Preventing Overcrowding During COVID-19 Pandemic

CAPT Peter Laluk, PharmD, MBA
Winslow Indian Health Care Center

Element 1: Purpose

It is estimated that there are 883.7 million ambulatory care visits a year in the U.S., with 55% of these visits going to primary care physicians.[1] With an average wait time of almost 20 minutes from arrival until a patient is seen by the provider, there is ample time for the mingling of patients who have an acute infectious disease with those who do not. Studies have shown that airborne infections pose a particular threat to susceptible individuals whenever they are placed together with an infected individual in confined spaces like a healthcare facility waiting area.[1]

According to the CDC, the coronavirus responsible for the COVID-19 pandemic sweeping across the world is an RNA virus thought to spread mainly between people who are in close contact with one another through respiratory droplets produced when an infected person coughs or sneezes. Another mode of transmitting COVID-19 is by a patient touching a surface or object that has the virus on it and then touching his or her own mouth, nose, or eyes. These patterns of transmission raise the concern that healthcare facility waiting areas are environments in which there is risk of transmission of COVID-19 to high-risk uninfected patients. As a result, the pandemic has changed how health care is delivered in the United States, affecting the operations of many healthcare organizations.

Facilities with multiple locations have elected to designate certain offices to solely seeing patients with suspected COVID-19, designating other offices to see patients for ongoing chronic and acute non COVID-19 issues. This separation reduces the likelihood of patients with respiratory infectious symptoms sharing the waiting room and exam rooms with others. As states and localities 'healthcare demands related to COVID-19 stabilize, it is important to safely resume care in order to treat ongoing health needs that are currently being postponed. Facilities are facing challenges to resuming routine services while preserving the capacity to care for potential surges of COVID-19 patients and ongoing fluctuations of needs during the pandemic. Agencies such as CMS and the CDC have provided guidelines on how to provide necessary in-person clinical services.

WIHCC adjusted the way we deliver healthcare services to reduce the spread of COVID-19 while also mitigating any limitations in access to care. Process changes included the development of a respiratory clinic in a building separated from other services and with its own screening area, telehealth options, pharmacy drive thru and mass testing. Screening stations that include temperature checks were established to check patients, visitors and staff for any symptoms of COVID-19. These revisions helped expedite care during an acute need while keeping patients and staff safe. As visit volumes begin to increase for routine medical services (e.g. dental, optometry, primary care, etc.), engineering additional controls may be needed to maintain safe practices. The purpose of this study was to assess the impact of our current processes in preventing overcrowding in patient waiting rooms and look at novel approaches to comply with social distancing/infection control recommendations.
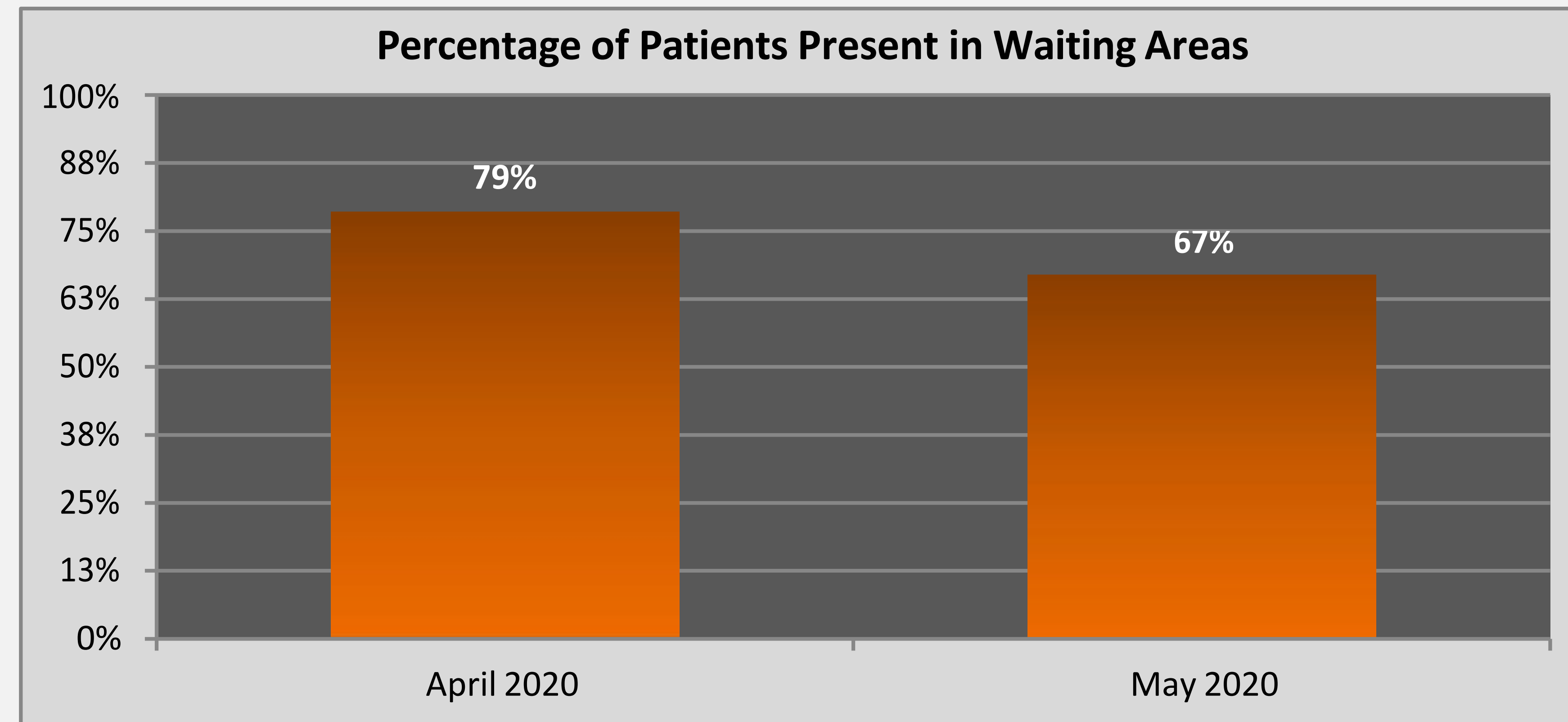
Element 2: Performance Measure

To reduce the number of patients in waiting areas by at least 50% within 30 days

Element 3: Data Collection

The number of visits for respiratory clinic, urgent care, and walk-in were collected from April and May. Scheduled appointments were excluded from the data set, as RPMS was unable to differentiate between telephonic vs. face-to-face visits. The data was compared to the number of patients seen in curbside clinic (designated as walk-in/car clinic in RPMS) where patients did not have to leave their vehicles. This data was used to calculate the reduction of patients in reception areas.

Element 4: Evidence of Data Collected

Percentage of Patients Present in Waiting Areas

	April 2020	May 2020
	79%	67%

Element 5: Data Analysis

While the additions of controls have limited the number of people in patient waiting areas, opportunities to improve remain. Visits for routine care continue to increase in addition to WIHCC providing services for COVID-19.
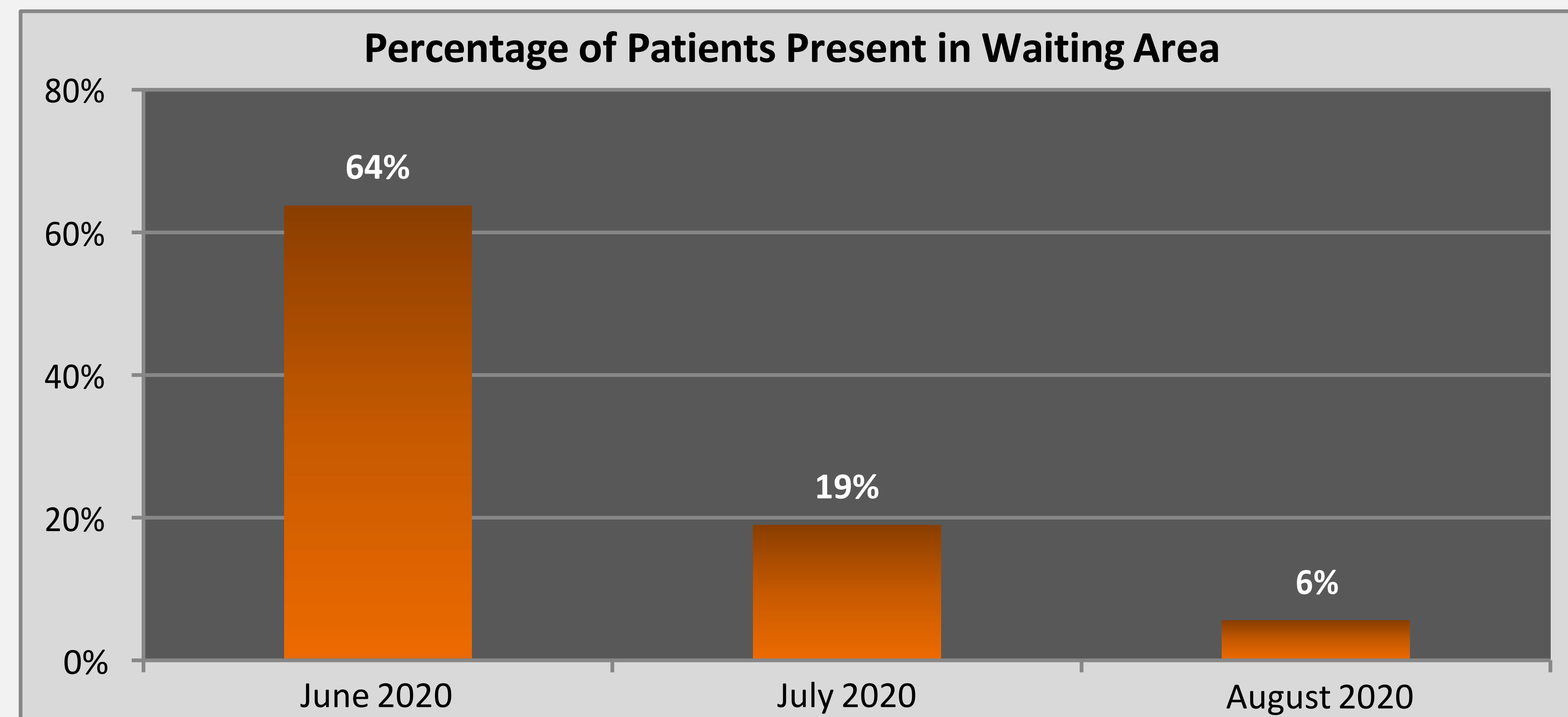
Element 6: Comparison to Performance Goal

To reduce the number of patients in waiting areas by at least 50% within 30 days was not met.

Element 7: Corrective Action

To continue safe social distance practices while resuming normal services, a web-based waitlist management software, Tables Ready, was implemented starting June 1st. Upon parking at the clinic, patients would call WIHCC patient access representative notifying them they were on campus waiting to be seen. WIHCC staff would then enter the patient's name and phone number into the web-based wait list, which is viewable by both clinical, and support staff. Once the staff were ready to screen the patient, they could easily send a text message to the patient notifying them it was time to come in, virtually eliminating time spent in the waiting room. The communication is bi-directional, allowing the patient to respond to staff informing them of special needs (e.g. wheelchair, walker, etc.). This procedure was followed by staff in the Medical Office Building (supporting UC, primary care, walk-in, etc.) as well as other areas on campus (e.g. dental, optometry, lab, etc.). Exceptions to this process included patients that were hard of hearing or did not present to clinic with their cell phone.

Element 8: Re-measurement

Percentage of Patients Present in Waiting Area

	June 2020	July 2020	August 2020
	64%	19%	6%

Data was collected from Tables Ready, which tracks how many patients were added to the waitlist. This was then compared to the number of patients that presented to WIHCC for in-person services and would normally sit in the waiting room. Walk-in/car visits were excluded from the data set as those patients generally do not use waiting rooms.

Element 9: Additional corrective action(s) and continued re-measurement

Will continue to monitor activity using Tables Ready and periodically observe patient volume in waiting rooms to ensure practices remain safe.

Element 10: Communication of Findings

Findings of QI project were presented to Incident Command Team and all WIHCC. Results were discussed with Patient Access Representatives to continue utilization of TablesReady software. Results of the QI project were presented to WIHCC leadership team and the Board of Directors.