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

Monica Y. Choe, BSN, RN, DNP student[1], Brigit VanGraafeiland, DNP, CRNP, FAAN[1], Alyssa Parian, MD[2]
[1] School of Nursing, Johns Hopkins University, Baltimore, MD, [2] Department of Gastroenterology and Hepatology, School of Medicine, Johns Hopkins University, Baltimore, MD

Introduction

1 in 4 patients with inflammatory bowel disease (IBD) are readmitted within 90 days[2].
While gastroenterology (GI) follow-ups are essential to reduce hospitalizations, the wait times for GI clinic appointments exceeded the goal of 14 days[1] nationally and locally.

Objectives

- To decrease time intervals from the time of referrals or hospital discharge to GI follow-ups.
- To improve patient satisfaction with GI clinic appointment scheduling service.

Methods

- **Intervention:** A new evidence-based appointment scheduling protocol
  1) Urgent scheduling slots
  2) A dedicated IBD scheduler
  3) Streamlined communication between GI fellows (inpatient), referring providers (outpatient), and the IBD scheduler
- **Design**: A pretest-posttest design
- **Inclusion criteria**: Adult patients with IBD &
  1) Hospitalized within 90 days and/or
  2) Newly referred (inpatient/outpatient)
- **Primary outcome:** The wait time for GI clinic appointments extrapolated from chart review.
- **Secondary outcome:** Patient satisfaction via in-person/ Qualtrics surveys
- **Data collection:** 0 week and 12 weeks
- **Data Analysis:** Descriptive statistics

Results

Table 1 Demographic data

Demographic Characteristics	Pre-test (N=9)	Post-test (N=7)
Age, mean (SD)	53.0 (19.9)	46.4 (13.5)
Sex, n (%)		
Male	1 (11.1)	3 (42.9)
Female	8 (88.9)	4 (57.1)
IBD diagnosis, n (%)		
Crohn's disease	7 (77.8)	2 (28.6)
Ulcerative colitis	2 (22.2)	5 (71.4)
Reason for visit, n (%)		
Discharge follow-up	5 (55.6)	5 (71.4)
To establish care	4 (44.4)	2 (28.6)
Visit type, n (%)		
In-person	6 (66.7)	4 (57.1)
Video	3 (33.3)	3 (41.9)
Patient type, n (%)		
New	6 (66.7)	5 (71.4)
Return	3 (33.3)	2 (28.6)

Note: Pre-and post-test groups were heterogenous.

Table 2 The Wait time and Patient Satisfaction

Outcomes	Pre-test	Post-test	P value
Wait times (in days)	(n=9)	(n=7)	0.408
Median (IQR)	25.0 (42)	27.0 (22)	
Mean (SD)	40.4 (31.9)	21.9 (11.4)	
Patient Satisfaction (5-point Likert scale)	(n=4)	(n=2)	Not
Median (IQR)	4.5 (1)	5.0 (0)	tested
Mean (SD)	4.5 (0.6)	5.0 (0)	

Figure 1 The Wait Time in Pre- and Post-test Group

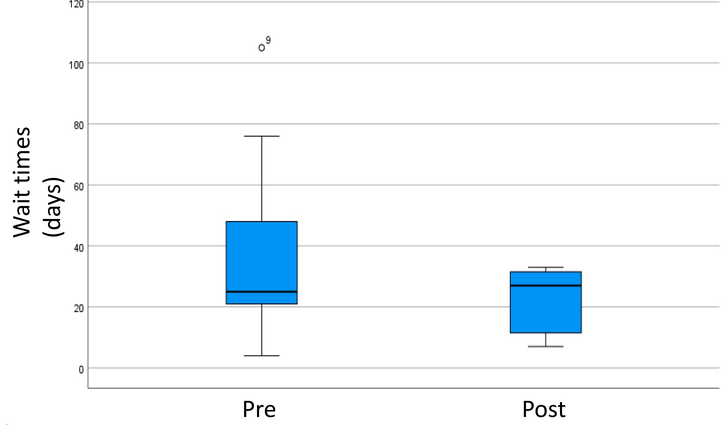
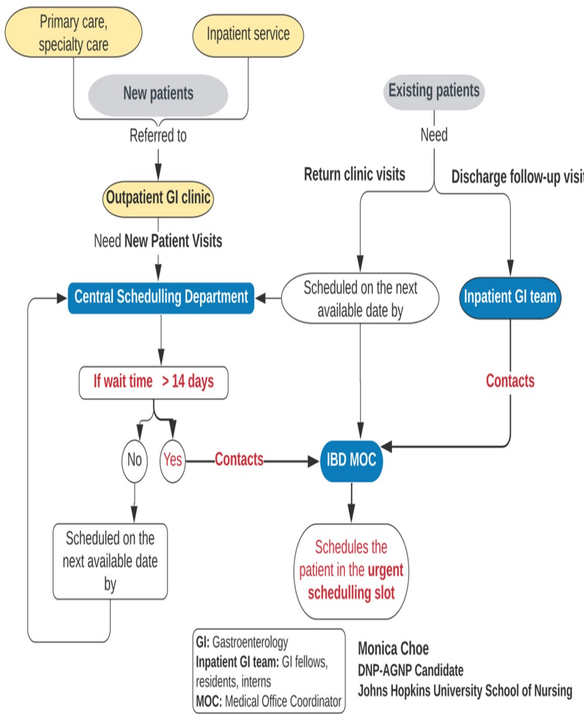


Figure 2 The Appointment Scheduling Protocol



- **Wait times:** following the intervention, the wait times reduced by 18.5 mean days but statistically insignificant due to the small sample sizes (p=0.408).
- **Patient satisfaction:** the response rate was poor for interpretation (47%).

Conclusion

Despite the small sample size, our project was the first quality improvement initiative that implemented an evidence-based appointment scheduling protocol among adult patients with IBD. Further studies are warranted with a larger sample size to better evaluate its efficacy on timely access to outpatient GI care.

References

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