In-Basket Management: Empowering Nurses To Be First Responders For Patient Messages, Providing The Right Care At The Right Time.

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Background: Patients increasingly send email messages regarding their healthcare, but not all messages require physician input. Our prior state routed all incoming messages through the bottleneck of overloaded physician in-baskets, increasing response times and lowering both physician and patient satisfaction. Launching our project in August 2017 helped us meet the needs of our rapidly growing membership and achieve our operations goal to "deliver exceptional care and deliver an extraordinary consumer experience" in the Mid-Atlantic. Methods: Over 10 months, high-touch In-Basket Message Management training was provided to 205 nurses in Adult and Family Medicine. Patient vignettes were used to train each new functionality, including the use of standardized SmartPhrases and QuickActions created specifically for patient message replies. We continue to follow weekly and monthly metrics, tracking hours to first touch for each incoming message, the percentage of messages screened out by nurses (messages handled to completion without any physician input), and the percent of messages researched and staged by nurses well enough that only one touch is required by physicians to complete the message. Results: We saw a 60% decrease in the time to first touch for all incoming messages, cutting our regional response time from an average of 22.3 hours at baseline to 8.8 hours. Addressing the goal to have all healthcare team members working at the top of their licenses, we saw a 207% increase in the number of messages able to be handled entirely by nurses, moving from a baseline screened out rate of 14%, to an average of 43% of all incoming messages screened out by nurses. Anecdotally, nurses are happier being empowered to triage and manage patients requests from the outset, and our data confirmed that some of our top-performing nurses have truly taken ownership, screening out 70% of all incoming messages. Discussion: Although we already had an optimal message pool design within the organization, we relied on physicians to "edit in" to those pools to manage incoming messages. By redefining our regional workflows, we are better leveraging the skills of our highly trained nurses in providing more timely responses to patient inquiries. In Adult Family Medicine, we are continuously monitoring outcomes, and evaluating the staffing model to sustain this success. We have extended primary care In-Basket Message Management to Pediatrics and OB/Gyn., and will expand to specialty services in our Mid-Atlantic region in 2019.