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 assess the probability of enhancing the new patient care experience by personalizing the new patient pre-visit labs as opposed to utilizing routine lab order sets. Feedback questionnaire 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, Very effective and Not applicable. Project improvement pilot was conducted over a course of fifteen days. Results showed both providers and nurses found the ordering 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 consists of three integrated outpatient facilities located at Palo Alto, Menlo Park, and Livermore, plus seven community based outpatient clinics located in San Jose, Capitola, Monterey, Stockton, Modesto, Sonoma, 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 VAPAHCS hosts approximately 500 nursing students each year and is actively affiliated with 18 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 (PACTs). The concept of enhancing the New Patient visit by personalizing lab screening order sets is called Patient Aligned Care Teams (PACTs). The concept of enhancing the New Patient visit by personalizing lab screening order sets is called Patient Aligned Care Teams (PACTs).

Purpose
To assess the probability 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.

Assessment
• A tool was developed for the providers (MD and RN) to assess the effectiveness of the new patient visit
• Measured at two weeks prior and two weeks post the intervention

Results
- Participants:
  - 47 Providers
  - 42 new prescheduled patients were called

During the Pre-intervention period:
  - 28 providers (44%) completed the preliminary feedback tool
  - 27 providers (47%) completed the post feedback tool
  - 6 nurses (100%) completed both pre and post feedback tool

During the Post-intervention period:
  - 38 patients arrived for their first visit
    - 21 (55%) found effective
    - 16 (42%) found not effective due to time limitations

Limitations
• Providers and nurses anticipated that the New Patient visit would be most effective when customized labs were ordered before the New Patient visit.

Next Steps
• 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 non-equivalent

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Discussion
Enhancing the New Patient Care Experience by Personalizing the New Patient Lab Screening Order Set was conducted over a course of 15 days. The results showed that both providers and nurses found the ordering of customized labs prior to the initial meeting to be most effective. The effectiveness of the new patient visit was assessed through feedback tools completed by providers and nurses. During the Pre-intervention period, 28 providers (44%) completed the preliminary feedback tool, while 27 providers (47%) completed the post feedback tool. Six nurses (100%) completed both pre and post feedback tools. During the Post-intervention period, 38 patients arrived for their first visit, with 21 (55%) finding the visit effective and 16 (42%) finding it not effective due to time limitations. The limitations of the study include the brief duration due to time limitations, with calls to New Patients being made over a two-week period. The providers who completed Pre and Post feedback tools were non-equivalent.

Conclusion
The New Patient visit was viewed as most effective by both providers and nurses when customized lab order sets were ordered based on the patient’s chronic medical conditions and treatments and need for specific laboratory tests.

The study resulted in a more effective New Patient visit as viewed by both providers and nurses.