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# Maintaining Continuity in a resident run clinic- Impact of the 6+2 Scheduling.

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## Background

The Hartnett Health Center (HHC) is a hospital based resident run clinic while under supervision by faculty. The residents provide care to under-served and under-insured patients, many of whom are non-English speakers.

Difficulty providing timely, regular follow ups with the same resident has been known to impair continuity and quality of care due to the complexity of residency schedules.

## Objective

The aim of this study was to evaluate the continuity of care with regards to follow up with the same team (and optimally same resident) 1 year prior to implementing the 6+2 scheduling block and 1 year post schedule block change.

## Method

The HHC comprises 36 residents and 8 faculty members. In the conventional schedule, each resident would be in continuity clinic 1 to 2 half days per week.

After Implementation of the 6+2 schedule, Residents were divided into Color-coded groups of 12 comprising 3 PGY-1s, 3 PGY-2s and 3 PGY-3s. They were further subdivided into group A,B and C who took turns rotating through the Medicine and Specialty clinic. In September 2016, during our weekly safety meeting we had multiple cycles of change to our existing encounter form.

Each change cycle led to improvement in the form as we adjusted for the human factors in the selection of return dates to maintain continuity with the same team (and optimally) the same resident

Examples of changes included putting the year's schedule of resident clinic rotations on the back of the encounter form along with their specific dates for reference.

A retrospective random sampling was used to collect data. Data was collected every 3 months pre-schedule change from July 2015 to June 2016 and every 6 weeks post schedule change from one group color spanning from July 2016 to May 2017.

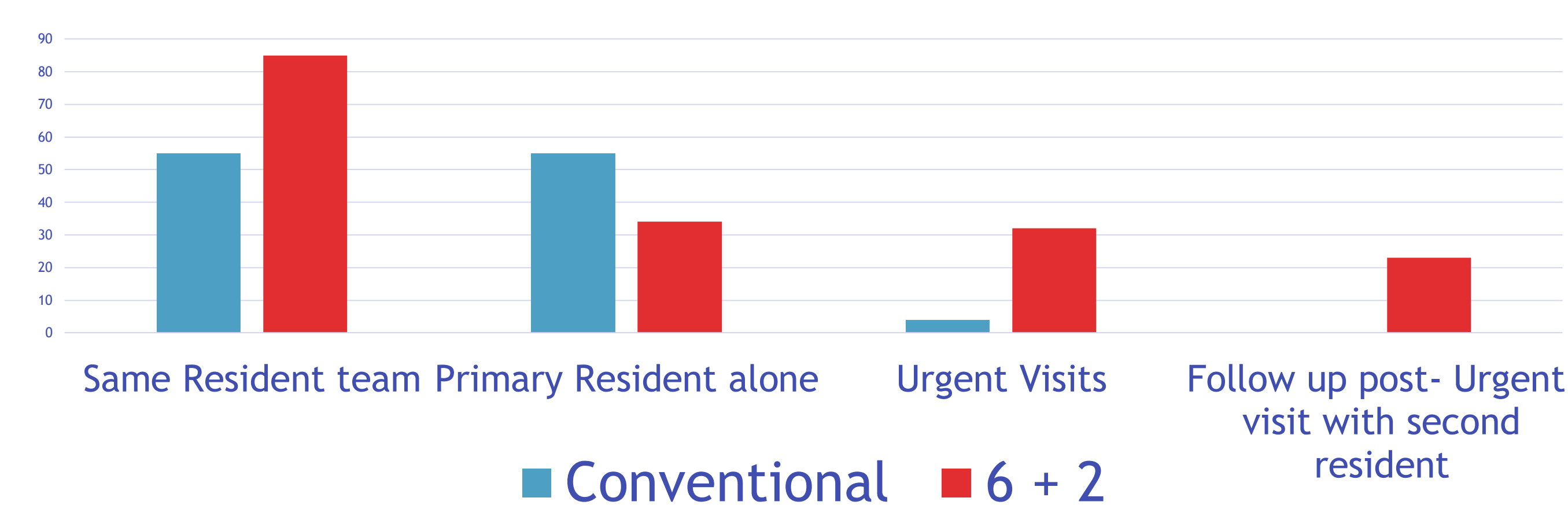
## Results

Of 450 patients seen pre-6+2 block scheduling, 151 patients were included in the study. Of 500 patients seen Post 6+2 scheduling, 219 were included in the study.

In the 6+2 model compared with the Conventional scheduling, patients saw their primary team a greater percentage 36.4% vs 38.7% (p=0.006). In the 6+2 structure, 15.5% of those patients were seen by their primary residents. Of the 134 patients not seen by their primary residents, 32 (23.8%) of these comprised same day sick visits, Post-ER follow up and Hospital discharges. 71.8% (23) of these eventually kept following up with the second resident.

In the Conventional Scheduling, of the 96 patients not seen by their primary residents, only 4 (0.042%) were sick visits.

Follow up visits with the same resident team



## Significance

Developing a longitudinal therapeutic relationship is critical for ambulatory patient care. System factors such as vacations, night shifts, and other coverage issues influence the likelihood of the development of this relationship.

With Continual visual enforcement, there was a noticeable improvement in follow up.

Systems change, empowered by engaged residents, attending and staff can lead to a positive impact on relationship development between physicians and their patients.

## Anticipated Changes/Modifications

- Removal of vacation block from the 6+2 Schedule.
- Reinforcement of scheduling to made in 6, 12, 18 week blocks
- Getting everyone involved in the process, especially the front desk who are responsible for scheduling
- Encouraging follow up with the same color-coded team