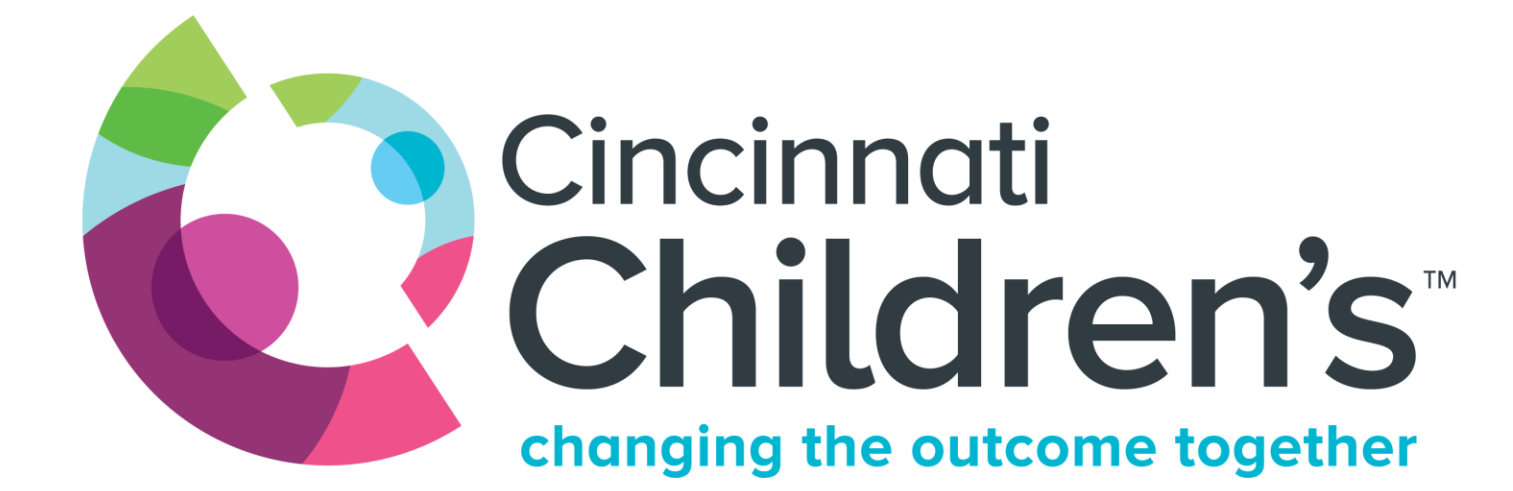


Improving Patient Continuity in Pediatric Endocrinology Fellowship



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Introduction/Background

- Continuity clinic (CC) is an important aspect of pediatric endocrinology fellowship training that allows trainees to follow patients over time from initial diagnosis through future management.
- As the primary endocrinologist of these patients, fellows make decisions and communicate those decisions directly to patients and their families and are the first point of contact for any questions or concerns the patient or family may have.
- CC is seen as a critical part of post-graduate medical education and is also important to optimize clinical outcomes for patients.
- At baseline, continuity was inconsistent, occurring less than half of subsequent visits.

In our program, we have 12 fellows total and each has regularly scheduled CC:

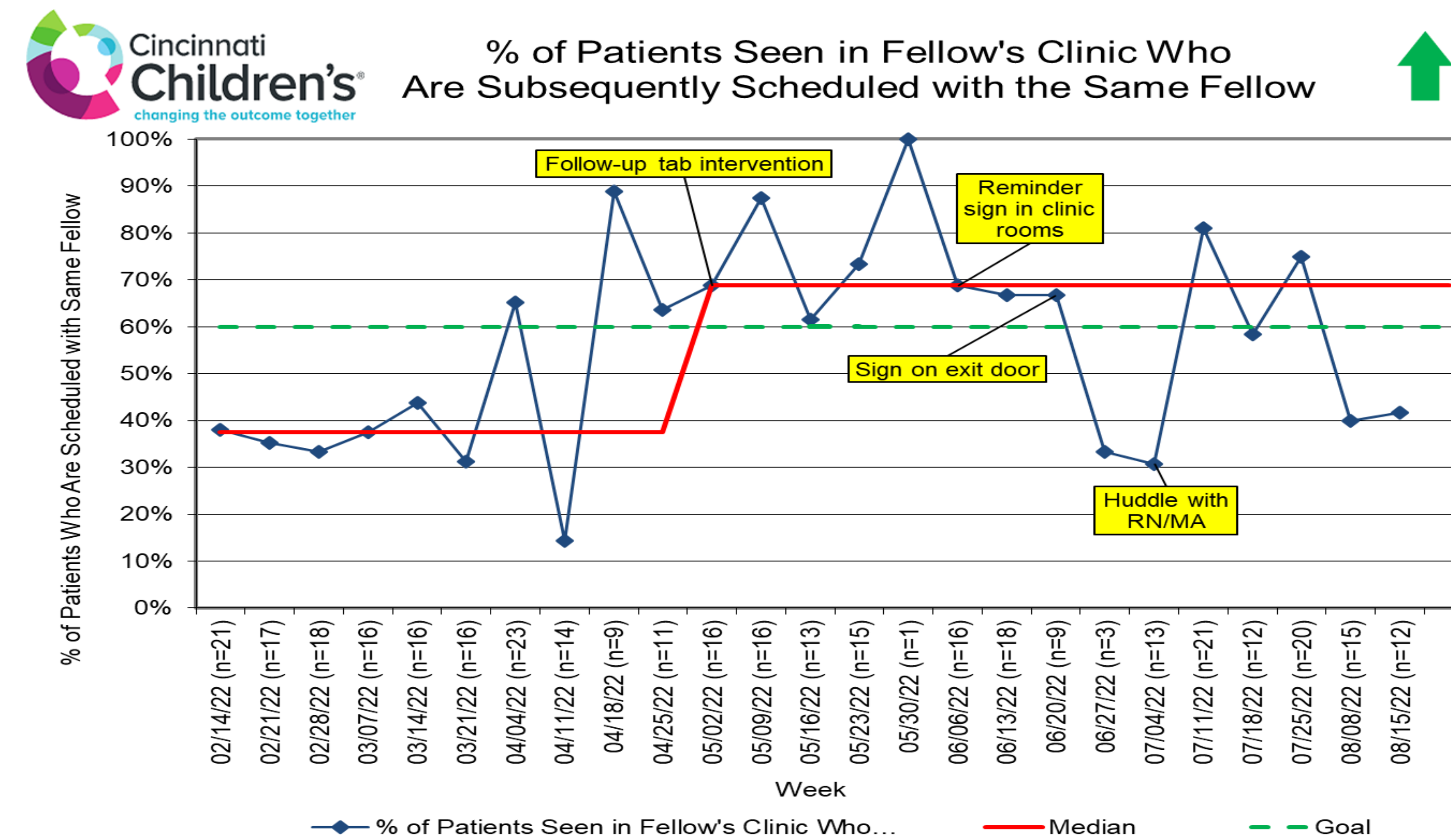
- Each fellow has 2 continuity clinics each month of training
- Each fellow has 22-24 clinics per year
- An estimated 1000 patients scheduled in fellows CC/year

Goal

Our goal was to increase the percentage of patients seen in pediatric endocrinology fellows' continuity clinic that are subsequently scheduled with the same fellow from 38% to 60% over 4 months.

Results

Continuity improved from baseline 38% to 69% over 4 months. The most impactful interventions included fellows filling out a previously under-used "Follow-up" section on the electronic medical record that is seen by the scheduling center, visual reminders for families to schedule their next appointment during current visit, and huddles with clinic nurses/medical assistants to confirm desired follow-up.



Intervention examples



Hiya Pal! While you wait consider scheduling your next appointment! Call- 513-636-0528

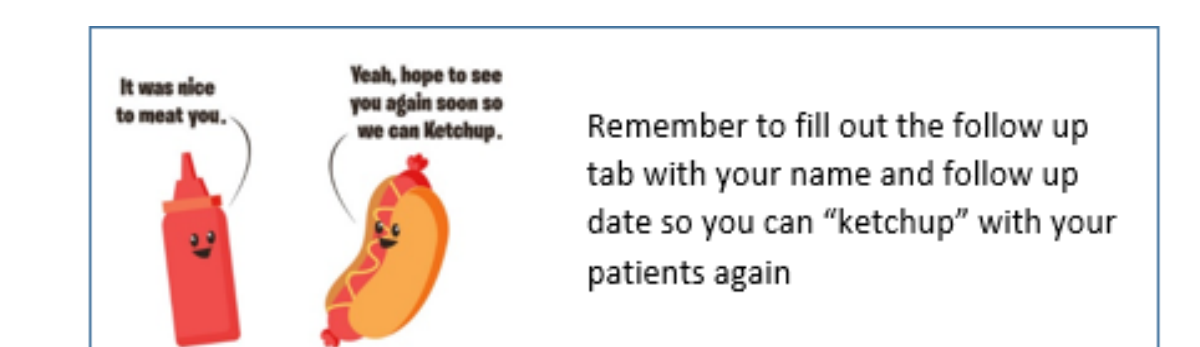
Please make sure you stop by the front desk to schedule your follow-up appointment before you leave!



Team work makes the DREAM Work

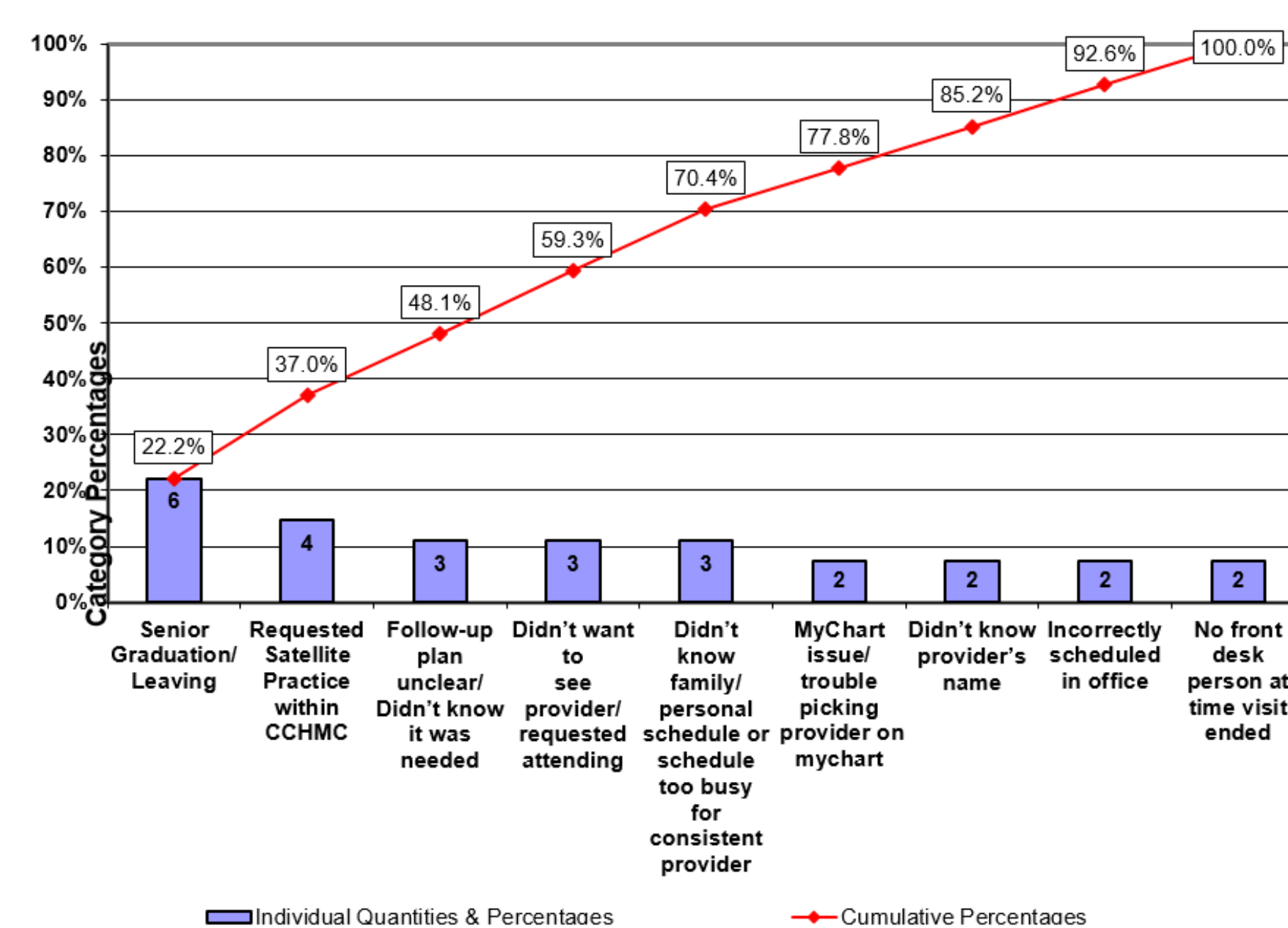


Have you huddled Today?



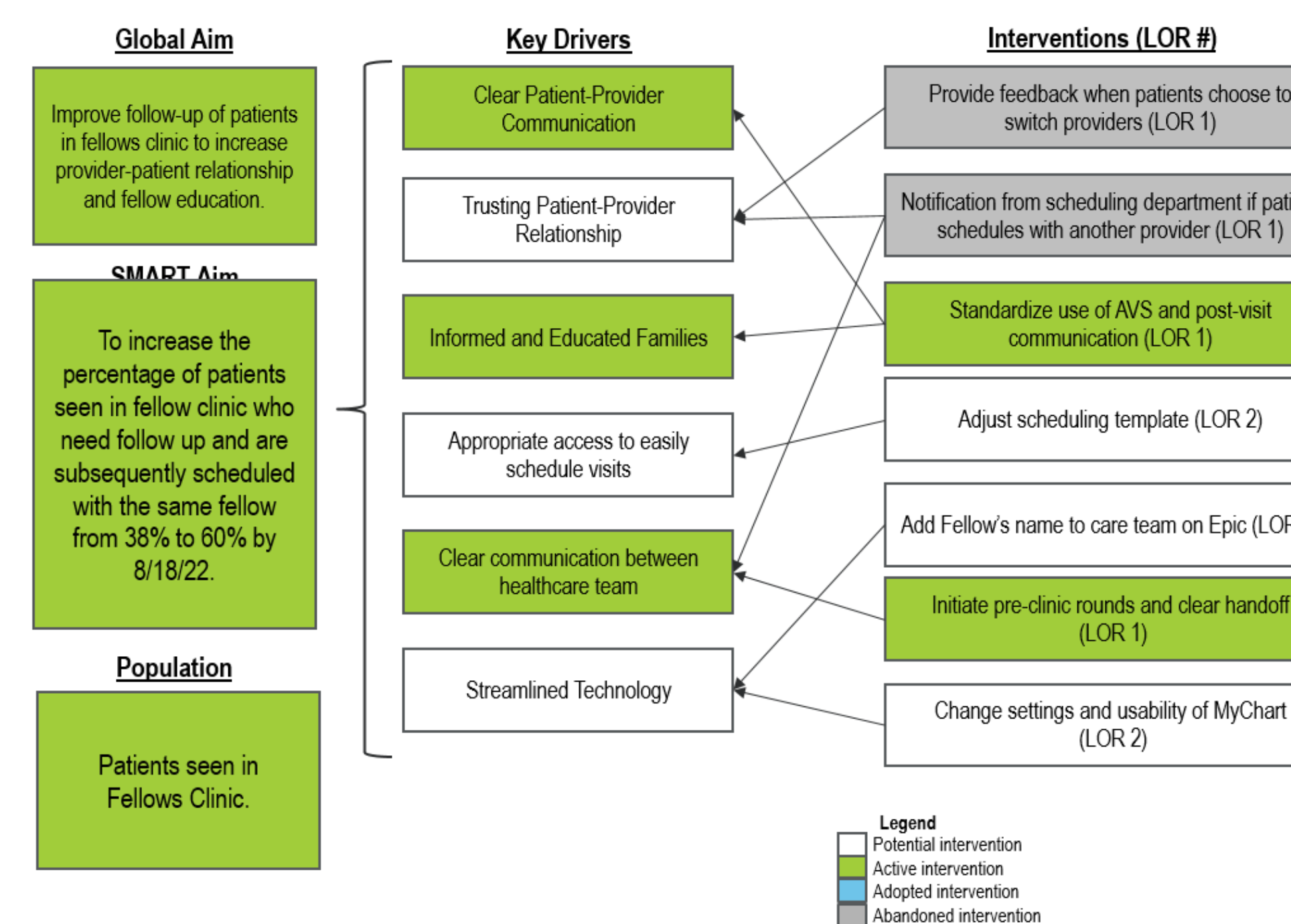
Methods

Failure of Fellow Continuity



- Each fellow completed the Rapid Cycle Improvement Course.
- Assessment of barriers to continuity was completed during the spring of 2022 and plotted on a Pareto Chart.
- A detailed process map was created to identify current scheduling process.
- A key driver diagram reflecting our theory for improvement was created.
- We conducted Plan-Do-Study-Act cycles (each over 2-6 weeks).
- Outcomes were tracked on a run chart over the period of February 2022 through August 2022.
- Continuity was defined as a patient scheduling with the same fellow for subsequent visit.

Improving Continuity for Fellows Clinic— Key Driver Diagram (KDD)



Discussion/Next Steps

There is an inherent challenge in maintaining continuity for academic medical centers that train residents and fellows. Our project shows that strategies exist that can enhance continuity if done purposefully. Using PDSA cycles and applying QI methodology, we exceeded our stated goal of improvement. As a result, between 3 and 4 out of 5 patients seen by a fellow were scheduled with that same fellow in the future as compared to 2 out of 5 prior to our interventions.

Limitations

- Short duration of data
- Potential confounding factors for each intervention
- Variability in data

Future interventions include the following:

- Increasing number of follow up slots
- Systematic implementation of pre-clinic huddle
- Measures to increase fellows' adherence to interventions

