Evaluation of a New Technical Support Process for Patients and Providers in the Virtual Setting

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Background

- The novel COVID-19 pandemic impacted the healthcare system with unprecedented challenges.
- Rapid adoption of virtual care services.
- Interruption with continuity of care due to failure patterns.
- Patterns of failures identified: high call volume, wait time, canceled visit, access, no attempts, ease of use, and successful attempts to follow-up virtual appointments.
- Retrospective studies cited technical, usability, and organizational challenges with virtual care adaption.
- New support process implemented 6/15/21

AIM Statement

To evaluate the new technical support process for patients and health providers in the virtual setting at M.D. Anderson Cancer Center (MDACC) by the end of the twelve-week evaluation period

Methods

Mixed approaches: Pre-and-post data collection June to December 2021
- Agency: monthly call volume
- Clinic: wait-time, access, ease of use, canceled visits, no attempts, successful connection.
- Pre and post data collection on access to clinic follow up virtual visits June - Dec 2021
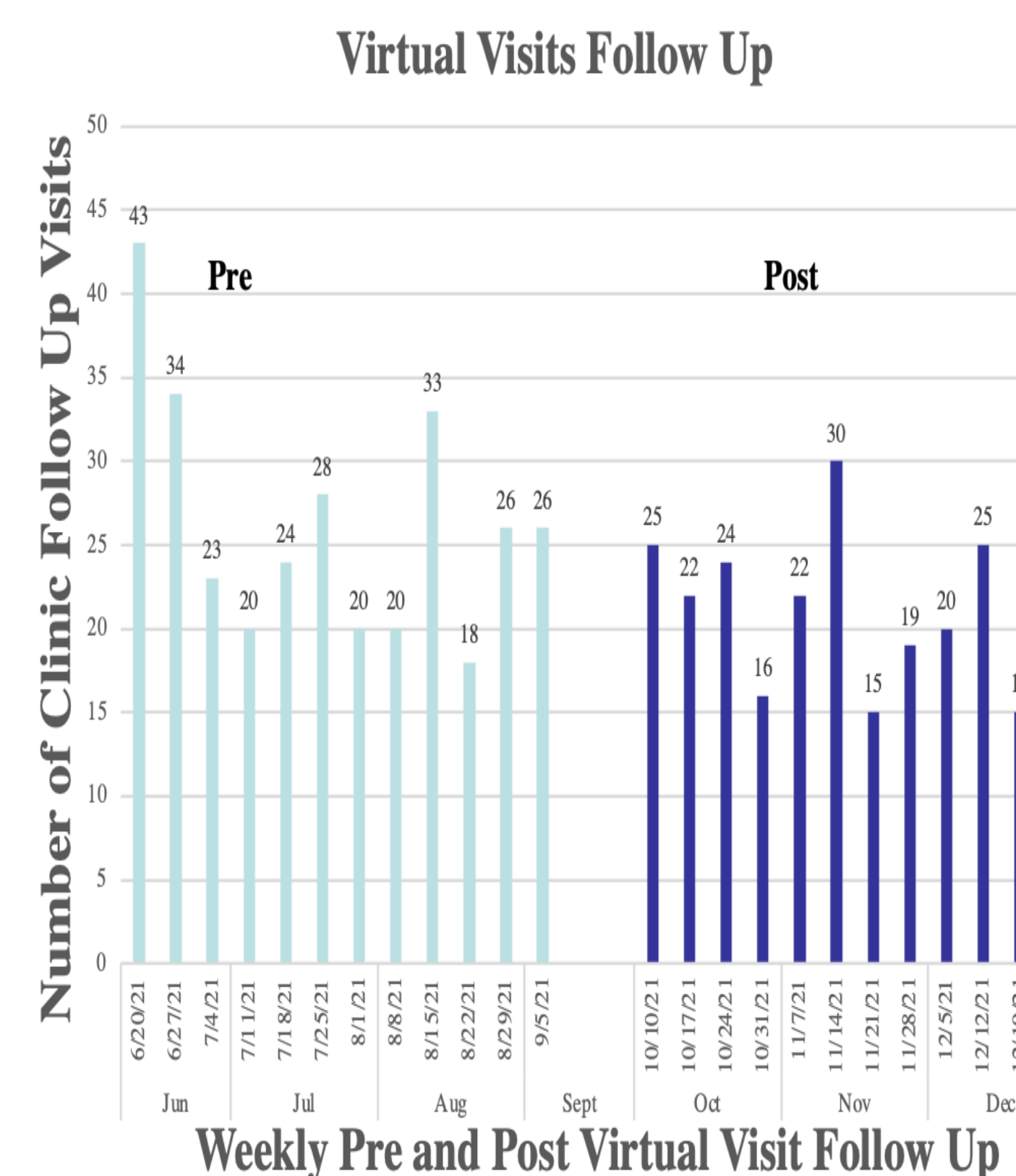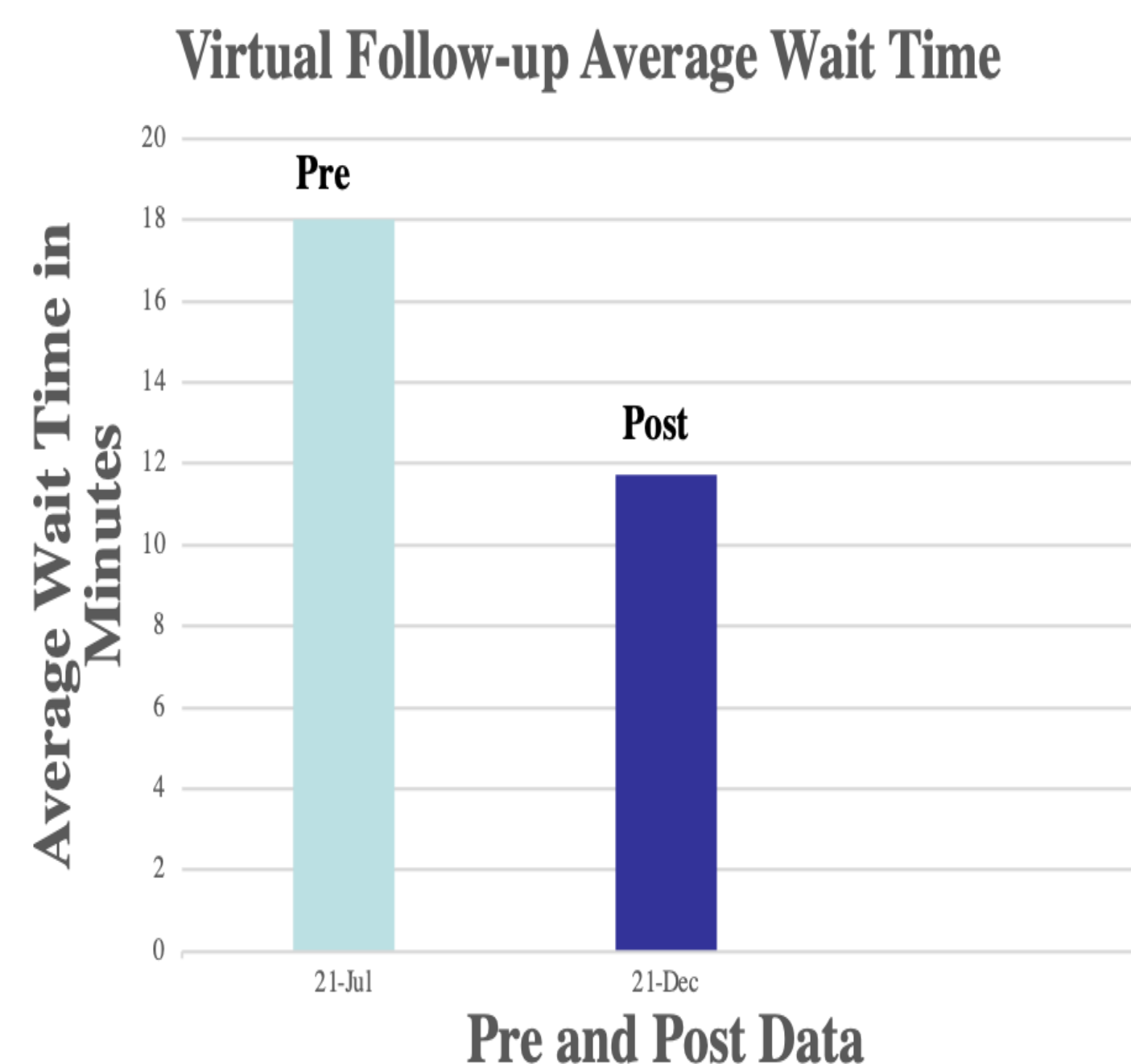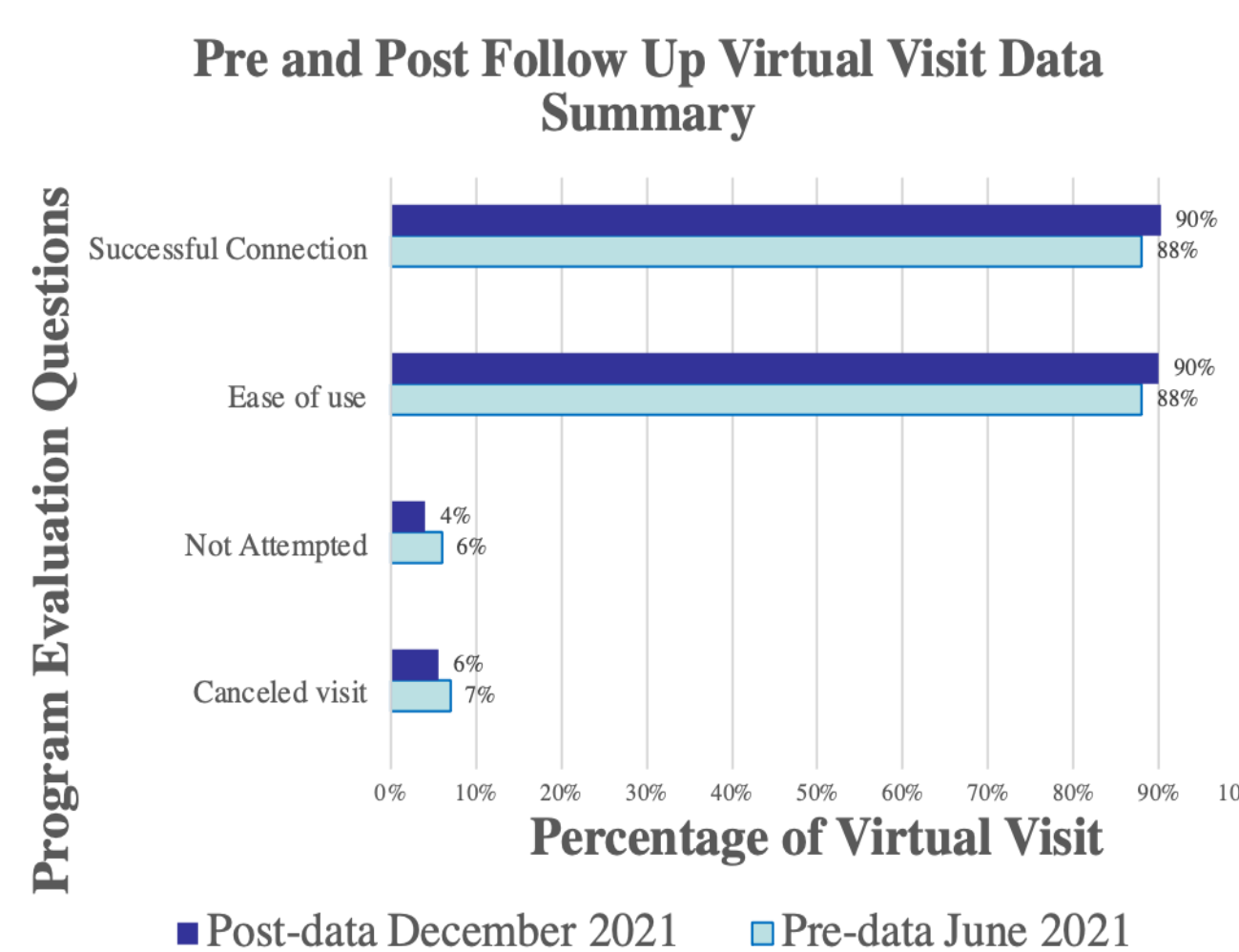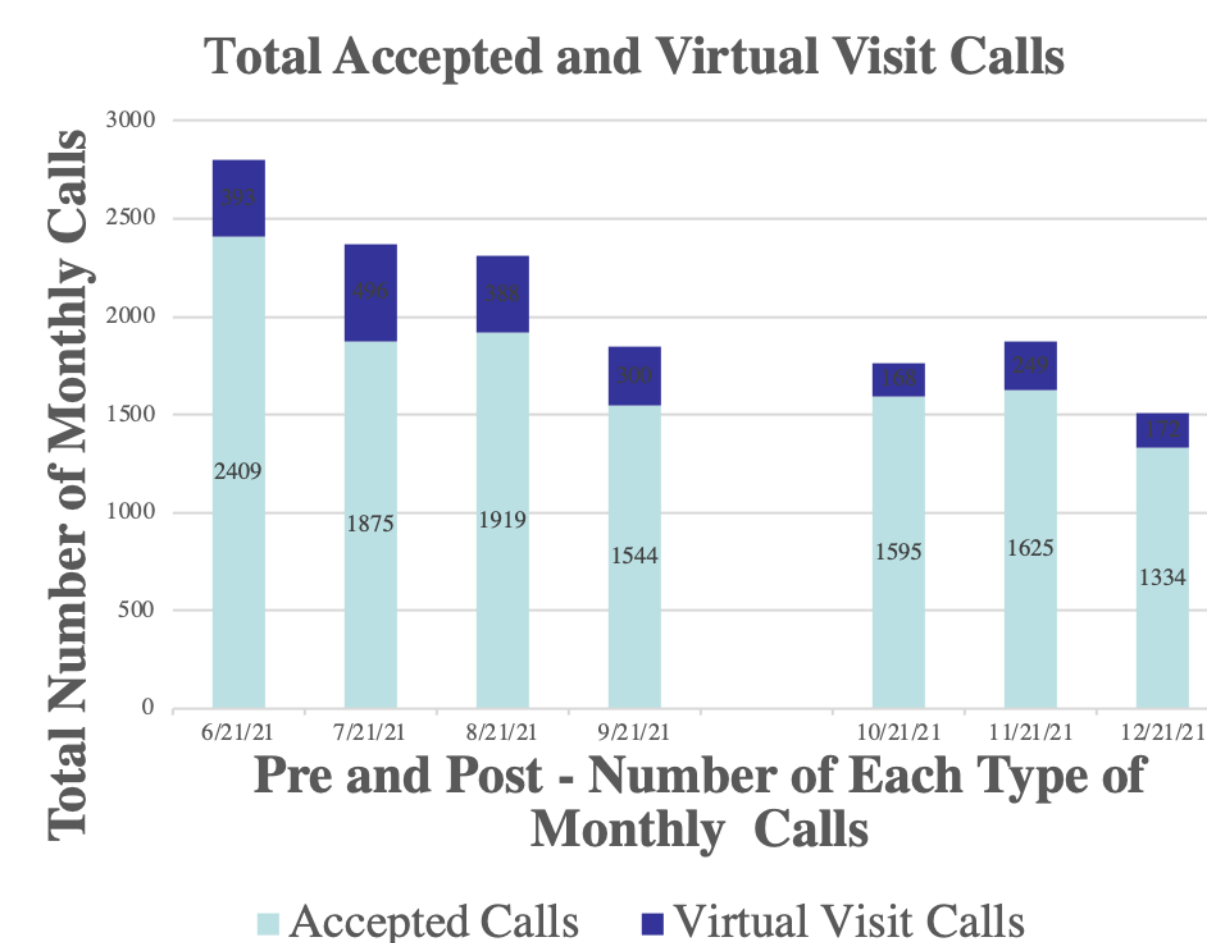- Clinic bases post survey.
- Unstructured observation.

Evaluate program outcome and effectiveness
- Utilized CDC evaluation framework
- Compared percentile value of pre-and-post data

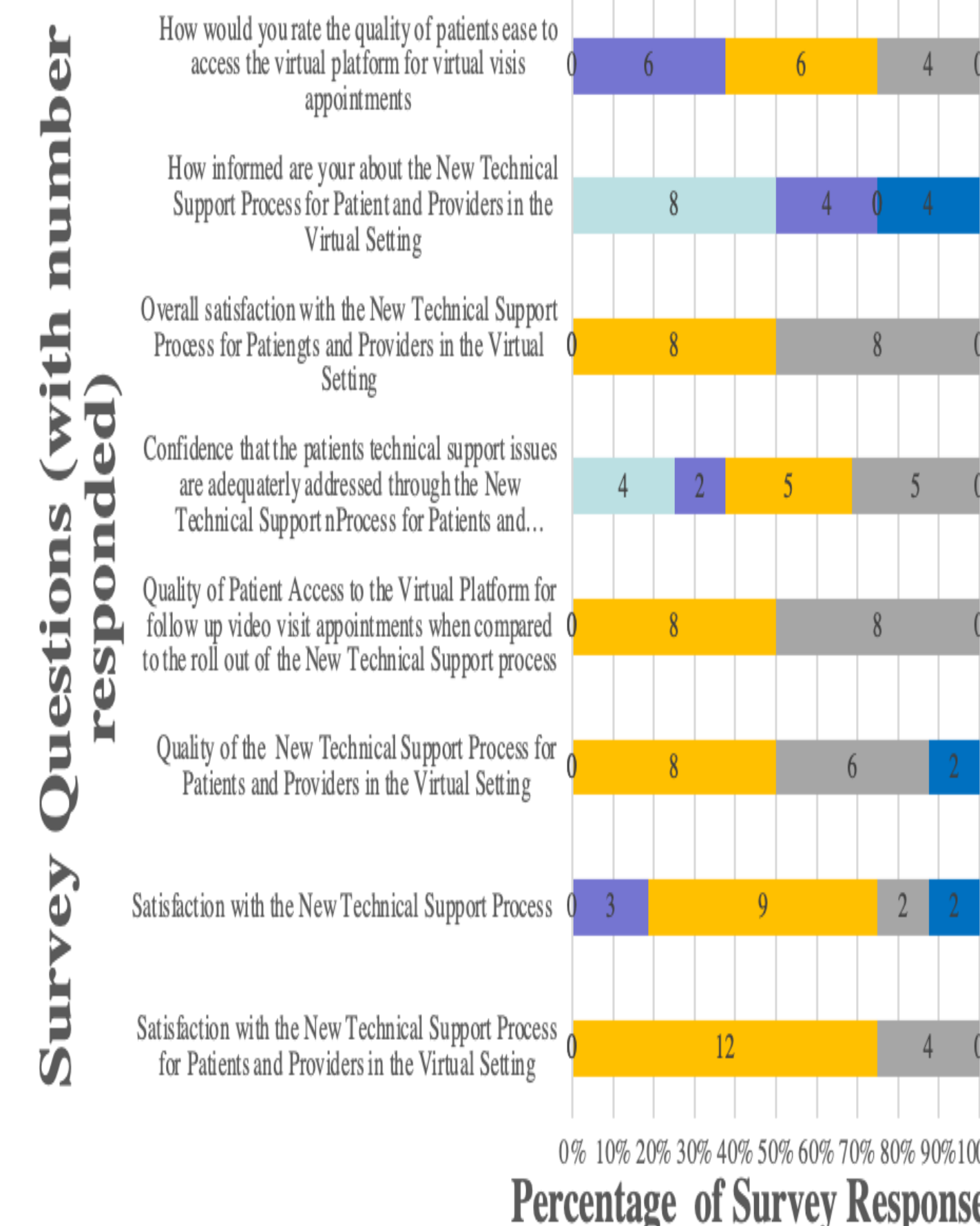## CDC Program Evaluation Framework

Results

Total Accepted and Virtual Visit Calls

Pre and Post - Number of Each Type of Monthly Calls

Pre and Post Follow Up Virtual Visit Data Summary

Virtual Follow-up Average Wait Time

Pre and Post Data

Virtual Visits Follow Up

Weekly Pre and Post Virtual Visit Follow Up

Acknowledgment to agency mentor: Dr. Diane Barber PhD, AOCNP, RN

Survey Results (N=16)

Percentage of Survey Responses

Legend: strongly negative | negative | neutral | positive | strongly positive

Survey Results

- 50-75% indicated neutral response (neither agree or disagree) to patient and provider satisfaction
- 50% were neutral to improved quality
- 50% were not informed of the new technical support process
- 31% were confident about the new technical support process

Implications for Practice

- DNP leadership role is critical to advancing and delivering goal-concordant care in the virtual setting.
- Oncology DNP providers are instrumental and capable in providing collaborative technology leadership strategies.
- DNP leaders are well-poised to incorporate the role of technology in interprofessional practice.
- DNP leaders have capabilities to disseminate program evaluation tools to other areas within the organization for process improvement

Lessons Learned

- Engaging stakeholders throughout the evaluation process
- Establishing meaningful indicators to achieve primary purposes.
- Proving feedback to engage inter-collaborative team readiness to enhance workforce support.
- Disseminating evaluation findings and using tailored communication strategies for improved patient-centered care

Conclusions

- The percentage improvement for outcome evaluation questions raised the value of quality patient experience, ease of use, reduced call-volume, wait-time, and successful connection effectiveness of the new technical support services at the system level.
- Role of technology in interprofessional practice facilitate effective utilization of nurses and healthcare providers quality time to impact patient care outcome.