2011

Enhancing the New Patient Care Experience by Personalizing the New Patient Lab Screening Order Set

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Recommended Citation
Trevathan, Enna Edouard; Hautala, Kelly; Osterberg, Lars; Lee, Peter; Parkes, Sandra; Relos, Marites; Callejas, Rose; and Faustina, Mary Lou, "Enhancing the New Patient Care Experience by Personalizing the New Patient Lab Screening Order Set" (2011). Nursing and Health Professions Faculty Research and Publications. Paper 67.  
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Enhancing the New Patient Care Experience by Personalizing the New Patient Lab Screening Order Set

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Abstract

This project improvement pilot was conducted to determine the possibility of enhancing the new patient care experience by personalizing the new patient pre-visit labs as opposed to utilizing routine lab order sets. Feedback questionnaires were distributed to all Nurses and Providers two weeks prior to the observation period and two weeks following the observation period. Measurement scale was grouped into six categories: not effective, Somewhat effective, Moderately effective, Effectively, Very Effective and Not applicable. Project improvement pilot was conducted over a period of fifteen days. Results showed both providers and nurses found the addition of customized labs prior to the initial meeting to be most effective during the new patient's visit.

Introduction

The VA Palo Alto Health Care System (VAPAHCS) consists of three integral and outpatient facilities located at Palo Alto, Menlo Park, and Livermore, plus seven community based outpatient clinics located in San Jose, Capitola, Monterey, Stockton, Modesto, Sonora, and Fremont.

VAPAHCS is a teaching hospital, providing a full range of patient care services with state-of-the-art technology as well as education and research. An affiliation with Stanford University School of Medicine provides a rich academic environment including medical training for physicians in almost all specialties and subspecialties. Over 1,300 University residents, interns, and students are trained each year. Additionally VA/Palo Alto VA-GEHS helps train approximately 500 nursing students each year and is actively affiliated with 16 nursing programs.

Patient centered care and the use of team based, coordinated approaches to working with Veterans are major principles of Patient Aligned Care Teams (PACT) and the Patient Centered Medical Home (PCMH). New patient appointments are often made by the VA Business Office. Regardless of medical history, the VA business office orders the same set of laboratory tests for laboratory work to be performed prior to their first medical appointment. However, this practice contributes to an incomplete clinical assessment and unnecessary delays in administering appropriate treatment plans for individuals with chronic conditions i.e., diabetes, coronary artery disease, and thyroid disorders.

Purpose

To assess the possibility of enhancing the effectiveness of the new patient care experience by personalizing the new patient pre-visit labs as opposed to utilizing routine lab order sets.

Methods

A tool was developed for the providers (MD and RN) to assess the effectiveness of the new patient lab order set in their patients. Past feedback tool sets. Feedback questionnaires were distributed to all Nurses and Providers two weeks prior to the observation period and two weeks following the observation period. Measurement scale was grouped into six categories: not effective, Somewhat effective, Moderately effective, Effectively, Very Effective and Not applicable. Project improvement pilot was conducted over a period of fifteen days. Results showed both providers and nurses found the addition of customized labs prior to the initial meeting to be most effective during the new patient's visit.

Assessment

• A tool was developed for the providers (MD and RN) to assess the effectiveness of the new patient lab order sets.
• Measured at two weeks prior and two weeks post.

Conclusions

• The New Patient visit was viewed as most effective when customized labs were ordered based on the patient's chronic medical conditions and treatments and need for specific laboratory tests.
• Providers and nurses anticipated that the New Patient visit would be most effective when customized labs were ordered before the New Patient visit.
• Once the Patient Assessment Tool was implemented by the nurses and new patients were screened over the telephone for common medical conditions, providers were able to order specific tests that were more individualized for each patient.
• This resulted in a more effective New Patient visit as viewed by both providers and nurses.

Limitations

• The study duration was somewhat brief due to time limitations. Calls to New Patients were made over a two week period.
• Providers who completed Pre and Post feedback tools were nonrepresentative.

Next Steps

• Restructure process for effectiveness at three, six and twelve month interval.
• Conduct a valid case analysis for no shows and cancellations.
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Acknowledgments

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