

Kaye Edmonton Rheumatology Clinic-Pre-visit Outpatient Planning- Improving Patient Preparedness for Clinic Visits

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Define Opportunity

Background, Problem Statement and Goal Statement: The vast majority of patients seen in an outpatient rheumatology (RA) clinic suffer from multi-system chronic diseases requiring complex care including the need for numerous medications, regular lab work to assess both disease activity and to monitor for drug toxicity, allied health appointments and frequent visits with their primary care physician as well as other specialists. Patient engagement is fundamental to increasing patient compliance and understanding of the intricacies of their disease, its management, and need for close monitoring. Pre-visit planning has been proposed as a key strategy for improving no-show rates and compliance with recommended tests and screening in chronic diseases such as diabetes and hypertension.^{1,2} Various techniques have been used to assist in pre-visit planning in primary care such as pre-visit phone calls, e-journals³ through the Electronic Medical Record, pre-visit questionnaires that are mailed to the patient and checklists⁴ that are completed at the time of the appointment to prepare for the next visit. None of these have been studied in the context of an outpatient rheumatology clinic, but may serve to improve patient preparedness, communication, clinic efficiency and ultimately outcomes in our specific patient population.

Patient voice: "When I arrive to the RA clinic, the staff asked me for additional information and I wish I knew because I could have brought this with me, I was not sure what I should bring to my appointment"

Problem Statement: July 2017:

Patients that are first contacted by the Rheumatology clinic are not provided with consistent/standard information or methods to access additional information (i.e. rheumatology website). As a result, patients are not well prepared for their clinic appointments.

- Unprepared Follow up patients extends clinic appointment time by ~10min/patient appointment
- Unprepared New patients extends clinic appointment time by ~25min/patient appointment

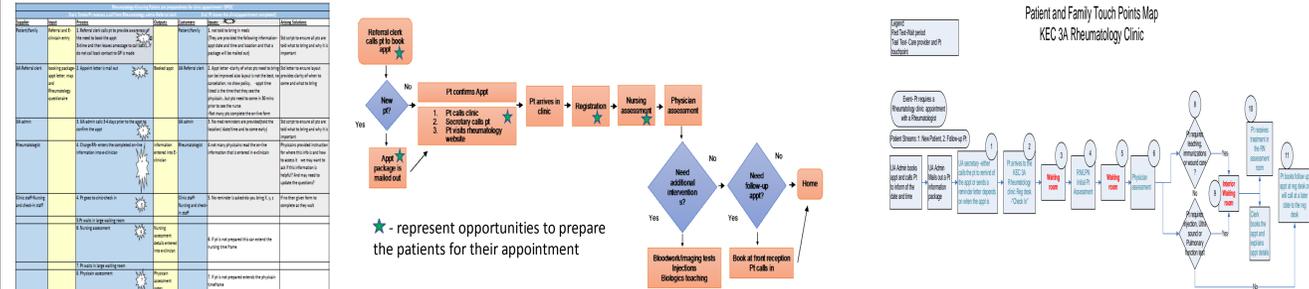
This results in longer clinic wait times, poor patient experience and increases the time involved in reviewing both medical history and medications

Aim Statement: September - October 2017:

100% of patients will receive consistent standard clinic appointment information prior to clinic appointment

Minimal time(~5min) extension in clinic appointment time for both new and follow up patients

Process Assessment: Patient Survey included 37 questions. A total of 125 patients completed a survey after their Rheumatology clinic visit. 45 Patients were new patients and 80 were follow up patients. A SIPOC, process map with cycle time analysis and a patient touch point maps were developed. These maps identified salient areas for improvement



Rheumatology clinic patient preparedness survey (Patient Voice) results:

- ~30% of the patients are not aware of what to bring to appointments, the remaining 70% of patients who are told what to bring are being told inconsistent information that includes photo ID, Alberta healthcare card, and a list of medications
- ~Less than half of the patients are made aware of where to get a medication list
- ~50% of the patients are not advised over the phone to prepare a list of questions to discuss with their healthcare provider
- ~80% of new patients and 50% of follow-up patients received an appointment package via mail. Almost all the patients felt the package prepared them adequately for their appointment. The appointment package does not consistently include a map
- ~27% of new patients and 14% of follow-up patients used the www.albertarheumatology.com website to confirm their appointments

Collaboration & Communication Strategies: Project team included clinic staff, administration staff, Physician lead, Resident, Medical student and a Quality consultant.

- Three posters were developed and posted in the clinic to increase both patient and provider preparedness awareness
- Physician lead shared the survey findings and explained the project with the Rheumatology division physicians
- E-clinician supported the updated appointment package



Build Understanding

Improvement Selection and Implementation Plan - Time frame: Sept 1-Oct 1, 2017

Process Changes:

Administrative secretaries of the Rheumatology Clinic shall:

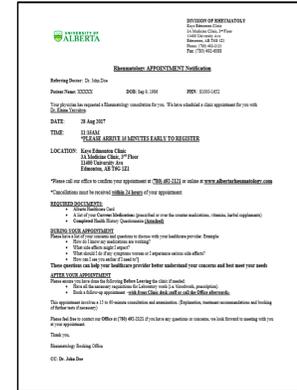
- Use a standardized script to call patients to prepare them for their appointments
- Mail out an updated appointment package
- Updated Appointment letter with key points (what to bring to appointment) enlarged and bolded, appointment time changed from time scheduled with physician to time scheduled for nursing assessment
- Updated patient questionnaire with bullets removed, lines put in, and subheadings included such as "Social History"

Front desk staff of the Rheumatology Clinic shall:

- Refer patients to look at the placards placed on the registration desks to remind them to have medication list ready and to prepare questions (if not yet prepared) for their healthcare providers while waiting in the waiting area

Nurses will:

- Refer patients to look at the posters in the nursing rooms to better prepare them before, during and after their appointments
- Explain to patients that by being more prepared, they can reduce the appointment duration, have their healthcare provider better meet their needs by having a more focused, patient-directed conversation, as well as ultimately reduce wait times before their appointments



PDSA results: Cycle time: Appointment duration was reduced by 5 minutes for new patients and 2 minutes for follow-up patients

Patient voice: In follow-up questioning with the patients, patients confirmed receipt of the appointment package, which was clear and provided necessary information for their appointment.

Patients were more prepared by bringing medication lists, and have expectations discussed prior to the appointment. Some concerns raised by the patients were challenges contacting administrative personnel, to confirm (one patient documented calling six times with frustration), and cancel appointments. Two patients noted they did not receive regular mail, and did not receive the initial appointment information.

Reinforce Ownership, Measurement, & Continuous Improvement:

Changes to date includes:

- decreased cycle time (nursing assessment: 2 min, physician assessment: 2-5 min)
- increased patient satisfaction
- increased healthcare provider efficiency and satisfaction

Next steps:

- Expand the use of a standardized script for appointment booking and reminder phone calls and updated appointment package to include all secretaries and administrative staff of the Rheumatology Clinic to ensure consistency in communication of information to patients
- Increase awareness and utilization of both physicians and patients on the www.albertarheumatology.com website as an information source as well as tool for collecting comprehensive patient history (online questionnaire).
- Carry out another patient survey in 6 months to a year to gather the "voice of the patient" and assess for changes to patient preparedness and clinic cycle time.

Lessons Learned:

This collaborative study with multiple stakeholders provided improvement in patient preparedness in the clinic, leading to improved efficiency and reduced cycle time.

Patients discussed increased satisfaction, and understanding of the process.

Health care providers showed improvement in clinic efficiency and flow.

We aim to continue to use the Patient Voice to improve patient engagement in the management of their medical conditions with on-going assessment of this process.

Patient voice-"Combating an illness is an important part of my life, but it's not all of my life"

Manage Change

Act to Improve

Sustain Results

Share Learning