

The Implementation of a Standardized Expectation Protocol within an Ambulatory Care Setting

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Introduction:

- Telephone triage plays a critical role in today's patient care delivery model⁶
- Patients rely on clinical nurses for multiple needs such as making appointments, inquiring about current symptoms, requesting medication refills and obtaining lab results.^{6,7}
- With the increasing demand of telecommunication, well-defined protocols, can improve efficiency of care.³
- Implementing standardized expectations allows providers to set realistic time frames for non-urgent calls and requests to be fulfilled in a timely fashion.⁵

Background and Significance:

- A multi-specialty ambulatory care site at a NJ comprehensive medical center sees roughly 38,000 patients per year. From January 2019 through April 2020 a total of 10,510 calls were recorded. This site has no standardized protocols in place.
- A lack of standardized protocols has led to decreased staff productivity, disruption of workflow and increased stress. Thus, staff fail to appropriately interact with patients, causing delays in medical care, decreased quality of care, mistakes, loss of patient trust and satisfaction, and, ultimately, increased healthcare costs. 1,2,4,7

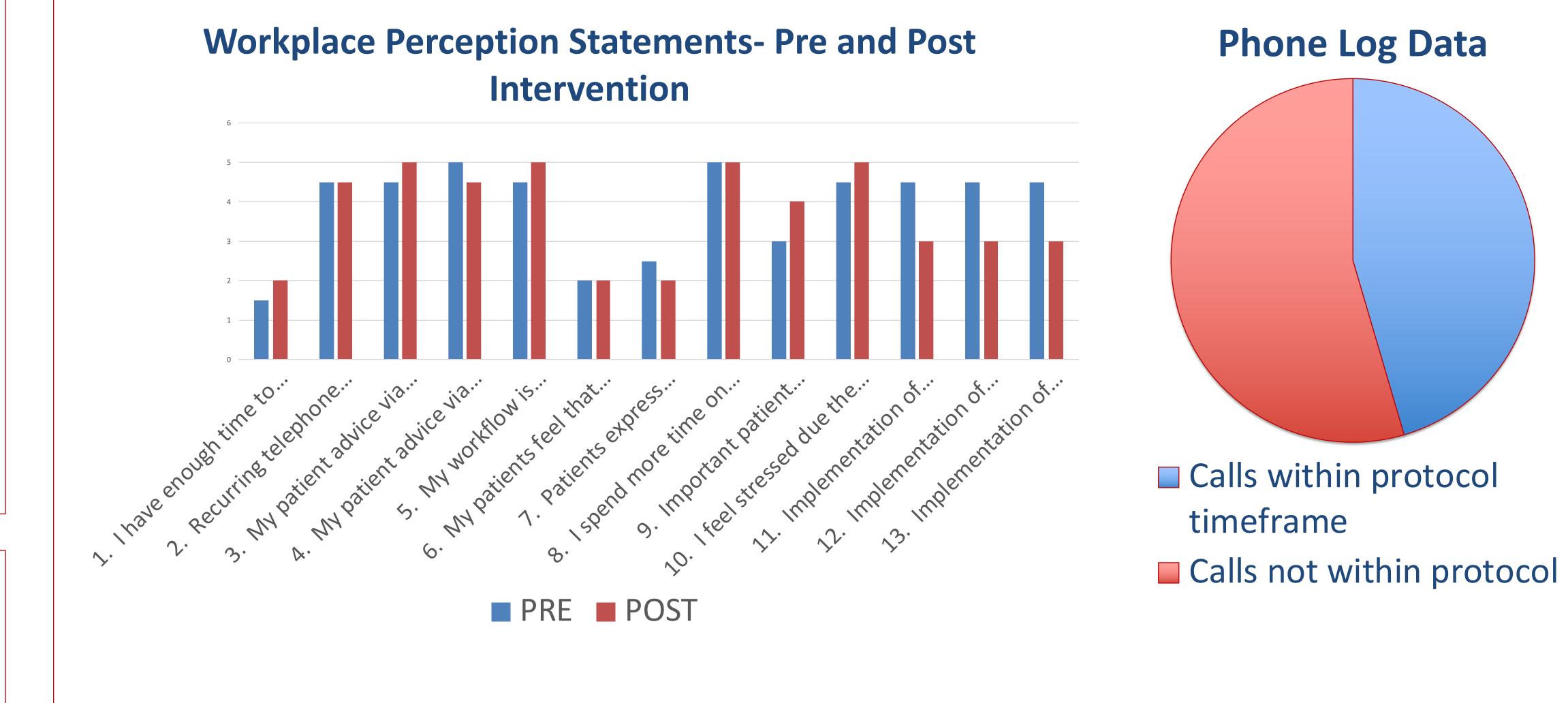
Clinical Question:

What is the impact of a standardized patient expectation protocol on workflow efficiency in an ambulatory practice?

Methodology:

- **Design:** Quality improvement project intervention assessing impact of a patient expectation protocol on workflow
- **Participants:** Registered Nurses, (n=2)
- **Setting:** Pediatric ambulatory practice site
- Intervention: Nurses educated patients on expected time frames for routine lab results and non-urgent medication refills via telephone. Standardized protocol stated that non-urgent lab tests take 5 business days to obtain results and medication refills take 2 business days to process.
- Data Collection: Evidence-based online survey on perception of work-flow administered to nurses preintervention and post-intervention. The post-intervention survey included four open-ended questions to assess how the protocol impacted workflow. Call log data collected to assess if protocol timeframe was followed.
- Statistical Analysis: Descriptive statistical analysis of central tendency was completed by comparing means of pre-and –post intervention survey responses.

Results:



Limitations:

- Data collection and participation limited by # of staff in clinic.
- Clinic transitioned to new EMR system during observation period, which disrupted the nurses' workflow and made it difficult for them to collect data and implement the intervention.
- The small number of call entries during observation period comparison to usual call volume indicates nurses did not record most of the calls making it difficult to draw conclusions based on the data and to properly assess the success of the protocol communicated to patients.

Discussion:

Phone Log Data

timeframe

- Despite difficulties of protocol implementation and data collection, the open feedback portion of post-intervention survey showed that participants agreed that a protocol outlining patient expectations would alleviate some workplace stress and decrease call volume. However, such protocol would be complex, as patient needs and requests vary drastically.
- A protocol is only as good as its implementation. The nurses expressed worry about their ability to implement a protocol in their already busy workday.
- Lastly, when it comes to test results and medication refills, patients are often anxious and impatient to hear back from the provider's office. This suggests an element of emotion which may be difficult to combat even with the most well-defined protocols and communication.

Contact Information & References

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