

## Project Details

<b>Organization</b>	Southern Health-Santé Sud	<b>Facility</b>	Regional Chronic Disease Education Team
<b>Project Name</b>	CDET Initial Appointment Booking Process	<b>Project Facilitator/Belt Level</b>	Robin Reid, Green Belt Trainee
<b>Project Sponsor</b>	Karen Ilchyna, Regional Director, Primary Health Care	<b>Project Team</b>	Diane, Kathryn, Hanifah, Sabrina, Roberta and Karla
<b>Project Start Date</b>	November 2015	<b>Project End Date</b>	June 2016

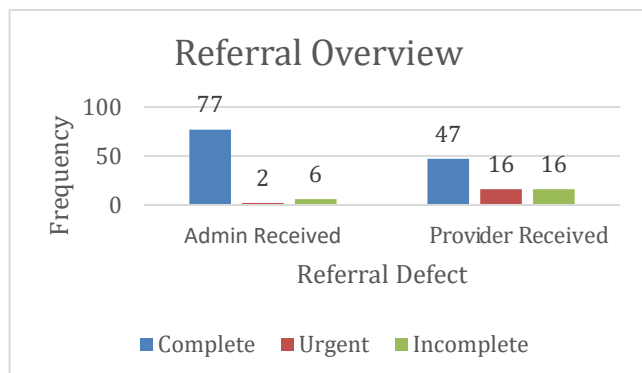
## Problem Statement

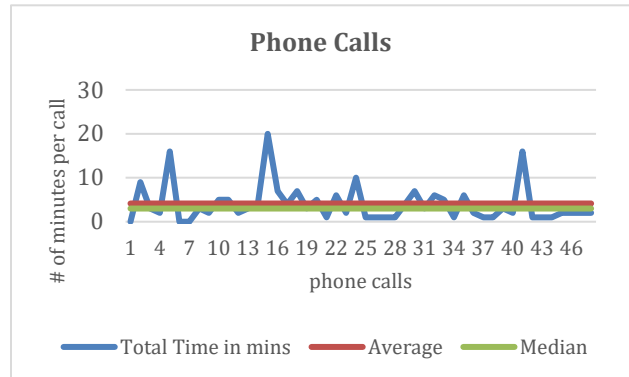
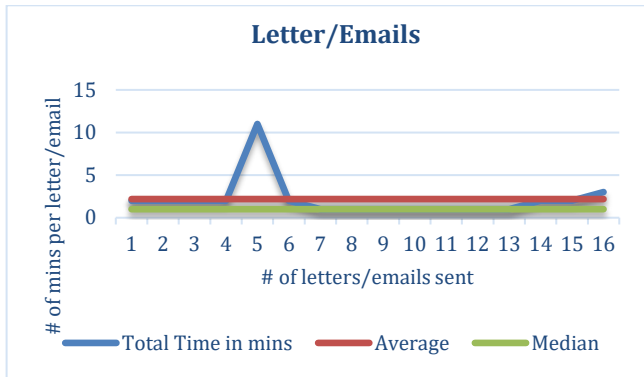
The current CDET process for booking appointments is inconsistent among providers; which has led to longer client wait times and decreased quality of life; resulting in overburdened providers and non-utilized talent of staff.

## Current State Analysis - What's the Data Story?

The Chronic Disease Education Team (CDET) Members are working without a clear guideline for booking initial appointments resulting in variable, personalized approaches to client contact (i.e. email, phone call, letter, etc). CDE Team members identified practice variations in the number of client contacts, methods of contact, length of time between receipt, review, and appointment booking. Practice variations are region wide and provider dependent; ranging from full administrative support to no administrative support. Chronic Disease Team members report that a significant amount of time is spent on appointment booking activities resulting in longer time between receiving the referral and booking the appointment, decreased client appointment time, and decreased ability to utilize full scope of practice skill sets. Additionally, the team asserted that results in client health decline during the wait time and professional providers completing tasks that can be more appropriately completed by other team members. Within the scope of this project there was insufficient ability to measure client decline between referral and presentation at the initial appointment. Client baseline could not be established by the provider through the referral form and therefore client improvements could not be measured. We were able to successfully measure provider time utilized to contact clients for initial appointments using either phone calls or letters/emails. Provider reports consider letters/emails as the same mode of contact and are

therefore not distinguished. Finally, providers suggested that increased access to Administrative support will positively impact them in terms of overburden due to the impact of time related to booking initial appointments and appropriately utilizing their full scope of practice and talents.





## Project Aim

- A standardized initial appointment booking process will enhance consistencies amongst 100% of CDET members through implementation of the 4 PDSA's by April 30, 2016.

## Implementation Plan

	PDSA – Brief Description	Action	Implementation Date
1	Advanced Access Education	<ul style="list-style-type: none"> <li>• 100% of CDET members aware of AA principles</li> <li>• Discussed at all regional and area CDET staff meetings</li> </ul>	June 2016
2	Process Binder for Orientation & Reference	<ul style="list-style-type: none"> <li>• Discussed at all regional and area CDET staff meetings 12/24, or 50% of CDET (Nurses and LEAN team members) are aware of revised guideline.</li> <li>• CDET Nursing are developing nursing process binder (last meeting was Aug 22 to complete this).</li> <li>• Admin (East and BTHC) have binder in progress.</li> <li>• Dietitian process binder is outstanding</li> </ul>	in progress
3	Initial Appointment Letter	<ul style="list-style-type: none"> <li>• 100% of CDET providers offer client an appointment by phone first.</li> <li>• A standardized letter has been prepared, it is currently used by BTHC CDET members.</li> </ul>	February 2016

4	Contact Log	<ul style="list-style-type: none"> <li>The contact Log is developed but needs to be placed in the CDET Accuro</li> </ul>	February 2016
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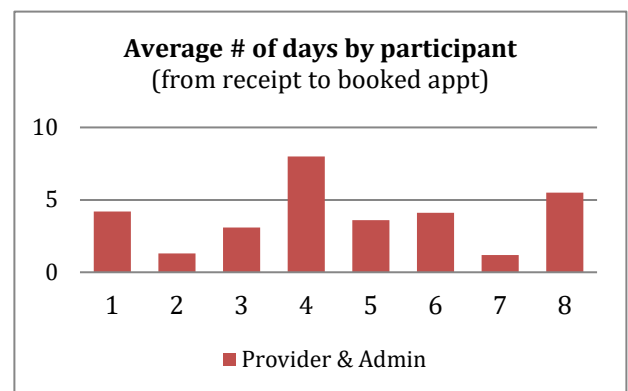
## Controls Utilized

<input checked="" type="checkbox"/> Fundamental Change	Standard process developed and implemented.
<input checked="" type="checkbox"/> Standard Work	Initial appointments are booked following the same process for all CDE Team members.
<input checked="" type="checkbox"/> Training	<p>All team members are aware of the new process and this will be communicated to any new team members.</p> <p>All team members will utilize the principles of Advanced Access.</p> <p>Working Group members will support staff at sites to promote implementation and on-going use of new tools.</p>
<input checked="" type="checkbox"/> Audit	Check in at CDET meetings to ensure new processes are working and consistent across sites.
<input checked="" type="checkbox"/> Policy & Procedure	Written procedure located at reception desks in all CDET sites.
<input checked="" type="checkbox"/> Written Sign	New process is in written form at the reception desk of all CDE sites.

## Outcomes – Qualitative and Quantitative Outcomes

### Data Summary:

- The data did not support that this led to longer wait times for clients
- The data did not support that clients experience a decreased quality of life
- The data did not support that providers are overburdened related to these inconsistencies
- The data did not support that the initial booking process results in non-utilized talent of staff
- The data did support the inconsistencies among providers/administrative staff around the booking of appointments across the region



### Lessons Learned:

- success is measured on an outcome; there is no guarantee what that will look like
- success might look different from what you expected at the start of the project
- your assumptions may or may not be proven, but maybe a baseline was established which can support planning & visioning
- not having the evidence to support the some or all of the problem statement can lead to opportunities to focus on other salient issues