Improving Communication of Lab Results to Patients at the Pediatric Healthy Weight Clinic (HWC)

Sanjana Prabhu, Suzanne Lazorick, MD, MPH, David Collier, MD, PhD
Brody School of Medicine, East Carolina University

BACKGROUND

• Initially at HWC: Notification of lab results was provider-dependent, variable, and often delayed until follow-up
• MyChart: Enrollment found to be inconsistent across samples, suggesting that MyChart is not a viable solution for reliable lab notification
• Project Importance: There is no set standard for appropriate communication of lab results in the ECU Physicians outpatient setting
• Standard of Care: 90% of patients want to be informed of all test results; process can ensure providers do not miss critical test results
• Solution: Create a standardized process, make it EHR-compatible, and improve patient engagement

PROJECT AIM

Global Aim: We aim to improve patient notification rates for lab results at the Pediatric Healthy Weight Clinic.
Specific Aim: For new patients at HWC who have lab work done, we will increase the percent of patients that have letters with lab results sent to them from 0% to 90% by April 1, 2020.

METHODS

• Patient Population: New patients seen by Provider A or B, respectively, with 2 or more lab results that are not “clinically performed”
• Outcome Measure: % of patients with lab results “communicated”, which is defined as letter completed by provider and documented in chart
• Process Measure: % of letters sent out within 2 weeks, as documented by CMA
• Survey Measures: Patients seen in February 2020 who were sent letters surveyed via phone
• Data Collection: January 2019 – August 2020
All data were captured via manual chart review, de-identified, and stored in a spreadsheet; analyzed with Microsoft Excel and R.

PROCESS MAP

RUN CHART

Letter Completion Rate by Provider

Process Measure

PATIENT FEEDBACK SURVEY

Next Steps: Achieve Sustainability

• Improve system of documenting process measure
• Improve timely notification of patients with goal to send letters within two weeks of visit
• Further assess patients’ receipt of letter, satisfaction with letter, and understanding of their lab results
• Improve provider workflow to make letters easier to create
• Add a reminder in provider note template
• As balancing measure, assess if process has increased the time spent per patient for MDs and CMA
• Assess if follow-up rates are improving
• Extend process to established patients

REFERENCES


ACKNOWLEDGEMENTS

Gloria Howard, CMA – Pediatric Healthy Weight Clinic
Natalie Taft, MSN, LDN – Pediatric Healthy Weight Clinic, ECU
Sanjana Prabhu
LINC Scholars Program
Brody School of Medicine at East Carolina University
Greenville, North Carolina 27834
919.244.1887
prabhu132@students.ecu.edu