Improving Clinical Efficiency During Well-Child Visits

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Purpose

- Identify inefficiencies in workflow
- Identify novel implementations
- Improve patient and staff satisfaction with well-child visits (WCV)

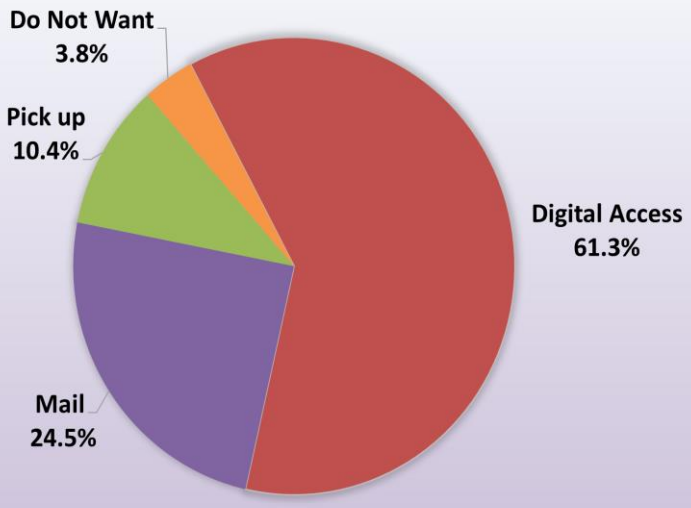
Problem

- Two-plus hours for WCV
- Patients feel "forgotten" in rooms
- Duplicate documentation in the North Carolina Immunization Registry (NCIR) and the clinic's Electronic Medical Record (EMR)
- Cumbersome paper questionnaires at each WCV, as required by payor
- Frustrated patients and staff

Methodology

- Observations and time recordings during WCV and immunization visits
- Plan-Do-Study-Act cycles, LEAN
- Time-roomed, vaccine color coding
- Patient/staff surveys and interviews

Outcomes



Facilitators and Barriers

+ Patients used to the quality improvement process, willing to participate in surveys
+ Staff willing to implement recommendations
− Low staff involvement in satisfaction surveys
− High employee turnover with inconsistent administrative staffing
− Project time-frame too short for effective implementations to affect WCV, satisfaction

Implications

- Improved patient contact during visits
- Safety check for vaccine selection
- Dynamic connection between NCIR, EMR to be enabled Summer 2024
- Patients' preferences on pre-visit questionnaires, where/how to access

Future Recommendations

- Digitize questionnaires; identify and connect with community partners for expanded access
- Follow-up time cycles, patient and staff satisfaction studies
- Consider alternative clinical schedule
- Reassess the vaccination process, documentation timing with dynamic EMR/NCIR integration
- Standardize workflow at the front, reinforcing with improved communication and utilization of supportive tools for clerical staff

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