Clinical Safety & Effectiveness
Cohort # 22
Team 7

Reducing Wait Times to improve Patient Experience at the UT Geriatrics and Palliative Care Clinic: A continuation Project

Educating for Quality Improvement & Patient Safety
The Team

• Division – Geriatrics and Palliative Care
  – Angelica Davila MD
  – Juanita Martinez RMA
  – Julia Piedra MA
  – Adalia Cantu MA
  – Neela K Patel MD
  – James Garza, Clinic Manager
  – Ventrice Shillingford-Cole, Facilitator

• Sponsor Department: Primary Care Center and Department of Family and Community Medicine
What We Are Trying to Accomplish?

AIM STATEMENT

To decrease patient wait time for arrival to rooming time from 11 to 5 minutes and increasing patient experience scores from 88% to 92% by May 1, 2018
Background

• Patient experience is an important aspect of outpatient medical care

• UT Health has teamed with the National Research Center (NRC) to analyze perceived positives and negatives of the clinic

• Wait times are a repeated concern and diminish patient experience

• Due to this factor we are focusing on decreasing wait times to help improve overall patient experience.
Previous CSE Project

• Determined front staff overwhelmed with check in process and answering phones
  - Standardization: Front desk staff does not answer phones

• Template Changes
  – Standardization: 1 patient per appointment slot
  – Standardization: 2 slots added per day for same day

• Schedulers need clinician approval to overbook
  – Standardization: overbook requires approval
Flow Sheet for Arrival to Roomed

Patient Arrives

- Insurance Verification
  - Yes: Make copies of ID cards
  - No: Scan Card (Call CVU)

- Collect Copay

- Paid
  - Yes: Discuss with Provider
  - No: Arrival Status Despite appointment time

- Paperwork Pending Completion

- Patient Called back for Triage & roomed
FISHBONE

The Back End Staff Process

- Room Availability
- Medication Reconciliation
- Families addressing multiple issues

The Clinician Process

- Clinician Behind Schedule
- Missing orders or info on AVS
- Overbooks
- Unable to finish AVS in room

Front Desk Process

- Insurance Verification
- POC tasks
- Nursing Visits
- Hospital Admissions

Patient Factors

- Clinician Process
- Room Availability
- Medication Reconciliation
- Overbooks

Effect

- Prolonged Waiting Times
- Clinician Process
- Front Desk Process

Clinicians addressing multiple issues

Medication Reconciliation

Insurance Verification

Check-Out for patients

Transportation Problems

Questions after the visit is complete

Arriving Too Early

Arriving Late

Mobility Issues

Hospital Admissions

POC tasks

Nursing Visits

Check-Out for patients

Insurance Verification
Flow Sheet for Arrival to Roomed

1. Patient Arrives
   - Insurance Verification
     - Yes: Make copies of ID cards
       - Collect Copay
         - Paid
           - Yes: Discuss with Provider
             - No: Paperwork Completion
               - Arrival status
                 - No sooner than 15 minutes prior to appt
                   - Patient Called back for Triage & roomed
               - Yes: Patient Called back for Triage & roomed
         - No: Arrive status
1. Scan Card
2. Call CVU
Driver Diagram

AIM

Primary Driver

Secondary Driver

Tertiary Driver

Actions/Interventions

Decrease Patient Waiting Time

Patient Experience

Front desk Flow

Scheduling conflicts

Schedule changes

Back end Flow

Inconsistent process

Process update

Clinician Flow

Staffing Shortage

Arrival time only 15 min prior

Overbooking

Limit overbooking

Bottlenecking

Patient engagement

Staggering schedule

Schedule changes

Process update

Arrival time only 15 min prior

Limit overbooking

Patient engagement

Staggering schedule
Interventions

• Worked with front desk staff to streamline the insurance/paperwork matters
• Waiting until 15min prior to appt time to “ARRIVE” patient
• Process Flowsheet updated with Team on January 24th
  
  - **Metric: Wait time**
    Subtract Rooming time – Arrival time
    Goal under 5 minutes

  - **Metric: Patient Experience scores**
    NRC Patient Survey overall satisfaction scores
    Goal greater than 92%

  – **Metric: Patient comments on waiting times**
    NRC Patient Survey voiced comments
    Goal: lower percentage of comments focused on waiting time
Metric: Wait Time

Wait Time: Subtract Rooming time – Arrival time
- Baseline Data: 11.5 min; Sep 2017 – Jan 2018
  N=1341 patients
- Post Intervention: 11.3 min; Feb – April 2018
  N = 957

Rooming Wait Time

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<th>Biweekly Dates</th>
<th>Minutes</th>
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<td>Sept 16th - 30th</td>
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<td>Oct 1-15th</td>
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<td>Oct 16th - 31st</td>
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</tbody>
</table>

UCL 14.99 14.54
CL 11.59 11.35
LCL 8.19 8.16

Staff Shortage  New Clinician

7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 16.0
Minutes
Metric: Patient Experience scores

- Metric: NRC Patient Survey overall satisfaction scores
  - Baseline Overall Experience: 89.9%
    N=948 total surveys completed
  
  - Post Intervention: 91.5%
    N=458 total surveys completed
Patient Experience Scores

Last Year:

Would recommend office: 89.9 (n=1,508)

Last Quarter:

Would recommend office: 90.9 (n=373)

4/29/18-5/28/18:

Would recommend provider office: 91.2 (n=34)
Metric: Patient comments on Waiting Times

- Metric: Percentage of comments on wait times
  - Baseline: 9.6%
    N= 232 total comments on surveys
  - Post Intervention: 15.2%
    N= 35 total comments on surveys
Extraneous Factors in March 2018

• Staff Shortage
  – LVN x 1
  – Medical Assistants x 2
  – Clinic Manager

• Addition of another Clinician
Return on Investment

• Decreasing wait time will improve overall patient experience
  – which can result in increase patient referrals
• Improve clinician satisfaction by making process more efficient
  – Decreasing overall clinic time
ROI: Increased new patient visits with shorter scheduling period
Conclusion/What’s Next

• Knowledge gained:
  – Importance of pre-planning and identifying metrics
  – Overly ambitious goals

• Conclusions:
  – Wait times are important for overall clinic efficiency, patient experience and clinician satisfaction
  – Multiple components to solving wait time issues
Future Direction

• Will continue to monitor data to ensure the front desk process is as efficient as possible

• Back End Process Evaluation:
  – Patient survey that directly address wait times
  – Determine the extent of wait times from rooming to clinician start time
Thank you!

Dr. Jan Patterson
Ventrice Shillingford-Cole
CSE Team and Speakers

Dr. Neela K. Patel
James Garza
UT Geriatrics and Palliative Care Staff

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