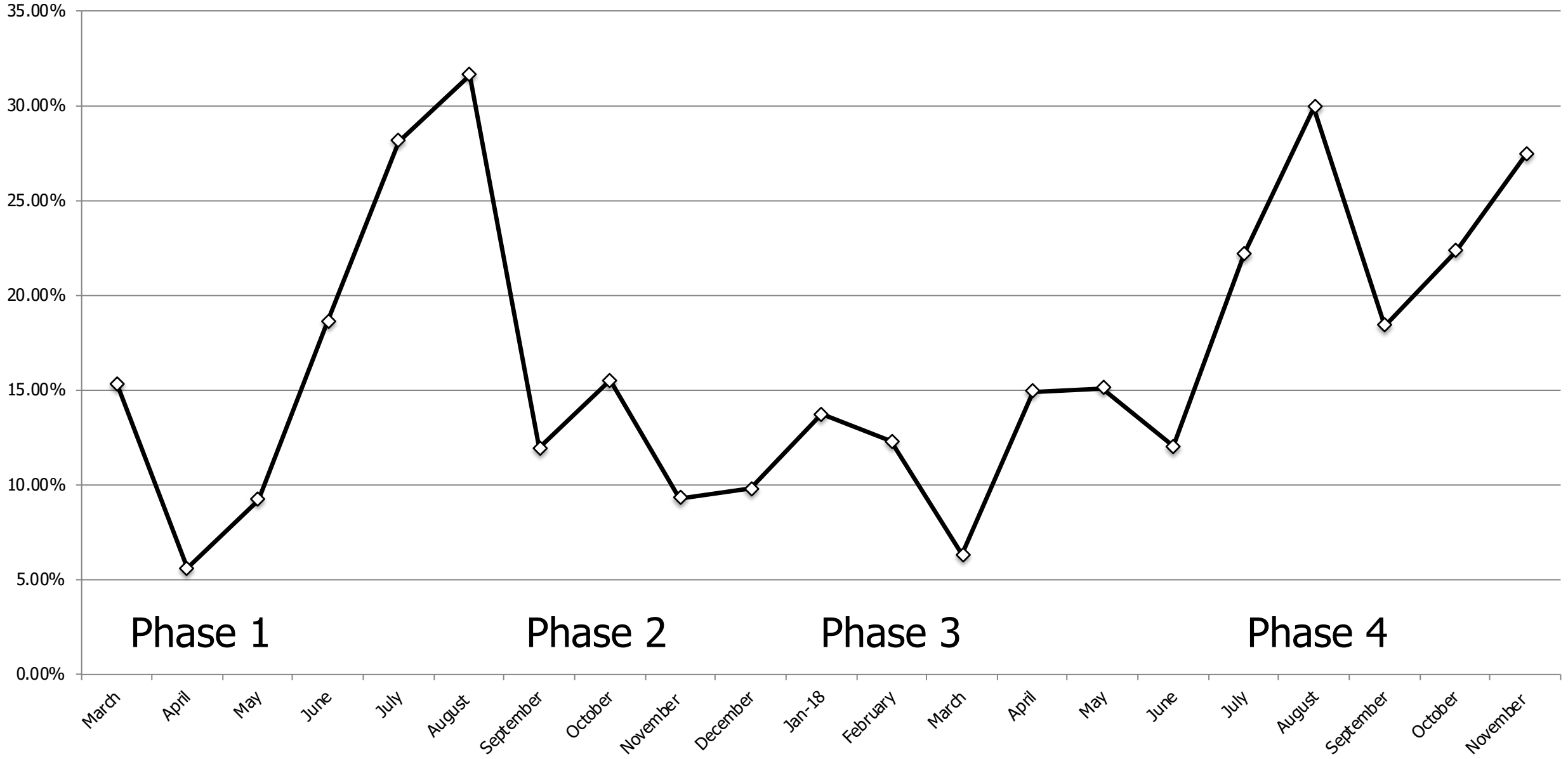
2.9 Days

3 Days





# Ultimate No Show/Cancellation Rate



# Summary of Outcomes



	Phase 1 (6 mo)	Phase 2 (4mo)	Phase 3 (6mo)	Phase 4 (6mo)
Number of Referrals Processed	495 (82.5/mo)	277 (72/mo)	448 (74.7/mo)	513 (85.5/mo)
Referrals NOT scheduled (percent of referrals)	49 (9.9%)	16 (5.6%)	22 (4.9%)	16 (3.1%)
1. Time from Referral Placed to Work Queue	2.7 (only 2 mo)	3.2	2.4	0.95
2. Time for Review for Urgency (monthly avg)	1.8 (0.9-3.3)	1.1 (0.8-1.4)	0.5 (0.2-0.8)	0.3 (0.1-0.4)
3. Time for Referral Coordinator to Schedule (monthly avg)	6.4 (3.2-10)	2.9 (2.9-3.9)	2.4 (1.5-3.6)	2.7 (1.9-4)
Average Total Time in Days to Schedule	10.9	7.2	5.3	3.95 *
Time in Days to New Appointment (All)	32.2	33.4	18.3 *	20.6 *
Time in Days to New Appointment (Urgent)	18.2	15.3	8.8 *	13.6 *
Avg Monthly No Show/Cancellation Rate	18% *	11.3% *	11.3% *	24%

## ■ **Phase 1: Identification of the problem**

- Overcoming assumptions with regards to barriers to scheduling new patients
- Required data to be presented in black & white
- Willingness of team members to accept ownership of the problem

## ■ **Phase 2: Streamlining the process**

- Dedicated Referral Coordinator – recognition of the importance & adequate staffing
- Willingness of the team to accept logical changes & new ways to do things such as providing nursing access to the work queue and blind scheduling patients
- Resetting priorities - made scheduling of new patients/filling of clinic schedules a priority

## ■ **Phase 3 & 4: Template Standardization**

- Provider willingness to adjust templates and accept productivity expectations
- Continued high no show/cancellation rates
- Ongoing vacancies in Patient Access Services

# Next Steps



- Patient Access Services & Referral Coordinators – Fully Staffed
- Improve No Show & Cancellation Rates
- Filling Return Patient Slots (80% of patient volume)

# Questions?

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