Curry Health Center
Quality Improvement Study, Assessment of Urgent Care Patient Satisfaction and Wait Times

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ABSTRACT
More than half of all visits to the CHC Medical Clinic come through Urgent Care (walk-in) rather than through scheduled appointments. This has meant wait times for Urgent Care can sometimes be lengthy, depending on the time of day and the number of students presenting for care. The purpose of this study was to assess the effectiveness of system changes within Urgent Care in an attempt to reduce wait times. Wait time data was collected for fall semester 2010 and spring 2011 using electronic medical record system reports. In spring 2011, after implementation of changes in Urgent Care patient services, the percent of students who experienced wait times of more than an hour was reduced from 32 to 4 percent. Wait times for both Urgent Care and appointments will continue to be monitored to make sure they meet the CHC’s continued goals.

BACKGROUND INFORMATION
Urgent Care patient services comprise a majority of visits to CHC Medical Clinic. Urgent Care visits are for those patients who have not made an appointment and want, or need, to be seen the same day. These cases are also considered “walk-in” as many are non-emergencies. In the fall of 2010, walk-in visits were assigned an appointment with a specific provider when they checked-in. The appointments were assigned at twenty minute intervals, the same as regular appointments.

Some walk-in patient cases took less than twenty minutes, leaving the provider with little to do until the next patient was ready to be seen. Other patients took longer than twenty minutes leaving the patient next scheduled for that provider with a much longer wait time, often longer than a student who had arrived at the same time or later, but had been assigned to a different provider. This patient flow structure for Urgent Care visits, therefore, proved inefficient with unpredictable and unnecessary wait times for some students.

A working group of CHC staff assessed the situation and proposed an alternative. Spring semester 2011, CHC redesigned the way in which Urgent Care patients were assigned to and seen by providers to streamline patient flow and reduce wait times. A team of providers was assigned to Urgent Care duty with no other appointment responsibilities. They were given a set of exams rooms dedicated to Urgent Care. Medical assistants assigned patients a room, and the providers were able to choose from a list of patients, usually attending to the next in line, but sometimes, based on the need of the patient or skill of the provider, taking a patient out of sequence.

When a provider finished with a patient, there was always another patient to be seen, reducing provider “down time.” The patients tended to be seen on a first come-first serve basis, no longer subject to luck of the draw scheduling. Arrival times could be calculated from the electronic health records, and staffing adjusted to meet the anticipated demand, lowering the stress load of providers and keeping wait times down during the times of day with higher traffic.

Spring semester 2011 was considered the test phase of this study. The overall goal was the reduction of wait times to less than one hour for 95 percent of patients using urgent care. The purpose of this study was to measure the effectiveness of these adjustments in reducing patient wait times. The CHC strives to provide accessible services for students as part of its mission. Improving the wait times for students using urgent care services furthers the goal of accessibility.

ASSESSMENT PROCEDURE
Data were collected using CHC’s electronic medical record system, Medicat. Patient flow is charted in Medicat as a series of time intervals. For the purposes of this study, time intervals were assigned as follows: when the patient checks in (Time 1), when the patient has vital signs taken and is ready to be seen by the provider (Time 2), when the provider begins the visit (Time 3), and when the patient is discharged (Time 4). The difference between Times 1 and 3 were defined as patient wait time.

Wait times were calculated for urgent care visits from April 15, 2011 through May 20, 2011. For comparison data, wait times were also calculated for fall semester 2010.

The Urgent Care team met weekly to evaluate the system and make “on the fly” minor adjustments. By mid-semester, the details had been primarily worked out. During the summer of 2011, CHC made a few adjustments in staffing for fall 2011 to cover the busy times as reflected in data from spring 2011.
FINDINGS
As a result of the changes made to urgent care services during spring semester 2011, wait times were reduced to less than one hour for 96 percent of patients. During fall semester 2010, only 68 percent of students experienced a wait of less than one hour. Adjustments made to how patients are assigned to and seen by providers resulted in a streamlined and efficient system for both patients and providers.

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<thead>
<tr>
<th>Urgent Care Wait Time</th>
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<tr>
<td><strong>Time Period</strong></td>
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<tr>
<td>Fall 2010</td>
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<td>Spring 2011</td>
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RECOMMENDATIONS
The re-engineering of Urgent Care, staffing changes, and changes to Urgent Care patient-flow, have reduced patient wait times. To accommodate the increase in patient flow, staffing adjustments are ongoing to improve mid-day lunchtime coverage.

The next step will be evaluating wait times for those who make appointments, as doctors’ offices are often criticized for running behind scheduled. At the moment, wait time for those students who do make appointments may exceed the wait time for walk-in patients.

Those students who make appointments, however, should be seen close to on time. The CHC will look at the reports from the electronic health records to guide a new study. Internal benchmarks will be developed for patients who use the health center through an appointment basis. Staff will be trained in data entry in order to make this a worthwhile study.

CHC has developed a report through the electronic health records to monitor the wait times on an ongoing basis and will extend this measure to the appointment patients beginning fall semester 2011. The CHC will continue to monitor Urgent Care and scheduled appointment wait times.