

Feedback from Patient (Parent) / Team Meetings

‘Original’ Top Nine Quick Fixes

Access / Appointment Scheduling

- Phone answered quickly (by the 3rd ring) by a person
- Short hold time (preferably 30 seconds; less than 1 min)
- **Short RN call-back time – less than 1 hour or give amount of time for wait up-front!**
- **No wait for severe illness**
- Office / phone availability from 12:00 – 1:00 (not message center) so parents can call the office to get info, etc.
 - Parents need to call on their lunch hour to take care of their needs....
- “Call-in hours”
- E-mail availability for non-urgent advice
- See their own Provider for both well and acute
- Open Access scheduling
- Trustworthy on-call triage or call back from Provider
- Reaching your own Providers
 - MA with known call-back times
 - MA voicemail recording stating; example - “I will check messages at 11:00, 2:00, and at 4:00....”
- Every Provider has an “individual” care team
 - Each Provider has a MA and MS assigned to him/her
- RN Voicemail

Office Visit (check-in through check-out)

- **“Paperwork” mailed in advance for patients to fill out before coming in for office visit**
- Prompt, friendly greeting from office staff
- Separate waiting rooms
 - Well area and “sick” area so well children don’t have to play with “sick” children
- Immediate attention / rooming for very acute problems
- Clean, interactive, educational waiting room
- **Fewer / no toys, rather books and fish tank in waiting room**
 - **Sterilization of toys**
- **Divide waiting room into smaller areas / seating arrangements instead of one big room**
 - **More intimate seating for families**
- Short wait time in waiting room (5 min or less)
- Patients told to arrive 15 min early for appointment
- Pre-registration / parent history forms online
- Add e-mails to registration
- E-mail out reminders / newsletter
- **Better/faster check-in computers (2 open windows)**
 - **Computers too slow – increasing check-in time and decreasing eye contact between front office staff with parents during check-in**
- Short wait time for doc to enter exam room (less than 10 min)
- Books in exam rooms
- Remove chairs with wheels from exam rooms
- Shorten total OV time with Student / Doc – combine the student/doc time together
 - Or check with parent before using OV as teaching opportunity – does the parent have the extra time to allow the OV to be used as a teaching opportunity?
 - Doc overseeing students in the room at the same time
- Smooth checkout, quick.
- 2 check-in people or 2 clinical teams
- “Listening” Doc
- Doc open to other opinions (i.e. patients)

- Ideally, seeing own doc
- Follow-up contact with own doc
- Ability to e-mail with own doc after visit with other docs
- Accurate, complete, accessible medical records
- Unrushed time with doc
- Rx phoned / faxed in rather than given a script
- Being consistent
- Doc giving patient control

Follow-Up

- Rx called in or faxed ahead
- Follow up available when family wants it
- Availability of phone follow up
- **Written instructions**
 - **Parent sent home with guidelines to know when to bring child back**
 - **Written out follow up**
- Quick phone call with doc
- Pre-printed instructions for all treatments
- Timely lab results
- E-mail updates / labs / referrals (rather than a letter and/or choice)
- Phlebotomist here
- **Better communications with referral & templates**
- Better communication among docs / specialists
 - Parents have to explain everything again with Specialist
- “Team approach” to difficult kid (Care coordination)
 - Currently parents have to be the Care Coordinator -- keeping track of all the medical history....
- Chronic condition binders
 - Binder for parents with child who need chronic care – keeping all their history together – notes from PCP and Specialists
- “Health Info System”
 - All providers in the same EMR and could access child’s medical history
- Speaker phones in rooms (cell phones)
 - Provider could call for x-rays, RX, etc while the patient/parent is in the room and can hear everything
 - List of pharmacy numbers in each exam room
- Care teams for each Provider
- MA – personal phone for follow up
 - Timely / personal phone follow-up
- Timely referrals (within 24 hours)
- Check-in phone calls after physical
- Mailer reminder cards if want to book out 6-12 months for appt
- **Follow-up phone calls from RN to see how pt was doing (called 3 times in one week)**
- Well visit follow up call from UHC
- UHC contact specialist and book the appt for parent – if appt day / time doesn’t work, then parent can change as needed. And, at same time schedule the follow-up appt with PCP.