IMPROVING PATIENT CARE-COORDINATION AND PREVENTING “LOSS TO FOLLOW-UP”

Residents, Nurses, and Faculty of the Department of Urology

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The Problem:
The department of Urology at UCSF is a high volume surgical service with a large number of elective cases where patients are admitted for short hospital stays. Proper and timely follow-up with our post-operative patients is of utmost importance to ensure appropriate care. Residents noted there was no departmental policy regarding the scheduling of follow-up visits, and the burden was often left to patients to schedule their own follow-up visits after discharge. Furthermore, residents took note of patient and administrative staff feedback indicating that such coordination of follow-up appointments was a source of complaint and difficulty for both patients and scheduling staff.

Project Goal:
Our primary goal was to increase the proportion of post-operative inpatients who have a follow-up appointment already scheduled prior to the time of discharge from the hospital. A stated goal was >85% in this regard.

We hoped achieving this goal would:
• Prevent “loss to follow-up” of patients due to difficulties in scheduling or forgetting to schedule their own follow-up appointments
• Increase patient satisfaction by coordinating more of patient care for them, easing processes and eliminating uncertainty associated with not knowing when they would follow-up after discharge.
• Decrease burden on administrative staff by decreasing the number of phone calls received from patients contacting them to schedule appointments.

Project Plan:
Assigning Responsibility:
We created a system whereby a resident was assigned to each patient with planned inpatient surgery at the UCSF medical centers at Parnassus and Mount Zion. These assignments were made one week in advance by the chief resident. Assigned residents were made responsible to ensure follow-up appointments were made for the patient prior to discharge. Residents sent weekly “bundled” emails to our clinic appointment schedulers several days in advance to allow for such appointments to be created.

Recording Results:
The on-call Urology resident (which changes daily) was then charged with the task of recording progress. At the end of each day the on-call resident would review the patients discharged that day (on average 3-6 patients per day) and record if the patient had a follow-up appointment scheduled prior to discharge. Patients without information were recorded as not having a follow-up appointment. This information was recorded daily on a shared excel file stored on the university shared virtual drive.

Evaluating Progress:
The resident quality improvement (Qi) champion was assigned to tabulate results from the shared excel sheet containing outcome data (see above) on a semi-quarterly basis. He was to evaluate compliance with the result recording process as well as the results themselves. He was to give feedback to the residents so they were aware of their progress. Furthermore, he was to perform a small pilot study to gain baseline data by evaluating discharge data for two months prior to the start of this initiative.

Results / Progress to Date:
Retrospective chart review prior to intervention revealed a baseline of ~35% of patients discharged with a follow-up appointment already made. 1073 patients were included in the study. Figures 1 and 2 summarize our results. Anecdotally, repeat patients have reported increased ease in the process and administrative staff have reported decreased phone calls for follow-up visit scheduling.

Conclusions / Future Directions:
Our resident-led effort has nearly tripled our department’s rate of discharging post-operative patients with a follow-up appointment already made. 1073 patients were included in the study. Figures 1 and 2 summarize our results. Anecdotally, repeat patients have reported increased ease in the process and administrative staff have reported decreased phone calls for follow-up visit scheduling.

Long-term follow-up and survey data will be required to see if these changes will affect positive change in our endpoints of prevented “loss to follow-up” and increased patient and administrative staff satisfaction.