Clinical Safety & Effectiveness
Cohort # 12

Decreasing the rate of Missed Opportunities at the VA Palliative clinic

Team 9 Jeanette Ross

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT HEALTH SCIENCE CENTER™
SAN ANTONIO

Educating for Quality Improvement & Patient Safety

Financial Disclosure

- Jeanette S. Ross MD has no relevant financial relationships with commercial interests to disclose.

The Team

- CS&E Participant: Jeanette S. Ross MD
- Sandra Sanchez-Reilly MD
- Sandra Wilson
- Lisa Burns RN
- Karen Fisher RN

Assisting team but not core team members:

- Lead Clerk Maria Trevino and clerk Brian Barry
- Facilitator: Hope Nora
- Sponsor Department
  - South Texas Veterans Healthcare System (GEC and GRECC)
  - Araceli Revote MD ACOS for GEC
  - Dept. Medicine- Div geriatrics, gerontology palliative medicine

What We Are Trying to Accomplish?

OUR AIM STATEMENT

AIM Statement
Decreasing missed opportunities[1] in the VA palliative clinic from 35 % to achieve the VA target goal of less than 10% by June 1st 2013

[1]Missed opportunities(Cancellations+ No Shows): An appointment in which the patient did not appear for care and the appointment didn't get cancelled BEFORE the appointment time.

Project Milestones

• Team Created	January 2013
• AIM statement created	February 2013
• Weekly Team Meetings	February 2013
• Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses	March 2013
• Interventions Implemented	Feb. -March 2013
• Data Analysis	Feb-May 2013
• CS&E Presentation	June 2013

Background

- The palliative Care Clinic (PCC) was established as a specialty clinic intended to serve seriously ill veterans and their families
- Rationale: In May 2012 the PCC changed from a primary care model to a specialty only model with the aim on focusing specialized palliative expertise in caring for a more complex seriously ill population
- The clinic is small with a capacity of 13 appointments
- Optimal use of the appointment slots is important

Background

- Veterans Affairs (VA) target for missed opportunities is 10%, the ideal target (goal for the blue) goal is 5%

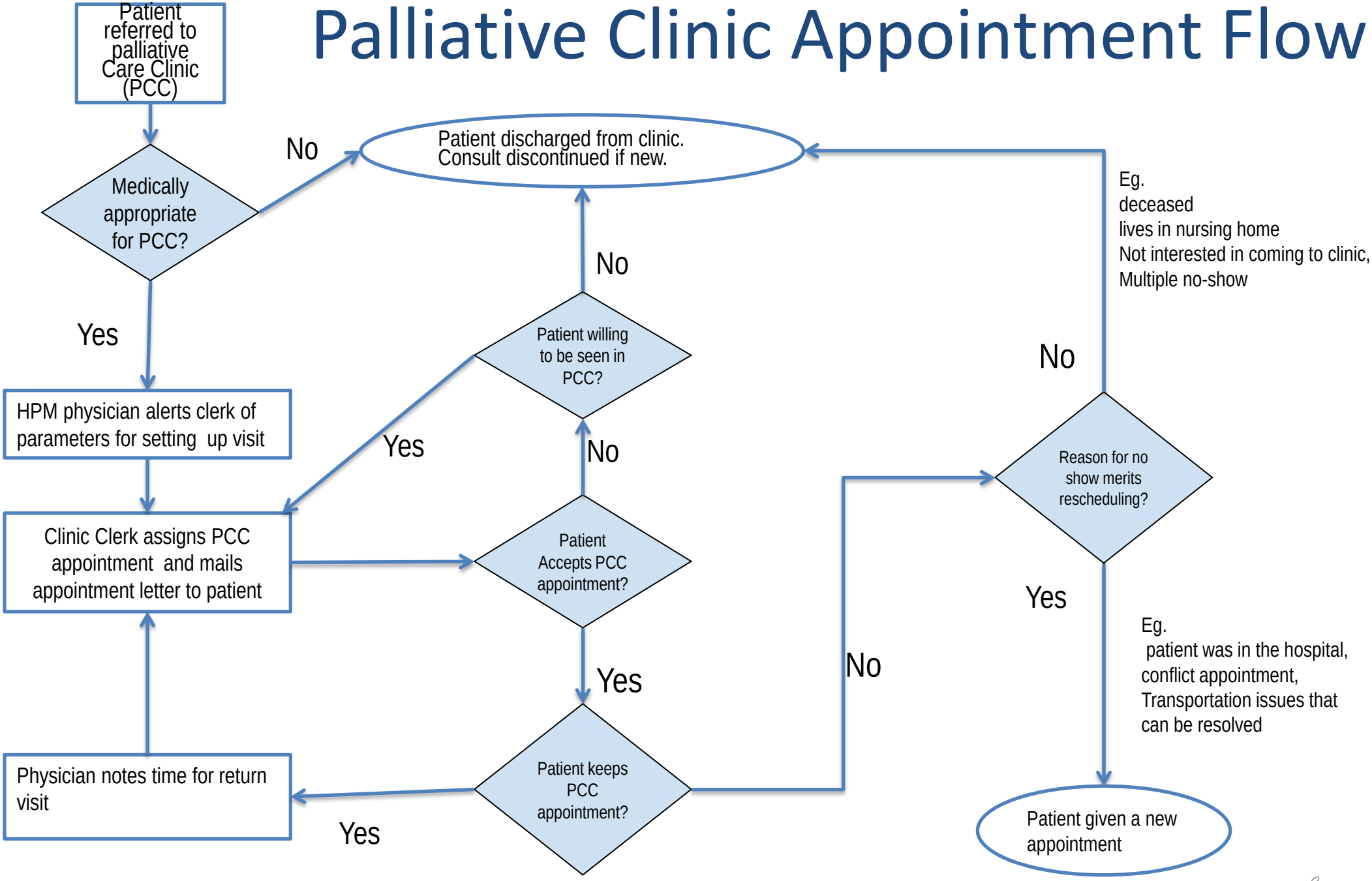
- GEC ACOS Dr Revote initiated efforts to decrease missed opportunities in GEM Clinic

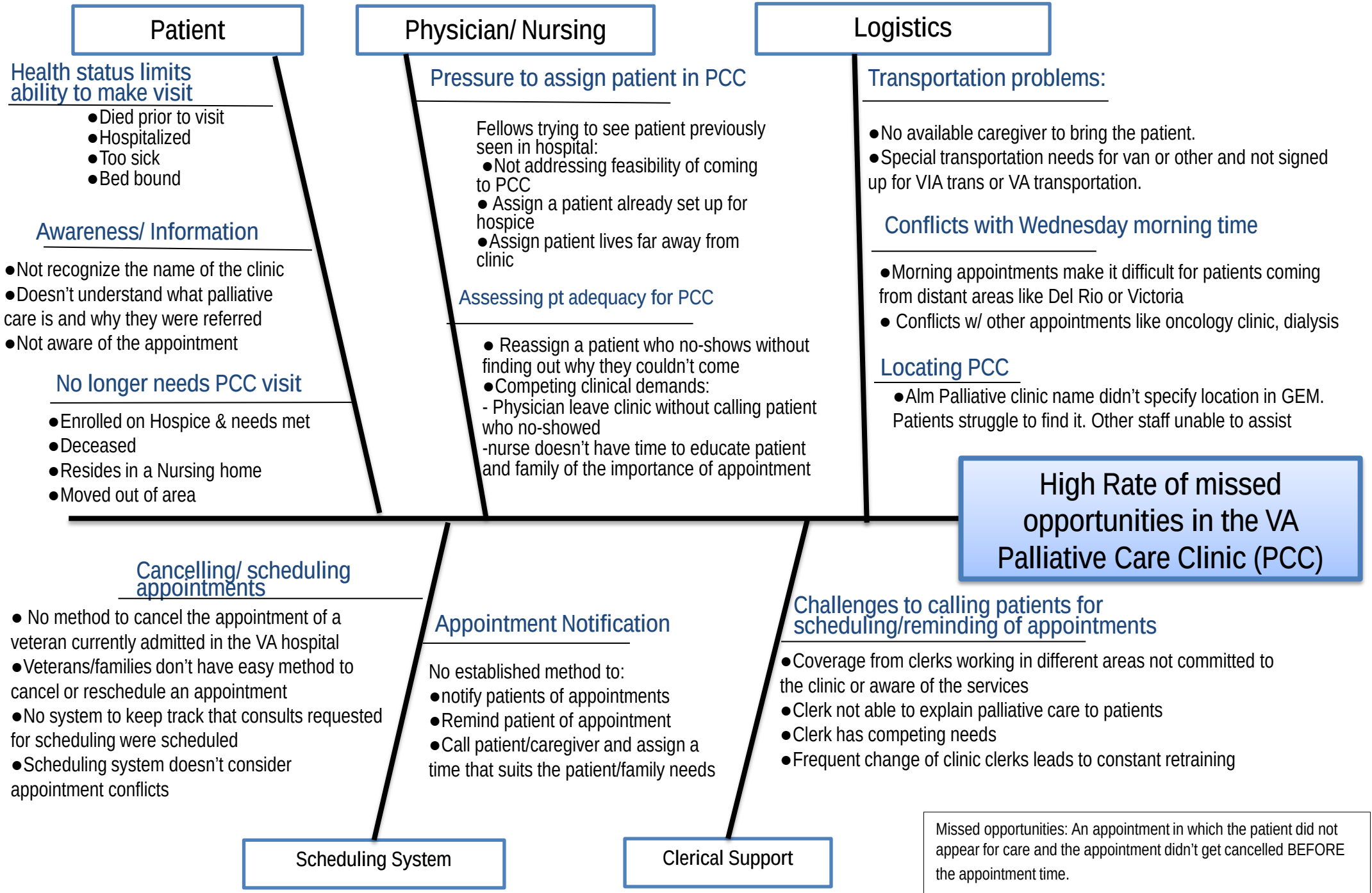
Background Review of Literature: TBI

- The Reduction of “No Shows” and “Missed Opportunities” in Veterans with mild Traumatic Brain Injury
  - Improved process of patient scheduling
  - Modified clinic flow
- Interventions
  - Establishment of Telephone clinic
  - Complete kit prior to appointment
  - Education of referral clinicians
  - Call reminder
  - No Automatic rescheduling
- Missed Opportunity decreased from 42% to 28%

https://www.abpmr.org/moc/pp_samples/VeteransWithMildTraumaticBrainInjury.pdf

Palliative Clinic Appointment Flow





Missed opportunities: An appointment in which the patient did not appear for care and the appointment didn't get cancelled BEFORE the appointment time.

Background Data

Month	Number of cancelled by clinic after appt date/Time	Number of No-shows	number of cancelled by patient after appt date/time	Numerator all missed opportunities	Denominator all possible appointments	Missed opportunities rate
July	0	4	0	4	27	15%
August	0	3	0	3	16	19%
September	0	9	0	9	35	26%
October	1	14	1	16	40	40%
November	0	6	0	6	25	24%
December	0	12	0	12	34	35%

Changes Made To Improvement

- Screening of patients for visit
- Communication with patient/caregiver when setting up the appointment time
- Having a written reminder of appointment mailed ahead
- Clinic brochure sent/given to new patients
- Telephone call day prior to visit to remind of appointment
- Cancel appointment of inpatients veterans
- Clinic check-out sheet
- -Volunteer making phone call reminders

Plan: Intervention

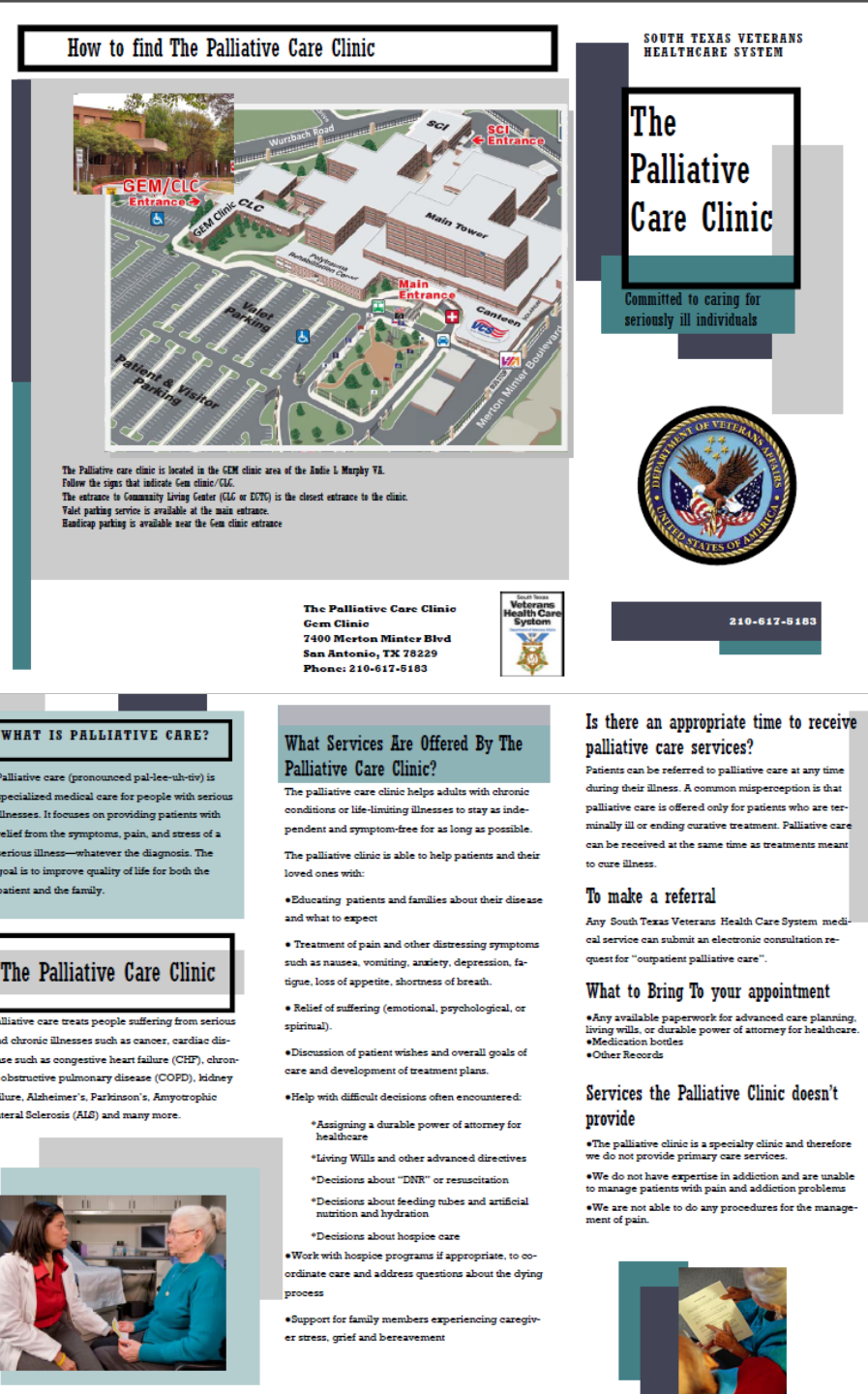
Revising Assignment of Patients to Palliative clinic

- Is the patient already in hospice?
- Does the patient live near by the San Antonio VA clinic?
- Can Patient be seen in the Kerrville VA Palliative clinic?
- Is the patient currently in the hospital, have they been seen by the inpatient palliative care team?

Plan: Intervention

Pre-Palliative clinic Communication

- Palliative Clinic brochure
- Education referring specialist
- Communication with patient or caregiver about setting appointment time
- Mailing of appointment beginning of the month
- Telephone reminder day prior



How to find The Palliative Care Clinic

GEM/CLC Entrance
SCI Entrance
Main Entrance
Wurzbach Road
GEM Clinic CLC
Main Tower
Valet Parking
Patient & Visitor Parking
Canteen
Merton Minter Boulevard

The Palliative care clinic is located in the GEM clinic area of the Audie L Murphy VA.
Follow the signs that indicate Gem clinic/CLC.
The entrance to Community Living Center (CLC or LC7C) is the closest entrance to the clinic.
Valet parking service is available at the main entrance.
Handicap parking is available near the Gem clinic entrance

SOUTH TEXAS VETERANS HEALTHCARE SYSTEM

The Palliative Care Clinic

Committed to caring for seriously ill individuals

The Palliative Care Clinic
Gem Clinic
7400 Merton Minter Blvd
San Antonio, TX 78229
Phone: 210-617-5183

210-617-5183

WHAT IS PALLIATIVE CARE?

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

The Palliative Care Clinic

Palliative care treats people suffering from serious and chronic illnesses such as cancer, cardiac disease such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), kidney failure, Alzheimer's, Parkinson's, Amyotrophic Lateral Sclerosis (ALS) and many more.

What Services Are Offered By The Palliative Care Clinic?

The palliative care clinic helps adults with chronic conditions or life-limiting illnesses to stay as independent and symptom-free for as long as possible.

The palliative clinic is able to help patients and their loved ones with:

- Educating patients and families about their disease and what to expect
- Treatment of pain and other distressing symptoms such as nausea, vomiting, anxiety, depression, fatigue, loss of appetite, shortness of breath.
- Relief of suffering (emotional, psychological, or spiritual).
- Discussion of patient wishes and overall goals of care and development of treatment plans.
- Help with difficult decisions often encountered:
  - *Assigning a durable power of attorney for healthcare
  - *Living Wills and other advanced directives
  - *Decisions about "DNR" or resuscitation
  - *Decisions about feeding tubes and artificial nutrition and hydration
  - *Decisions about hospice care
- Work with hospice programs if appropriate, to coordinate care and address questions about the dying process
- Support for family members experiencing caregiver stress, grief and bereavement

Is there an appropriate time to receive palliative care services?

Patients can be referred to palliative care at any time during their illness. A common misperception is that palliative care is offered only for patients who are terminally ill or ending curative treatment. Palliative care can be received at the same time as treatments meant to cure illness.

To make a referral

Any South Texas Veterans Health Care System medical service can submit an electronic consultation request for "outpatient palliative care".

What to Bring To your appointment

- Any available paperwork for advanced care planning, living wills, or durable power of attorney for healthcare.
- Medication bottles
- Other Records

Services the Palliative Clinic doesn't provide

- The palliative clinic is a specialty clinic and therefore we do not provide primary care services.
- We do not have expertise in addiction and are unable to manage patients with pain and addiction problems
- We are not able to do any procedures for the management of pain.

Plan: Intervention

- Identifying Potential Conflicts with appointments
  - Inpatient clerk check for alm gem appointments
  - Calling patients day prior of visit
  - Beginning of palliative clinic huddle

Plan: Intervention

Future appointment Scheduling

- Addressing No-shows
- Dismissal from clinic
- Clinic check out sheet
  - Changes to demographics added to CPRS
  - Follow up appointment time frame

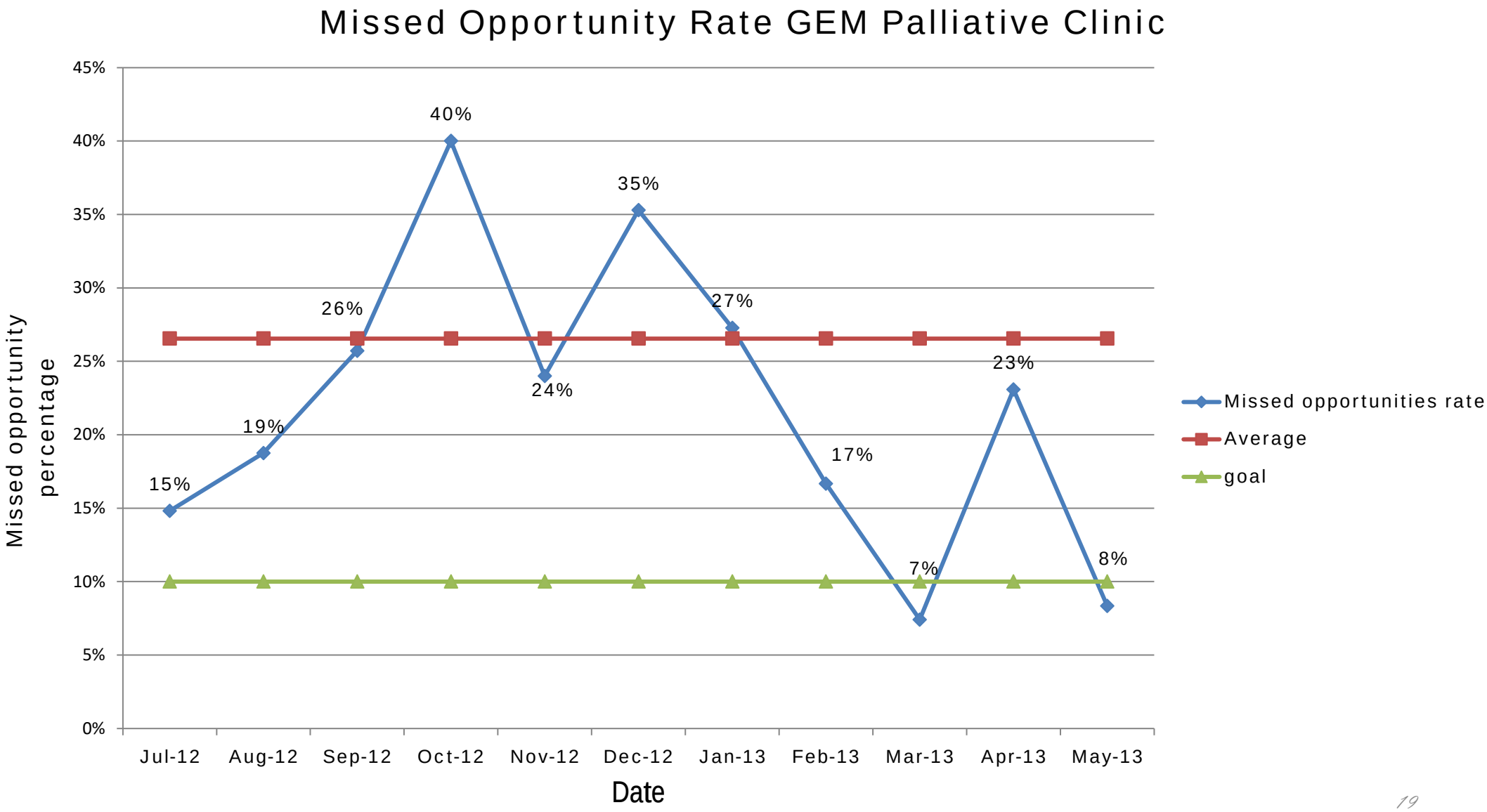
Do: Implementing the Change

- Establishment of GEM QI team
- Met with MAS Lead clerk and supervisor
- Day prior of visits calls done by physician and currently by RN's
- Met with Oncology service director
- Educated inpatient palliative care team to educate patients about clinic and set up clinic appointment
- Palliative clinic patient tracking method established

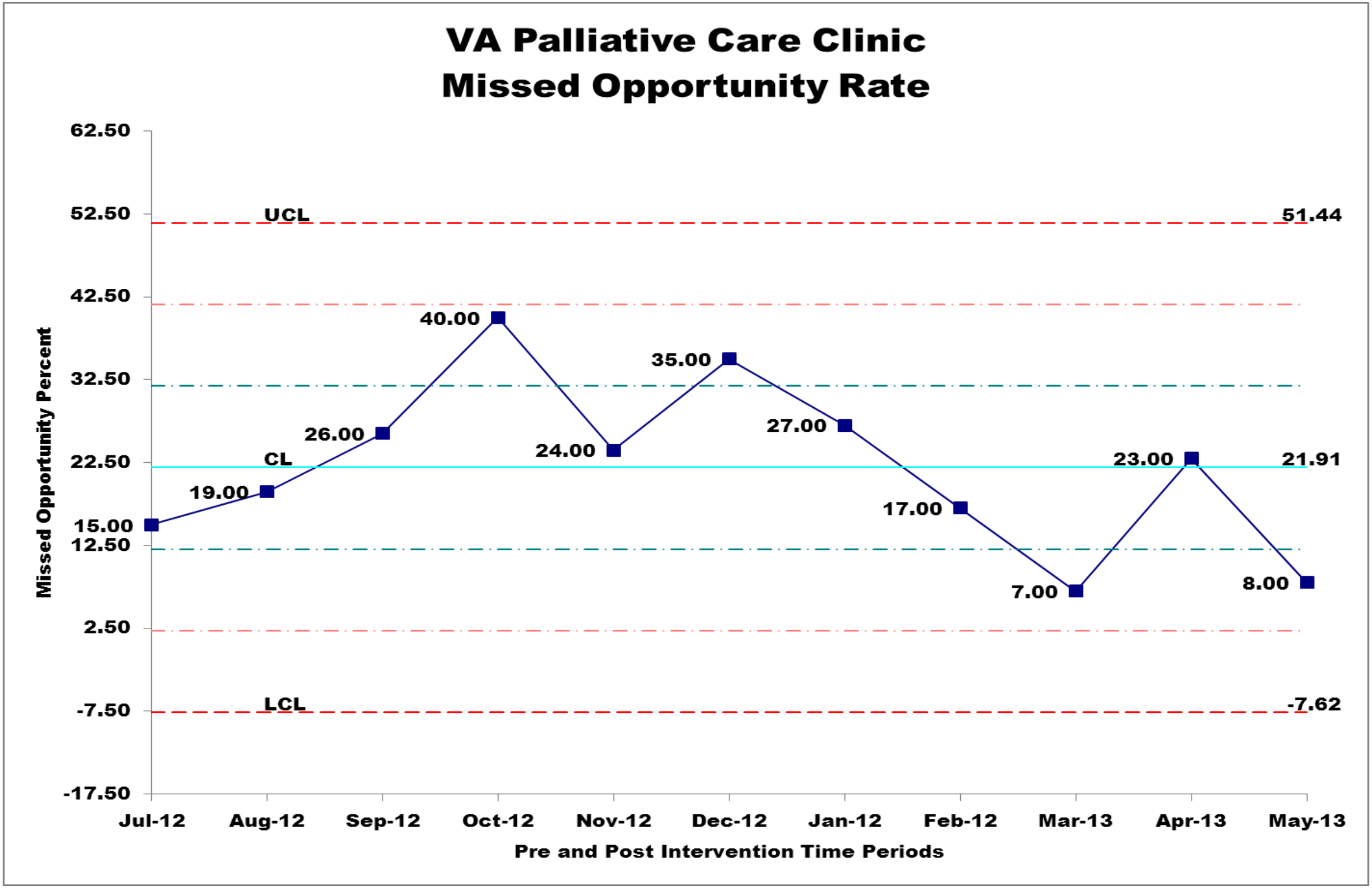
Study: Measures to Evaluate Missed Opportunities

- Measures
  - Number of patient no show
  - Number of cancellations after clinic time by patient
  - Number of cancellations after clinic time by clinic
  - Number of total appointments available
- How you will measure
  - VSS System of tracking by VA allows retrospective monthly measurements of missed opportunity
  - Chart assessment of individual reasons for no show cancellations
- Specific targets for change
  - Goal of less than 10% missed opportunities

Results/ Impact



VA Palliative Care Clinic
Missed Opportunity Rate



Lessons Learned

- Barriers:
  - phone calls are time consuming
  - clerical staff service not willing to make phone calls
  - Highly skilled personnel currently making call not sustainable
- Cancelation of clinic appointments by inpatient clerks not being done
- We are identifying earlier patients who are unable to come to their appointments

Return on Investment

- Benefits:
  - Incoming revenue is difficult to identify
  - Palliative services improve the experience of people with serious illness
  - By decreasing the missed opportunity rate we are working towards optimizing the clinic capacity
  - Better usage of time by not having to wait for people who were not coming anyway
- Cost:
  - 1 day week of palliative physician time
  - Nursing time, clerical time about 6 hrs/week each
  - Cost of VA printing marketing materials

Limitations

- Electronic data system gathers information on monthly basis
- Staffing highly on palliative care fellows
- Project not initially QI data not tracked for:
  - specific reasons for no shows
  - Number of inpatients not cancelled

ACT: What's Next

- Future benefits: several interventions to decrease missed opportunity implemented to whole GEM clinic
- Volunteer to make phone calls
- Partnerships with services for referrals of palliative patients including transplant service
- Add staff physicians to be able to grow the palliative clinic
- Making PC clinic more interdisciplinary by increasing the social work, psychology and pharmacy presence

Conclusion

- Patient centered contact allows for better scheduling and clinic attendance
  - Meet the performance measure
  - Improve clinic utilization
  - Improve access
  - Improve provider satisfaction and time usage

Questions?
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