



Reducing the number of rebooking of urgent in-person visits in general paediatric ambulatory clinics during the COVID-19 pandemic

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ABSTRACT

Background: Due to the COVID-19 pandemic, all out-patients clinics shifted to telehealth visits¹.

However some patients still needed to be seen as face to face visit², mostly through the new urgent referrals which were overbooked in the clinics due to the limited availability of slots³. The aim of this quality improvement project was to decrease the percentage of re-booked urgent referrals for in-person visits in the general paediatric clinics from 60% to 30% within 2 months.

Methods: An intervention study started in October 2020 until present at the Out-patient Paediatric Department, Hamad General Hospital, Qatar. It included all general paediatric clinics, targeting urgent referrals. The intervention was to standardize the triaging process of urgent referrals (Figure 1) to guide the general paediatric team for booking patients to in-person visits within two weeks. Patients were contacted to confirm the date, time, and location of their visits.

Results: A total of 48 overbooking referrals in 11 clinics were screened with an average of 3 patients per clinic. 69% of the referral were re-booked to the next clinics. Implementing the above intervention methods, the number of re-booked urgent referrals went down to 28% (1 patient/clinic) within a 2-month period (Figure 2).

Conclusion: During the unprecedented time of the pandemic, patients still need to access healthcare services safely and in a timely manner. This study showed that using a standardized pathway, the target of decreasing the need to re-book urgent visits for in-person evaluations was achieved.

Standardization reduces wastes in processes (Figure 1) and decreases variations that may lead to overutilization of the limited resources and negatively affects patient care. Continuous monitoring and evaluation of the outpatient referrals processes are critical in ensuring the delivery of high-quality care.

Keywords: Reducing rebooking, urgent in-person visits, ambulatory clinics, COVID-19 pandemic

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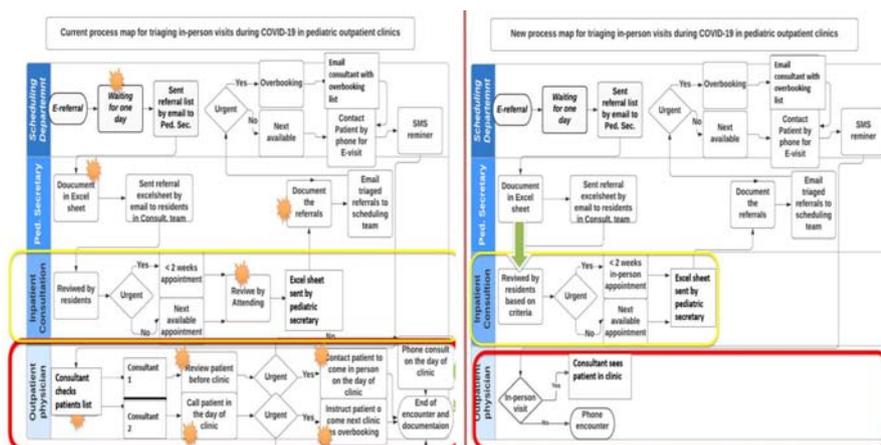


Figure 1. Steps of triaging the referral before and after standardizing the triaging process of urgent referrals.

Measures	Baseline	Goal	Current
% of rebooked in-person visits	60%	30%	20%
Triage time by physicians	30 min	10 min	10 min
Number of steps in the process	22 steps	15 steps	15 steps

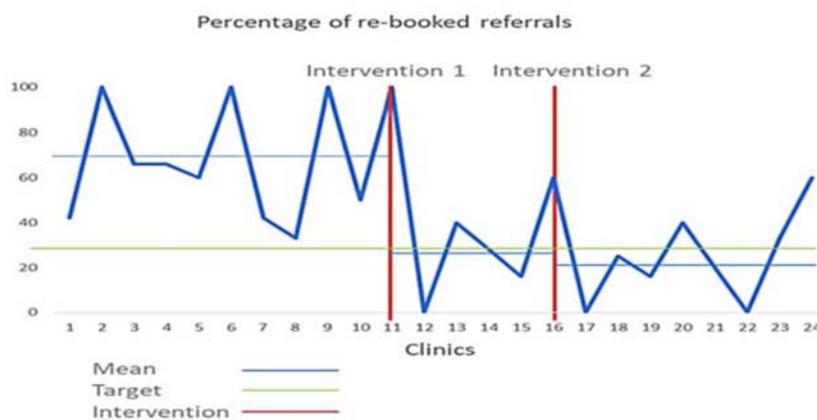


Figure 2. Baseline and ongoing performance data of the quality improvement project.

Ethical approval/IRB statement: This study was approved as a Quality Improvement project by the Head of General Paediatrics, Hamad General Hospital, Doha, Qatar.

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