Cracks in Your Referral Process?
Find Your Sustainable Solution Here

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Rheumatology Team

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The Why? Our Story

• **#1 REASON: Identification Failure = Serious Morbidity and Mortality**

• Three-month backlog to see new referrals

• Increased PICU stays, prolonged rehabilitation, and a complicated combination of care from multiple specialists
Aim

By June 1st of 2018, we will increase the rate of appointments scheduled within 30 business days from 35% to 85% for referred patients triaged to require ongoing care.
Outcomes
Outcomes
Outcomes

Rheumatology Clinic
Business Days Between Referrals and Consult date

X Chart

Subgroups n=20

UCL: 87.3
Average: 65.4
LCL: 43.5

UCL: 67.5
Average: 48.1
LCL: 28.7

UCL: 33.6
Average: 26.1
LCL: 18.6

New patient slots held/week/provider
New provider starts
Outcomes

- No Show median decreased from 15% in 2016 to 6% Jun 2019
- Lowest No Show rate in all of eight Levine’s Specialty Clinics
- Total volume of patients increased by an average of 30 per month

ROI $300 K
Improvement Tools

Welcome to Pediatric Rheumatology.

Please complete a list of questions about the date of rheumatology doctor’s visit today.

Thanks for finishing this chart form.

Your answers will help to better schedule patients sent to our clinic.

Please circle Yes or No

1. Was your child’s appointment made in 30 days.   
   YES / NO.  You do NOT have to fill out any more questions.

   If No go on and answer the questions below.

2. Rheumatology Clinic did not offer your child any appointment dates in 30 days  
   Yes / No

3. Your child missed their first rheumatology appointment and had to rescheduled.  
   Yes / No

4. You forgot your child had an appointment and the appointment was rescheduled.  
   Yes / No

Other — Please BE as specific as possible.

If you asked for any other comments to why you may think an appointment was not made for your child to be seen in our clinic in 30 days.

____________________________________________________
__________________________________________________________________________________________

Sincerely,
Sheetal Vora

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____________________________________________________
__________________________________________________________________________________________

Sincerely,
Sheetal Vora
Improving scheduled appointment date within 30 business days for referrals to Pediatric Rheumatology Clinic who require continuous care at Levine Children’s Specialty Center

**Project Leader: Sheetal Vora, MD**

**Global Aim**
- Children with rheumatic conditions deserve efficient access to a pediatric rheumatologist. Timely access results in rapid treatment plans impacting short-term physical function, family stress level, and long-term health outcomes.

**SMART Aim**
- We will increase from 35% to 85% our rate of appointments scheduled within 30 BD for referred pediatric patients who require ongoing rheumatic care by June 01, 2018.

**Primary Driver**
- Appointment availability
- Empowered frontline staff
- Clear communication within care team, as well as with family

**Secondary Drivers**
- Standardized referral and triage process
- LCSC coordinator has capability to triage referrals
- Timely contact with family to secure appointment date

**Interventions**
- Tool use by referring provider
- Educate referring providers on why information requested in rheumatology tool helps to predict continuous care patients
- Central location to receive referrals
- Open consult slots held to schedule patients in 30 BD
- LCSC coordinator has capability to triage referrals
- Timely contact with family to secure appointment date

**Legend**
- Potential intervention
- Active intervention
- Adopted/Abandoned intervention

Revision Date: 10/8/2018
Standardize Referral and Triage Process

Pre intervention: Referrals were sent to us in different ways and in most cases did not have enough/correct information for triage.

Process:
- Use baseline data to find common clinical characteristics toward creation of referral form.
- Referrals grouped into 4 appointment time frames based on acuity (10, 17, 30, 31+ business days).
- Educated referral coordinators to triage.
- Triage confirmed by MD and RN weekly initially and currently monthly.
Referral Form

- Paper and electronic versions shared with referring offices
  - Demographic information
  - 3 main rheumatology categories: Fever, Joint Pain, Positive Anti-Nuclear Antibody (ANA)
  - Clinical characteristics under each main category
- Basic lab studies and ANA with titer highly recommended and resulted prior to referral
Appointment Availability and Scheduling

- Removed ability for PCP offices to direct schedule appointments.

- Initially new patient slots held to accommodate urgently triaged referrals.

- Nurses evaluate schedules regularly to determine adequate appointment availability and communicate with referral coordinators.
Empowered Front Line Staff

- Create environment that allows each team member to maximize abilities
  - Identify opportunity for enhanced roles
  - Provide education, develop proficiency among Referral Coordinators, Nursing, and MD
  - Audit to ensure process reliability, continues to develop trust and promotes autonomy across the care team
Clear Communication

- Improvement Team
  - Huddles
  - Data review

- Families
  - Ease appointment scheduling through notes in EMR
  - Improve relationship with clinical staff

- Leadership
  - Data review
  - Appointment availability
  - Barrier breaking
Sustainability: The work continues

- Strategies to help referring providers include all pertinent information
- Spread of triage tool to other institutions
- Data collection moving into REDCap for easier collection and analysis.
- Focus on certain populations
"Continual improvement is an unending journey."

~Lloyd Dobens