Improving Referral Timing and Access to Specialty Care

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The Problem

- Hepatology has a large internal and external referral base with limited new patient slots.
- About 20-30% new referrals were scheduled within 2 weeks time in our clinic.
- There are currently no guidelines on how quickly patients with liver cirrhosis, liver cancer, or viral hepatitis need to be seen by a specialist.
- Our aim was to improve referral timing and access to align with the Medial Center’s goals, as well as improve the patients and referring physicians experience throughout the process.

Project Goal(s)

- Schedule all new internal referrals within 2 weeks.
- Schedule 75% of new and established internal referrals (baseline: 20-30%) within 2 weeks time.

Project Plan

- We developed a pilot program and implemented Phase I of the project to improve the timing of all internal referrals and scheduling. The main stakeholders have been the Hepatologists, clinic staff and managers.
- The most important step was to get buy-in from the stakeholders into our vision and project goals. To accomplish this, we have shared our patient satisfaction data, our referral timing, and Medical Center expectations with our group.
- Our plan was to improve the referral review system by having the clinic chiefs review and make decisions quickly. After decision, clinic staffs would contact patients in timely manner. We also blocked times in providers schedules to accommodate internal referrals.
- Moving forward we will hold monthly meetings with the clinic manager and outpatient clinic chiefs to monitor progress. We will conduct 3 months improvement cycles and use PDSA improvement model to re-evaluate.

Results / Progress to Date

Our pilot project data collection started in September 2013. We looked at the data from September and October 2013. Our initial data suggests that average time to review the referral and contacting the patient has improved significantly. However, we were surprised by patients non-response to our call which negatively impacted ability to reach our goals.

Lessons Learned & Next Steps

Lessons Learned:
- Obtaining stakeholders input and having regular meetings with them helps with building relationships and trust which is essential in achieving desired goals.
- Patients’ preferences and compliance are also critical variables which should not be over-looked.

Next Steps:
- Review the reasons behind patients non-response and look for ways decrease these.
- Determine how many patients want appointments later than 2 weeks.
- Work on direct access for appointment via primary care.
- Increase our e-consults utilization.
- Phase II of the project includes implementation of timely appointments for external referrals, focusing on patients needing earlier intervention, such as hepatocellular cancer or transplant evaluation.

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The Problem

- The Hepatology practice consistently had low patient-satisfaction scores.
- To improve this, our vision was to focus initially on communication and trust within the healthcare team.
- We believed that if providers and staff work better together, then patients will benefit from an improved and more efficient care-environment.
- To do this, we formed a unified leadership team and invested time and effort with the clinic staff.
- We begun by conducting monthly leadership meetings with staff. Once we have acquired their trust we engaged them as well as providers in performing 360 anonymous performance evaluations, in which staff assessed providers and providers assessed staff.

Project Goal(s)

Conduct 360 performance evaluations for all clinic staff and providers and increase individuals’ awareness of personal development needs around teamwork and communication.

Project Plan

A 10 questions online survey was sent to 8 staff members and 11 physicians at the beginning of October 2013. We had 100% completion rate. We used similar questions with slight modifications for staff and physicians.

Questions:

1. Shows empathy to patients and family members.
2. Displays friendliness and enthusiasm at work.
3. Willing to help each other and staff.
4. Makes a concerted effort to make team members feel comfortable.
5. Takes responsibility for actions.
6. Honors commitments to patients.
7. Open to new ideas and suggestions/offers constructive suggestions for improvement.
8. Manages conflicts with staff and patients in a professional manner.
9. Gives clear instructions with assignments.
10. Follows through with tasks in a timely manner/responds to questions in a timely manner...

Answer options: Exceptional (5), Exceeds requirements (4), Meets requirements (3), Marginal (2), Unsatisfactory (1), N/A (0)

Results / Progress to Date

Responses were analyzed and physicians and staff were given their results compared to the groups’ average with a narrative about the areas in which they performed particularly high or low.

The practice Service Chiefs met with staff individually to discuss the results of their personal review and ask for feedback.

For physicians, Individual results were sent by email and they were offered to meet in person to discuss this further if preferred.

Lessons Learned & Next Steps

- We were impressed by faculty's willingness and participation, not only to evaluate but also be evaluated by the staff.
- Before implementing the survey we discussed and got input from the providers and clinic staff on the questions to be included which was a key success factor.
- Building trust with staff was the first and most important step before implementing 360 surveys.
- Meeting with staff and giving feedback also helped us in understanding them better.
- Staff and providers were made clear that the evaluations are for self-reflection and growth and there will be no records in the file.
- Our plan is to perform these surveys yearly. Some of the questions we chose could have been better and we plan to revise the survey for our next 360 implementation in late summer 2014.
- We were pleasantly surprised by the positive feedback and interest from other divisions in this project.
The Problem

- The Liver Transplant Hepatology Practice was experiencing issues with staff—physician communication in the office.
- The physicians came in and left unnoticed and front desk never knew whether the physicians scheduled to be in the office actually arrived or left for the day.
- There were several instances when patients were sitting in the exam rooms for over an hour with no knowledge on the staff side that the physician had already left.

Project Plan

- All physicians were instructed to check in and check out at the front desk, using an existing white board.
- The staff would write the name of the physicians who were scheduled for clinics each day.
- Once the physician checks in, staff put a check mark next to their name.
- If a physician has not checked in at the start of the clinic, the MA would send a page.
- At the end of the clinic session the physician will stop at the front desk to say goodbye and the check mark will be erased.
- The whiteboard has also been used as a wait time notification. Throughout the day the MA will put in estimated wait time for the MD next to his/her name.

Project Goal(s)

- Eliminate "Is Dr. in house?" questions
- Foster a culture of teamwork, among all team members
- Increase patient awareness regarding delays

Results / Progress to Date

- Staff worked well together: Pre-Intervention (1/1 - 10/31/2013) 26, Post Intervention (11/1 - 3/31/14) 39
- Likelihood of recommending practice: Pre-Intervention (1/1 - 10/31/2013) 9, Post Intervention (11/1 - 3/31/14) 53

Lessons Learned & Next Steps

- Every practitioner is now accounted for. This significantly improves workflow efficiencies and staff satisfaction.
- The intervention made it easier for staff to identify and anticipate delays and better inform patients on these.
- This project, in combination with additional efforts to provide individual-provider and clinic-level data on check-in to check-out time, resulted in a reduction of 15 min time a patient spent in clinic on average.
- Based on informal feedback from staff and providers, this project also resulted in a better work environment for all just by having providers greet staff as they sign in and out.
- Next Steps: Add fellows to the provider list on the board to foster collaboration between trainees and office staff
The Problem

- The Hepatology practice has been struggling with consistently low scores on the Press Ganey’s questions relating to friendliness and courtesy of providers and staff.
- Staff and providers were disappointed when scores were reviewed since they did not know what specifically they can do to improve.
- Existing patient satisfaction surveys (Press Ganey and CG-CAHPS) are limited in providing valuable input on desired behaviors also due to patient recall bias and prolonged data processing time, which limits the ability to address patients’ needs in a timely manner.

Project Goal(s)

- Allow patients to provide real-time feedback to the practice and act upon patient expressed needs promptly
- Reinforce to patients that the practice is committed to providing a positive experience
- Increase staff satisfaction by recognizing them with the positive feedback on the practice and individual level

Project Plan

- A recognition wall with all names and pictures of providers and staff was introduced in the waiting area.
- Each patient was asked to fill out a comment card during check-out and drop it in a designated box. The card included the following text:

  **Dear Patient,**

  Thank you for visiting with us today. We hope we provided you with an excellent experience at our practice.
  Is there anything we could do differently to improve your experience with us?
  Is there anyone you would like to thank or recognize today for exceeding your expectations?

  **Hepatology Care Provider:**
  **Staff Member(s):**
  **Today’s Date:**
  **Thank you again for your time and we appreciate your comments.**

- The practice manager has been collecting the cards every week; Thank you notes have been sent to staff members who are recognized.
- Constructive feedback is provided and discussed during staff and faculty meetings, and action plans are subsequently created.

Results / Progress to Date

**Examples of Patients Comments**

**Positive:**
- “Excellent customer service – very friendly”
- “Everyone here is very courteous and encouraging.”
- “Office staff is great!”
- “Already great – nothing to do more”
- “You all are so wonderful”

**Negative (or Mixed):**
- “Busy at check in but still staff was helpful and pleasant to all”
- “Larger waiting area – need more seats”
- “Would like to be able to use stairs – hate elevators!”

**Mean # of cards per week: 30**

Lessons Learned & Next Steps

- The interventions described here were part of a comprehensive patient experience improvement program which was implemented in our practices. The program also included a strong focus on team-building activities and clinic workflow efficiencies (e.g. reducing referral time and wait time in clinic)
- The program has resulted in remarkable improvements in our friendliness and courtesy ranking – from the 6th national percentile rank to the 85th.
- Feedback from front desk staff reveals that they now feel more appreciated and less “invisible”.
- The next step is to have a wall where patient comments can be displayed in the waiting area.

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Project Plan

- We have measured check-in and check-out time of each appointment for 2 clinics within a 2 weeks time for each provider.
- We then compared our findings against scheduled appointment time.
- Patients who arrived 15 minutes or more after the appointment time were removed from the reports.
- Time between appointment time an check out time was calculated on an individual provider level.
- Clinic data was shared with providers in monthly meetings and individual data was fed-back to each provider with a comparison to the clinic average.

Lessons Learned & Next Steps

- In a year the average time a patient spends in the clinic decreased by 15 minutes.
- Anecdotal data and staff observations were confirmed with numbers: patients spent over 90 minutes on average waiting for some providers known for consistently running late.
- Even the most efficient clinic had an average of 50 minutes from appointment time to check out.
- The new patient letter was updated to inform the patient of an average time they should expect to spend in the clinic.
- Next steps: conduct another wait study and differentiate between new and follow-up patients to assess if the schedule templates need to be modified.

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