

Alternative Scheduling Framework to Decrease Waitlist and Improve Patient Satisfaction In Outpatient Pediatric Rehab

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Alternative Scheduling Framework to Decrease Waitlist and Improve Patient Satisfaction In Outpatient Pediatric Rehab

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Purpose

The purpose of this project was to determine if the utilization of an episodic model of care, along with a nontraditional scheduling model, for pediatric rehabilitation would significantly impact patients access to services.

Background

Satisfaction with pediatric rehabilitation services directly relates to the caregiver's satisfaction with multiple services delivery elements. It was identified that dissatisfied caregivers most often identify lack of access to existing services as a services detractor. Pediatric patients receiving therapy often have lifetime health conditions and present with ongoing needs. These patients are traditionally seen at a consistent day and time for prolonged episodes of care. Patients receiving pediatric rehabilitation services have on average a 10% higher cancelation rate than their adult rehabilitation counterparts. This scheduling pattern frequently will limit the evaluation of new patients until a long-term schedule is opened at the conclusion of an episode of care despite frequent schedule openings due to cancelations. The combined result is extensive wait lists and decreased schedule utilization. This can be challenging when many children in the community are waiting for similar services. To meet the demand, there is increasing pressure to find ways to increase schedule utilization. To accomplish this, novel and creative ways to efficiently manage patient schedules while providing care in an environment suitable to the patients' needs must occur. Key drivers for reducing wait time for pediatric outpatient rehabilitation appointments were:

- Creation of additional patient access
- Utilization of technology such as the patient portal to automate scheduling
- Increase transparency related to duration and intensity of services

Design

The outpatient rehabilitation department at Lehigh Valley Nealth Network (LVHN) partnered with Outpatient Registration to determine more efficient scheduling models. These models were designed and implemented to support episodic model of care at a moderate sized outpatient pediatric rehabilitation pilot location

- Scheduling options considered were:
 - flexible scheduling
 - supplemental telehealth service delivery
 - direct patient scheduling through the patient portal
- Decisions were based upon:
 - number of pediatric patients waiting for appointments
 - technology available to increase scheduling efficiency
 - patient/caregiver feedback
 - cancellation reasons
 - clinician's input

Method

- Education of clinical staff
 - Transition from a long term continuum of care model to an Episodic model of care
 - Educational Caregiver materials: signed agreement at completion of evaluation, shared success plan.
- Development of standard work for scheduling
 - Registration staff was provided scripting to ensure consistency of messaging as they explained the new scheduling process to Parent/ Guardians. (Figure 1)
 - Standardization of the wait list to allow for Fast Pass (Fast Pass feature in Epic sends a patient an email or text message when an earlier spot on the wait list opens)
 - Portal registration to allow for scheduling through Epic Fast Pass invitation
 - Standardized scheduling blocks (Epic Optimization for online self-scheduling)
 - Recall List: Electronic list of patients who have ended an episode of care. Patients are added to recall list for an electronic reminder. Timeframe of reminder based on clinician's recommendations according developmental needs of patient
- Patient's in the flexible schedule model were offered the next available open appointment Follow up appointments offered weekly based on availability. Weekly availability was created through a defined number of blocked slots built into the schedule combined with advanced appointment cancelations.

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Clerical Standard Work	
Process: Pediatric Scheduling - Initial Eval & Follow-up Appts	
Associated Policies: N/A	
Steps to Complete the Process/Scripting	
1. Review waitlist and refer each queue daily and contact parent/guardian to schedule initial evaluation and follow-up appointments.	Submits waitlist/queue standard work (insert link here)
2. When scheduling on initial evaluation (IE) from referral, answer decision tree, select Area Search. Select Area Search (the link is in the "Tools" column and you can see the decision tree as you click on the link). If you click on the link with your mouse, you will be redirected to the "Tools" column. The next available opening is "____". If Parent/Guardian states that they require a newly receiving Initial Evaluation (IE), the standard that having a newly receiving appointment is important for you, the first available receiving appointment is "____".	Selecting Area Search will bring up first available appointment at any of our pediatric rehab sites.
3. After scheduling IE, proceed to scheduling the follow-up appointments.	Select therapists that treat that specific discipline to ensure the patient is scheduled accurately and schedule using correct risk level.
4. Schedules out once a week for weeks 1-12 weeks. The appointment day/time may or may not be the same each week. The patient may be scheduled with another therapist if a specific discipline is not available to work. The preference is to keep with the same therapist as much as possible (then may be week or two that the therapist that performed the IE is not PTO or on leave).	This sets stage for follow-up appointments that may or may not be schedulable the same day/time.
5. Add the patient to the WL. If patient would like to be notified for a sooner appointment via FastPass.	The parent/guardian may ask to be contacted if a sooner appointment is available. If parent wishes to be contacted, please add the patient to the WL. If parent does not wish to be contacted, please add the patient to the WL. If parent does not wish to be contacted, please add the patient to the WL.
6. If patient requires specific care services on any therapist schedule stating "Wait for Waitlist", you may schedule over hold.	Hold is on the schedule due to FastPass being sent out to patients on waitlist. Fast Pass will call and schedule over hold.
7. Patient being placed on episode care, on hold, taking a break - (Shelley Spence) will follow. If patient was not given specific date from therapist to schedule.	Patient will need to be added to recall list if therapist does not provide specific date for patient to schedule IE.
Scripts if parent/guardian asks to be contacted if sooner appointment is available. You will need to call them on the day. When an appointment becomes available, you will need to call them on the day. You'll need to respond as soon as possible to client the opening.	
If a patient requires specific care services on any therapist schedule stating "Wait for Waitlist", you may schedule over hold.	
Patient being placed on episode care, on hold, taking a break - (Shelley Spence) will follow. If patient was not given specific date from therapist to schedule.	

Figure 1

Results

- Incremental improvement was noted in the number of new patient appointments that were completed quarter over quarter. In the quarter immediately following the pilot study a 14% increase new patient evaluation was noted as compared to baseline (124 evals/141 evals). (Figure 2)
- 13% decrease in patients on waitlist during the pilot period as compared to Q3 FY21 baseline (919/801). Sustained significant decrease has continued through Q2 FY22 showing 72% decrease from baseline (919/261). (Figure 3)
- Schedule utilization saw an initial 6% improvement from 68.84% to 73.22% between Q3 FY21 and Q4 FY21. Improved scheduled utilization however was not sustained into FY22
- Net Promotor Scores related to related to ease of getting an appointment improved to 69.2 from a benchmark of 61.64.

Conclusion

With the number of pediatric patients referred for therapy increasing dramatically, it is a priority to ensure appropriate access to services. The implementation of alternative scheduling models proved to be an efficient way to manage patient schedules while still providing care in an environment suitable to the patients' needs. The ability to affect this type of change could only be achieved through a multimodal approach that included utilization of an episodic model of care to determine a foreseeable endpoint for a particular symptom combined with a novel flexible scheduling model.

Benefits

- Increased access to pediatric rehabilitation services
- Empowerment and coordination amongst the interdisciplinary team
- Enhanced patient education
- Establishment of expectations associated with intensity and duration of care episode

Opportunities for Further Study

Qualitative research on effect a patient and caregiver's ease in scheduling appointments has on attendance.

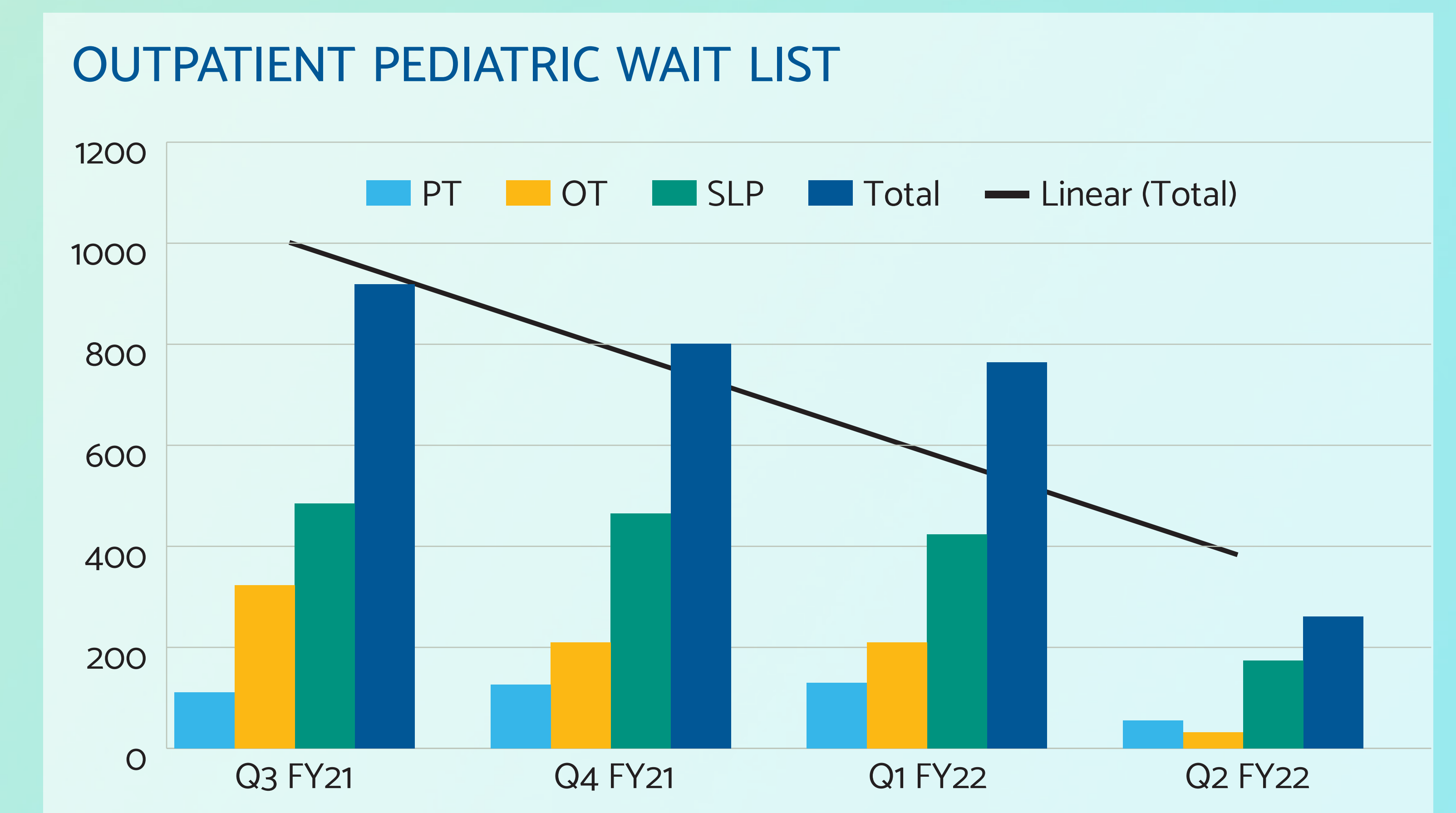


Figure 2

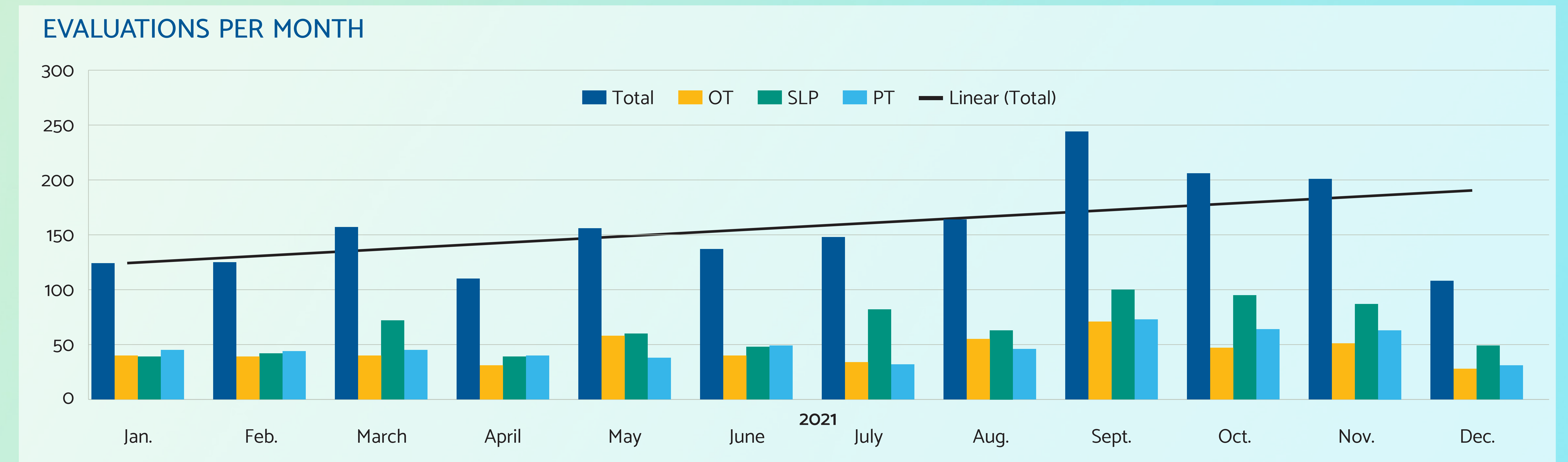


Figure 2

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