

# Southern Health-Sante Sud Rehabilitation Services

## Quality Improvement Project Report Out

June 30, 2018

LearningToSee



CONSULTING

# Define

*In July 2017, a Yellow Belt Lean Project was initiated to focus on current clerical processes to create consistencies and efficiencies throughout Rehabilitation Services at Bethesda Campus, to provide continuity of care to both internal and external customers. Our goal is to standardize workspaces and processes for all our clerical support, in order to be able to provide consistent and equitable support to all our clinical programs. This allows clinicians to do clinical activities rather than clerical activities, and therefore allows better access to services for our external customers (the patients, clients, residents of SH-SS).*

# Define

## *Problem Statement*

Our current process contains non value added activities carried out by both clinicians and clerical staff, such as inconsistent referral processing, inefficient usage of time and motion, challenges in gathering patient related information, equipment and paperwork, which leads to delays in service to clients and results in frustrated staff who are unsure of roles and responsibilities.

# Legend

Audio = Audiology

CBR = Community Based Rehabilitation

CTI = Children's Therapy Initiative

C & Y = Child and Youth

FASD = Fetal Alcohol Syndrome Diagnostics

OT = Occupational Therapy

PT = Physiotherapy

SLP = Speech Language Pathology

# Define

We did a current state process map for each area of Rehabilitation Services from the receipt of the referral to the point of booking the initial assessment.

This included:

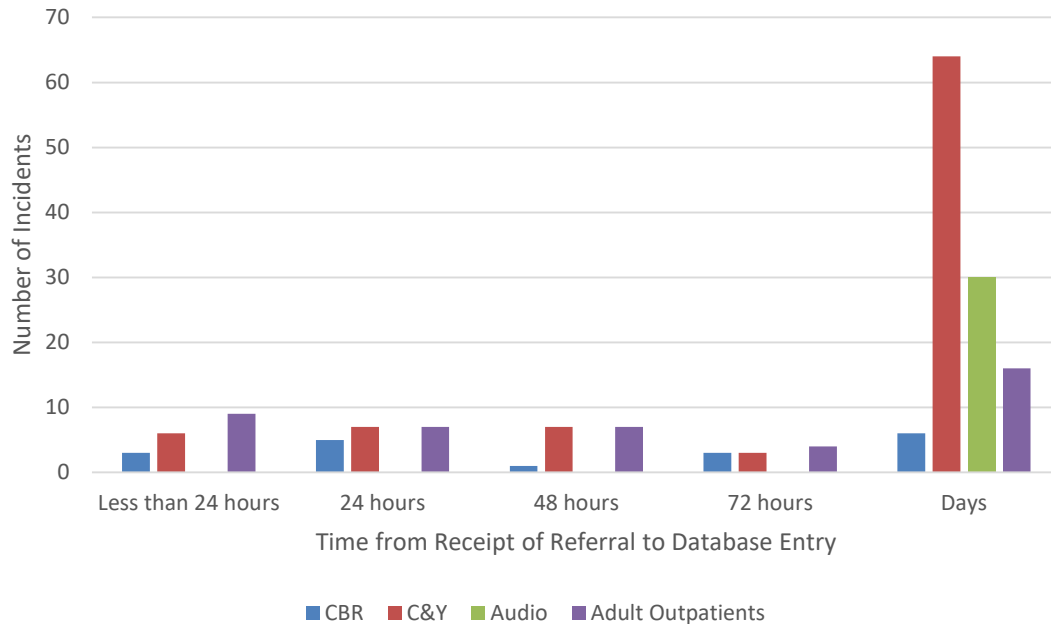
1. Inpatient referral receipt and processing for OT/PT/SLP
2. PCH (Personal Care Home) referral receipt and processing for PT/SLP
3. Adult Outpatient referral receipt and processing for OT/PT/SLP
4. CBR referral receipt and processing for OT/PT
5. Child and Youth referral receipt and processing for OT/PT/SLP and Audiology.

# Measurement Plan

What?	How?	Where?	Who?	When?
What is being measured?	How will you track the measurement? Tracking sheets, observations, other? Do you need any items to measure? Clock, pedometer, etc.	On which unit/area will the data be collected?	Who is responsible for collecting the measures measurements?	When are the measures being collected?
Clinician and clerk time in motion, and Children & Youth parents frequency of walking down to Rhonda's office to book appointments	Tracking sheet, clock	Rehab Services	Clerk and clinicians	November 6- December 15
Time from receipt of referral to when it lands in waitlist binder, ready to go (book appointment)	Tracking sheet, clock		Clerk and clinicians	November 6- December 15
Time taken to complete prioritization process	Tracking sheet, clock		Clerk and clinicians	November 6- December 15
Clinician time spent doing non clinician activities	Tracking sheet, clock		Clinicians	November 6- December 15
How many times info is being entered multiple times or locations	Retrospective		Rhonda and Diane	November 6- December 15
Number of touches of referral by clerk and clinician	Tracking sheet and retrospective		Clerk and clinicians, Rhonda and Diane	November 6- December 15
Time taken to update database (referral received to point of entering prioritization)	Tracking sheet, clock		Clerks	November 6- December 15
Time taken to book initial appointment (from 1 <sup>st</sup> phone call made)	Tracking sheet, clock		Clerk and clinicians	November 6- December 15
Time spent by clerk in each program	Tracking sheet, clock		Clerks	November 6- December 15

# Analyze

Referral Processing – Time taken from Receipt of Referral to Database Entry



Range of Days	
CBR	4 to 10
C&Y	4 to 60
Audiology	5 to 105
Adult Outpatients	4 to 10

2/28/2020

# Analyze

*Data was gathered for Community Based Rehabilitation program to determine the length of time it took from when a clinician put a form with a chart in the outbox for the clerk to pick up and fax, to the time the report was faxed and chart returned to it's designated spot.*

*The assumption was that this process took multiple days on a regular basis.*

*The data indicated that out of a sample size of 44, in 30 instances it only took 1 day, in 4 instances it took 2 days, in 7 instances it took 4 days, and in 3 instances it took 7 days.*

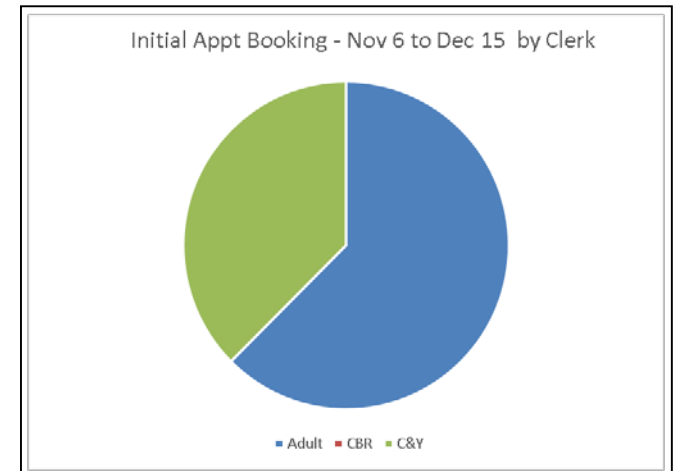
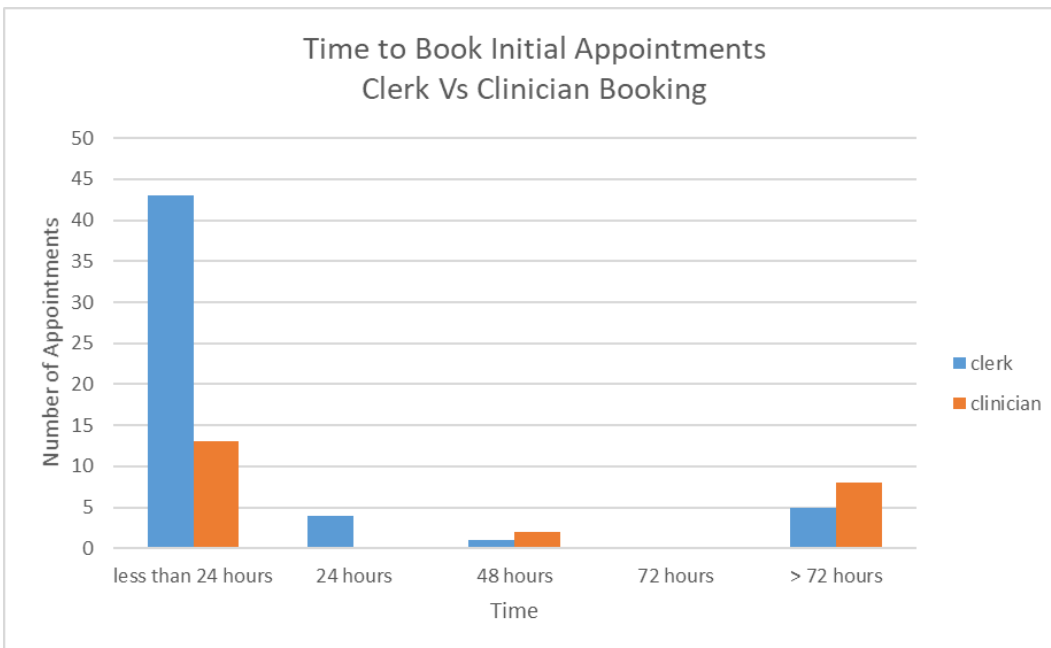
*The Mean time to perform the task was 1.98 days, with the median and the mode both being 1 day. It was determined that the standard time should be 1 day and that the majority of the time, this standard is being met.*



# Analyze

The data showed the following:

- There were no initial appointments scheduled by clerical staff for Community Based Rehab
- When scheduling initial appointments, there were more incidents of “phone tag” when it was a clinician trying to contact the patient
- Clerks had significantly more success booking an appointment in less than 24 hours



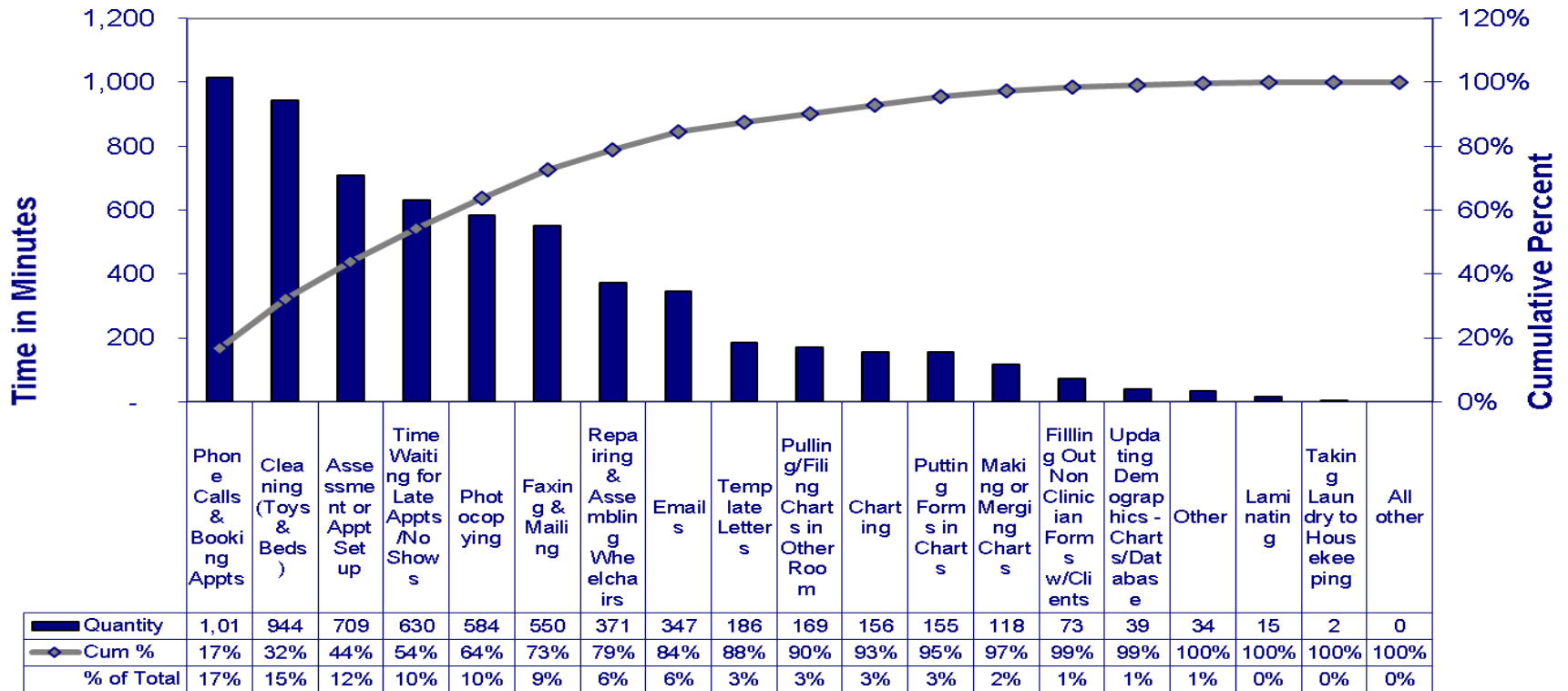
# Analyze

Non clinical activities done by clinicians, such as phone calls to schedule appointments, photocopying, faxing and mailing and putting charts together, took up a large percentage of their daily time.

Note: Cleaning toys and beds, assessment and appointment set up, time waiting for late appointments and no shows, and repairing and assembling wheelchairs/equipment were determined to be activities that could be done by Rehabilitation Assistants and therefore were out of scope of this project.

# Analyze

**Pareto Chart**  
Non Clinician Duties

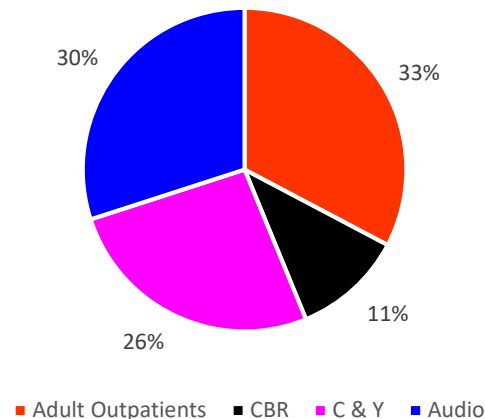


Time Period: Nov 6, 2017 to Dec 15,

# Analyze

Clerks were spending 11% of their time supporting the CBR program in general and clerks were not booking any initial appointments for CBR. 30% time supporting Audiology, 33 % supporting Adult outpatients, 26% supporting C&Y.

Clerk Time in Minutes by Program(Nov 6 to Dec 15, 2017)



# Improve

## *Aim statement*

By June 30, 2018 we will increase clerical support for Community Based Rehab to 20% of all program support and therefore allow for more clinical time to see patients.

Adult outpatient services would have 35% clerical support, CBR would have 20% support, and Child & Youth and Audiology combined would have 45% support.

# Improve 1

## *PDSA 1*

- Rehab Administrative Assistant and CBR/CTI clerk will share an office space in order to consolidate support for C & Y and CBR therapists and allow standardization of work space and procedures, as well as reception for all C & Y clients. Will also standardize processes and workspace with adult outpatient services. This allows for clerical staff to be able to cover off each other's roles for continuity throughout the entire program.*
- The shared space was implemented January 26, 2018. The standardization of workspaces and processes will be completed by June 30, 2018.*

# Improve 2

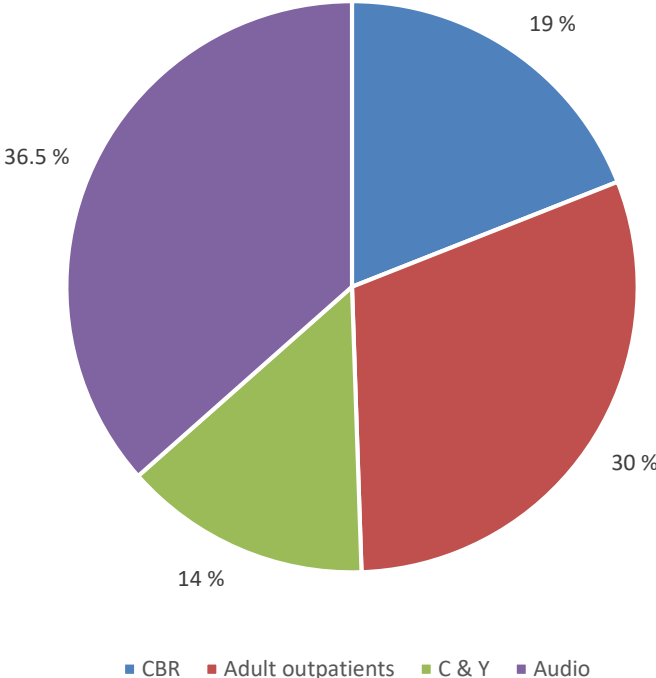
## *PDSA 2*

- *Rehab Administrative Assistant currently books new and follow up appointments for Audiology and C & Y staff*
- *Adult Services Clerk currently books new appointments for Adult outpatient PT and SLP staff.*
- *Plan to implement CBR clerk booking initial appointments for CBR*
- *Plan to implement Adult Services clerk booking initial appointments for Adult OT staff*
- *Clerks will schedule as many follow-up appointments as able for all clinicians.*
- *Once appointments are booked, clerks prep new charts*

*This PDSA will start Feb 5, 2018.*

# Improve 2

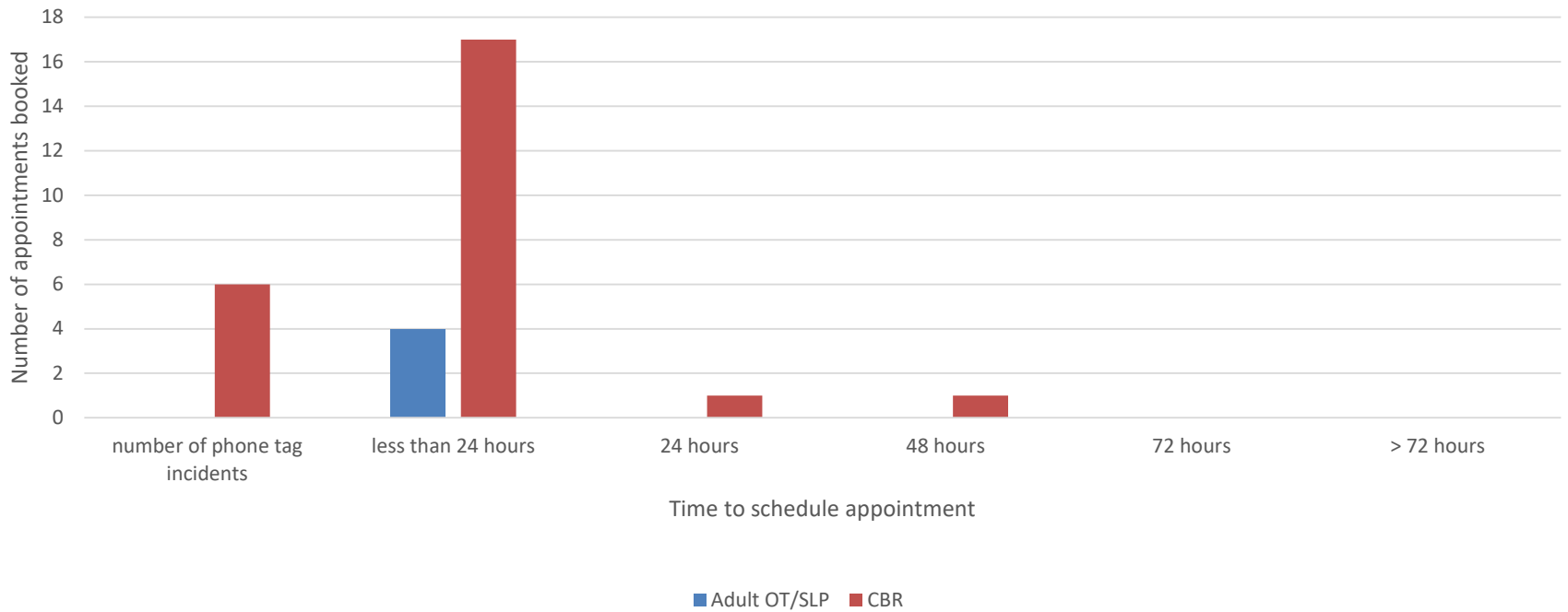
Clerk Time by Program (Percentages)  
Feb 5 - 16, 2018





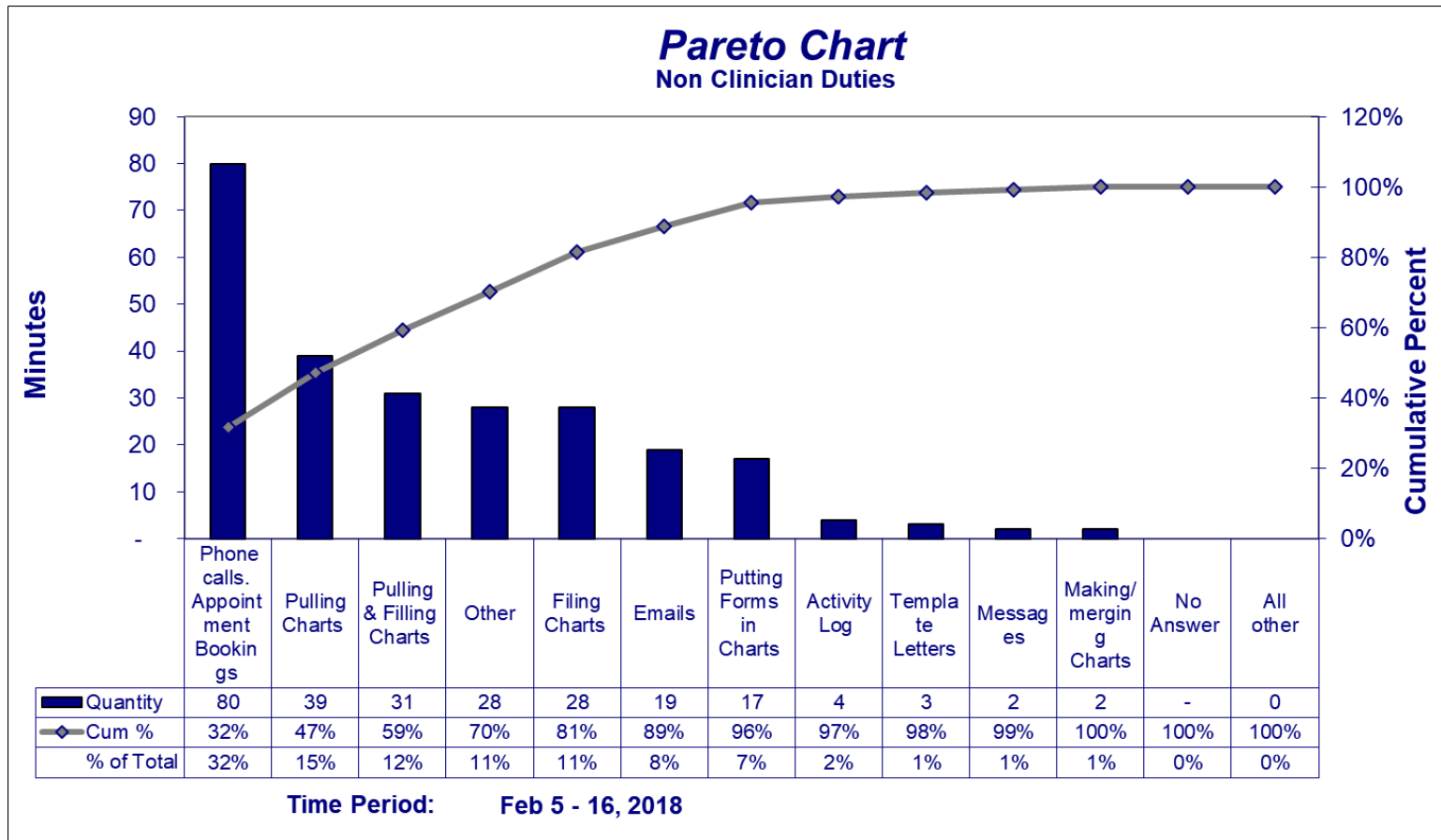
# Improve 2

Appointment Booking Time (Clerk)  
Feb 5 - 16, 2018



2/28/2020

# Improve 2



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# Improve 3

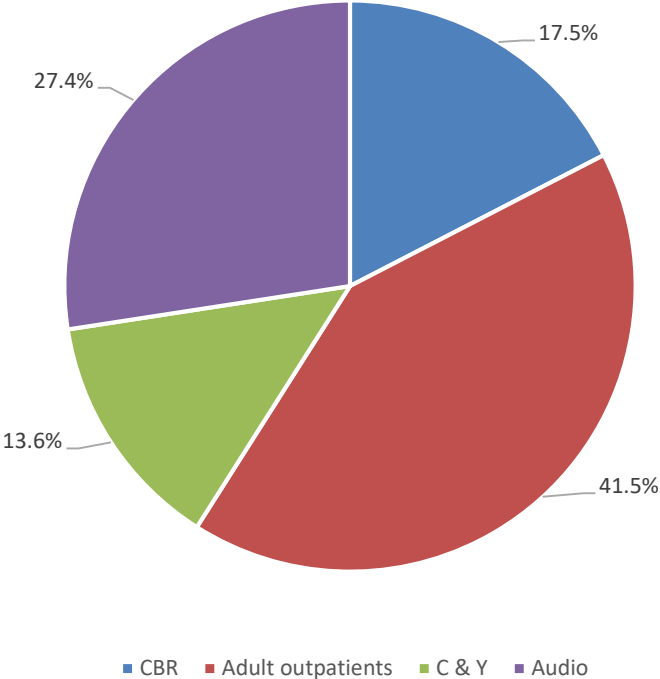
## *PDSA 3*

- *Clerks will do photocopying, faxing, mailing, reports and forms, as well as laminating materials for all clinicians.*
- *Clients check in with clerks before initial appointment, clerk review and update demographics and non clinical forms*

*This will be implemented February 20, 2018.*

# Improve 3

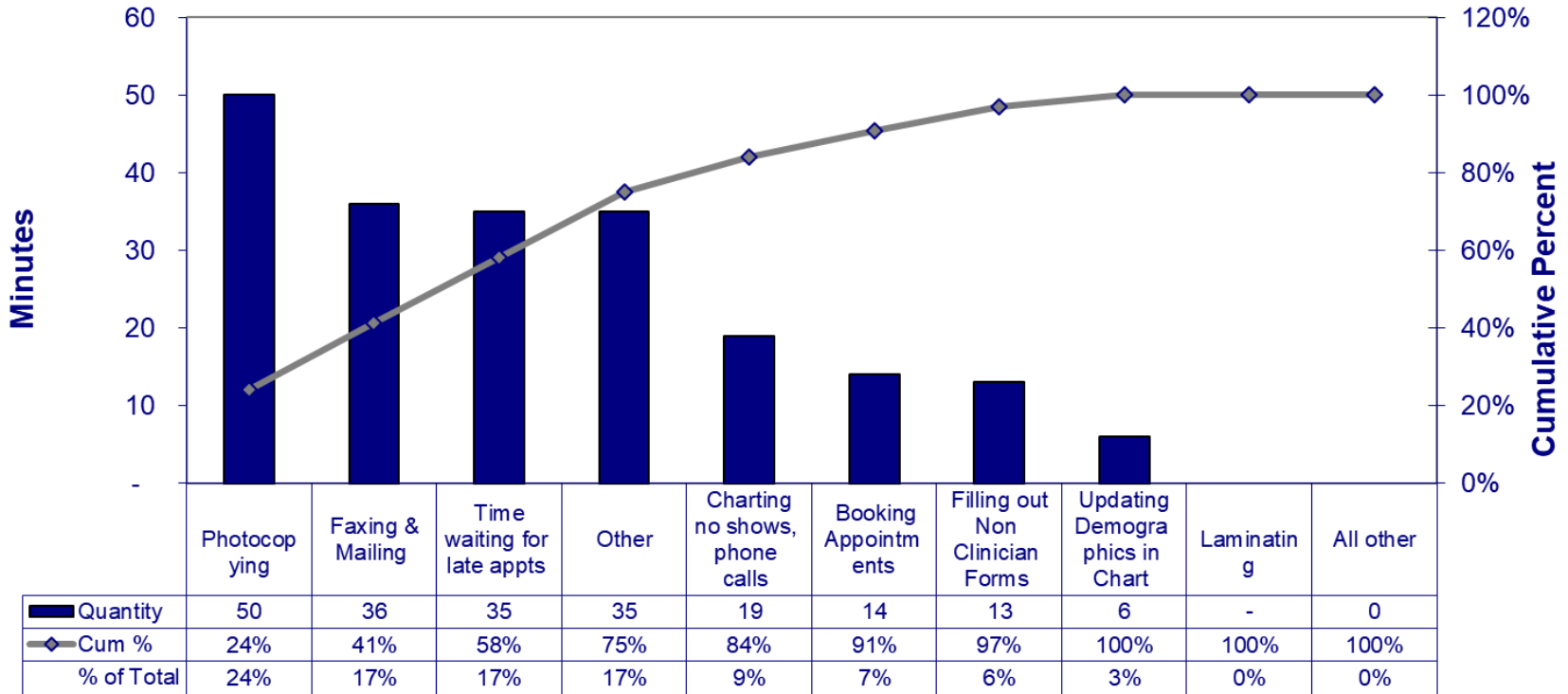
Clerk Time by Program (Percentages)  
Feb 20 - Mar 2, 2018



2/28/2020

# Improve 3

**Pareto Chart**  
Non Clinician Duties



**Time Period: Feb 20 - Mar 2, 2018**

# Improve 4

## *PDSA 4*

- *Standardize the storage and inventory control of equipment in Occupational Therapy in the hospital. Will also need to consider if we need extra equipment in CHS building for CBR. Will allow for ease of finding assessment items and tracking inventory.*
- *Change adult outpatient clerk schedule – start later, leave later.*

*Will be implemented March 2, 2018*

**2/28/2020**

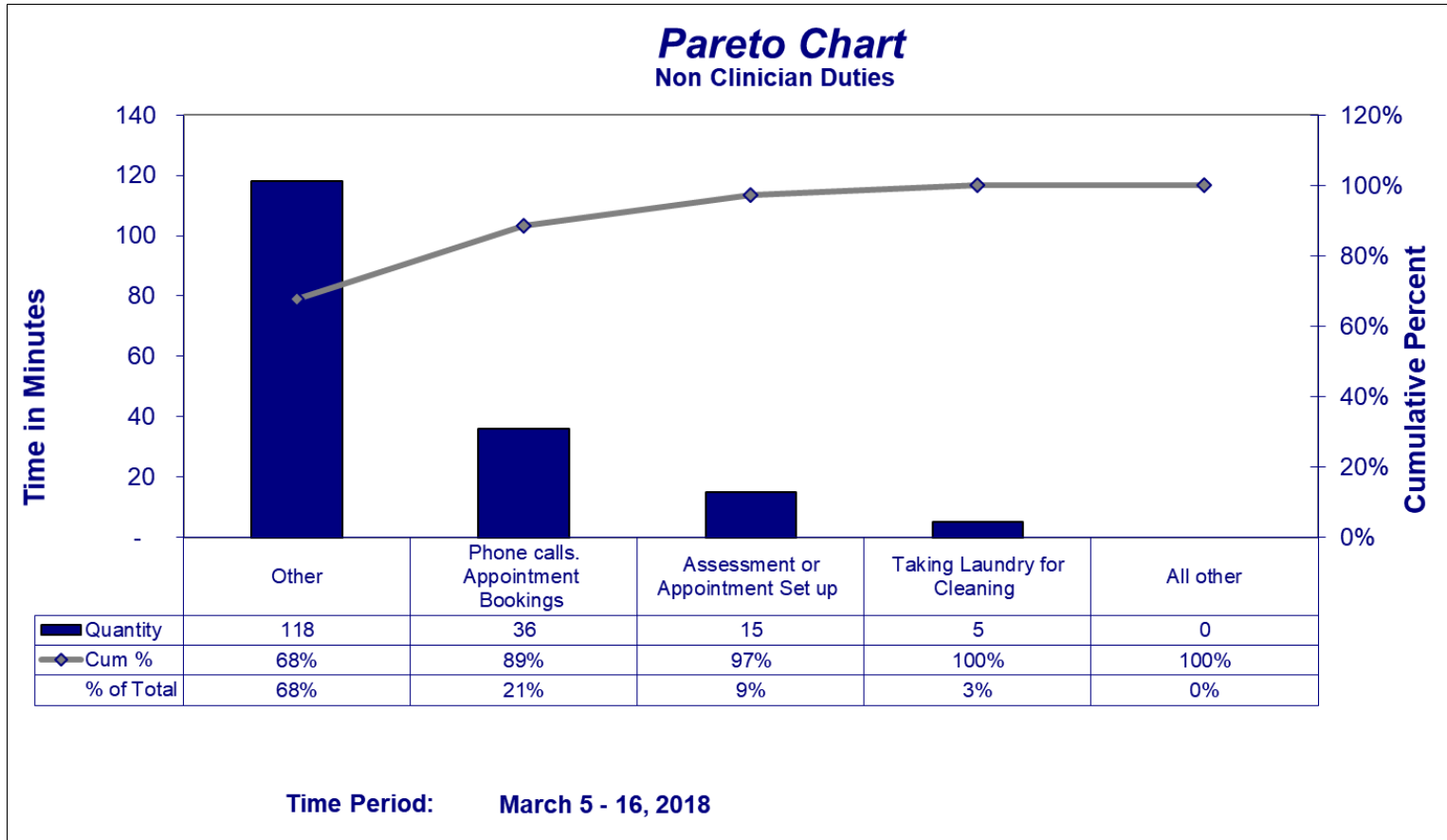
# Improve 4

## 5S of OT Wheelchair and Seating Equipment



2/28/2020

# Improve 4



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# Improve

*Staff comments and customer feedback on the improvements*

- **Color coding the foot rests and wheelchairs in Adult OT was a huge improvement as well as reorganizing OT equipment**
- **Outlook calendar standardization very helpful for booking appointments and trying to book joint visits**
- **Having clerk book initial visits for CBR has freed up time for clinical work. Prior to having CBR clerk booking appointments, waitlist for CBR was 9 patients, and now there are none waiting.**
- **Relocation of adult OT, SLP and Audiology charts into clerk offices has allowed better efficiency in accessing information**
- **Relocation of waiting referrals into waitlist binders in the clerk offices has been a weight off the clinicians shoulders**

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# Control

<input type="checkbox"/> Fundamental Change	<p>Clerk Relocation – moved Rehabilitation Services clerical staff to central location nearer to client entrance to assist with ease of rebooking at time of appointment, and to assist with checking in new and caseload patients, as well as completion of non-clinical forms with new clients. Waitlist Binder Relocation – moved waitlist binders to clerks offices so booking can be done by clerk as clinician schedules allow. File Relocation (Audiology) – moved caseload files with Rehab Services clerk to continue pulling charts and form prep prior to appointments. Removal of Day timers – to assist with the change to using Outlook calendars for all appointment bookings.</p>
<input type="checkbox"/> Error Proofing	<p>Clerks programming all fax numbers into Xerox address book to eliminate fax errors. Changed prioritization process so referrals stay in clerk office to eliminate misplaced referrals. Process maps and catchment area list to cross check referral before sending for prioritization.</p>
<input type="checkbox"/> Visual Control	<p>Standardized bins located in all 3 clerk spaces with labels for High Priority and Regular Priority Clerical tasks that the clinicians require. Prioritization guidelines and process maps posted in the CHS Clerk Office for easy review and cross references. Calendars standardized across PT, OT &amp; SLP so all clerks can schedule across the program. New sign posted outside of clerk office at CHS as new registration location for Audiology. Storage of equipment and labelling in OT area of Adult Services. Color coding wheelchairs, footrests, etc for quick reference of which items can be used on specific chairs.</p>
<input type="checkbox"/> Standard Work	<p>Intake processes for all rehab services programs from receipt of referral to entry on database. Building a training manual for clerk process across rehab services (on going.) Schedule standardization and booking process. CBR chart creation shifted to clerk.</p>
<input type="checkbox"/> Training	<p>All clerks on the standardized intake process. Trained Audiology, OT, PT, and SLP staff on new calendar and booking procedures.</p>
<input type="checkbox"/> Continue to Measure	<p>Frequency of parents booking next appointment at completion of appointment. Time required for clerks to build new charts. Time required for clerks to complete and send Acknowledgment letters.</p>
<input type="checkbox"/> Audit	<p>Monthly audit of Waitlist binders to database prior to completion of stats. Monthly audit of therapy equipment to inventory list across all PT, OT, SLP programs.</p>
<input type="checkbox"/> Checklist	<p>Process map for intake process.</p>
<input type="checkbox"/> Policy & Procedure	<p>Intake process for new referrals from receipt to entry on database following prioritization.</p>
<input type="checkbox"/> Written Sign	<p>Program sign at clerk office at CHS.</p>

# Lessons Learned

*What were some of the key things we learned about quality improvement while doing this project?*

- **Keep the idea and goal simple.**
- **We took on too many things that were beyond the scope, such as inventory and sorting equipment.**
- **Will need to work on standardizing the inventory collection and audit process in our future spread plan.**

# Next Steps

Organization	Southern Health	Area/Unit/Facility	Rehabilitation Services/BRHC
Project Name	Clinical Efficiency	Project Spread Start Date	
Project Sponsor	Rene Oullette	Project Spread End Date	
Spread Team Lead/Belt Level		Spread Team	

No.	Changes to be Implemented
1.	Extend referral processing improvements into Audiology and Personal Care Home for Physiotherapy & Speech Language Pathology
2.	Attain scheduling system(continuing to find efficiencies for clerical staff)
3.	Standardize equipment inventory database including a monthly audit process for all rehabilitation services.

# The Team!

Diane Reimer, Rhonda Block, Sarah Mulaire,  
Ashleigh Schedler, Jackie Mellor, Wendy Dirks