Decreasing Inbasket Overload: Enhancing Nurse-APP Collaboration through Automated Virtual Visit Scheduling

Agenda

Introduction
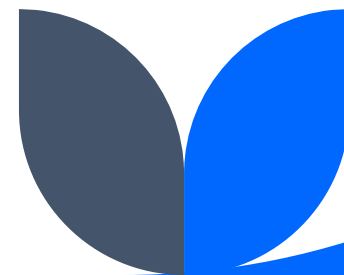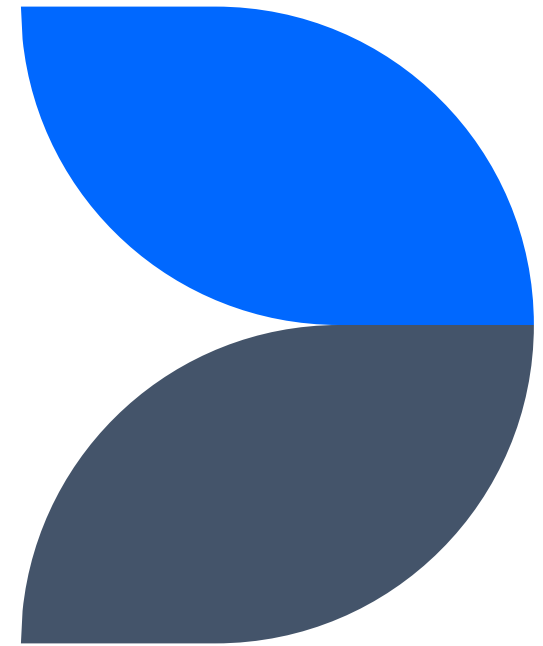
Alexandra Leutenegger, BSN, RN, Manager of Nursing Ambulatory Cancer Clinics

Team

Angela Halbach APNP

Taylor McCabe CPC II

Alex Leutenegger RN, Manager of Nursing Ambulatory Cancer Clinics

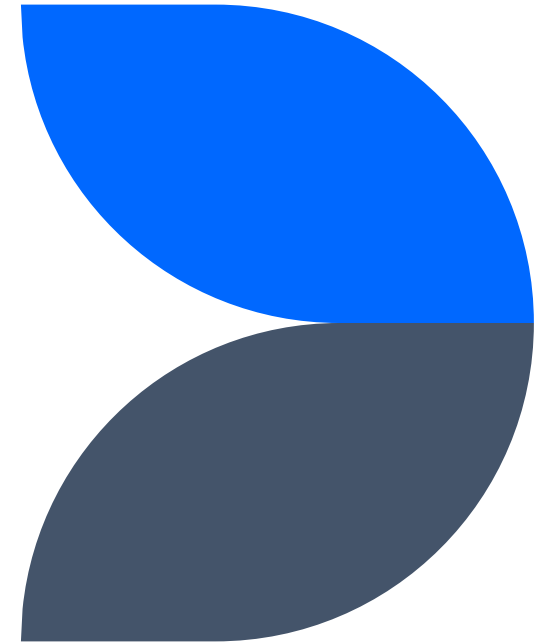Amy Carlson, RN Ambulatory Nurse Supervisor

Mandy Kastner Program Director II

Maressa Sweeney PA-C

Jessica Ortega, RN

Emorie Harty, RN

Exploration

Problem solving for patients and staff

Manage the Overload

Increase in Mychart Messages and Telephone Encounter messages

Increased workload for staff nurses and APPs

APPs spending increased time calling patients without tracking productive time through RVU generation
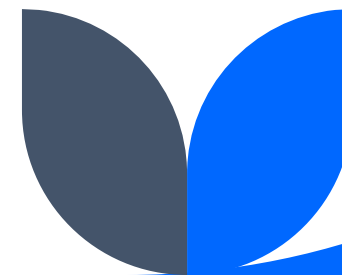
Meeting the Needs:

Patient Needs

- Medically complex patients needing urgency in having questions or concerns addressed by their medical team

APP Needs

- Tracking patient facing time to meet RVU goals

- Increase inbasket efficiencies

Project Goals

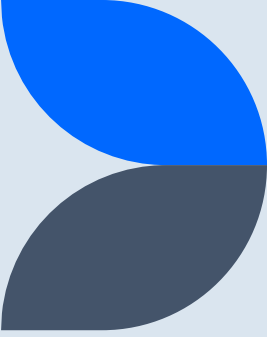Decrease the number of complex MyChart message responses sent by APPs.

Increase the autonomy of nurses and ensure they are working to top of license & scope.

Maintain patient care and answer patient questions in a timely manner.

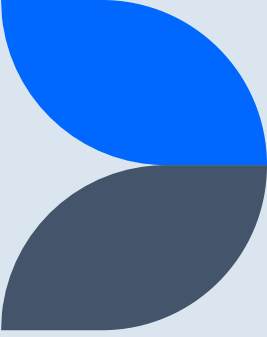Increase virtual visits and clinical productivity.

Proposed Solution

Transforming an algorithm identified and developed in Cardiology

Triage to Virtual Visit Criteria

The following criteria were developed for the nurses to use when triaging messages to evaluate the need for a telehealth visit:

1. Follow up questions regarding issues, imaging or labs discussed at a recent visit (anything beyond a clarification that you cannot read from the previous provider note).

2. Recent test result questions that weren't answered on the results note in MyChart.

3. New or ongoing physiologic concern (i.e. common side effect of medication, back pain, dysuria etc.) requiring testing or a change in the plan of care beyond nursing scope.

4. General questions beyond nursing scope where a provider assessment and change the plan of care is needed for the patient (i.e. patient wants to discontinue or change treatment).

Project Implementation

Pilot

- Retrospective review of APP virtual visit utilization from 12/31/2023 to 5/1/2024.
- Pilot the triage process with two BCC triage nurses and two APPs which started on 5/1/2024.

Result of Pilot

- Positive response by RNs and APPs.
- An EPIC tracking phrase was developed to better objectively capture converted visits.
- Subjective positive patient response.

Implementation

- Expanded process to all triage nurses and Medical Oncology APPs on the BCC team on 7/3/2024. Re-education was performed with the nurses in August.
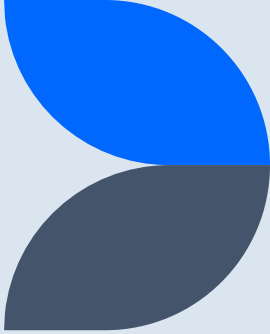
Results

Results

Objective: General increase in the number of telehealth visits while also seeing a slight decrease in the number of MyChart messages being sent directly to the APPs.
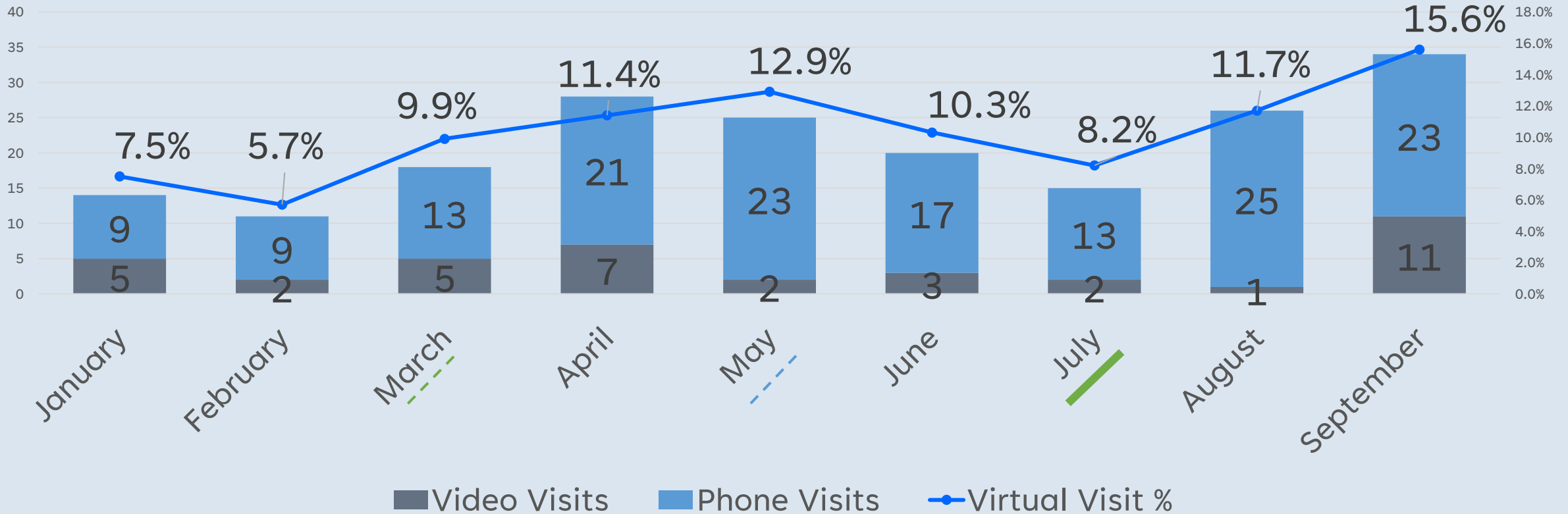
Subjective: Both APPs and nurses report a simplified triage process and less time spent responding to complex inbasket messages.

Results

APP Virtual Visit Data

Month	Video Visits	Phone Visits	Virtual Visit %
January	5	9	7.5%
February	2	9	5.7%
March	5	13	9.9%
April	7	21	11.4%
May	2	23	12.9%
June	3	17	10.3%
July	2	13	8.2%
August	1	25	11.7%
September	11	23	15.6%

■ Video Visits   ■ Phone Visits   ─●─ Virtual Visit %

Feedback:

The triage to virtual project has made handling a volume of our calls much more efficient.

Instead of multiple exchanges with a provider, I can handle the issue at hand in one setting.

This provides more efficient care to the patient without delay and with confidence.

I think this project has decreased my inbasket and mychart/triage call a bit and given the nurses more autonomy which is great.

I am able to provide immediate direction to hold medication if there are side effects and place order for phone visit.

Reflection and Outcomes

Gain buy in

Reflect on criteria

Iterate and adapt

- It remains standard practice for the nursing team to send an FYI inbasket message that a virtual visit was scheduled for a triage need

- Buy in from all team members is necessary to ensure the process is followed

- Currently working to expand these workflows to GU Medical Oncology and Palliative Care with the hope to expand to all Medical Oncology programs

Questions:

Thank you

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