

Development of an Orthopaedic Acute Injury Walk-In Clinic

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Purpose: Improved access for patients to quality acute orthopaedic injury care and to remain competitive in the market with other facilities that already provide this care.

Background

- Walk-in clinics are convenient, allow for after hour care prompt specialty help, less expensive than ED care (2,3)
- enhanced both accessibility and relational continuity of care for patients (5)
- success is dependent upon building good relationships between centers and local providers (9)
- high level of job satisfaction for APP's: autonomy, no recruitment /retention problems (1)
- Patient satisfaction and quality of care scores high for walk-in clinic (6,7)
- training and development of APP's for walk-in clinic role is critically important (4,10)

Evaluation Strategy

- Focused interviews (Campbell Clinic, University of Washington, Private Practice Seattle)



<p>S</p> <p>High value care Easy referral pathway Offload ED, acute add-ons, current APP's Opportunity for education</p>	<p>W</p> <p>Need New APP position Need increase staff Sick leave absence Stress current efficiency of clinic Increase effort of faculty</p>	<p>O</p> <p>Increase patient access Increase <u>interdepartment</u> collaboration More market competition</p>	<p>T</p> <p>Increase risk faculty burnout, job dissatisfaction Clinic security Space not in prime <u>loc'n</u></p>
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Methods

- Monthly Leadership Taskforce Team meetings
- Faculty / APP strategy meetings
- Institutional negotiation for New APP position
- Medical group discussions re: space, additional staff for evening hours, radiology resources, marketing strategy
- Meeting with Neurology Chair to discuss collaboration

Results

- Established Faculty, APP, and staff buy-in
- Location – current orthopaedic clinic site
- Approval for New APP position, evening clinic staff, radiology and marketing resources
- 2 year Business Plan
 - Baseline avg acute visits 8.6 pts per day
 - First 5 months – 8 pts per day
 - Last 7 months – 12 pts per day
 - Reach 16 pts per day 80% of a month then negotiate second APP pos'n
 - Year 1: Estimate 2,216 visits, 212 OR cases(10%) – operating margin \$250,000

Discussion

- New APP pos'n recruitment and onboarding will be critical, ideal to have past experience
- Coverage of vacation/sick leave – considering hiring 2 part-time positions to allow for cross coverage
- Need to onboard small cohort of current APP's to help support program
- Faculty willing to work longer hours for one year since they feel that the project is important but with the agreement that in house support will transition to telephone support for APP – no opt outs!
- Building an orthopaedic team based on trust and open communication with active listening is KEY!

Summary

- Acute orthopaedic walk-in clinic is a feasible business model to improve patient access and generate revenue

COVID-19 Impact

- Hiring freeze - temporary acute clinic process with current APP to see acute ED follow-ups, acute referrals, overflow of patients that cannot be seen due to social distancing rules –avg 30 patients/wk
- advantage of gaining experience, training provider, increase access, and back up, recent approval to hire APP position despite hiring freeze

References

1. Agnew et al, *Emergency Nurse* 2013, 2. Bicki et al, *J Community Health* 2013, 3. Campbell et al, *Research Abstracts* 2005, 4. Desborough et al, *J Advanced Nrsing* 2011, 5. Haggerty et al, *Annals Fam Med* 2008, 6. Heale et al, *Nrsing Research* 2012, 7. Hutchinson et al, *CMAJ* 2003, 8. Perron et al, *Int J Quality Health Care* 2007, 9. Pope et al, *Public Health* 2005, 10. Rosen et al, *Innovations in Nrsing Practice* 2002

Proposed Acute Injury Clinic Template			
Hours	New APP Position	Acute Clinic Triage Doc of the Day	Acute Clinic Triage APP of the Day
8:00 am			Current APP triage acute walk-in patients to appropriate service
9:00			
10:00			
11:00	Also schedule acute ED follow-ups and same day call-in add-on's	Faculty runs normal clinic with option to start at 10 am, provides support for New APP until last patient seen	
12:00 pm			
1:00			
2:00			
3:00			
4:00			
5:00			Option to extend clinic 1 hour
6:00			CLINIC ENDS
7:00	Paperwork, "finish-up"	Paperwork, "finish-up"	
8:00			