

Abstract Submission for 2012 MHS Conference:

Enhancing Patient Satisfaction and Care by Improving Developmental Screening Process

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Introduction

Healthcare screenings are critical for providing optimal population health, yet the process of completing them can be tedious and disruptive. In fact, despite American Academy of Pediatrics (AAP) policy statements regarding the importance of developmental screening for young children, a 2010 national survey indicates that only 28% of children under 4 years old were assessed for delays with developmental questionnaires. A detailed study undertaken to identify challenges in implementing screening recommendations revealed that the most common concern was that “a developmental screening instrument would slow the flow of patients through the clinic.” Additionally, practices experienced great difficulty in distributing screening instruments to families whose children were the specified ages for screening versus those who were not. Finally, screening rates dropped predictably at busiest times and when clinics experienced staff turnover.

In 2011, Royal Air Force Lakenheath undertook an initiative to increase adherence to developmental screening guidelines while expanding parent-centered care and convenience and decreasing time burden to families and staff.

Based on AAP recommendations, the Air Force implemented the Ages and Stages Questionnaire (ASQ) to help identify children with potential developmental delays and differences. A 2005–2006 study found that, by performing the ASQ screening at 12 and 24 months, referral rates increased by 224%. Seventy percent of those identified solely by the screening as having potential delays and/or differences qualified for special services, and 83% were scheduled for additional developmental monitoring.

Despite its many benefits, the ASQ screening questionnaires are long, tedious, and can be disruptive to the flow of appointments in a pediatric clinic. In March 2011, after using the ASQ screening for almost two years, pediatric patients, providers, nurses, and staff at Royal Air Force Lakenheath were becoming increasingly frustrated.

With five to seven well-visits daily that were taking at least 10 minutes longer than planned, the screening was creating a considerable backlog of waiting patients. By the end of each day, the Pediatric Department could be running up to an hour behind schedule. The pediatric team at Lakenheath knew they needed to find a way to deliver the screening prior to parents arriving at their children’s appointments in order to improve the patient/provider experience.

They decided to send the ASQ paperwork along with appointment reminders through their electronic communication service for expectant and new parents three weeks in advance of each well visit.

According to the Pediatric Champions, “[Using the email system to deliver the appropriate ASQ paperwork prior to the appointments] has increased patient and doctor satisfaction and saves time at the appointment, which ensures the provider has more time to interact with the patient.”

With approximately 30% of parents coming to their appointments with their paperwork completed, the pediatric team is now able to provide a thorough exam and much more satisfying experience for patients, providers, and nurses. Based on the demonstrated savings during the six-month data collection period, a projected 78 hours of nursing time and patient backlog will be saved in FY2012.

Methods

Royal Air Force Lakenheath requires the ASQ screening to be completed at the well visits at 2, 4, 6, 12, 18, 24, 36, 48, and 60 months. At each appointment, parents are given a 10–15-page questionnaire to complete when they check in. Parents are asked to come 15 minutes prior to their appointment to complete the screening; however, they need another 10 minutes to finish on average. They must try to focus on this screening while getting their babies and young children situated at the doctor's office and between height and weight checks, nurses asking questions, and even while the doctors are speaking to them. Their doctor must review and discuss the completed questionnaire before the close of the appointment.

All understand the need for the questionnaire but are frustrated by the process. Parents feel impolite not paying attention to the care providers. Providers are disturbed that parents are pulled between the appointment and the screening. No one likes that appointments are taking much longer than expected.

With their electronic communication service for expectant and new parents, Lakenheath has the ideal means for an automatic, routine distribution of the ASQ paperwork to families with upcoming appointments.

For the past three years, the OB and Pediatric teams at Lakenheath have diligently enrolled expectant and new parents in their weekly email service, which provides trustworthy developmental information branded from their hospital. The emails are customizable and allow the hospital staff and caregivers to send additional, unique messages as needed to identifiable target groups. It is this unique function that made it possible for Lakenheath to schedule appointment reminders with the appropriate screening paperwork in anticipation of each well-baby visit.

In March 2011, the Pediatric Champions took one hour to create messages for each of the required well visits and set them to reoccur every time a child reaches the applicable week of infancy or toddlerhood. Due to electronic efficiencies, these messages will continue to be sent automatically week after week to exactly the correct target group.

Since these reoccurring e-campaigns began, the pediatric appointment process has become smoother. The pediatric nurses noticed that approximately 30% of patients now arrive with their ASQ paperwork in hand. They are ready to focus on their child's appointment, thereby easing the backlog as well as parent/provider frustrations and stress during appointments.

Results

Patients report that they appreciate receiving the ASQ paperwork online and not being rushed to complete it during their appointments. They further value the campaign as a helpful reminder for scheduling their child's next appointment. Complaints and frustrations have decreased dramatically.

Providers and nurses appreciate that the clinic is running more smoothly again and that the well visits are not creating a dismal backlog and negative impact on their relationships with patients. They report: "Parents coming in with their paperwork already completed saves about 10 minutes between each well visit, which is great!"

The nurses have noticed a gradual increase in the number of families that come prepared to appointments.

There were some obstacles to smoothing the ASQ screening process before arriving at this electronic solution. The biggest hurdle was identifying a time when the paperwork could be distributed close to when the patient would be coming in for their appointment. The pediatric clinic had considered printing the ASQ paperwork and giving it to patients before they left their last appointment in preparation for their next. This had been tried at another Air Force pediatric clinic. However, patients often forgot the paperwork since it was given so far in advance, and the clinic used a good deal of resources—time, effort, and money—in printing 15 pages per patient.

The next hitch was finding a distribution channel that patients value so providers would know that they would heed the messages.

Lakenheath's email service was the perfect answer to both obstacles. It is both an effective resource and efficient, allowing providers to send distinct messages while automatically connecting with patients on a weekly basis with information they, as parents, crave. Lakenheath has been connecting weekly with expectant and new parents through their email service for the past three years. With a 39% open rate, compared to a national open rate average of 7–9% for healthcare related e-newsletters, pediatric providers, nurses, and hospital staff know that patients are engaged and value the information they receive from their hospital.

Creating an e-campaign takes minutes of a provider's time, yet the message can be sent as many times as needed automatically and on a reoccurring basis. The appointment reminder and ASQ paperwork e-campaign series enjoys a 46% open rate up until the child's third birthday.

For the past six months, the pediatric team at Lakenheath has been feeling the impact of the e-campaign series. They have heard comments from patients who appreciate that the staff values their time and responded to the frustrations they were feeling at their well visits. With 30% coming in prepared now, all feel the flow in the clinic is more manageable and comfortable.

Conclusion

This project demonstrates how RAF Lakenheath capitalized on several elements of the

“Quadruple Aim,” including a population view of health care needs, capacity for proactivity, “memory” of the person, and capacity for system redesign and execution.

The “time” factor is a big barrier that prevents many practices from doing the screening that should be done. Lakenheath’s electronic solution could help both those who don’t screen because of the time factor, and those who do but at the cost of patient/staff inconvenience, distraction, time pressure for parents, and time that could be better spent in physician-family dialogue or in increasing access for additional patients.

This e-campaign series is easily sustainable and replicable at all MTFs using the electronic communication service. Lakenheath pediatric patients are already scheduled to receive the reminders and ASQ paperwork automatically through 2014.

Hearing that this easy-to-create message series is enhancing the patient/provider experience, San Antonio Medical Military Center has established appointment reminders for all well-baby checkups through their electronic communication service, too, and other MTFs are considering instituting similar e-campaign series. Lakenheath is also considering adding the M-CHAT screening to detect autism markers in pediatric patients, at 18 and 24 months too.

Sources: American Academy of Pediatrics, Developmental Surveillance and Screening Policy Implementation Project, June 2006; *Pediatrics* 12 (2007): 381–89; Open Rate as of Oct 2011; Dr. Donald M. Berwick, “Achieving the Quadruple Aim,” Jan 2010; Guerrero et al, 2010; King et al, 2010.