Open Access Process Improvement Protocol

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PROBLEM STATEMENT

- The inability to obtain timely appointments with one's Primary care provider impedes access to Primary healthcare causing an increase in non-emergent emergency room (ER) utilization.
- Overutilization of the ER has several disadvantages including cost, increased burden to our healthcare system, and poorer health outcomes.
- Overuse of the ER accounts for billion dollars of healthcare waste spending annually.
- It was proposed that offering timely appointments in primary care would promote access to care and reduce non-emergent ER utilization.

PROJECT PURPOSE

- To create an open access (OA) process improvement protocol in a primary care setting, to improve access to the provider and to the clinic.
- Overarching aims included improvement in workflow efficiency, assist with access to care, decreased cost, decreased non-emergent ER utilization and improved patient outcomes.
- Does the implementation of an OA process improvement protocol in a primary care practice improve access to care, and reduce non-emergent ER utilization compared to current practice within a 90-day time period?

MODEL/NURSING THEORY

- The Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle, provided a continuous and systematic process to evaluate the OA process improvement project.
- The Quality Caring Model by Dr. Duffy provided the theoretical framework for this project. The power of relationships and focusing on providing patient centered guided the OA protocol.

METHODS

Subjects (Participants)

- A convenience sample was utilized for Adult/Geriatric patients with HMO or PPO insurance who presented to the ER with non-emergent complaints.

Exclusion criteria:

- Patients younger than 55 years, and those who were uninsured or had Medicaid insurance.

Setting

- The process improvement protocol was implemented in an Adult/Geriatric Primary care practice with approximately 1000 patients located in a suburban city in South Florida.
- Claims data from three community hospitals located within a 30-mile radius of this primary care practice was analyzed.

Instruments/Tools

- Claims data via The International Classification of Diseases 10th Ed (ICD-10) was the measuring tool.
- Data was uploaded to Power BI a business analytics service by Microsoft which created the report.

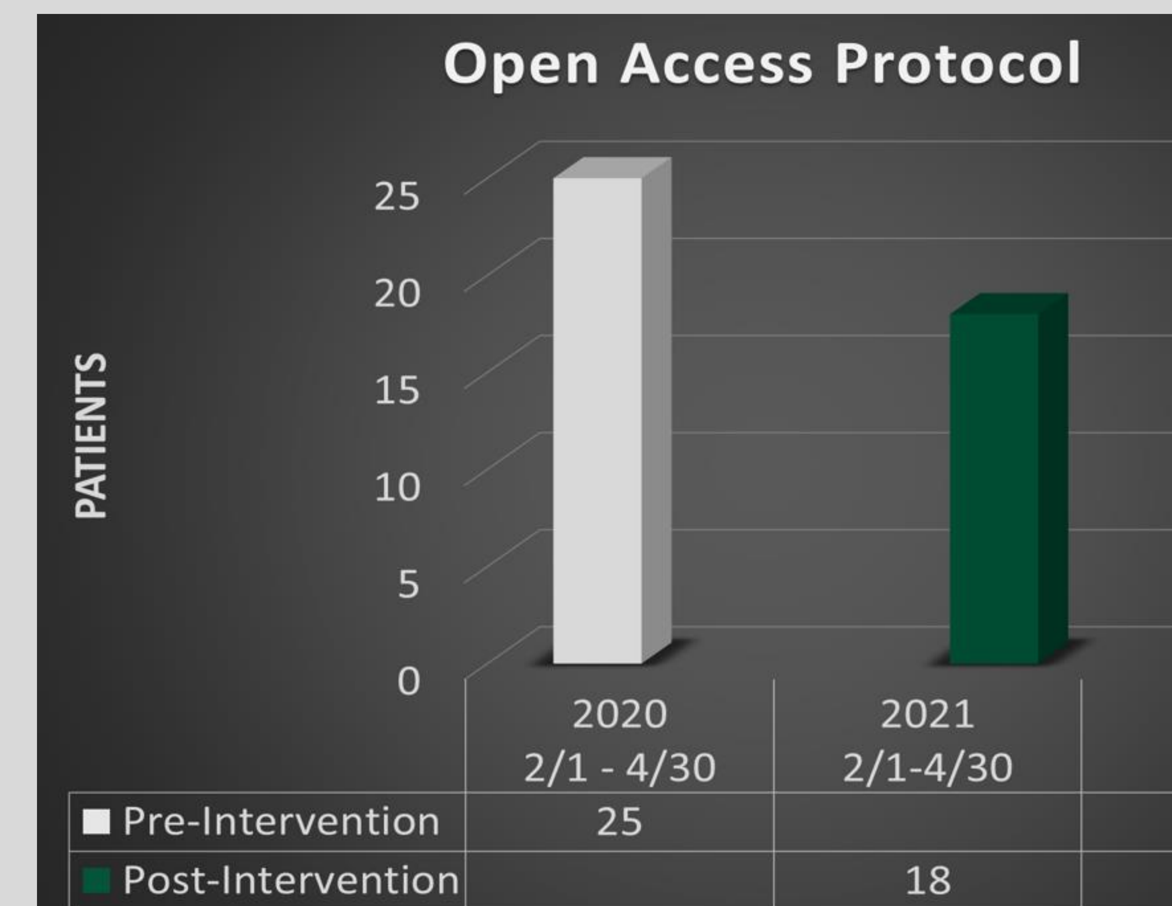
Intervention and Data Collection

- Retrospective data collection obtained over 90 days between 2/1/2020-4/30/2020, non emergent ER use was manually reviewed via ICD 10 codes.
- Post intervention data was collected over 90 days between 2/1/2021-4/30/2021, non emergent ER use was manually reviewed via ICD-10 codes
- The test for one proportion calculator was used to determine statistical significance.

Components of the OA Protocol				
Inform & Educate Patients	Appropriate Triage	Additional Appointment Spots for Urgent Visits	Collaborate with local ER	Post-ER Follow-up

RESULTS

- During a 90-day time period non-emergent ER utilization was decreased from 25 to 18 patients.
- Z–statistic 1.321.
- Significance level P= 0.1864, 95%.
- CI of observed proportion 1.09% to 2.89%.



- Although this protocol did not meet statistical significance (p = 0.1864), clinical improvements were made to improve the patient experience.
- The triage system provided access for patients to be evaluated within 30 minutes, and escalated to a provider, to improve patient-provider relationship.
- Twelve additional appointment slots were made on the clinic schedule for the 4 providers to see patients, and daily these were well utilized.
- Of the pre intervention (n 25) and post intervention (n 18) patients with non-emergent concerns, the following diagnosis were: headache, cough, viral cold, sore throat, urinary tract infection and chronic pain; which could have been treated in the primary care office.

DISCUSSION

- The OA protocol promoted access to care, balanced supply and demand, and reduced non emergent ER utilization.
- The focus of patient relationships and prioritizing their urgent care needs were emphasized by providers and the clinical team.

LIMITATIONS

- During the 90-day intervention, two clinics merged which increased the patient population (tripled), and new administration and personnel were integrated.
- Covid-19 impacted the ER census. Fewer patients visited the ER for non-emergent conditions, which may have affected the overall numbers.

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Outcomes for the implementation of an OA protocol are effective in promoting access to care while preventing utilization of the ER for non-emergent conditions.
- Feedback from both the participants and the staff involved in this project revealed satisfaction with the OA schedule and the desire to continue the protocol.
- The OA protocol is likely to be adapted by other clinics within the region.

SUSTAINABILITY

- The OA schedule can be sustained in the primary care setting by replacing traditional scheduling.
- Future studies may consider comparing financials to assess if OA schedules reduce cost for the primary care clinic.

REFERENCES

- For a full list of references please scan this QR code

Implementation of an Open Access Process Improvement Protocol in a Primary Care Practice setting **decreased** non-emergent ER utilization

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