Clinic Flow in a Multidisciplinary Setting: The USF Diabetes Center

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Clinic Flow in a Multidisciplinary Setting: The USF Diabetes Center

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Abstract

Optimizing patient flow present a great challenge in any clinical setting. The USF Diabetes Center must navigate this path while providing multidisciplinary services to their patients. The multidisciplinary services include practitioners (MD, ARNP, etc), registered nurses, social work, registered dieticians and psychologists. In an effort to identify specific areas of improvement, we set fourth to capture the current flow from the patient perspective. Three time periods were measured showing that the majority of time in the clinic was spent with providers (48 min) however significant amounts of time were spent in prior to intake waiting areas/intake (34 min) and after intake waiting areas (32 min). Results generated were used to give the staff an overall view of patient flow.

Methods

The student accompanied patients from the time they entered the office for their clinical visit until the time they ended their visit with the provider. The student measured the amount of time the patient spend in several different segments of the visit.

- Appointment Time - As marked in the USF scheduling system
- Arrival Time - When the patients arrived to the Diabetes Center
- Encounter Time - Following vitals and time with the Medical Assistant, when the patient was placed in the Encounter Room
- Practitioner in - When the patient entered the examination room to see the practitioner
- Practitioner Out - When the patient completed their visit with the practitioner and exited the examination room

Results - Data

<table>
<thead>
<tr>
<th>Patient Location</th>
<th>Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival to Encounter</td>
<td>0:34</td>
</tr>
<tr>
<td>Encounter to Provider</td>
<td>0:32</td>
</tr>
<tr>
<td>Time with Provider</td>
<td>0:48</td>
</tr>
</tbody>
</table>

Figure 1 shows patient arrival times in reference to the appointment time. Times shown in black are indicative of the time spent in the waiting room prior to appointment time. Times shown in red are indicative of patients arriving later than appointment time.

Figure 2 and Figure 3 show the amount of time patients spent in each of three categories within the clinic.

Results - Analysis

On average patients arrived approximately 12 minutes prior to the appointment time. Patients averaged nearly half the time in clinic with the provider at approximately 50 minutes (Fig 2 and 3). This differed from new (1hr 5min) to old (44min) patients. It must be noted that patients time in these areas was increased due to interaction with medical students during time in the encounter room. On average patients spent a total time of 1 hour 54 minutes with the multidisciplinary staff.

Conclusion

How are improvements made?

1. Communication with patients regarding arrival times is vital to avoid excessive patient wasteful time. This information must be presented in a concise format to increase the likelihood of gaining appropriate attention from patients.

2. Providers and other staff must be aware of the time that patients spend in the clinic that could be termed “wasted” time. This is something the staff has pointed out as a particular area they would like to become more aware of and reduce.

3. Another helpful factor for decreasing time spent in waiting areas would be to have patients download their own diabetes pump information prior to the visit. There is already an established protocol for patients to participate in this method, however it is not widely used.

Acknowledgements

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