

Best Practice: Scheduling Strategies for a New Generation of Women

Lt. Col. Brittany S. Nutt, D.N.P., A.P.R.N., W.H.N.P.-B.C.

23 January 2020

1535-1635



"Medically Ready Force...Ready Medical Force"

Lt. Col. Brittany S. Nutt, D.N.P., A.P.R.N., W.H.N.P.-B.C.
AF/SG WHNP Consultant
2d Medical Group
Barksdale Air Force Base, LA

Lt. Col. Brittany S. Nutt, D.N.P., A.P.R.N., W.H.N.P.-B.C.



- Lt. Col. Brittany S. Nutt is the Clinical Medicine Flight Commander, 2d Health Care Operations Squadron, 2d Medical Group, Barksdale Air Force Base, Louisiana and the Air Force Surgeon General's Women's Health Nurse Practitioner (W.H.N.P.) Consultant.
- She went on to serve as an Aerospace Medical technician for 2 years before being accepted into the Airman Education and Commissioning Program in August 1998 to complete a nursing degree. She attended the Medical University of South Carolina and completed her Bachelor of Science Nursing degree in May 2000. She was later selected for an Air Force Institute of Technology (AFIT) education program to become a W.H.N.P. She attended the University of Colorado at Denver and completed her Master of Science with a specialty in W.H.N.P. in May 2006. Finally, in 2015, Lt. Col. Nutt completed a Doctor of Nursing Practice degree through a second AFIT selection at Texas Woman's University in Dallas, TX.
- Lt. Col. Nutt previously served as Inpatient Obstetrics Flight Commander, 86th Medical Squadron, Landstuhl, Germany, and Primary Care Flight Commander, 19th Medical Group, Little Rock AFB, Arkansas. She served as the sole WHNP and the Sexual Assault Forensic Examiner at the 455th Expeditionary Hospital in Bagram Afghanistan from June 2010 to December 2010, and she recently returned from an exercise deployment to Guyana, South America where she served as the W.H.N.P. on an Embedded Health Engagement Team. She has had multiple assignments as a W.H.N.P and a Sexual Assault Medical Forensic Examiner; she often serves as a fact witness, an expert witness, and expert legal consultant when needed for courts martial.

Disclosures



- Dr. Brittany Nutt has no relevant financial or non-financial relationships to disclose relating to the content of this activity
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, the Department of the Air Force, or the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency, J-7, Continuing Education Program Office (DHA, J-7, CEPO). DHA, J-7, CEPO and all accrediting organizations do not support nor endorse any product or service mentioned in this activity.
- DHA, J-7, CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

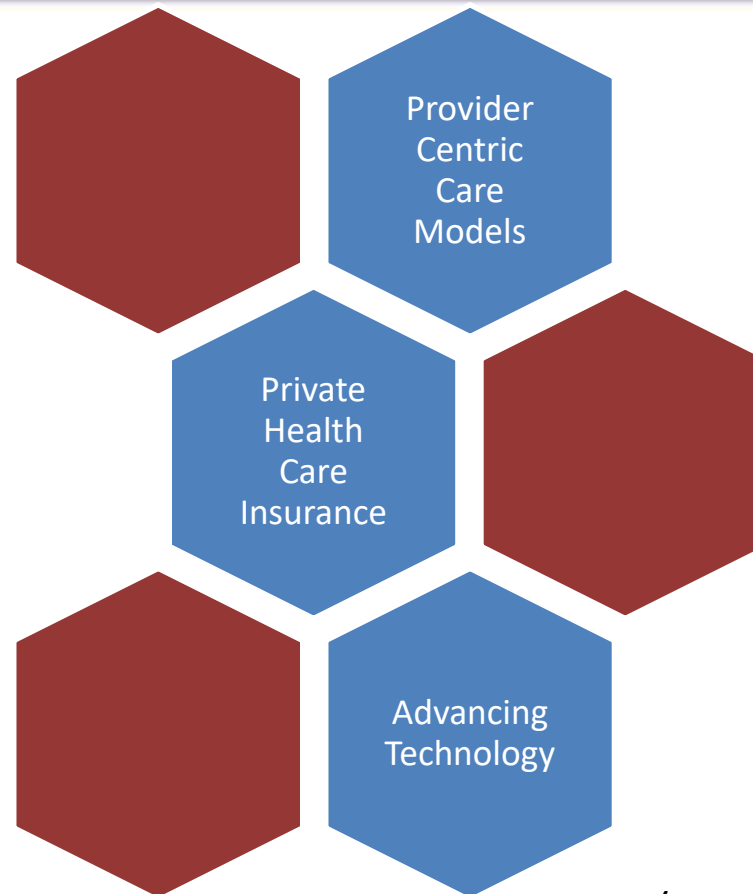
Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Summarize factors that are driving healthcare scheduling changes.
2. Outline best practices available to meet patient needs.
3. Describe how to implement a best practice scheduling strategy.

The Evolution of Health Care



(Brandenburg et al., 2015)

“Medically Ready Force...Ready Medical Force”

Need for Health Care Evolution



Why do we need to Evolve our Scheduling Strategies in the Outpatient Setting?

- A. Provider Centered Model Priority
- B. Cost Saving Centered Priority
- C. Patient Centered Model Priority
- D. Technology Centered Priority

(Toscos et al., 2018)

Millennials



- Majority
- Grew up with Technology
- Learn from peers
- Desire Convenience
- Preventative Services

(Dorsey, 2010; Shah, 2017)

“Medically Ready Force...Ready Medical Force”

Third Next Available (TNA) Appointment



- Defined by the Institute for Healthcare Improvement (IHI) as the “average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam”
- Validated measure for access

(Brandenburg et al., 2015)

Question



When implementing the TNA metric, what is the TNA goal for a Future Appointment?

- A. 24 Hours
- B. 7 Days
- C. 28 Days
- D. None of the above

Why Worry About Waiting?



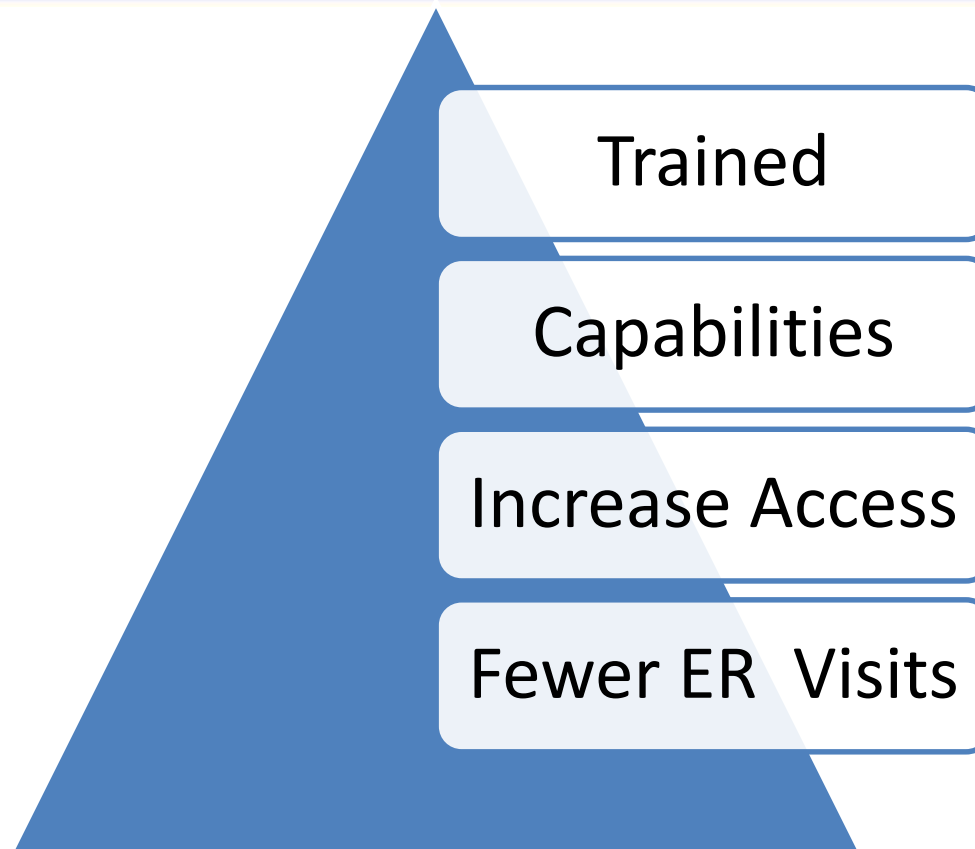
- Adverse Health Outcomes with Acute Issues
- Provider/Team Satisfaction
- Costly

Women's Health Access



- Women's health nurse practitioner (WHNP) often only provider in a facility
- Providers like Certified Nurse-Midwives (CNMs) are pulled from clinic to cover the labor deck
- Physicians have to perform surgeries
- Other duties pull some providers away from direct patient care

Nursing Skills



(Bickey et al., 2013; Healey et al., 2016; Pepper, 2019)

“Medically Ready Force...Ready Medical Force”

What Are Some Options?

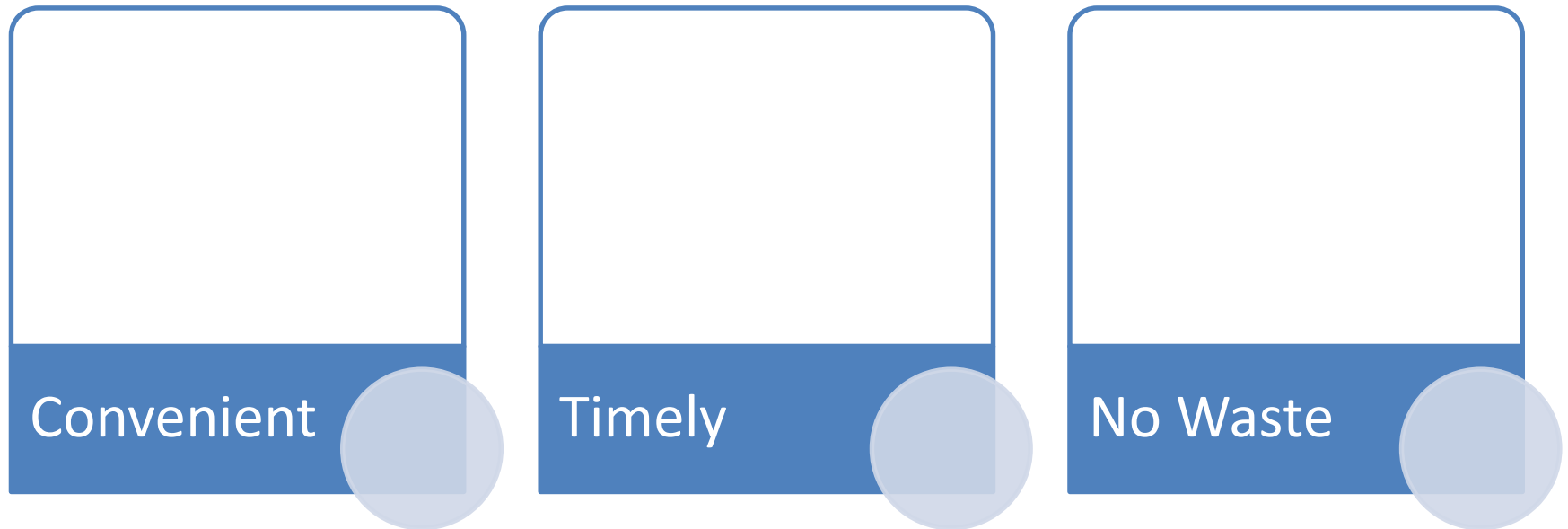


- Same Day Scheduling
- Team Based Optimization
- Technology

(Almeida & Montayre, 2019; Lopez & McGinnis, 2015)

“Medically Ready Force...Ready Medical Force”

Best Practice: The Virtual Visit



(Almeida & Montayre, 2019)

Virtual Visit: Impacts



- Decreases appointment cancellations and ER presentations
- Safe, efficient patient centered care
- Ideal for patients who have difficulty traveling to appointments

(Almeida & Montayre, 2019; Brandenburg et al., 2015)

Virtual Visit: Caution



Experience

Training

Guidelines

(Almeida & Montayre, 2019)

“Medically Ready Force...Ready Medical Force”

Best Practice: The Walk-In Clinic



No Appointment Needed

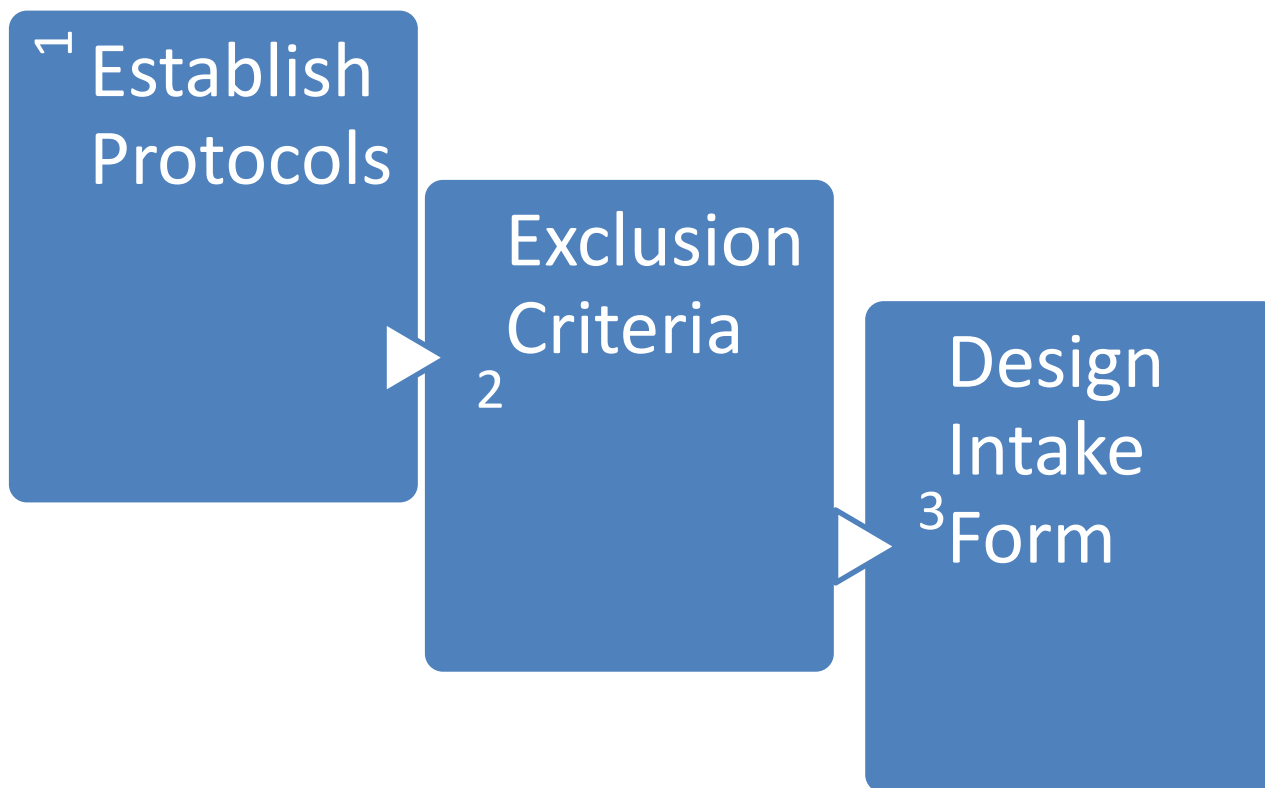
Convenient

Cost Effective

Ssendikadiwa & Lavergne, 2019

“Medically Ready Force...Ready Medical Force”

How Does It Work?



LOTUS Intake Form



↓ Vaginitis ↓

Patient name: _____ DOB: _____

Best contact #: _____ Age: _____

Check all that apply:

Special duty? (i.e., PRAP)	<input type="checkbox"/>	Pregnant?	<input type="checkbox"/>	Vaginal bleeding or sore?	<input type="checkbox"/>	Abdominal pain?	<input type="checkbox"/>	Fever?	<input type="checkbox"/>
-------------------------------	--------------------------	-----------	--------------------------	---------------------------------	--------------------------	--------------------	--------------------------	--------	--------------------------

Are you **ALLERGIC** to any medication: _____

What **MEDICATIONS** are you taking: _____

First day of **LAST** menstrual period: _____

Check all that apply: (and complete as applicable)

When did this start? _____
Vaginal itching outside?
Vaginal itching inside?
Vaginal odor?
Vaginal discharge?
Discharge color: _____

Over the last 12 months... List past vaginal infections

	Month	Year	Treatment		Month	Year	Treatment
BV Bacterial Vaginosis				Yeast			

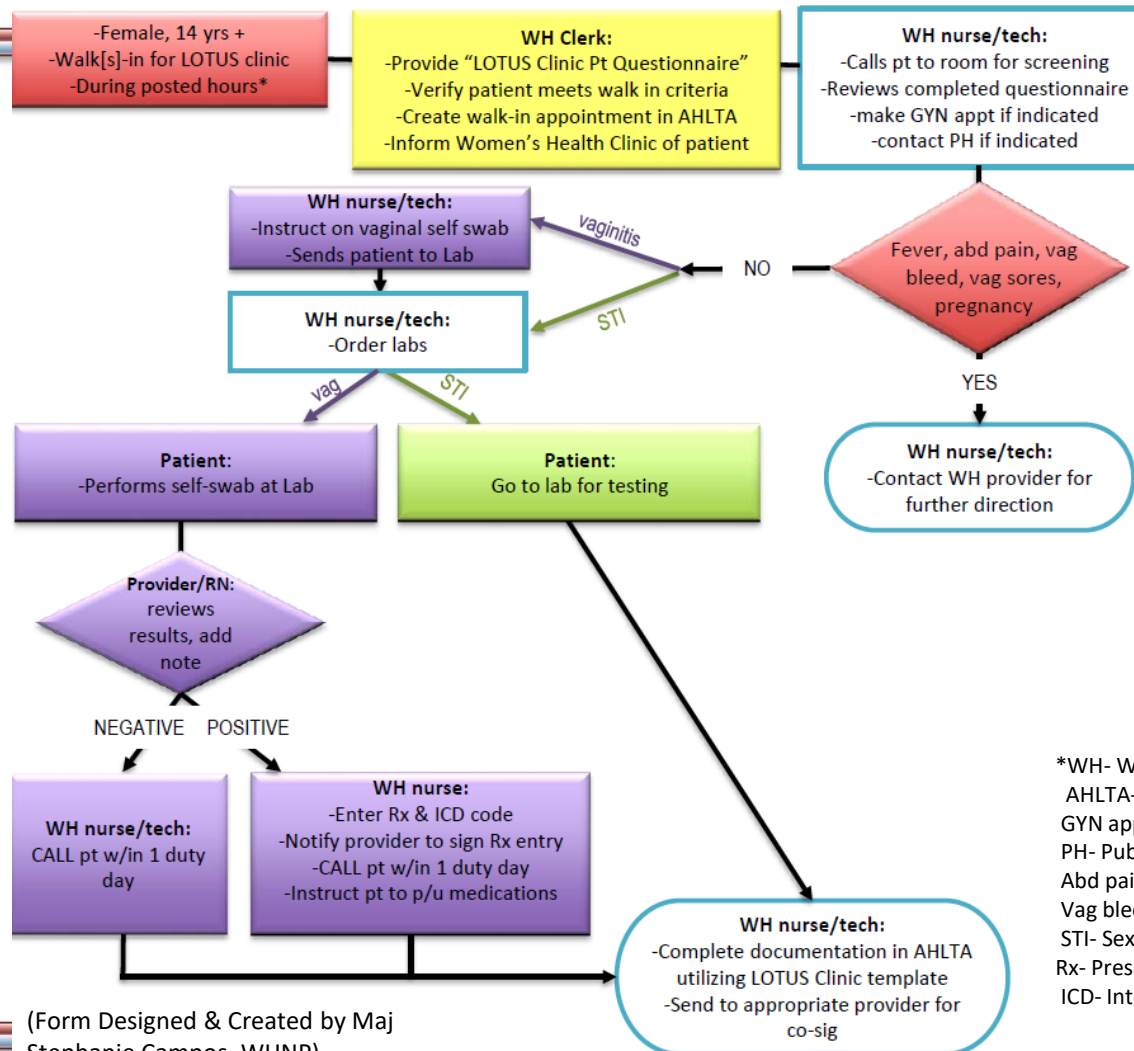
Patient Instructions



- Patients learn in different ways
- Verbal Instructions
- Handout
- Demonstration

LOTUS Algorithm

WOMEN'S HEALTH *LOTUS Clinic* PROTOCOL SUMMARY



*WH- Women's Health

AHLTA- Armed Forces Health Longitudinal Technology Application

GYN appt- Gynecological appointment

PH- Public Health

Abd pain- abdominal pain

Vag bleed- vaginal bleeding

STI- Sexually transmitted infection

Rx- Prescription

ICD- International Classification of Diseases

(Form Designed & Created by Maj
Stephanie Campos, WHNP)

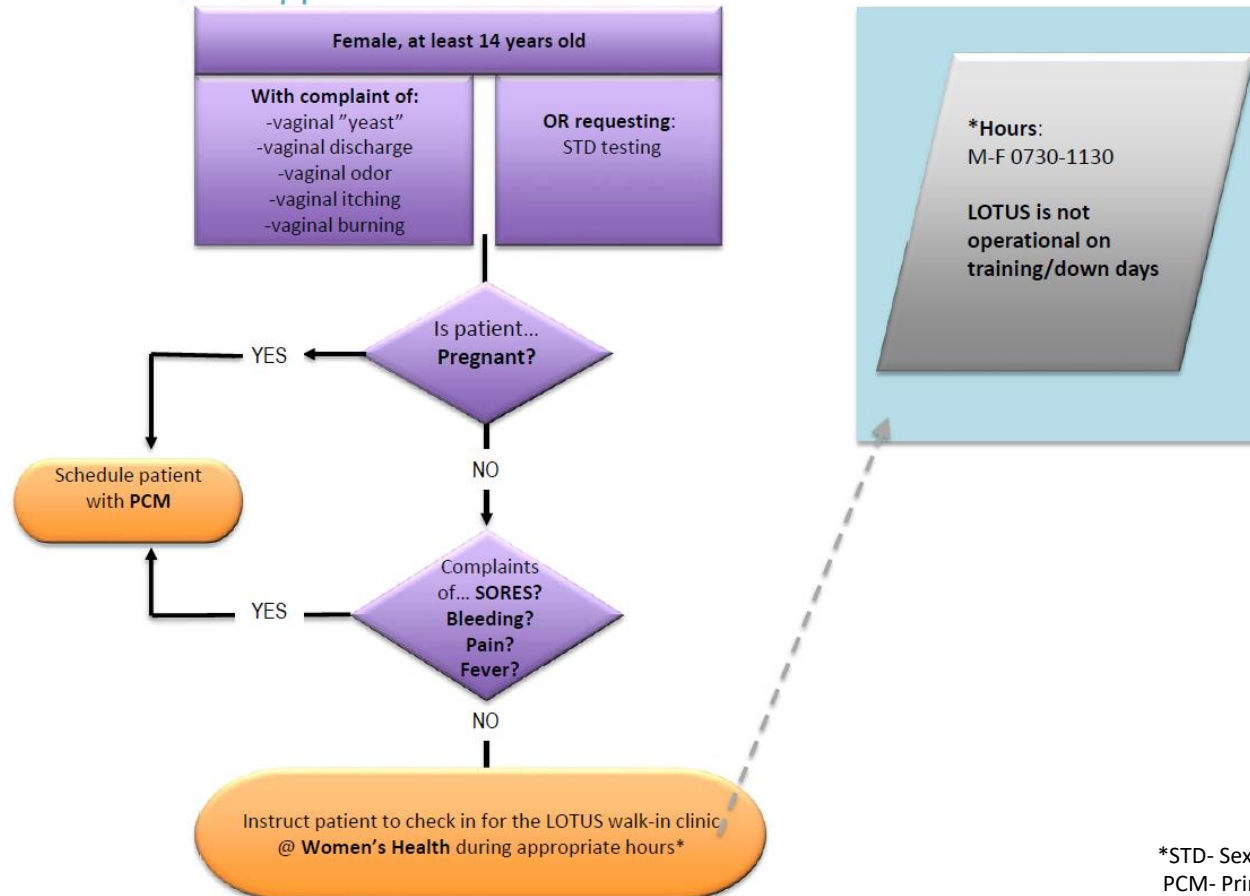
"Medically Ready Force...Ready Medical Force"

LOTUS Algorithm: Appointment Line

WOMEN'S HEALTH LOTUS CLINIC PROTOCOL

(FORMERLY "DIVA CLINIC")

For Appointment Line



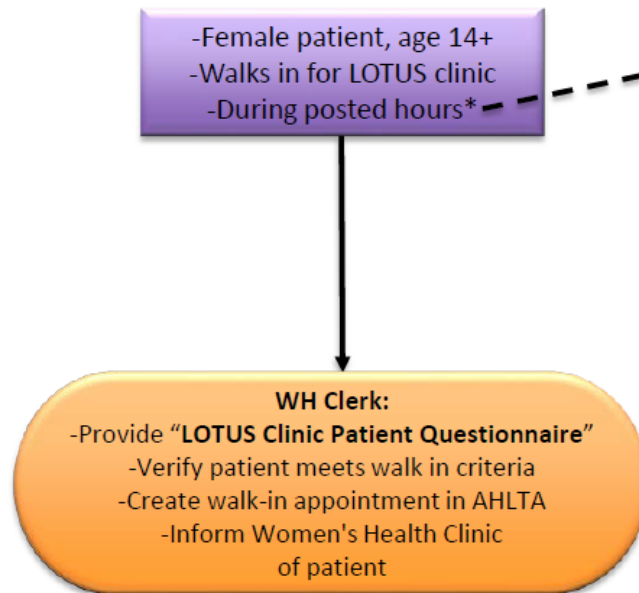
(Form Designed & Created by Maj
Stephanie Campos, WHNP)

*STD- Sexually Transmitted Disease
PCM- Primary Care Medicine

"Medically Ready Force...Ready Medical Force"

LOTUS Algorithm: Check In Desk

WOMEN'S HEALTH LOTUS CLINIC PROTOCOL *For Women's Health Check-in Desk*



***Hours:**
M-F 0730-1130

**LOTUS is not operational
on training/down days**

(Form Designed & Created by Maj Stephanie Campos, WHNP)

Best Practices: The Walk-In Clinic



- LOTUS
- Nurse Run Clinic with Provider oversight
- Increases our Access by 40%
- \$163K recouped with LOTUS

Key Takeaways



- Health care is moving from Provider Centric to Patient Centric
- Access to Care is a key component of being patient centered
- Design and set up of a Walk-In clinic can significantly improve access and save money
- You have the tools to set up your own walk-in clinics

References



- Almeida, S. & Montayre, J. (2019). An Integrative Review of Nurse-Led Virtual Clinics. *Nursing Praxis in New Zealand*, 35(1): 18-28. Retrieved online 07 December 2019 from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=5&sid=b9d1cab4-d0c3-4bdc-bec6ff9295339914%40pdc-v-sessmgr04>
- Bicki, A., Silva, A., Joseph, V., Handoko, R., Rico, S., Burns, J., Simonelli, A., Harrop, J., Nedow, J., & De Groot, A. S. (2013). A Nurse-Run Walk-In Clinic: Cost Effective Alternative to Non-Urgent Emergency Department Use by the Uninsured. *Journal of Community Health*, 38(6): 1042-1049. <http://doi.org/10.1007/s10900-013-9712-y>
- Brandenburg, L., Gabow, P., Steele, G., Toussaint, J., & Tyson, B. (2015). Innovation and Best Practices in Health Care Scheduling. *Institute of Medicine Discussion Paper*, 1-24. <https://nam.edu/wp-content/uploads/2015/06/SchedulingBestPractices.pdf>

References1



- Dorsey, J. R. (2010). *Y-Size Your Business: How Gen Y Employees Can Save You Money and Grow Your Business*. Hoboken, NJ: J. Wiley & Sons.
- Healey, E. L., Main, C. J., Ryan, S., McHugh, G. A., Porcheret, M., Finney, A. G., Morden, A., & Dziedzic, K. S. (2016). A Nurse-led Clinic for Patients Consulting with Osteoarthritis in General Practice: Development and Training in a Cluster Randomised Controlled Trial. *BMC Family Practice*, 17(1): 1-9. <http://doi.org/10.1186/s12875-016-0568-y>
- Kaplan, G., Lopez, M. H., & McGinnis, J. M. (2015). *Transforming Health Care Scheduling and Access: Getting To Now*. Washington, D.C.: The National Academies Press. Retrieved on November 26, 2019 from <https://www.ncbi.nlm.nih.gov/books/NBK316131/?report=printable>

References2



- Pepper, J. (2019). Developing a Nurse-Led Community Intravenous Infusion Service. *Journal of Community Nursing*, 33(5): 53-58. Retrieved online 07 December 2019 from <http://content.ebscohost.com/ContentServer.asp?T=P&P=AN&K=139432649&S=R&D=rzh&EbscoContent=dGJyMNHX8kSeprU4wtvhOLCmr1Gep69SsKq4SbWWxWXS&ContentCustomer=dGJyMPGqtEyyqrJMueLte9%2FiuX3m5fGM>
- Shah, D. T. (2017). The Mark of the Millennial: Reshaping Healthcare Education and Delivery. *Marshall Journal of Medicine*, 3(2), 2-3. <http://doi.org/http://dx.doi.org/10.18590/mjm.2017.vol3.iss2.1>
- Ssendikaddiwa, J. & Lavergne, R. (2019). Access to Primary Care and Internet Searches for Walk-In Clinics and Emergency Departments in Canada: Observational Study Using Google Trends and Population Health Survey Data. *JMIR Public Health Surveillance*, 5(4). <http://doi.org/10.2196/13130>

References3



Toscos, T., Carpenter, M., Flanagan, M., Kunjan, K., & Doebbeling, B. N. (2018). Identifying Successful Practices to Overcome Access to Care Challenges in Community Health Centers: A “Positive Deviance” Approach. *Health Services Research and Managerial Epidemiology*, (5): 1-10. <http://doi.org/10.1177/23333928177>

Questions?



Questions?



“Medically Ready Force...Ready Medical Force”

How to Obtain Continuing Education Credits



To receive CE/CME credit, you must register by 0745 ET on 24 January 2020 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 6 February 2020 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL <https://www.dhaj7-cepo.com/content/clinical-communities-speaker-series-23-jan-2020>
2. Click on the REGISTER/TAKE COURSE tab
 - a. If you have previously used the CEPO CMS, click login.
 - b. If you have not previously used the CEPO CMS, click register to create a new account.
3. Click "ENROLL."
4. Follow the onscreen prompts to complete the following for each session you wish to claim CE/CME Credit:
 - a. Read the Accreditation Statement
 - b. Select the CE/CME credit type(s) you are seeking
 - c. Complete the Evaluation
 - d. Take the Posttest
 - e. Download your Certificate(s)
 - f. Complete the Commitment to Change survey (optional)
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-cms-support@mail.mil