

Simplifying post hospital admission visits one step at a time

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AIM Statement

Increase the quality and efficiency of post-hospital admission (PHA) visits to 61 Queen Family Health Team by:

- Characterizing the quality, efficiency and tardiness of current practice
- Implementing interventions to improve upon current practice

Background

This project was prompted by resident and staff observation that the family medicine visit which occurs immediately after patient discharge from hospital (internal medicine / surgery admission) are often inefficient and result in rushed, non-comprehensive care. A "quality improvement" framework was used to produce practical, creative and multidisciplinary solutions.

Design

- We developed and administered a pre & post intervention physician questionnaire to capture various measures related to the PHA primary care visit, including: efficiency, quality, length of visit, and notification of visit prior to appointment.

- North & South team family physicians at St Michael's Hospital's 61 Queen St Family Practice Unit, completed the pre & post intervention questionnaire.

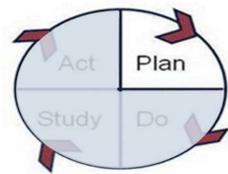
- 5 physicians completed the pre-intervention questionnaire
- 7 physicians completed the post-intervention questionnaire

- The results of the completed questionnaires, along with multidisciplinary input, prompted the "change idea" of: identifying patients recently admitted to hospital and increasing appointment length to 30 minutes (both of which were managed by clerical staff).

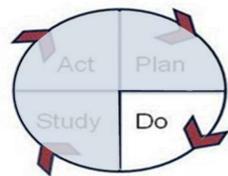
PDSA cycles 1 & 2

- PDSA 1: We ensured adequate quantity of post admission visits by using billing code E080 to determine that there were 20 such visits in a 3m period (Aug-Oct 2012)
- PDSA 2: Quantified pre-intervention: appointment duration, quality and efficiency with standardized physician questionnaire

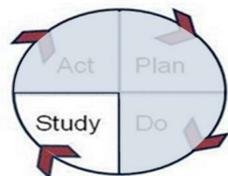
PDSA cycle 3



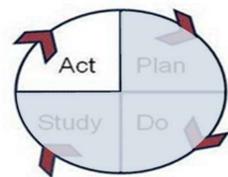
Improve quality and efficiency of PHA visits and clinic tardiness



1. Identified PHA patients
2. Lengthened standard appointment time to 30min
3. Provided participants with a post-intervention questionnaire



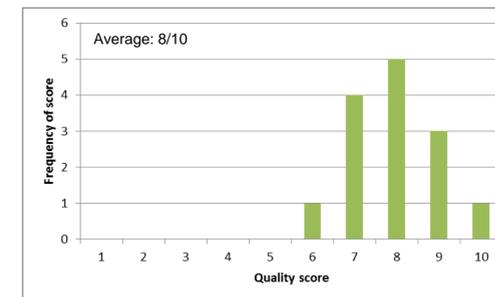
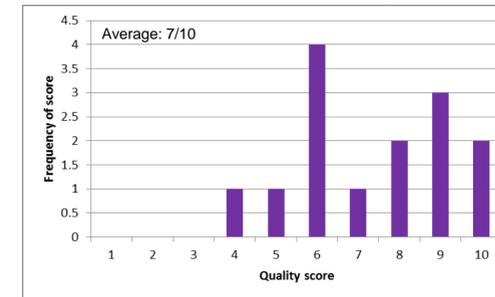
Analyzed questionnaire results



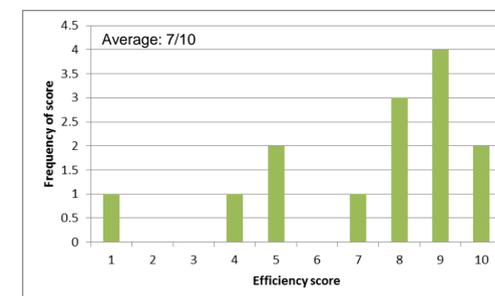
Presented findings to key clinical stakeholders for incorporation into current care processes

Data analysis

Pre & post intervention *Quality* scores:



Pre & post intervention *Efficiency* scores:

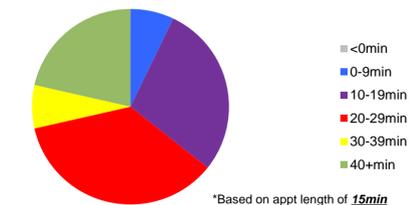


Pre intervention

vs

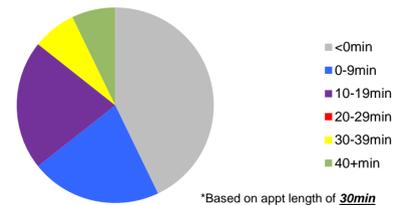
Post intervention

Minutes over scheduled 15 min appt time



*Based on appt length of 15min

Minutes over scheduled 30 min appt time



*Based on appt length of 30min

Results:

Pre intervention:

- Physicians are going over time allotted by ~ 24 min (~39 min/visit vs 15min allotted)

- Quality has been rated as higher than expected ~7/10
- Efficiency has been rated as higher than expected ~ 5/10

Post intervention:

- Physicians are going over time allotted by ~ 8 min (~32 min/visit vs 30 min allotted)

- Quality has been rated as higher than expected ~8/10
- Efficiency has been rated as higher than expected ~ 7/10

Unexpected outcomes

- The entire multidisciplinary FHT displayed great interest in the project
- Participants rated the quality and efficiency of their visits prior to the intervention higher than was expected
- The quality and efficiency rating did not necessarily reflect duration of appointment time

Next steps

The results of this quality improvement project have prompted greater local awareness of the complexity of PHA visits and the possible gains that could be made by extending appointment times to 30 minutes. We hope to collaborate in the future with our nursing and pharmacy colleagues to further improve upon the PHA process.

Acknowledgements

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