

# UVM ScholarWorks

## Clinic Flow and Late Arrivals: A Community Health Improvement Project

Item Type	Presentation
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Publisher	University of Vermont
Download date	2026-05-16 22:58:01
Link to Item	<a href="https://hdl.handle.net/20.500.14849/9884">https://hdl.handle.net/20.500.14849/9884</a>

# Clinic Flow and Late Arrivals: A Community Health Improvement Project

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**Family Medicine Clerkship, December 2025-January 2026**

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Larner College of Medicine

# Problem Identification & Need

**Late arrivals are commonly perceived as disruptive to clinic workflow, staff well-being, and patient experience in primary care settings**

- At Milton clinic, staff expressed concern that even occasional late arrivals can compress schedules, delay on-time patients, and increase stress across the clinic day
- This project addresses the disconnect between perceived disruption and actual frequency of late arrivals

**Focused on understanding the issue through:**

Objective clinic data, Staff experiences, Community and patient perspectives

**AHEC Focus Areas:**

- Social Determinants of Health
- Medical Practice Transformation
- Interprofessional Education

# Public Health Cost & Community Context

## According to Staff, Late arrivals can contribute to:

- Longer patient wait times, Reduced visit quality due to time pressure, Staff overtime and burnout, Potential downstream safety concerns when clinics fall behind
- Nationally, primary care clinics report increasing administrative burden and limited schedule flexibility, amplifying the impact of any disruption

## According to Patients in Milton, Vermont:

- Transportation barriers, Work inflexibility, Parking access, and Limited alternative appointment options, may disproportionately affect timely access to care
- Local quantitative data on late arrivals are limited, highlighting the need for clinic-level evaluation

# A Closer Look at Community & Staff Perspectives

## Clinic Staff Perspectives (Based on Anonymous Survey of 12 Respondents):

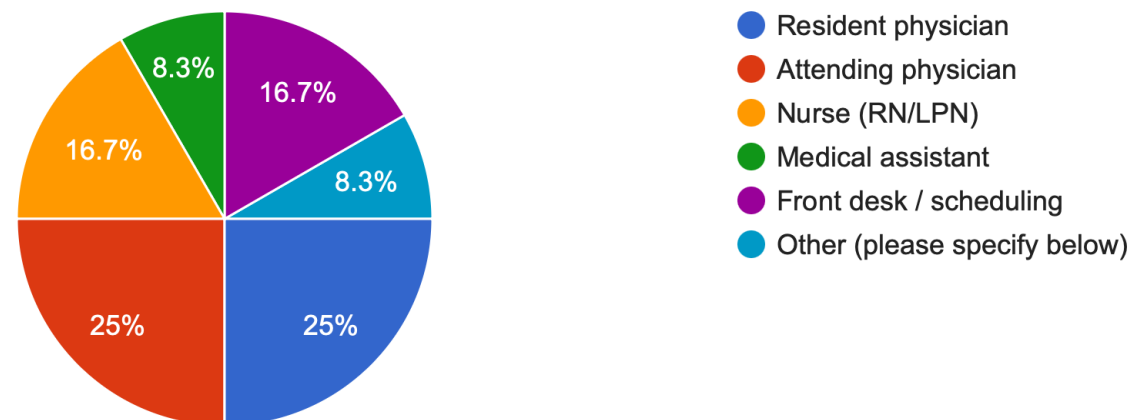
- Late arrivals are perceived to push the schedule behind and delay on-time patients
- Once behind, time pressure often persists for the remainder of the clinic session
- Reported downstream effects include rushed visits, staying late to complete documentation, and increased stress
- Staff emphasized the importance of clear, consistently applied late-arrival policies and communication

## Community / Patient Perspectives (Based on Anonymous Survey of 4 respondents):

- Transportation challenges and unpredictable travel time were common barriers
- Work obligations and scheduling constraints contributed to lateness
- Parking access and uncertainty about check-in time were noted
- Respondents described stress and worry about being late and concern about upsetting clinic staff

## What is your role in the clinic?

12 responses



*Figure 1. Interprofessional Composition of Clinic Staff Survey Respondents (n = 12)*

# Intervention & Methodology

**Design:** Quality Improvement project integrating multiple data sources

**Objective Data:**

Single-day Epic review of scheduled visits to assess arrival patterns using clinic-defined criteria

**Staff Survey:**

Anonymous QR-code survey distributed via:

Clinic newsletter

Clinic posting

In-person outreach

**Community Survey:**

Anonymous QR-code survey administered outside local Hannaford supermarket in Milton, VT

**Purpose:**

To triangulate objective data with lived experiences and contextual barriers

**Sample Size:**

Staff: voluntary respondents across clinic roles (12 Respondents)

Community: small convenience sample intended for contextual insight, not generalization (4 Respondents)



*Figure 2. Anonymous Clinic Staff Survey Recruitment Flyer (QR Code)*

# Results & Reflection

## Objective Epic Data (Partial One-Day Snapshot):

Data collected from all patient scheduled on January 5, 2026

131 of 169 scheduled visits reviewed  
100 eligible in-person arrivals with documented arrival times  
99 of 100 arrivals were on time by clinic policy  
1 arrival met the clinic's late definition ( $\geq 10$  minutes past scheduled visit time)  
Late arrivals were uncommon in this dataset

## Reflection:

- Late arrivals were uncommon, yet their perceived impact on staff workflow was substantial
- System-level constraints, rather than arrival frequency alone, appear to drive stress and disruption
- Interpretation is limited by partial Epic data and small survey samples, underscoring the exploratory nature of this project

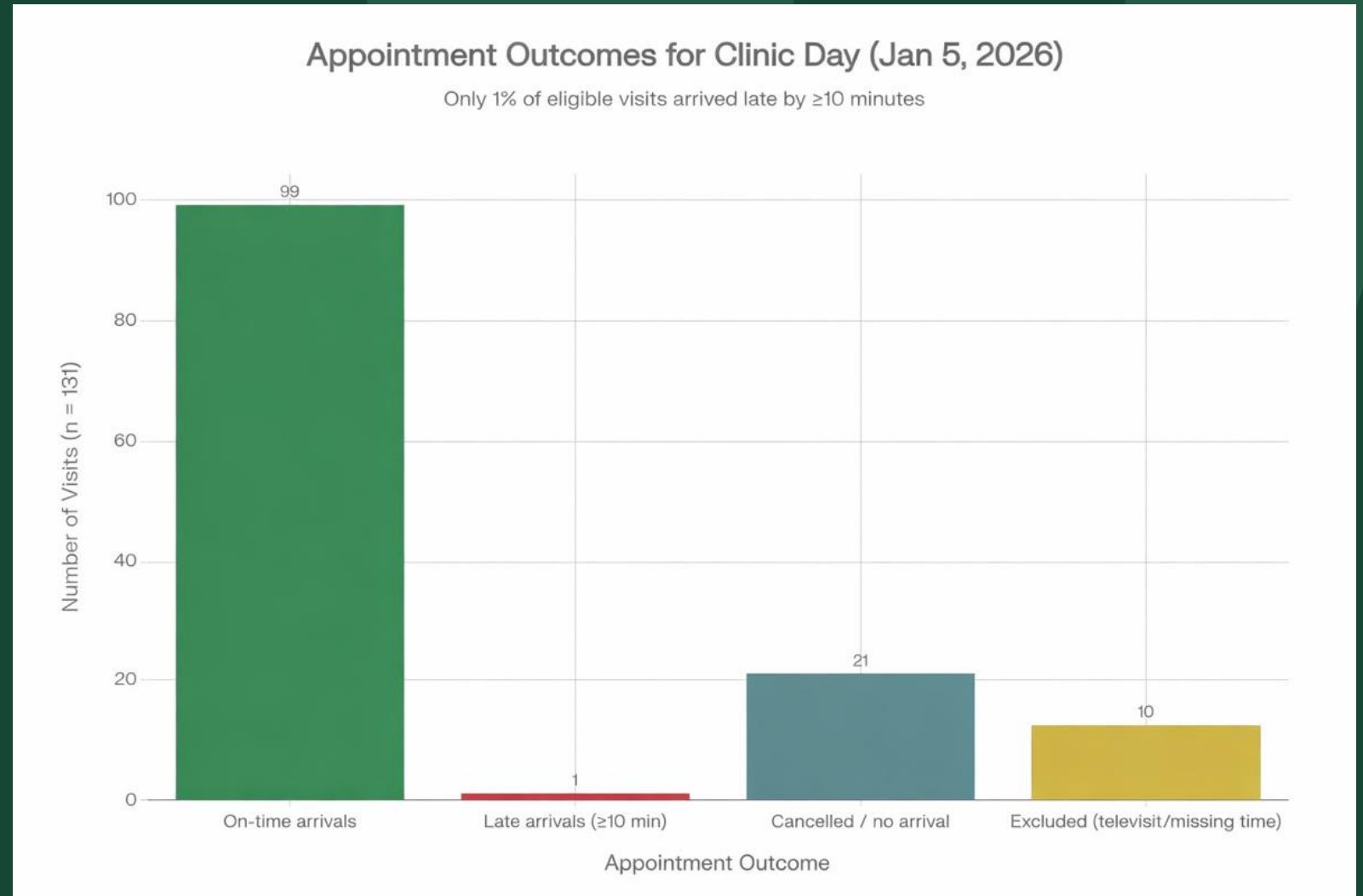


Figure 3. Appointment Outcomes for Reviewed Clinic Day (January 5, 2026)

# Future Directions

## Assess in greater detail if our Milton Clinic provides patients with practical information on:

- Parking, Expected arrival timing, How to contact the clinic if running late

## Expand data collection across multiple clinic days to better characterize arrival patterns

## Future students could:

- Continue Epic data monitoring
- Pilot workflow adjustments:
  - Evaluate staff stress and patient experience over time
- Refine both Staff and Patients Survey's (the ones use for this project shown on right, for reference)

### Anonymous Staff Survey, Question Prompts

*What is your role in the clinic?*

Resident physician

Attending physician

Nurse (RN/LPN)

Medical assistant

Front desk / scheduling

Other (please specify)

*How often do late patient arrivals disrupt your workflow?*

*In what ways do late arrivals affect your workday?*

(e.g., schedule delays, documentation time, stress, patient flow)

*How do late arrivals impact other patients or staff?*

*What strategies does your clinic currently use to manage late arrivals?*

*What changes or supports do you think would help reduce the impact of late arrivals on workflow and staff well-being?*

### Patient Survey, Question Prompts

*Have you ever arrived late to a medical appointment?*

*What were the reasons you arrived late?*

(For example: transportation, work, caregiving, parking, health issues, other)

*When you arrived late, how did it affect your visit experience?*

*What could clinics do that might make it easier to arrive on time or feel supported if you are running late?*

(Optional)



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# References

## Data Sources

Anonymous staff survey conducted as part of a Community Health Improvement Project, University of Vermont Larner College of Medicine

Community Health Improvement Project proposal, UVM Larner College of Medicine Family Medicine Clerkship

Epic Systems Corporation. De-identified appointment scheduling and arrival time data from January 5, 2026. No patient-level clinical data were collected or analyzed

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