



Improving New Patient Access by Decreasing Missed Appointments to First Visit

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Valorie Harvey, Service Line Administrator

Susanne Evans, Manager

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Initial Overview



- Parkland's Mission is Dedicated to the health and well being of individuals and communities entrusted to our care for the growing population of Dallas County
- 862 private Bed Hospital
- 2,355 new cancer cases; 2,057 analytic cases
- 58.8% uninsured population
- Stage at presentation: stage I at 21.6%, stage II at 16.5%, stage III at 14.3%, and at stage IV at 22.9%

Top 5 Disease Sites

Breast	394
Colorectal	197
Lung	183
Prostate and Liver	126
Non Hodgkin Lymphoma	120

Team Members

Dr. S. Karri, MD (Core)
V. Harvey, MBA, SLA (Core)
Tiffany Williams, MSN, Quality (Core)
Susanne Evans, BSN, Manager (Core)
Dr. John Cox, DO
Arif Kamal, MD Physician - QTP Coach
Steve Power, MBA – QTP Coach

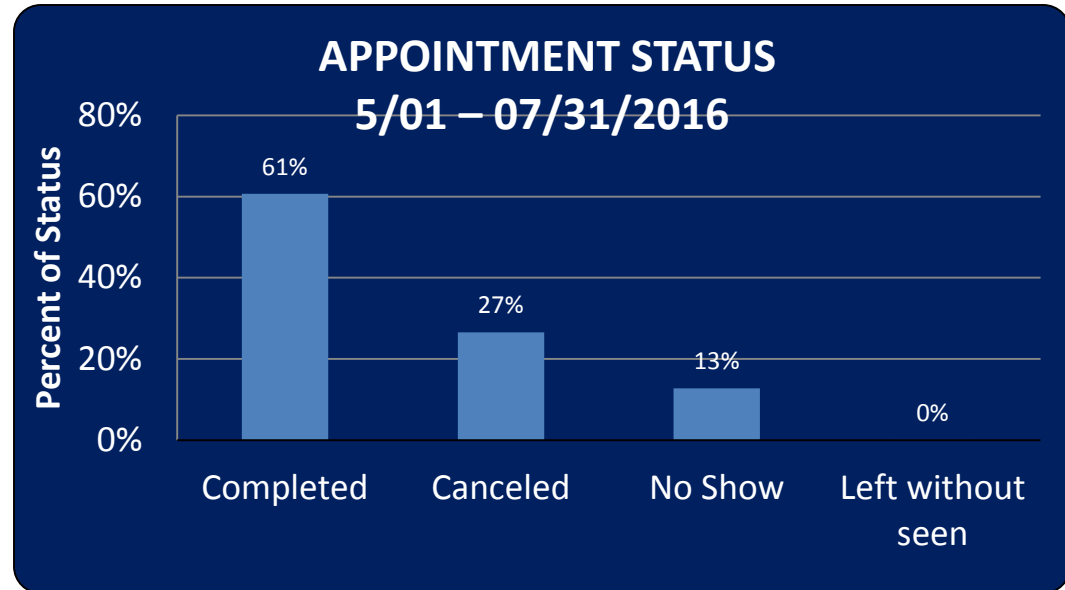
Susan Lamb, MS, NP GYN ONC Manager
Joanna Figueroa, RN Navigator, GYN ONC
Kristina Longo, NP GYN ONC
Lila Martinez, Surgery RN Navigator
Dianne James, GYN ONC IP
John Porro NP, Director of Hospitalist Service
Shirly Koduvathu, RN Manager, IP Hem Onc
Sudarshan Pathak, RN, HEM ONC IP
Sarita KC, RN, Nurse Educator
Marcie Crymes, Case Manager
Elizabeth Laney, Care Coordinator
Winnifred Simon, RN, Oncology Clinic
Alisha Hill-McElroy, Care Coordinator

Gratitude to Flor Florido, Joanne Figueroa, Jessica Torres and Adrian Orozco for conducting patient surveys.

Problem Statement

Analysis of the new appointments scheduled for newly diagnosed cancer patients had a 39% incomplete rate for the first scheduled appointment.

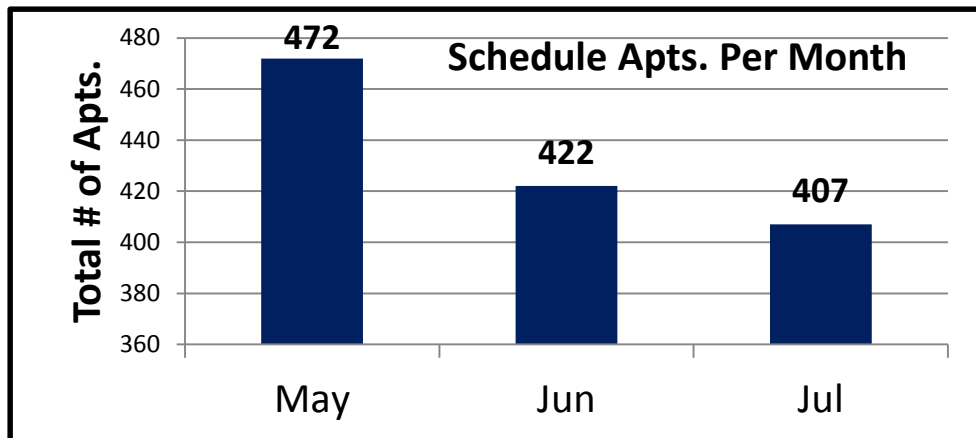
- *61% Completion*
- *27% Cancelled*
- *13% No Show*



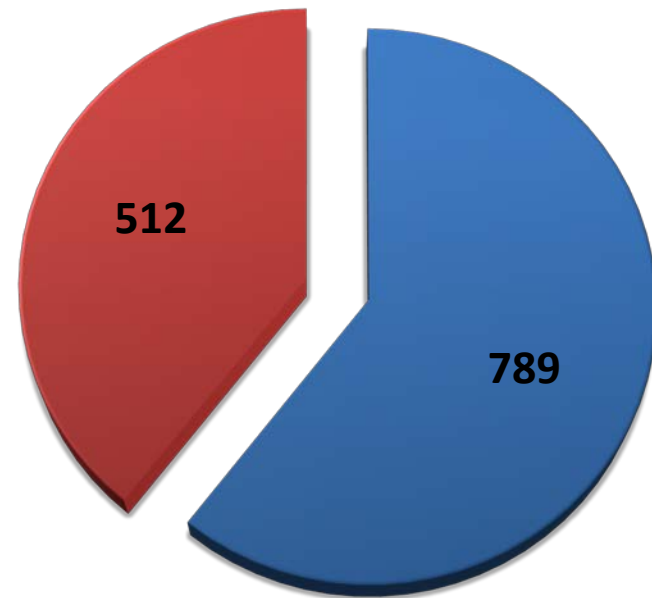
- Analysis includes medical/surgical oncology and GYN oncology clinics
- Evaluation period May 01 – Jul 31, 2016

Baseline Diagnostic Data: 1,301 New Patient Appoints Sched btw May – July 2016

Total of 1,301 New Patient Appointment Scheduled Between May 2016 – Jul 2016



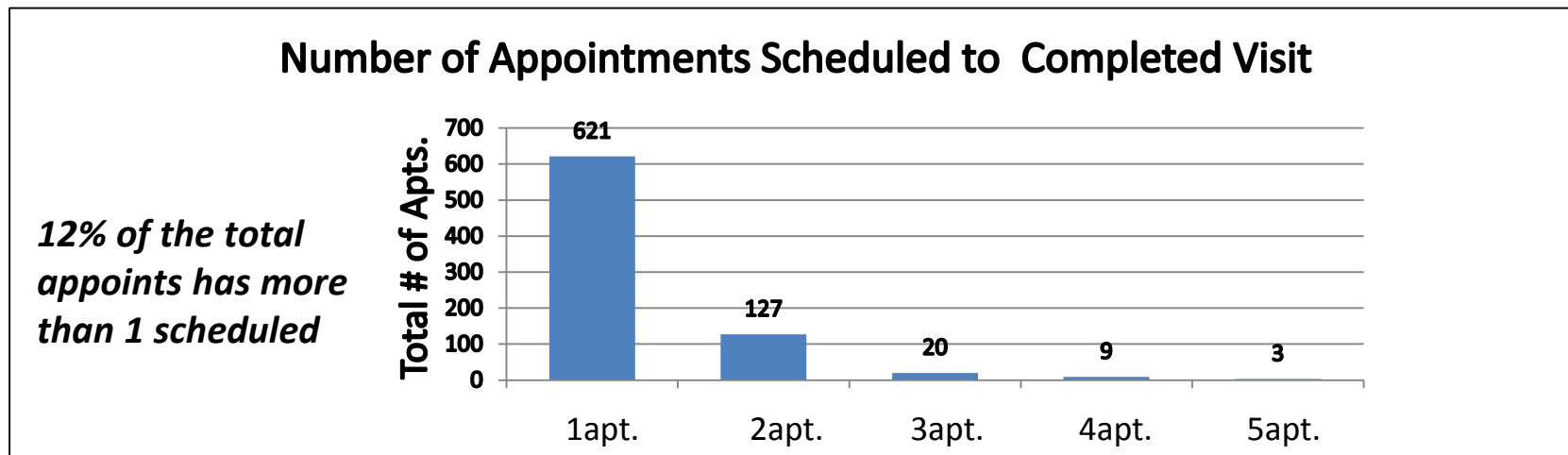
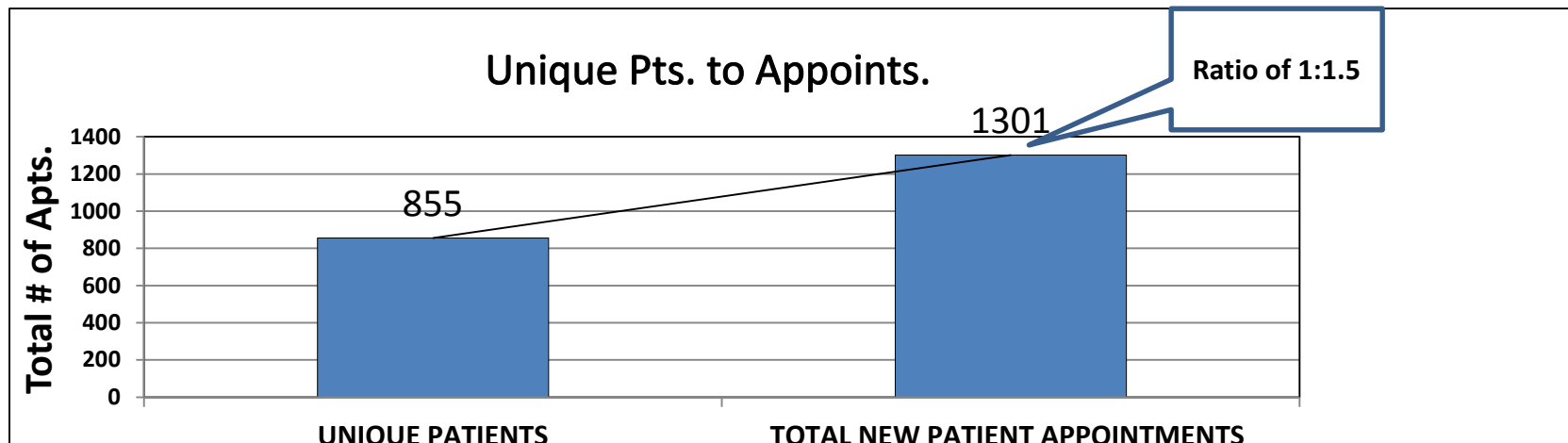
Total Appointments



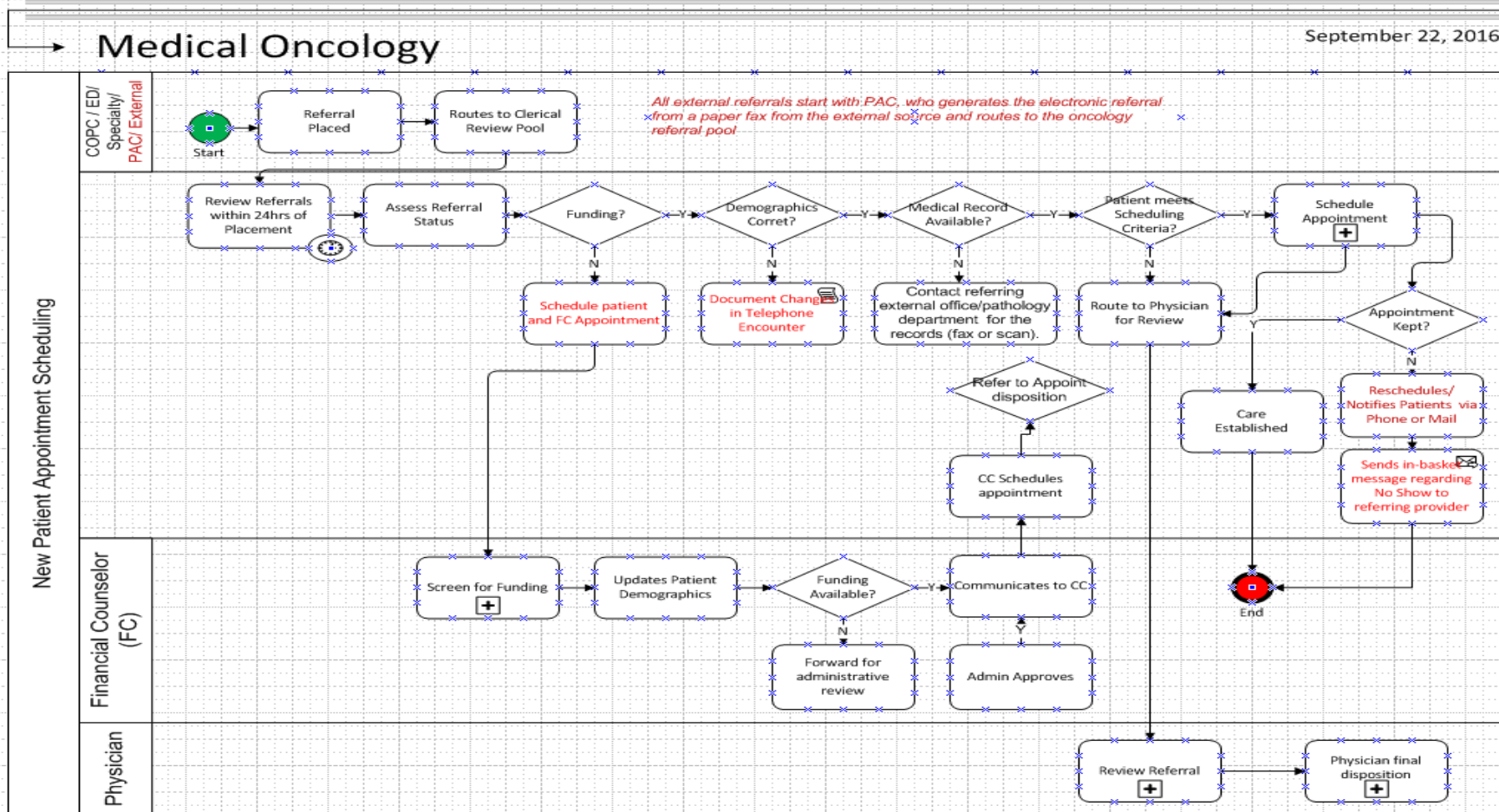
■ Completed Appoints ■ Missed Appoints

- 789 Completed
- 345 Cancelled
- 166 No Showed

Baseline Diagnostic Data

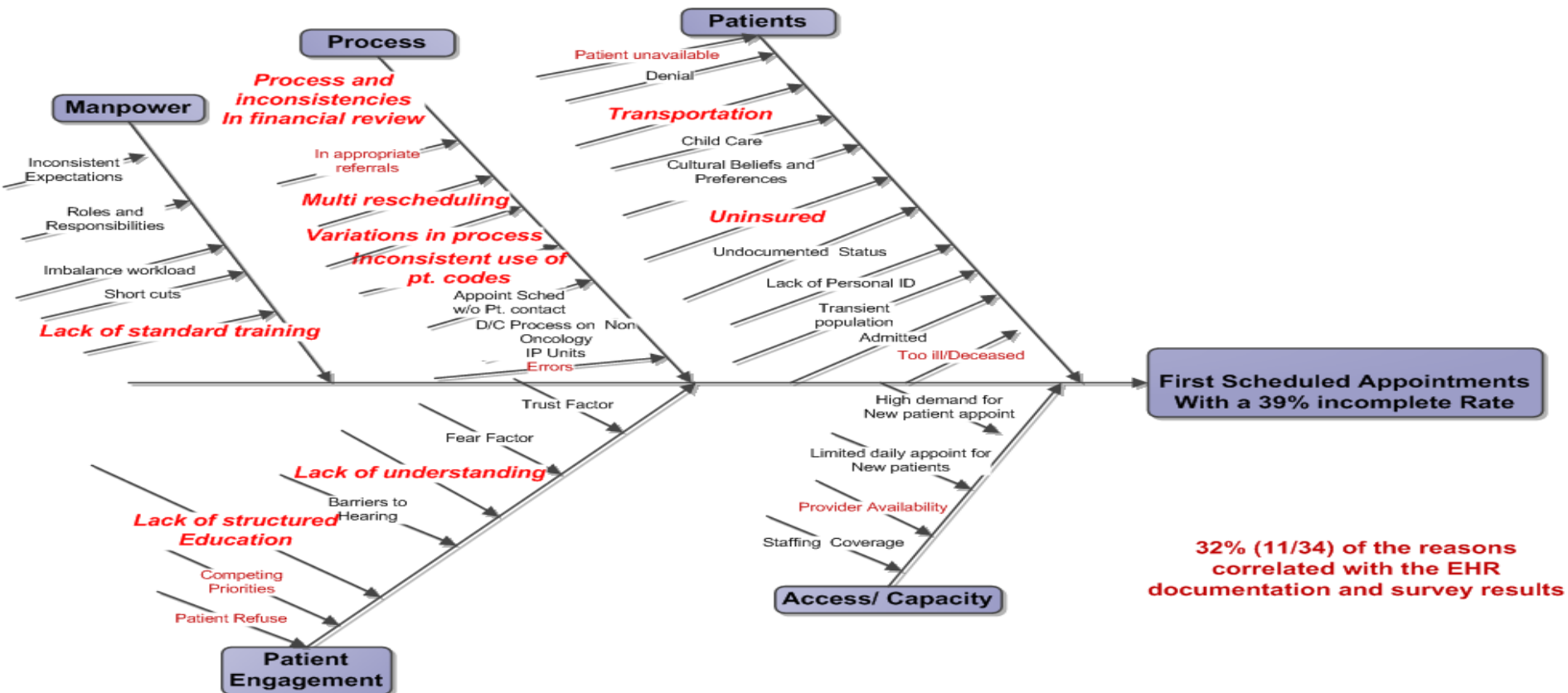


Process Map (Pre-intervention)



Red highlights indicate opportunities for improvement

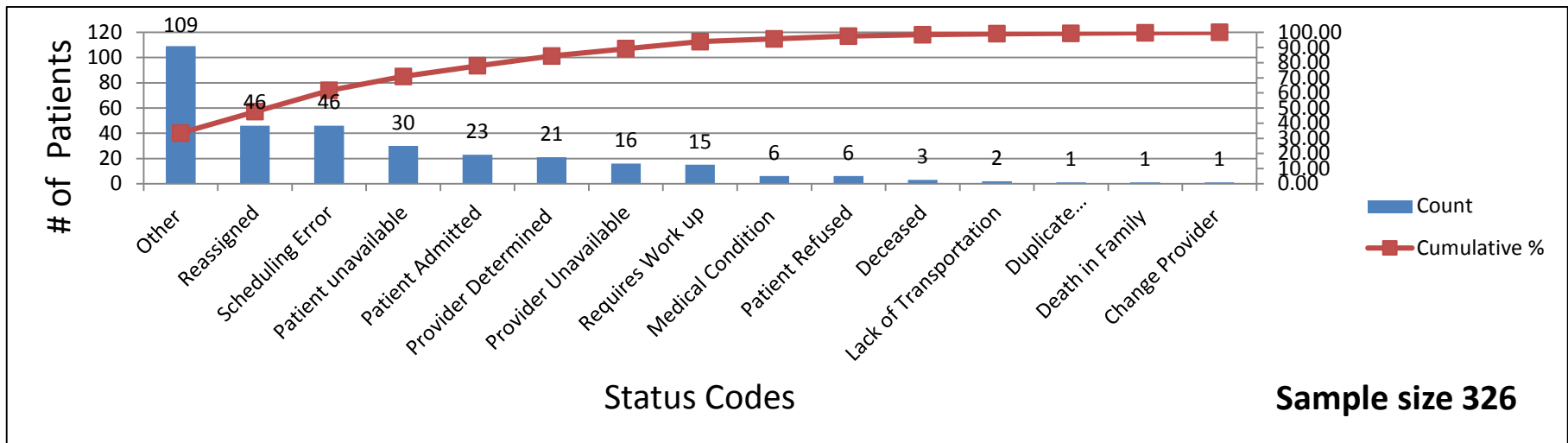
Cause & Effect Diagram



- MDT Brainstorming session
- Red Bold Italics = current interventions
- Red Highlights = To be addressed in the project

Status Code Review

EHR Documented Reasons for Cancelled Status vis the use of status codes

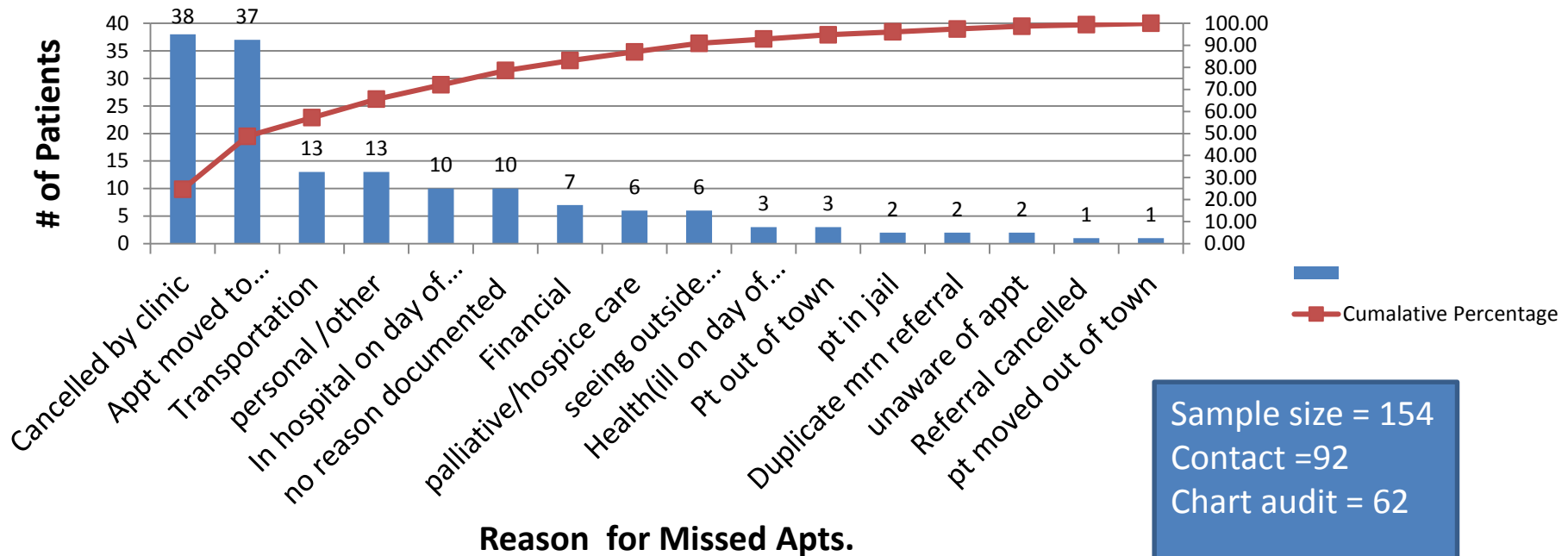


- “Other” status code used 109 times with 65 blank reasons, remaining 44 inconsistent and unquantifiable
- No shows reason are not captured in the EHR, therefore not included in this analysis; however assessed as part of the patient survey.

Data Validation Survey Voice of the Patient

MRN#	Did you know that you were scheduled for a clinic visit with a Doctor in the Oncology Clinic on "date and time"?	Who referred you to the Oncology Clinic?	Were you given a choice for date and time for your scheduled appointment?	How were you notified of your appointment?	Did someone explain to you, the importance of keeping this appointment?	If yes, who?	Was your appointment cancelled or changed by the clinic without a request from you?	Did you have any of the following issues that prevented you from keeping your appointment?	If other, what?	What could we have done to help keep your appointment?	Call #1	Call #2	Call #2

Survey of Missed Appointments

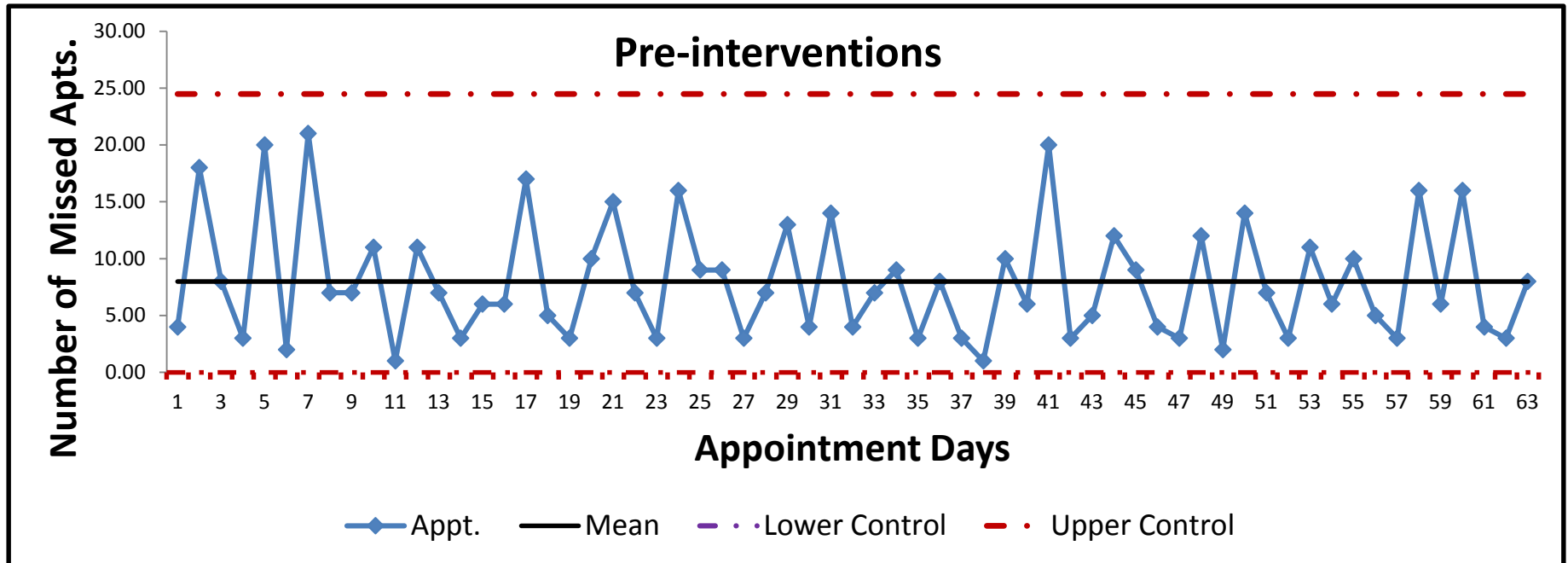


Sample size = 154
Contact = 92
Chart audit = 62

Missed Appts- Most Frequent Reasons

No reason documented-other/blank/personal	132
Appointment moved to sooner date	37
Process Related	
Reassign	46
Scheduling errors	46
Cancelled by clinic	38
Provider determined	21
Provider unavailable	16
Workup needed	15
Patient Related	
Hospital admission	33
Pt unavailable	30
Transportation	15
Financial	7
Palliative/hospice care	6
Pt refused	6

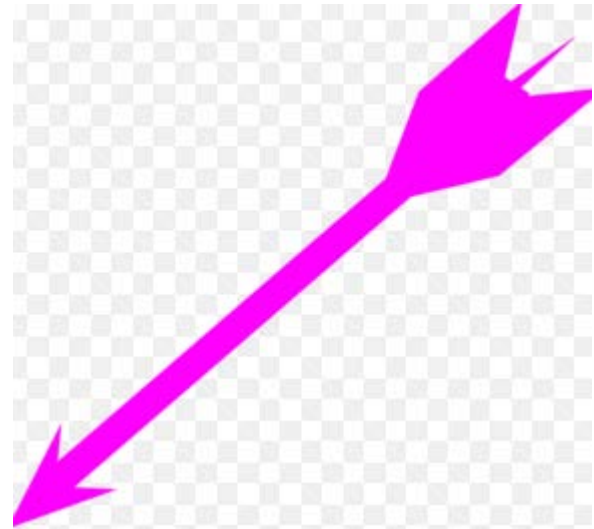
Baseline Diagnostic Data XmR Chart May – July 2016



Aim Statement

To reduce missed appointments for new patients in the PHHS Oncology clinics from 39% to 20% within 6 months

Jan. 31, 2017



Measures

Measure

All new appointments with missed visit status

Patient Population

All scheduled new appointments

Calculation Methodology

of new appointments with a status of cancel or no show/ Total scheduled new appointments

Data Source

EPIC (electronic health record)
Patient Surveys

Data Collection Frequency

Weekly
Monthly
Annually

Data Quality (limitations)

Inconsistent/
inaccurate documentation
Variation in workflows

Baseline Data Summary

- 39% Missed Appointment rate for “New Patients”
- 70% avoidable
- 7% Unavoidable
- 23% Undefined
- Top 6 status codes utilized, point to process issues

Prioritized List of Changes (Priority/Pay –Off Matrix)

Impact	High	<ul style="list-style-type: none"> • Developed New Patient Orientation Booklet • Trained all nursing staff in oncology clinics and on IP units most commonly admitting cancer patients <p>PDSA#2 DEC 18, 2016</p>	<ul style="list-style-type: none"> • Hardwiring performance: <ul style="list-style-type: none"> ➢ assign nurse liaison to IP unit ➢ Implement and integrate missed appointment report ➢ Retrospective chart review of new patient visits per check list ➢ Implement IP order as part of the care plan <p>✓ PDSA #3 Jan 18, 2017</p>
	Low	<ul style="list-style-type: none"> • Reduced appointment status codes • Standardize Workflows • Transportation Flyer <p>✓ PDSA#1 Nov 9, 2016</p>	<ul style="list-style-type: none"> • Tools developed and trained OP and IP staff in identifying barriers to care, w/ actionable's at point of service (tools = IP&OP discharge checklist, Oncology critical numbers) <p>✓ PDSA# 2 Dec 18, 2016</p>

Easy

Ease of Implementation

Difficult

Materials Developed

New Patient Booklets



The Cancer Journey

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Transportation Flyer

I

TRANSPORTATION OPTIONS

Cancer Clinic Location: Parkland OPC Building (Old Parkland Hospital), 5201 Harry Hines Blvd, Dallas, TX 75235

Parkland provides discounted parking for all clinic visits at the Tower Garage and Emergency Parking lot. All Parkland parking areas accept cash, check or credit card payments.

Parkland's Tower Garage

Where: 2021 Medical District Drive, Medical District Drive, Dallas, Texas, 75205, (on Medical District drive next to the new hospital)
When: 24 hours a day, 7 days a week
Fee: \$5

Parkland's Valet Service is available at the front entrance of Old Parkland. Valet services are available: 7 a.m. to 7 p.m., Monday through Friday, valet can be full early in the day.

Valet Fee: \$10.
\$5 discount on valet parking for all clinic visits.
(must request validation at the registration desk)

Parkland's Emergency Lot

Where: 5200 Harry Hines Blvd, Dallas, Texas 75235 (on Harry Hines next to the new hospital Emergency Department)
When: 24 hours a day, 7 days a week
Fee: \$5

Transportation Benefits May Be Available Through Your Coverage

If you have one of the following insurances you might qualify for transportation services as one of your benefits:

- Traditional Medicaid
- One of the Managed Medicaid Plans
- Veterans' Medicare
- HMO Medicare- Humana
- Blue Cross/Blue Shield
- Superior

Please check with a Social worker if you need assistance with transportation

American Cancer Society (ACS) is located on the 2nd floor in the Old Parkland on the 2nd floor in the cancer clinic. Please visit to explore your options. No Appointment necessary
Contact number: 214-690-5588.

Dallas Area Rapid Transit (DART) for information on public transportation call 214-979-1111

Materials Developed

Discharge Check List /Cancer Contacts (Inpatient and Outpatient)



Oncology Inpatient Check List Prior to Discharge

Top Priorities

Assess Barriers for interventions

- Language
- Transportation
- Sensory Impairment
- Cognitive Impairment
- Shelter
- Home Health Needs
- Support Network
- Adult/Child care Needs
- Financial
- Release of Information Request Form

Tools Available

- List for Transportation options
- New Patient Brochure
- PFA required document list for funding approval
- County resource list

- **Aim:** To provide a multidisciplinary check list for all IP units to safely facilitate transition of care for the oncology patients from IP to OP
- **Purpose:** To provide a guide to the non-oncology units to assist with the discharge process to prevent missed opportunities or unnecessary delays in care.

Top Priorities

Ensure correct Demographics

- Verify correct phone number and address
- Verify emergency contact information

Establish Follow up Care

- Ensure establish oncology patients have a return clinic appointment
- Ensure newly diagnosed patients have an active referral to the appropriate oncology clinic
- Ensure all patients discharge with pending path has an appointment with the ordering provider or to the oncology clinic
- Schedule follow up or new FC appointment as required.

Educate

- Provide New Patient Brochure
- Highlight Key Points

Manager: Susanne Evans, Oncology Clinic (214) 590-8608
 Pamela Green Infusion Center (214) 590-5587 and
 Susan Lamb GYN Onc Outpatient (469) 419-1375
 Dianne James, GYN Onc Inpatient (469) 419-6244

Top Priorities

Financial Screening

- Check coverage status
- Unfunded Dallas County- request FC review ASAP, provide a list of required documents to start review process for PFA access for other funding opportunities, inform providers of status
- Unfunded, Over Income - facilitate ACA process, PFA review for payment plan
- Unfunded out of county- assess for other funding opportunities, provide list of relevant county resources, www.dshs.texas.gov/ci/html/
- When require, initiate Patient Exception Review by contacting OP managers to facilitate process

Book Markers



Oncology Check-list

- Access Barriers
- Ensure Correct Demographics
- Establish Financial Counseling
- Establish follow up care
- Educate

Oncology Contacts Oncology Clinic

- Scheduling 214-590-5582
- Breast Coordinator 214-590-1961
- Breast Surgery Coordinator 214-590-1967
- GI/GU Coordinator 214-590-1967
- Lung/ENT Coordinator 214-590-4202
- Hematology Coordinator 214-590-5306

GYN Oncology

- Scheduling 214-590-5306
- GYN Onc Navigator 469-419-1369

Case Management

- 214-590-3808
- RN HIV Case Mgmt
- 469-419-6334
- RN Case Mgmt

Nutritionist

- 214-590-4624 office

Financial Counseling

- 214-590-4900 Main OPH
- 469-419-2032 Main NPH

Language Services

- 214-590-5846 NPH
- 214-590-0681 WISH

American Cancer Society (ACS)

- 214-590-5588 office

Hem Onc Consult Services

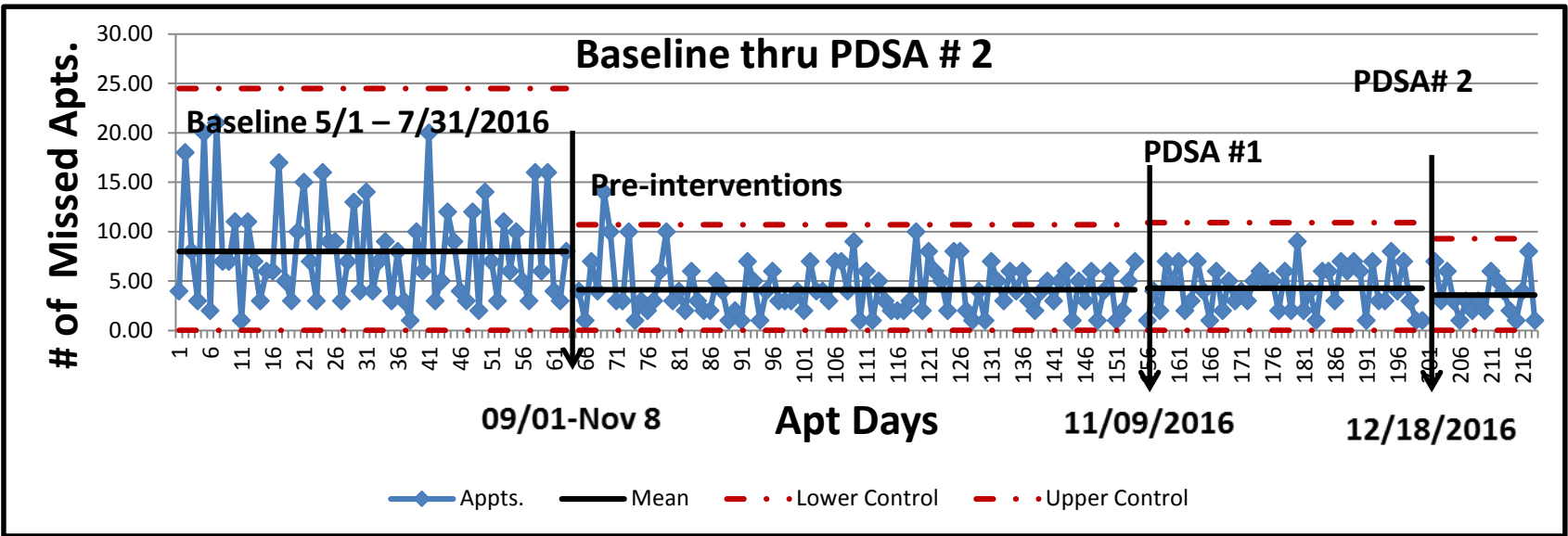
- XXX-XXX-XXXX pager

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
Nov 9, 2016	Aligned workflows between oncology clinics (med/surgery /GYN oncology, established expectations for scheduling new pts	Positive reduction in variability	<ol style="list-style-type: none">1.Clean up of EHR status codes2. Defined IP &OP prescheduling task and expectations for scheduling new appt.3. Staff training
Dec. 18, 2016	Educate targeted staff on workflow; placing reference tools at finger tip	A decreased in control chart variations	<ol style="list-style-type: none">1.Developed written reference and educational materials outlining expectations for staff and patients
Jan. 18, 2017	Real time interaction with IP staff, weekly reports for feedback and F/U for accountability	TBD	<ol style="list-style-type: none">1. Nurse Liaison2. Weekly audits of missed appts.3. Feedback reporting F/U

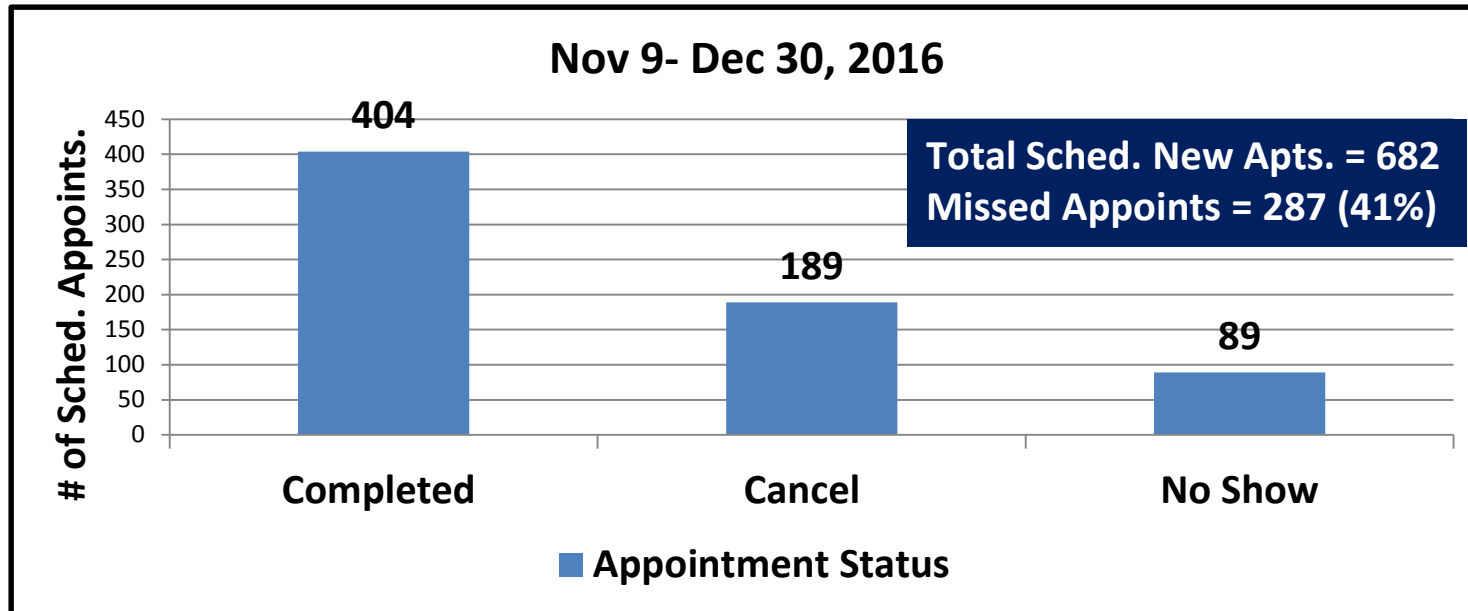
Change Data PDSA #1 & 2

XmR Control Chart



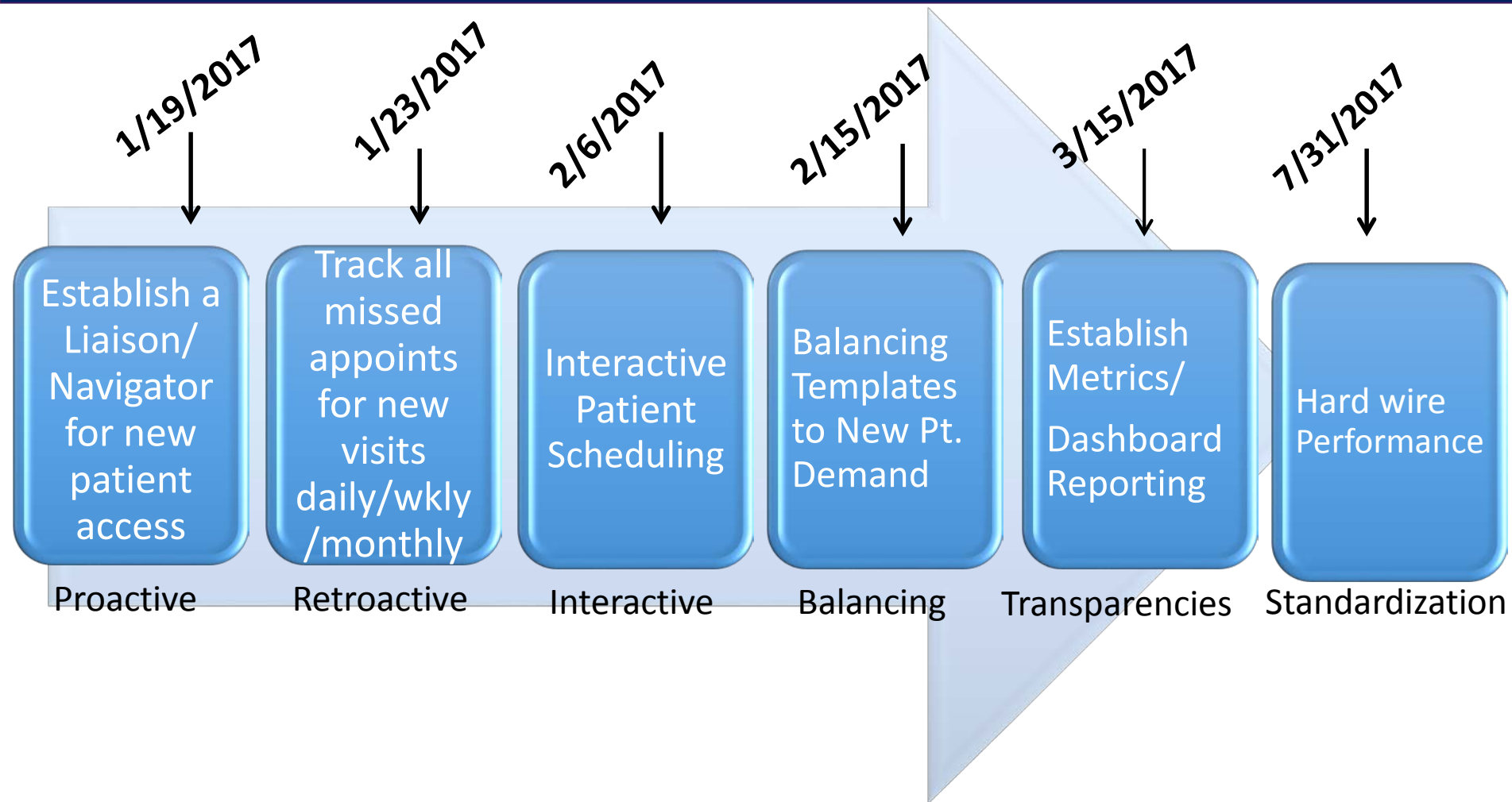
Change Data PDSA #2

Appointment Status Post Intervention



Change Data PDSA #3

Jan 19, 2017 – ongoing



Conclusions



Assessment	Lessons Learned
<ul style="list-style-type: none">• Missed appointments essentially demonstrates no change• A 50% reduction in baseline volume is required to reach goal; logically appears obtainable	<ul style="list-style-type: none">• Consider other influencing factors with high probability to impact outcomes• Training on other analytic tools• A more scientific analysis to determine the true capability
<ul style="list-style-type: none">• Control charts indicate common cause variations; improving process stability• Time lines for achieving goal was unrealistic	<ul style="list-style-type: none">• Longitudinal analysis & study required• Importance of mapping project phases, mapping to time lines
<ul style="list-style-type: none">• Pre-intervention variable changes; questionable Hawthorne effect V.s impact of sample size?	<ul style="list-style-type: none">• People know better; They do better• A need to identify and isolate common causes for proper intervention planning

Next Steps/Plan for Sustainability

1. Continue to reinforce standard expectations, definitions, and standard processes.

2. Re-evaluate set of controls (financial reviews, pt. orientation, barrier assessment & applied actions, and reason trends

3. Design and implement small scale studies for key critical process parameters to identify impact and acceptable performance range

4. Integrate monthly reporting to establish a monitoring and control systems, and transparencies



Simplifying New Patient Access to Care Providing:

1). Simple and Easy

2). Smooth transitions

3). Coordinated care