

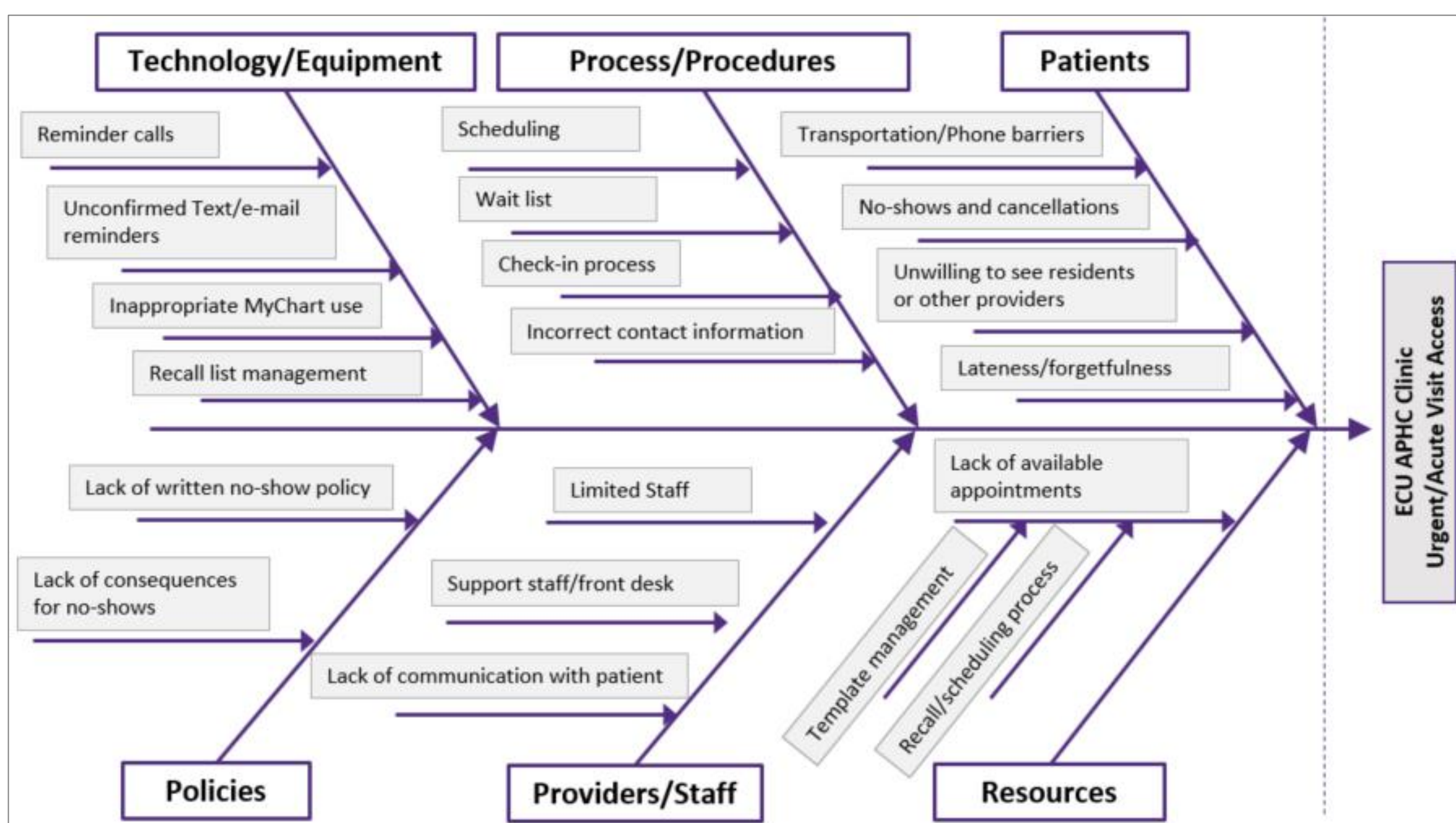
Improving Sick Visit Clinic Access at ECU Health Physicians Adult and Pediatric Health Care



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BACKGROUND

- 79% of Adult and Pediatric Health Care (APHC) patient requests for non-emergent acute or sick care were unable to be scheduled within 1-week.
- Patients waited weeks for visits or opted to seek emergency or urgent care for non-urgent concerns.
- The clinic had a no-show rate of over 17%.
- Barriers included staff turnover, lack of available appointments, patient and staff education gaps, and a high demand for services with high no-show rates.



PROJECT AIM

Global Aim: To improve clinic access for patients requesting sick care at APHC.

Specific Aim: By August 2023, 40% of all ECU Health APHC calls for sick and acute care visits will be scheduled within one week.

PROJECT DESIGN/STRATEGY

Location: ECU Health APHC

Length: October 2022 – November 2023

Stakeholders: Faculty, advanced practice providers (APPs), nurses, medical and nursing assistants, patient access services (PAS) staff.

Framework: Plan-Do-Study-Act (PDSA)

Primary Outcome Measure: Percentage of patients scheduled within one week

Secondary Outcome Measure: No-show rate & completed visits

CHANGES MADE (PDSA CYCLES)

Plan

- Fishbone analysis identified barriers including patient/staff education gaps, and high patient demand with high no-show rates
- Project team brainstormed methods including updated workflows and patient/staff education related to clinic no-show and cancellation policies, procedures, and new workflows

Act

- Cycle 1**
 - PAS staff workflow updates
 - Feedback from clinical & admin leaders
 - Reinforce need to mark “no-show” patients as no-shows
 - Begin enforcing “provider book only” slots
- Cycle 2**
 - Reinforce policies and workflows with PAS and nursing staff
 - Develop new physician template with reserved acute slots

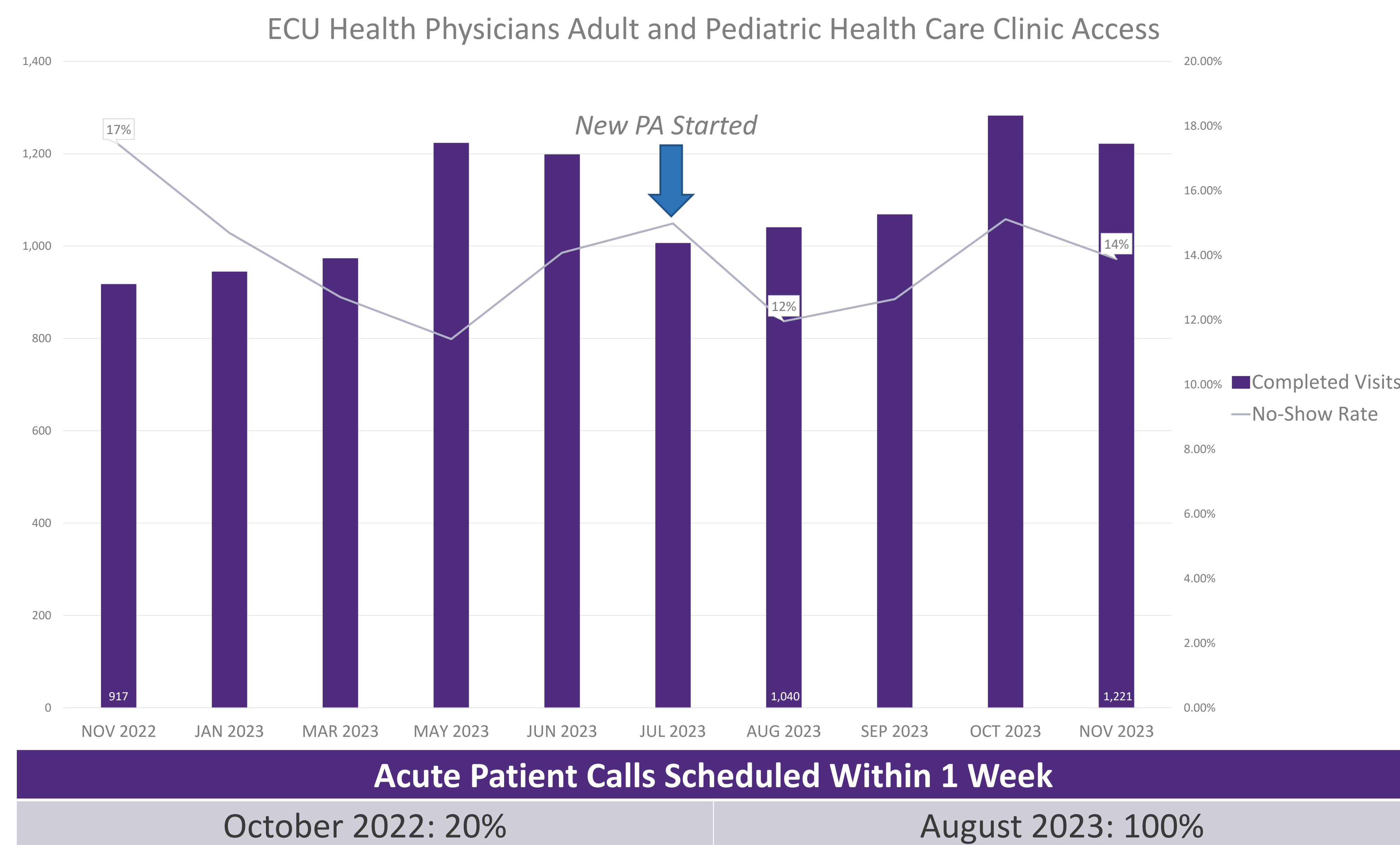
Do

- Cycle 1**
 - Reinforce policies with patients
 - No-show education for patients, reminder calls, visual aids
- Cycle 2**
 - Reinforce policies with staff
 - Manual reminder calls 48 hours prior for timely cancellations
 - Slot reservations for urgent visits
 - Enforcing no-show policy

Study

- Cycle 1**
 - Unreliable automated reminder call system
 - Recognize need for more staff engagement
 - Analyzed clinic utilization, no-show data
- Cycle 2**
 - Improved appointment confirmation and documentation
 - Improved nurse triage capabilities due to new PAS workflows
 - Analyzed clinic utilization, no-show, and patient call data

RESULTS



OUTCOMES

By August 2023, 100% of patients requesting acute or sick care at APHC were able to be scheduled with a provider within 1 week

20% reduction in no-show rate and 33% increase in appointment utilization

LESSONS LEARNED & CHALLENGES

- APPs are valuable in an outpatient setting to help off-load urgent and acute care patient needs.
- Policy education at every point of contact is a simple way to reduce the no-show rate.
- “Urgent Care” template slots may improve outcome measure tracking.
- Increased clinic PAS staff is needed to sustain pre-appointment calls.

NEXT STEPS

- Ongoing improvements to education and engagement of patients ahead of appointment times.
- Improved data collection to confirm and maintain sustainability of recent interventions.

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