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Make it on Time: Quality Improvement in Family Medicine Outpatient Setting

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Inefficiencies related to work flow are common in outpatient teaching clinics. There are many factors contributing to this involving patients, support staff, physician time, electronic records, clinic logistics, etc. These inefficiencies can have a negative effect on patient satisfaction and care. Late patient arrivals is one of these factors that we thought to address. We encountered no standard model for efficient utilization of clinical time during an extensive literature search.

We aimed to identify one problem that impedes daily clinic flow to improve overall efficiency. After analyzing a process map detailing factors contributing to daily clinic flow, we chose late patient arrivals as our target for intervention and a quality improvement PDSA cycle was implemented. Our purpose was to choose a simple focus point that we could address to reduce the number of late patient arrivals. We surveyed patients to identify what variables impacted their late arrival and parking at our institution was noted to significantly impact arrival time.

Our intervention aimed at increasing awareness of parking options for the Family Medicine Center (FMC) patient population. We used new signage and standardized scripts for FMC employees to inform patients of the availability of the free valet parking service. The practitioner informed the patients’ at the end of the visit about the availability of valet services and pointed out the signs that were in the exam room. Post intervention surveys were then conducted to assess the utilization of the valet option.

Pre-intervention 38.4% of patients reported they were late for their appointment due to a lack of parking. Post-intervention this portion increased to 45.5%.

Post-intervention only 15.6% of patients parked their car via the valet service. 76.9% were aware of the service and chose not to use it. for as they preferred to park the car themselves or were not aware of the free service.

There was no significant difference in arrival time between those who did and did not use valet post-intervention.

<table>
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<tr>
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<th>Late Arrivals</th>
<th>Parking Issues</th>
<th>Valet Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Intervention</td>
<td>50%</td>
<td>38.4%</td>
<td>NA</td>
</tr>
<tr>
<td>Post Intervention</td>
<td>50%</td>
<td>45.5%</td>
<td>15.6%</td>
</tr>
</tbody>
</table>

Difficulty parking proved to be a cause of late patient arrivals and altered clinic flow. However, our intervention to raise awareness of valet parking services did not increase patient utilization of those services.

Late patient arrivals change clinic flow. One late patient can delay the appointment times of several patients, decreasing overall patient satisfaction.

Valet services were already implemented at WKBH in effort to solve this problem. Our intervention showed that despite patient awareness of these services, many are not utilizing these service, thus, not helping patients arrive on time to their appointments. It is unclear whether increased use of valet services would actually decrease the number of late arrivals.

Our continued hope is to improve our clinic’s work flow by reducing late arrivals.

Our goal is to start another PDSA cycle to identify other means to improve the patient parking experience, reducing late arrivals, and thereby increase the efficiency of our clinic.