

Improving Outpatient Resident Clinic Efficiency by Establishing Expectations with Patients



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INTRODUCTION

Physicians are expected to manage a large amount of tasks in the outpatient setting, including charting, responding to refill requests, and in-office procedures in addition to the time scheduled for clinic encounters. These tasks need to be completed while still seeing enough patients to keep the clinic financially viable.

In our outpatient residency clinic, we believe we have found opportunities for increased efficiency in clinical encounter times by limiting encounters to 1-3 concerns and communicating clinic expectations to patients.

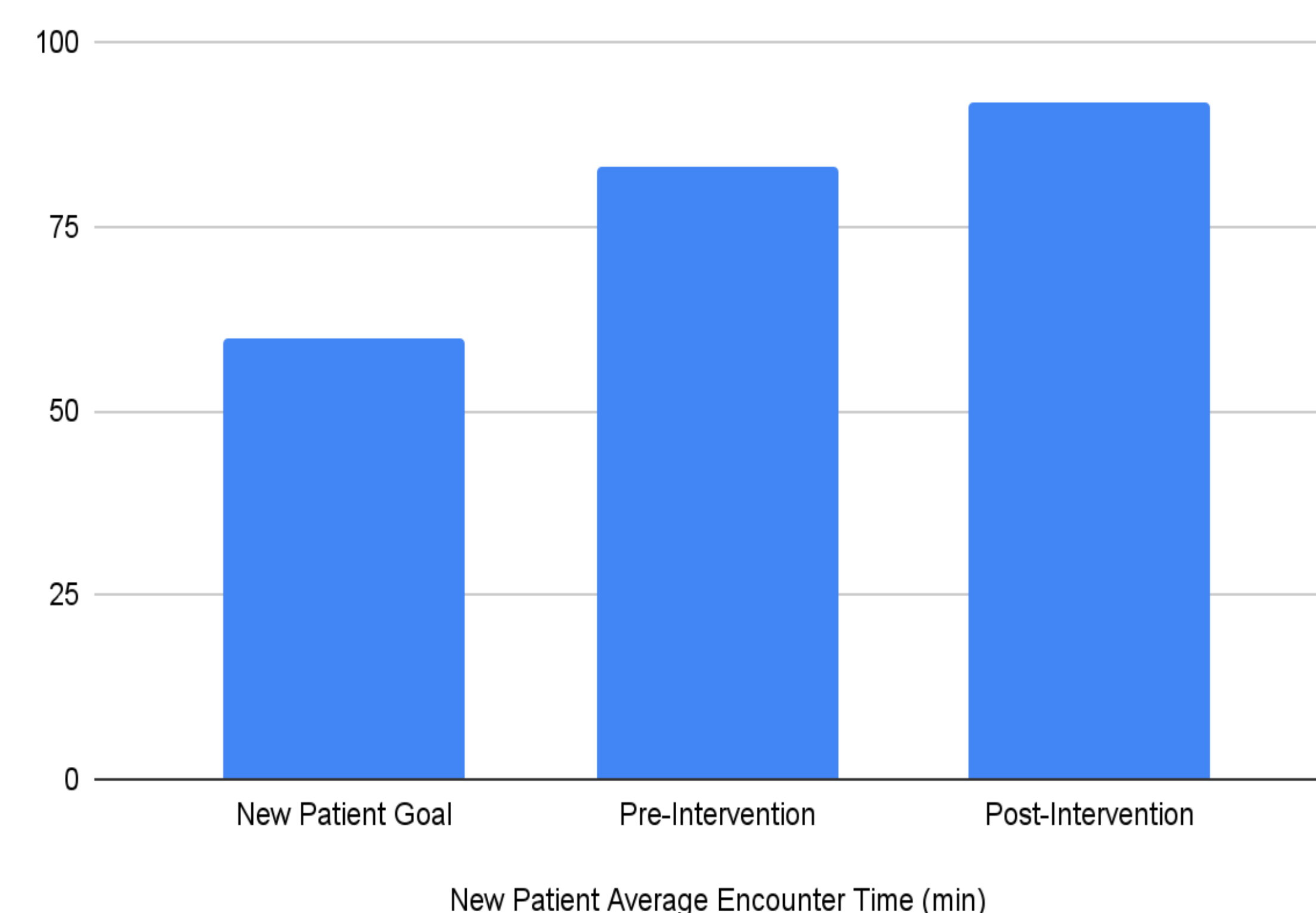
AIM STATEMENT

We aim to end 75% of patient encounters within 30 minutes for established patients and to end 75% of patient encounters within 60 minutes for new patients.

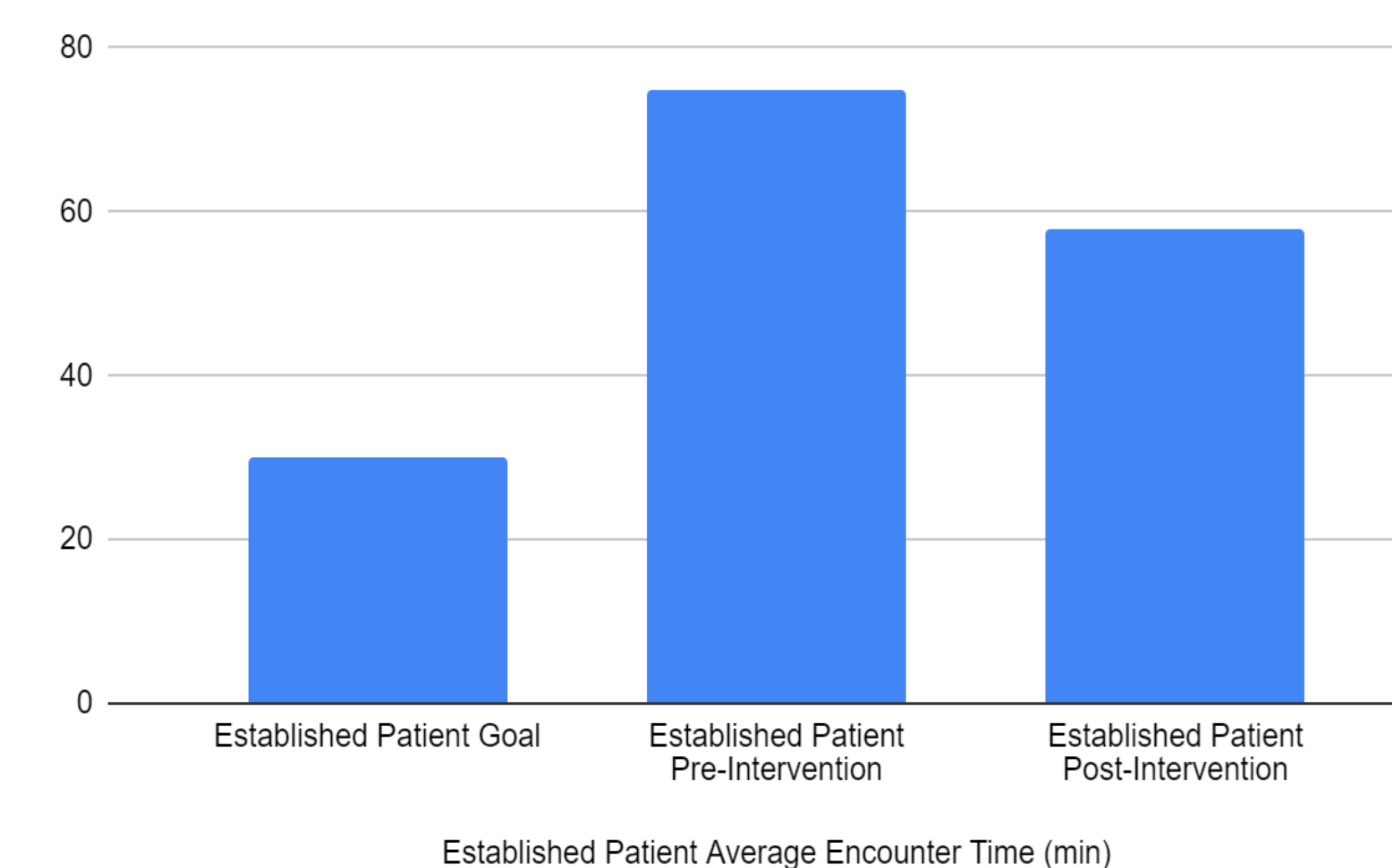
METHODS

- Provide a questionnaire during the patient check in limiting the chief complaints up to 3 issues for one single encounter.
- Manage expectations of the patient about the clinic encounter duration, and the importance of showing up on time.
- Educate the nursing staff on closing the encounter on time right after patient check out.

RESULTS



Pre-Intervention review included 273 clinic visits between 10/1/21 and 12/31/21. Eight visits were excluded for reported encounter time greater than 3 hours. Fifty-one new and 209 established patient encounters were included in the pre-intervention report. Thirteen of 51 (25.5%) new patient encounters were completed within 60 min. Twelve of 209 (5.7%) established patient encounters were completed within 30 minutes. Post-intervention review included 317 clinic visits between 1/1/22 and 3/31/22. Fourteen visits were excluded for reported encounter time greater than 3 hours. Fifty-eight new and 244 established patient encounters were included in the post-intervention report. Nine of 58 (15.5%) new patient encounters were completed within 60 minutes. Eight of 244 (3.3%) of established patient encounters were completed within 30 minutes.



CONCLUSION

We did not meet our objective of 75% of all encounter durations within set time limits of 60 minutes for new patients and 30 minutes for established patients. In fact, it appears the intervention was counterproductive with increased average encounter duration for new patients post-intervention and reduced percentage of all visits in goal compared to pre-intervention data. Despite the reduced percentage of encounters within goal, the average duration of established patient encounters was reduced by 17 minutes post-intervention.

There are several factors that could have contributed to our shortcomings. There was a change in clinic staff within the time frame of this project. In addition to new staff, there was also an increase in the number of patient encounters without additional clinic support. The clinic physicians have had an increased focus on ensuring the patients receive vaccinations and obtain blood for lab work prior to leaving clinic. Many times, established patients were seen by physicians unfamiliar with the patient's history effectively making them a "new patient" for that particular physician despite being established with the clinic.

NEXT STEPS

Although we did show a reduction in the average duration of established patient encounters, there are several modifiable ways to further improve clinic encounter times and reach our goal of ending 75% of patient encounters within 30 minutes for established patients and within 60 minutes for new patients. These could include performing medication reconciliations prior to appointment time, educating clinic staff on ensuring the established patient is familiar to the physician they are scheduled to see, and educating the staff on closing out encounter times after physician leaves the room even if patient is waiting on labs, vaccinations, or referrals.

As the demands placed on physicians increase without any corresponding decrease in patient responsibilities, it is increasingly important to recognize possibilities for improvement in clinical efficiency.

References

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