Improving the Continuity of Maternity Care

Mike Polizzotto, MD
Naval Hospital Camp Pendleton
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- 82 Beds
- 5,676 Admissions (1500-1800 deliveries)
- 542,461 Outpatient Visits
- 3,215 Surgeries
- 91,180 X-rays
- 1,175,815 Prescriptions
- 698,528 Labs
Project Description

The Naval Hospital Camp Pendleton Family Medicine Clinic is the site of maternity care provided to about 300 women by 35 residents and 8 staff on an annual basis.

Recently, both patients and physicians indicated dissatisfaction with the continuity of care.

The purpose of this project is to assess the continuity and take steps to improve it.
Team members

- Mike Polizzotto, MD (Family Physician)
- Diane Snook (Pregnancy Registration Coordinator)
- Bea Smith, RN (Family Medicine Clinic)
- Carolyn Story, RN (Family Medicine Clinic)
Target population

Maternity patients assigned to receive care in the FP clinic

Expectation
- To always see assigned provider
  (expectations determined by informal survey and consensus)
Old Process (part 1)

1. Patient suspects pregnancy
2. Patient contacts clinic for pregnancy test
3. Test positive?
   - no: END
   - yes: Patient makes appointment with Pregnancy Registration
4. Patient seen in Pregnancy Registration, assigned to Family Medicine maternity provider
Pregnancy Registration schedules first OB appointment

Appointment with assigned provider available within reasonable time?

yes

Appointment made with assigned provider

no

Appointment made with any available provider

Patient sees alternate provider

Patient sees assigned provider

Old Process (part 2)
Old Process (part 3)

Patient needs follow-up?

Patient calls Central Appointments

Appointment with assigned provider available within allotted timeframe?

Appointment made with assigned provider

Patient sees assigned provider

Appointment made with any available provider

Patient sees alternate provider

B

END
Initial Findings
Apr 2004

- Ever saw assigned: 66%
- Saw assigned 1st visit: 44%
- Saw assigned >75% of visits: 42%
Fishbone diagram

Central Appointments

Doesn't offer appointment with assigned provider

Unaware how to "work system" to get desired appointments

Continuity doesn't matter

Doesn't know who is assigned

No available appointment with assigned provider

FP RN

No available appointment with assigned provider

Patient

Continuity doesn't matter

Unaware how to "work system" to get desired appointments

Frustrated with appointing system, gives up

Central Appointments

Patient does not see assigned maternity provider.

Pregnancy Registration

Can't view Family Medicine schedule

Can't make appointments in Family Medicine Clinic
Change ideas

1. Have FPC RN make the first appointment.

2. For follow-up appointments, have patient make follow-up appointment in clinic before she leaves.
New Process (part 1)
Pregnancy Registration sends chart to Family Medicine RN to assign provider and to schedule "New OB" appointment

Appointment with assigned provider available within reasonable time?

- yes
  - Appointment made with assigned provider
  - Patient sees assigned provider

- no
  - Appointment made with any available provider
  - Patient sees alternate provider
New Process (part 3)
Stretch goals

• 100% of patients will see their assigned provider for their first visit (service quality)

• At least 75% of patients will see their assigned provider for at least 75% of their visits (service quality)
Metrics

• % of patients seeing assigned provider for 1st visit
  – Numerator – # of patients enrolled to FP Clinic for maternity care this month who saw assigned provider for their 1st appointment
  – Denominator – total # of patients enrolled to FP Clinic for maternity care this month
Metrics

• % of patients seeing assigned provider for at least 75% of their visits
  – Numerator – # of patients enrolled to FP clinic for maternity care this month who saw assigned provider for > or = 75% of their appointments
  – Denominator – total # of patients enrolled to FP Clinic for maternity care this month
RESULTS
1st Appointment with Assigned Provider

<table>
<thead>
<tr>
<th></th>
<th>Apr 04</th>
<th>May 04</th>
<th>Jun 04</th>
<th>Jul 04</th>
<th>Aug 04</th>
<th>Sep 04</th>
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<tbody>
<tr>
<td>Saw assigned</td>
<td>112</td>
<td></td>
<td></td>
<td>88</td>
<td></td>
<td>103</td>
</tr>
<tr>
<td>Total # pts</td>
<td>255</td>
<td></td>
<td></td>
<td>118</td>
<td></td>
<td>140</td>
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<tr>
<td>Percent</td>
<td>44%</td>
<td></td>
<td></td>
<td>75%</td>
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<td>74%</td>
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</table>
>75% Appointments with Assigned Provider

<table>
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<tr>
<th></th>
<th>Apr 04</th>
<th>May 04</th>
<th>Jun 04</th>
<th>Jul 04</th>
<th>Aug 04</th>
<th>Sep 04</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;75% assign’d</td>
<td>106</td>
<td></td>
<td></td>
<td>77</td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Total # pts</td>
<td>255</td>
<td></td>
<td></td>
<td>118</td>
<td></td>
<td>140</td>
</tr>
<tr>
<td>Percent</td>
<td>42%</td>
<td></td>
<td></td>
<td>65%</td>
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<td>65%</td>
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Lessons Learned

• Performance improvement isn’t always complicated!

• LEVERAGE – small process changes can have significant effects
Future Directions

• Why aren’t we at 100% for first visits?

• What role do patient preferences play in achieving the goals?

• What about patient and provider satisfaction?
miniATP Project: Improving the Continuity of Maternity Care

The Naval Hospital Camp Pendleton Family Medicine Clinic is the site of maternity care provided to approximately 300 women annually. Recently, both patients and physicians indicated dissatisfaction with the continuity of care. The purpose of this project was to assess the continuity and take steps to improve it.

Mission Statement
Because we believe that both patient satisfaction and the best clinical outcomes are associated with continuity of care, 100% of Family Medicine maternity care patients will see their assigned provider for their first visit and at least 75% of patients will see their assigned provider for at least 75% of their follow-up visits.

Team members
Mike Polizzotto, MD (Staff Family Physician)
Diane Snook, LVN (Pregnancy Registration Coordinator)
Bea Smith, RN (Family Medicine Clinic Nurse)
Carolyn Story, RN (Family Medicine Clinic Nurse)

Change ideas
We produced flowcharts and a fishbone diagram to review the appointing process. Based on our findings, the following change ideas were implemented.

1. For the first appointment, have FP RN make the appointment.
2. For follow-up appointments, have the patient make the follow-up appointment in clinic before she leaves.

Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention</th>
<th>1 month post-intervention</th>
<th>3 months post-intervention</th>
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</thead>
<tbody>
<tr>
<td>Saw assigned provider for 1st appointment</td>
<td>112 / 255 (44%)</td>
<td>88 / 118 (75%)</td>
<td>103 / 140 (74%)</td>
</tr>
<tr>
<td>Saw assigned provider for ≥75% of appointments</td>
<td>106 / 255 (42%)</td>
<td>77 / 118 (65%)</td>
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