# 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

Methods

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.

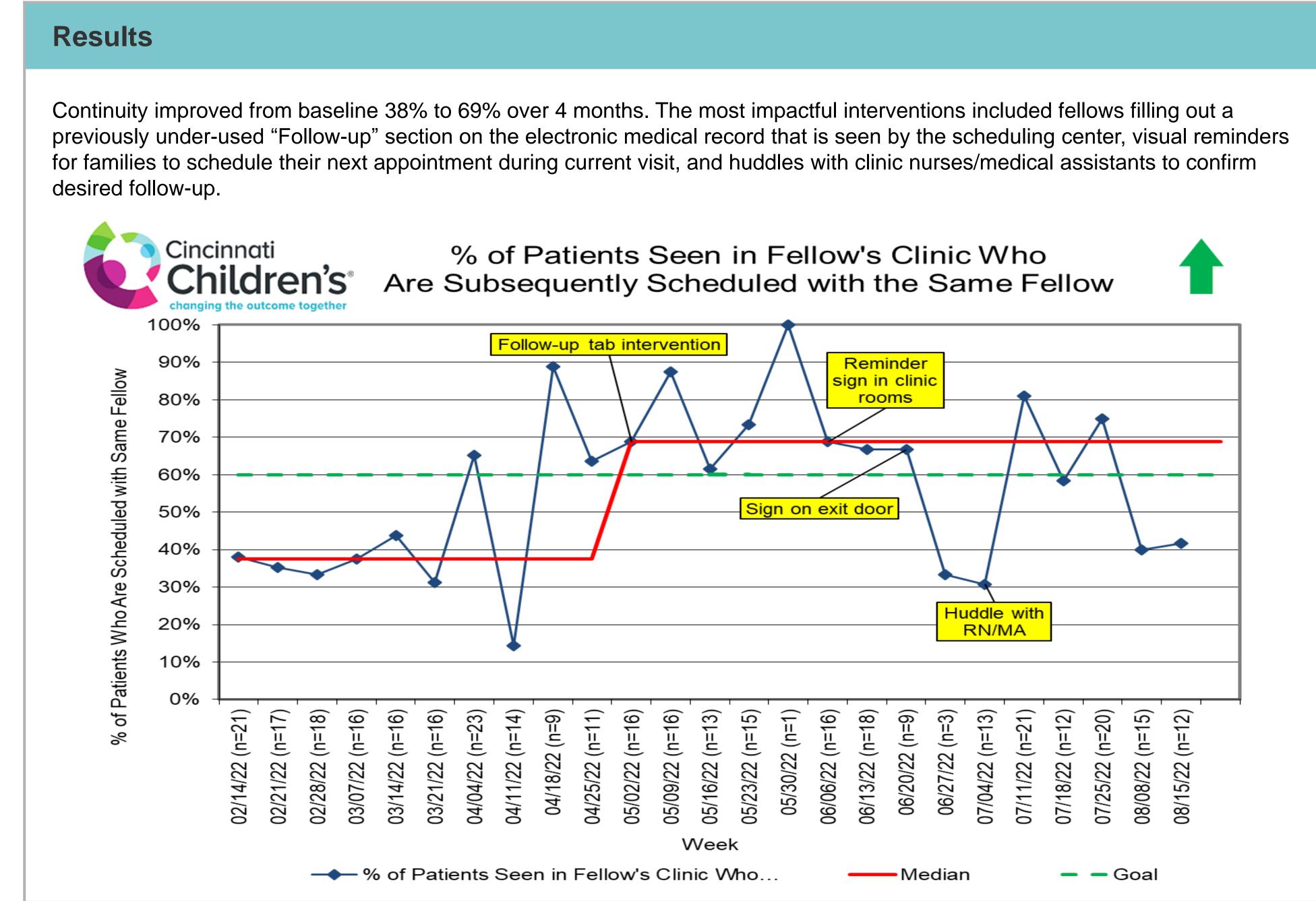
59.3%

Individual Quantities & Percentages

Failure of Fellow Continuity

77.8%

Cumulative Percentages



#### Each fellow completed the Rapid Improving Continuity for Fellows Clinic— Key Driver Cycle Improvement Course. Diagram (KDD) Assessment of barriers to continuity was completed during Key Drivers the spring of 2022 and plotted on Clear Patient-Provider Provide feedback when patients choose to mprove follow-up of patients switch providers (LOR 1) Communication a Pareto Chart. n fellows clinic to increase rovider-patient relationship A detailed process map was Notification from scheduling department if patient and fellow education. Trusting Patient-Provider schedules with another provider (LOR 1) created to identify current Relationship SMART Aim scheduling process. Standardize use of AVS and post-visit A key driver diagram reflecting Informed and Educated Families To increase the communication (LOR 1) percentage of patients our theory for improvement was seen in fellow clinic who Adjust scheduling template (LOR 2) created. need follow up and are Appropriate access to easily schedule visits subsequently scheduled We conducted Plan-Do-Study-Act with the same fellow Add Fellow's name to care team on Epic (LOR 1) from 38% to 60% by cycles (each over 2-6 weeks). Clear communication between 8/18/22. healthcare team Outcomes were tracked on a run Initiate pre-clinic rounds and clear handoff chart over the period of February **Population** Streamlined Technology 2022 through August 2022. Change settings and usability of MyChart Continuity was defined as a Patients seen in patient scheduling with the same Fellows Clinic. Legend Potential intervention fellow for subsequent visit. Active intervention Adopted intervention Abandoned intervention

## Intervention examples



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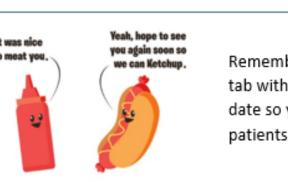
Team work makes the DREAM Work



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## **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

