



## Optimizing Patient Communication Channels in Neuroscience Clinics

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### Background

The Geisinger Neuroscience Institute's Neurology and Neurosurgery service lines formed Lean teams to examine patient communication across several hospital campuses. We discovered that many routes of communication to and from patients exist and opportunities were identified in each communication modality. These included inbound phone calls, e-mails using EPIC MyChart to and from the patient, and in-person communication during office visits (including office visit notes, wrap up, next steps, and the check-out process). Office visit wrap-up and disclosure during check-out lacked sufficient care recommendations. Deeper investigation identified outdated phone trees, poorly mapped email flow and a disorganized system for determining which staff was responsible for the patient's communication. This created delays in care completion or incomplete patient care, additional work for our staff, and produced low Press Ganey scores and incohesive staff performance.

### Objective

To provide patients with timely and reliable answers to questions on their first request via phone, or patient e-mail, by pre-emptively answering their questions and providing a reliable, streamlined system for resolving their questions.

### Planning / Research Methods

This project followed Geisinger's Lean methodology, (A3 utilization with process details in each section.) The root cause was ineffective communication during office visits, leaving patients unsure of next steps or after-visit requirements. Metrics included; Press Ganey scores, (*Overall* and *Ease of Getting Clinic on Phone*), phone call volume, volume of abandoned calls, and maximum call wait time. Future state was designed in a way that would provide structure to how our department handles patient communication during the entirety of their care. A new customizable after visit summary was deployed, with assistance from our EPIC team, which allowed providers to input patient specific instructions and displayed an improved / easier to read format. We also optimized our new phone system which included an improved phone tree and staff-support redesign to enhance call response. Lastly, the routing of patient e-communication was streamlined so that it all flows immediately to the subspecialty program nurse who directly handles and triages patient needs, (Previously the messages flowed to general nurses who then routed them to the correct clinical programs. This resulted in unnecessary delay for the patient.)

### Results

The improvements in our communication process reduced our total call volume by 19%, increased our percentage of calls answered by 213%, reduced our abandoned calls by 90%, reduced our phone wait time by 77%, and increased our *Ease of getting clinic on phone* Press Ganey scores by 5% and 7% for neurology and neurosurgery respectively.

### Conclusion

The redesign of patient communication for Neurology and Neurosurgery, specifically attending to the entirety of their patient experience utilizing the lean process, successfully improved our patient communication by reducing the need for patients to call, improving our ability to handle the volume of calls answered and improving the speed with which these inquiries were answered. This resulted in an improvement of our patient reported satisfaction. Extensive change management was required across several campuses and staff types to implement and sustain the change. Ongoing performance is monitored by our daily management system.