Abstract

Title: Improving Follow-ups with Gastroenterologists Utilizing an Appointment Scheduling Protocol in Inflammatory Bowel Disease: A Quality Improvement Project

Background: Approximately 1 in 4 patients with inflammatory bowel disease (IBD) are readmitted within 90 days [1]. To reduce hospitalizations, regular follow-up appointments with gastroenterologists are essential for timely evaluation and optimization of therapies. However, the mean wait time for gastroenterology (GI) clinic appointments in North America significant exceeds the target goal of 14 days [2,3].

Methods: We developed an evidence-based clinic appointment scheduling protocol based on exhaustive literature review. The protocol involved utilizing urgent scheduling slots and streamlined communication between the inpatient GI fellows, referring providers, and the dedicated IBD clinic scheduler. The inclusion criteria were adult IBD patients hospitalized within the past 90 days or newly referred seen at the GI clinics of the Johns Hopkins Bayview Medical Center and Green Spring station. The wait times from hospital discharge or new referrals to clinic appointments with the IBD specialist (primary outcome) were extrapolated from retrospective chart review. The patient satisfaction data using a 5-Likert scale (secondary outcome) was collected via in-person or Qualtrics surveys. The heterogeneous data at baseline and 12 weeks were analyzed using descriptive studies to evaluate the efficacy of the scheduling protocol.

Results: From February-November 2020, 16 IBD patients were included in the analysis. The mean age was 50.1 ± 17.1 years, and 75% were female. Hospital discharge follow-up appointments accounted for 62.5%. In the pre-test group, the median wait time was 25.0 days (IQR: 42), and the mean wait time was 40.4 days (SD 31.9). Following the appointment scheduling protocol, the median post-test wait time was 27.0 days (IQR: 22), and the mean wait time was 21.9 days (SD: 11.4). The changes in the wait times were +2 median days and mean –18.5 mean days (p=0.408) and were statistically insignificant. The patient satisfaction survey data had a poor response rate (47%) with the minimal change in the post-test group (p=0.533).

Conclusion: Although limited by the small sample size and implementation with the single gastroenterologist, implementation of our pilot project suggests potential roles of the appointment scheduling protocol in achieving timely and accessible GI care especially for patients with IBD with high readmission risks. Further studies with a clinic-wide implementation and larger sample sizes are warranted to investigate the effectiveness of the appointment scheduling intervention on timeliness of GI care and possibly clinical outcomes.

References

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