Clinical Safety & Effectiveness
Cohort # 23

Improving Patient Access Through Subgroup Scheduling.

Educating for Quality Improvement & Patient Safety
The Team

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Why?
The AIM of this project is to decrease the amount of scheduling error cancellations for New Patient Visit Types from 5% to 1% during the period October 1, 2018 – April 1, 2019.
Background

• UT is increasing inter-practice scheduling capabilities

• Current Practice to Practice (P2P) scheduling information is fragmented

• Slot utilization, patient access, and experience are impacted by scheduling errors

• Clinician expertise needs to be linked to chief complaint of patient
Ortho Scheduling Process Map

Appointment scheduled in Ortho

Patient Type

Verify Demographics

Insurance Assessed?

YES

Verify Insurance

NO

Decline Appointment

Audit Required?

Referral Req?

Patient to contact PCP for referral

Staff Obtain Audit from Insurance

Scheduler uses manual scheduling

Scheduler is scheduled

Appointment is scheduled

Is Scheduler aware?

YES

NO

Is Appointment set up correctly?

YES

NO

Make Appointment

Is Appointment set up correctly?

YES

Patient is contacted to reschedule

NO
What is a Subgroup?
In specialty practices, subspecialties also exist. Specialty providers may only see patients based on specific chief complaint, gender, and/or age. For example, some Orthopedic providers specialize in treating patients for foot related conditions and do not see patients for shoulder related conditions.

- Internal knowledge exists to avoid errors, but external practices are unaware of scheduling triggers to accurately schedule patients.

- Internal/external schedulers contribute to scheduling errors.

- Data analysis of the cancellation reasons selected by the schedulers is inaccurate due to the frequent selection of the generic "Other" or Patient Request" reason and lack of supporting additional reasons. Re-education with scheduling team had to be conducted on accurate selection of cancellation reasons and adding complete documentation to help establish baseline data.
What Changes Can We Make That Will Result in an Improvement?

Plan

➢ Subgroups will be reviewed for accuracy and made current to reflect current providers and organized by specialty type & provider preferences.
➢ Modified subgroups
➢ Trained all scheduling staff
Implementing the Change

Do

➢ Updated: Providers were solicited for preferences based on chief complaint. Subgroups now reflect these changes.
➢ Train: Some schedulers were unaware of the Subgroup Scheduling function and relied on their own notes or experience. When an incorrect appointment was made (provider/chief complaint) self reported errors were inconsistent.
➢ Visit types to be evaluated to ensure the proper number of visit
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<td>Reduction Scheduling Error Cancellations for New Patient Visit Types from 5% to 1% during the period October 1, 2018 – April 1, 2019.</td>
<td>Have Accurate Subgroups Utilization of the Subgroup</td>
<td>Cleaning and scrubbing subgroup templates Train on subgroups (what and how)</td>
<td>Monthly Review of all new clinicians subgroups Weekly audits and reduction in scheduling errors</td>
<td>Manager Lead Scheduler</td>
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Sustainment of Your Project

**Act**

- Continuing education and review of reports will allow clinic to make adjustments on errors and allow for intervention.
- Monthly evaluation of subgroup template accuracy is a must.
- Data collected from these efforts may be used for a more in-depth scheduling software build into EMR to further reduce scheduling errors.
Expansion of Your Project

➢ Lessons learned will be used to expand Subgroup scheduling across all UT Health practices allowing greater access and timely scheduling to patients.
Ongoing: Review of appointment slots not utilized due to staff scheduling errors and associated lost revenue (~$165 [avg collection] per incorrect scheduled slot = $14,190/month; $170k annually).
Conclusion/ What’s next

Change in behavior is the most difficult challenge.

Utilize the analysis tools learned from the class to further evaluate scheduling templates and identify other areas of opportunity for improvement.

Enterprise wide adoption: Primary Care to Specialties, Specialty to Specialty, & Specialty to Primary Care

Subgroup Scheduling training added at onboarding.
Thank you!

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