

IMPROVING CLINIC CAPACITY MANAGEMENT

Introduction

Over the past 2 years, the Department of Pediatrics responded to many internal and external needs, which led to the evaluation and redesign of its clinical access services.

Key challenges that we have confronted when addressing our clinical capacity included:

- Inundation of unapproved provider schedule changes
- Unauthorized staff making schedule changes
- Too many patient appointment reschedules
- Reduction in clinical services offered
- Authorized and unauthorized reduction in providers' clinical effort

This project focused on reviewing current state and developing more meaningful and effective tools. Through this, we identified the need to define expectations as it relate to access management and to ensure consistent communication to all stakeholders (physicians, division staff and Duke Health Access Services).

Objectives

In response to the Duke Health Access Services guiding principles to assure timely access to clinic/provider appointments, the Department of Pediatrics has created infrastructure and implemented organizational changes with the specific access goals to:

- Achieve 2% or less provider clinic cancellation rate by end of FY16.
- Receive timely clinic closure requests within annual target.

Method/Approach

Internal current state analysis was performed to assess how templates and schedules are managed, including timeline of adding and cancelling clinics, process to notify clinics and scheduling hub, and approval process for provider availability changes. Future state development and gap analysis showed key opportunities. These opportunities were then prioritized based on internal and external factors as well as alignment with the primary objectives desired by the Department and Duke Health Access Services.

Key Opportunities/Results

What steps did we take to improve provider cancellations?

- Created a departmental policy for approving provider clinic changes
- Created a "Clinic Closure" departmental form for all non-permanent and permanent provider clinic changes
- Adopted Duke Health's Schedule Change Request "SCR" process for submitting all provider clinic changes
- Created a departmental policy for submitting non-permanent and permanent provider changes via SCR tool

What did we include in the clinic closure form?

The clinic closure form (see Figure 1) requires approval from the Chief and Sr. Business Manager for the submitting division. If the request is less than 45 days, the clinic closure must require approval by the departmental Chair's office.

- Provider's name
- Day/Date Requested
- Clinic Site
- Reason for Request
- Name of Provider covering the cancelled clinic
- Approval
- Signatures

What is the SCR process?

- After the clinic closure form is completed and approved, the division's delegate must submit schedule change through the online form (see Figure 2).
- A SCR routing identifiers are typically already determined. It allows the request to route for more approvals and notify individuals appropriately.
- Afterwards, the SCR requests are completed by the Provider Change team and then sent to Access Center or division office to reschedule the appointments if needed

SCR Routing Table

- **Division Approver:** The authorized SCR approver for removing an existing schedule. This is generally the Sr. Business Manager for the division.
- **Location Approver (aka Site Manager):** The authorized SCR approver for adding a new clinic session. This is generally the nurse manager or health care administrator (HCA) for a particular site.
- **Permanent Approver (aka Clinical Operations Coordinator):** The authorized SCR approver for all level 1 permanent changes.

Figure 1. Clinic Closure Form

Figure 2. SCR Form

Conclusion

The Department of Pediatrics was able to improve clinic access (0.5% provider cancellation rate) for our patient, referring providers and the Duke Health community as a result of these process improvement measurements.

Figure 3. FY15 Planned Provider Cancellations <= 30 Days by Clinical Department

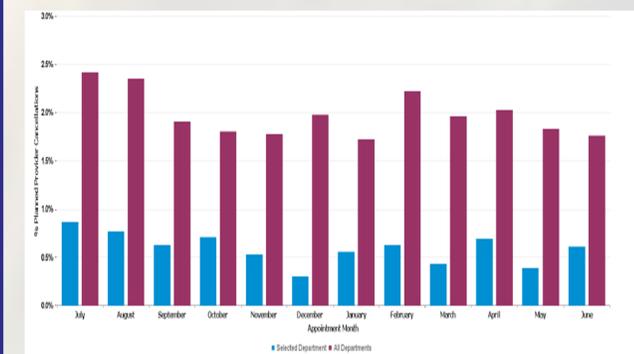
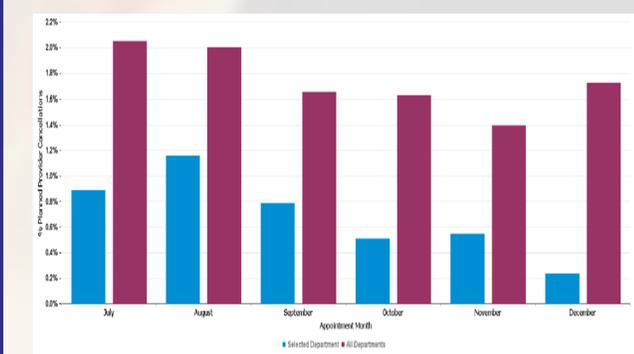


Figure 4. FY16 Planned Provider Cancellations <= 30 Days by Clinical Department



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