Southern Health-Santé Sud

Quality Improvement Project Report Out

February 2, 2016

The Chronically Positives

Lean is…

- Solutions to a customers needs
- Identification and removal of process waste
- Redeployment of resources into value added activities
- Reduction or elimination of defects
- Improving process flow
- About doing necessary tasks
- Continual improvement
- Focusing on value added activities
- Quality at point of service

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Lean thinking asks:

1. Does this task need to be done?

2. If yes, is it being done in the most efficient way possible?

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Define

*The Chronically Positives focused on the appointment booking process.*

Define

- – *"You all have reminded me of our priority goal to provide accessible, quality services to meet the needs of our clients. I am optimistic that our project can help us better understand our similarities and differences and help us find some ways to improve our processes to make positive changes for our clients, our daily work and workloads of those around us. " CD*

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Define

- 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.

Define

Current State Map:
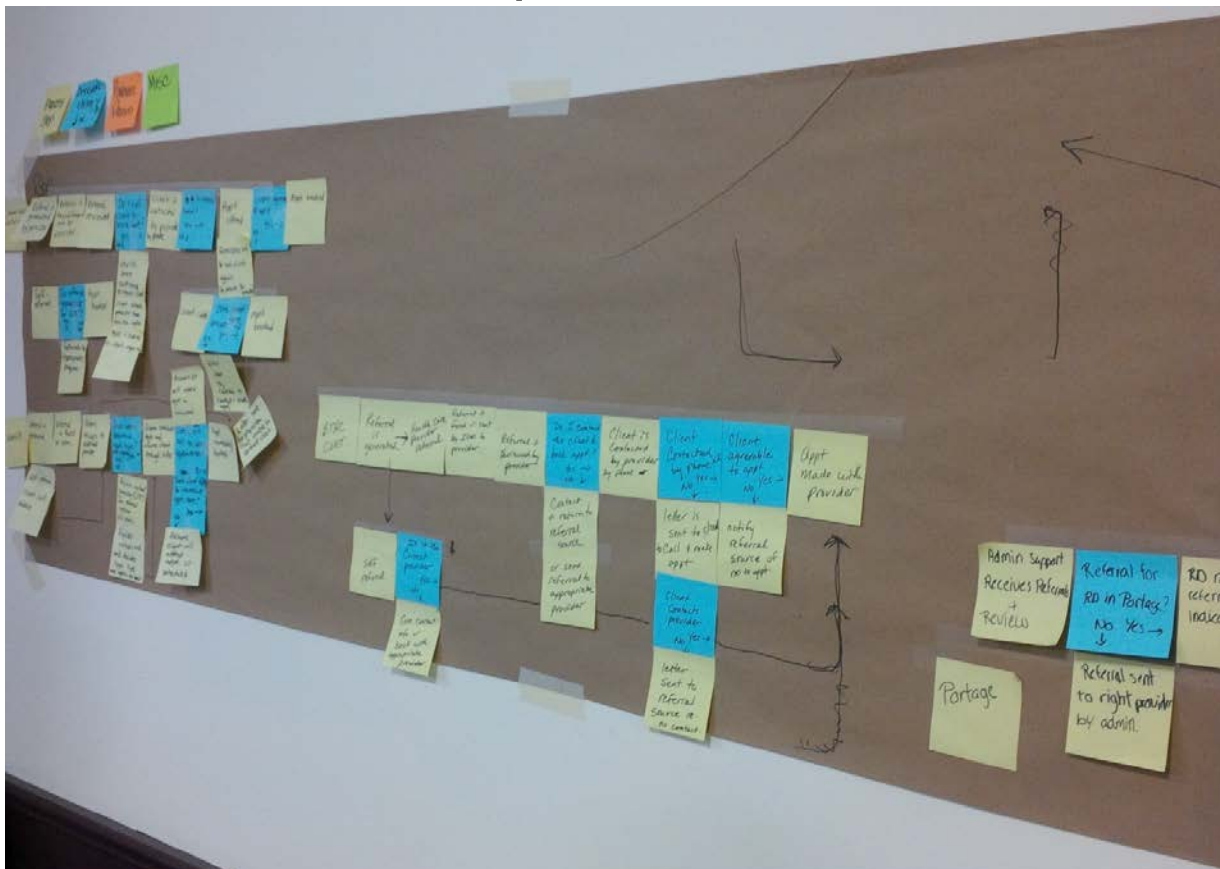
Measure

- # of referrals received
- # of incomplete referrals
- # of urgent referrals (working definition placed on tracking sheet)
- # letters/emails sent by clinician in attempt to book appointment
- # of phone calls made in attempt to book appointment
- Length of time in contact with client to book/attempt to book appointment
- Length of time spent preparing emails/letters
- Time between referral received & reviewed
- Time between referral reviewed & appointment booked

Analyze

Collection Period:

- *November 30 - December 18*
- *January 12 - 22*

Participants:

- *2 administrative assistants*
- *8 providers*
- *3 providers submitted information on 1 occasion which was excluded from the data; of those 2 receive referrals through Admin staff and are represented through administrative assistant data*
- *Other providers data is collected via admin and are represented through administrative assistant data*
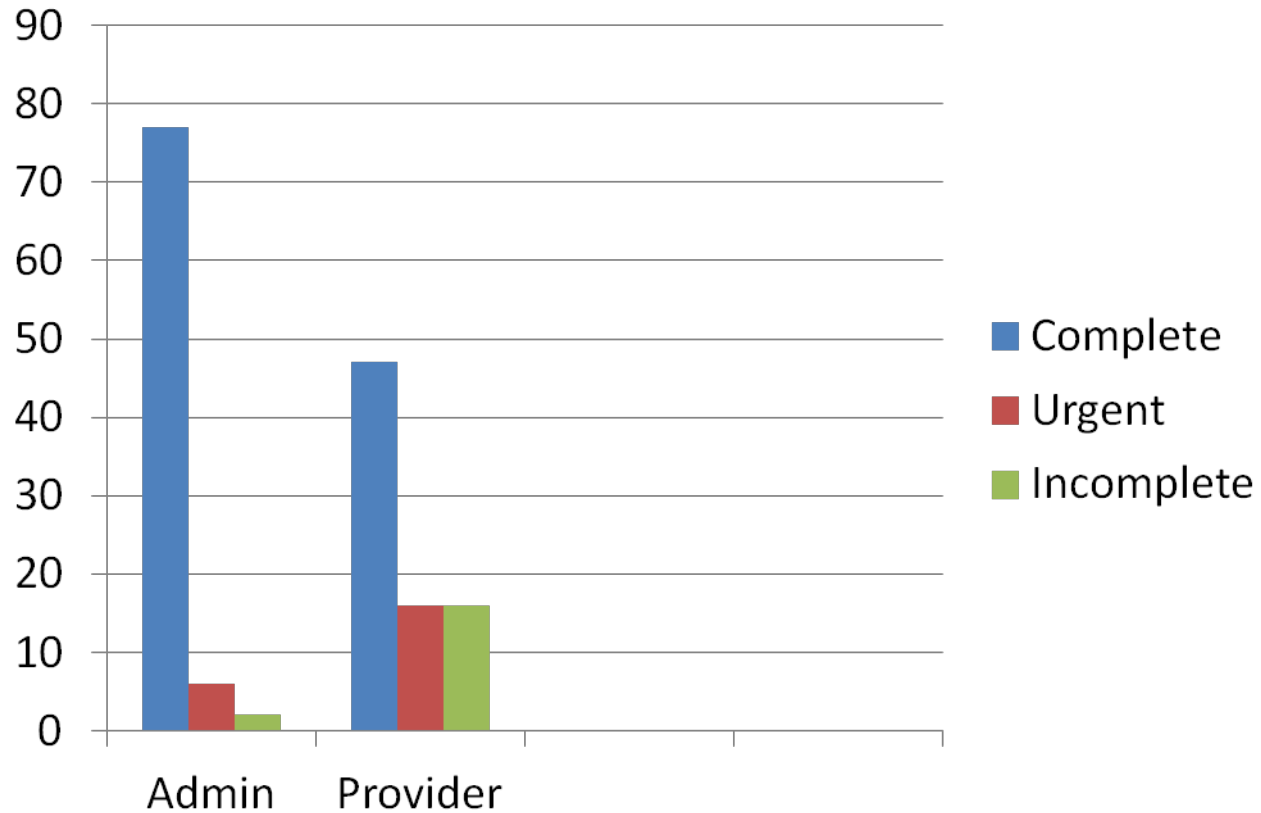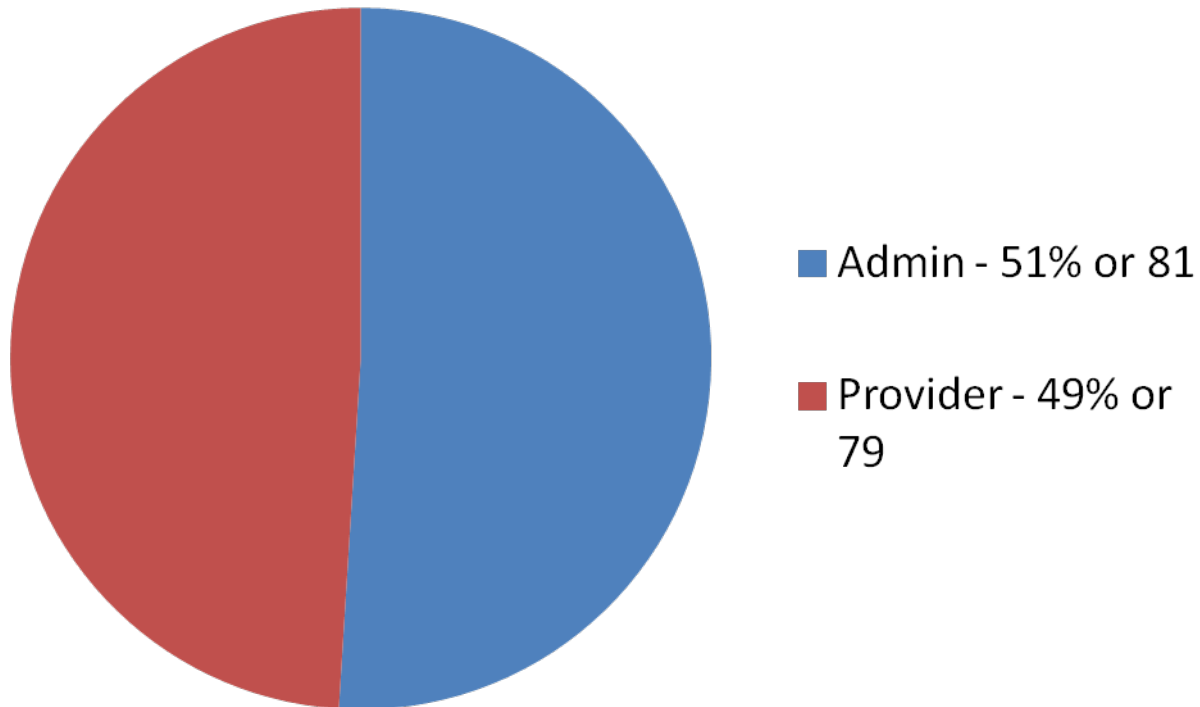
Analyze

Analyze

Analyze

Side by side comparison

Analyze

% of Referrals

- Admin - 51% or 81
- Provider - 49% or 79

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Analyze

Phone Calls:

- *8 providers documented phone calls*

- *199 mins in total*

- *Average of 7.96 mins /day on the phone over the 25 days*

- *Average of 4.1 mins /call*

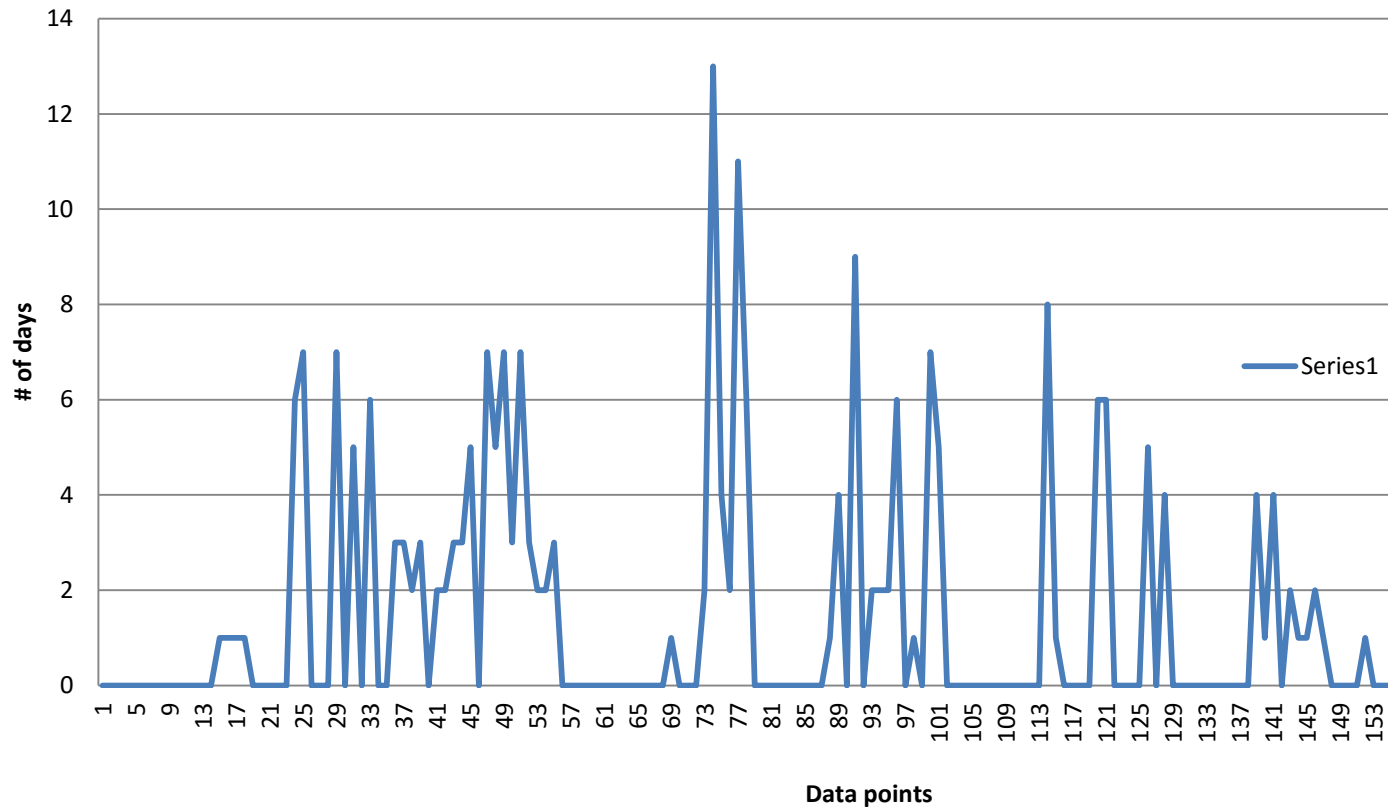- *Phone calls ranged from <1 min to 13 mins*

Analyze

Letters/emails:

- *4 providers documented sending letters/emails*

- *35 mins in total*

- *Average of 1.4 mins / day over the 25 days*

- *Average of 2.2 mins / letter or email*

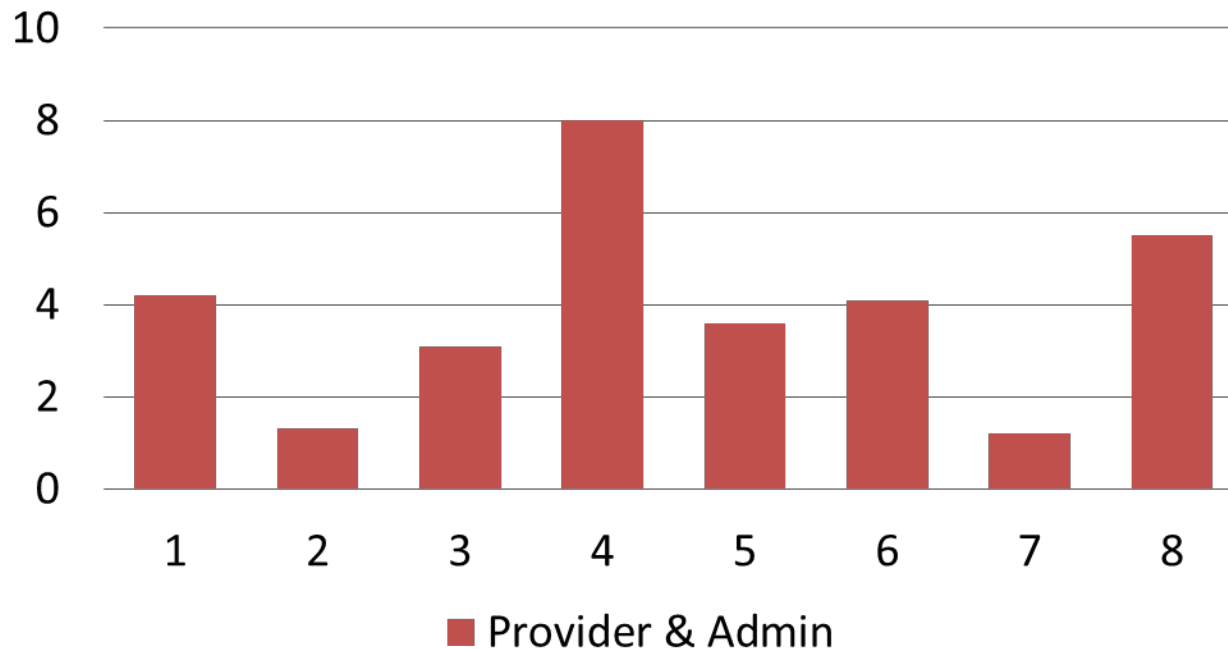- *Phone calls ranged from <1 min to 13 mins*

Analyze

Referral Process Time
(time between receipt of referral & appt booking)

Analyze

Average # of days by participant
(from receipt to booked appt)

Provider & Admin

Analyze
Letter/Emails

# of mins per letter/email (y-axis: 0, 2, 4, 6, 8, 10, 12)

# of letters/emails sent (x-axis: 1–16)

—— Total Time in mins —— Average —— Median

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Analyze

Phone Calls

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Analyze

Referral Overview

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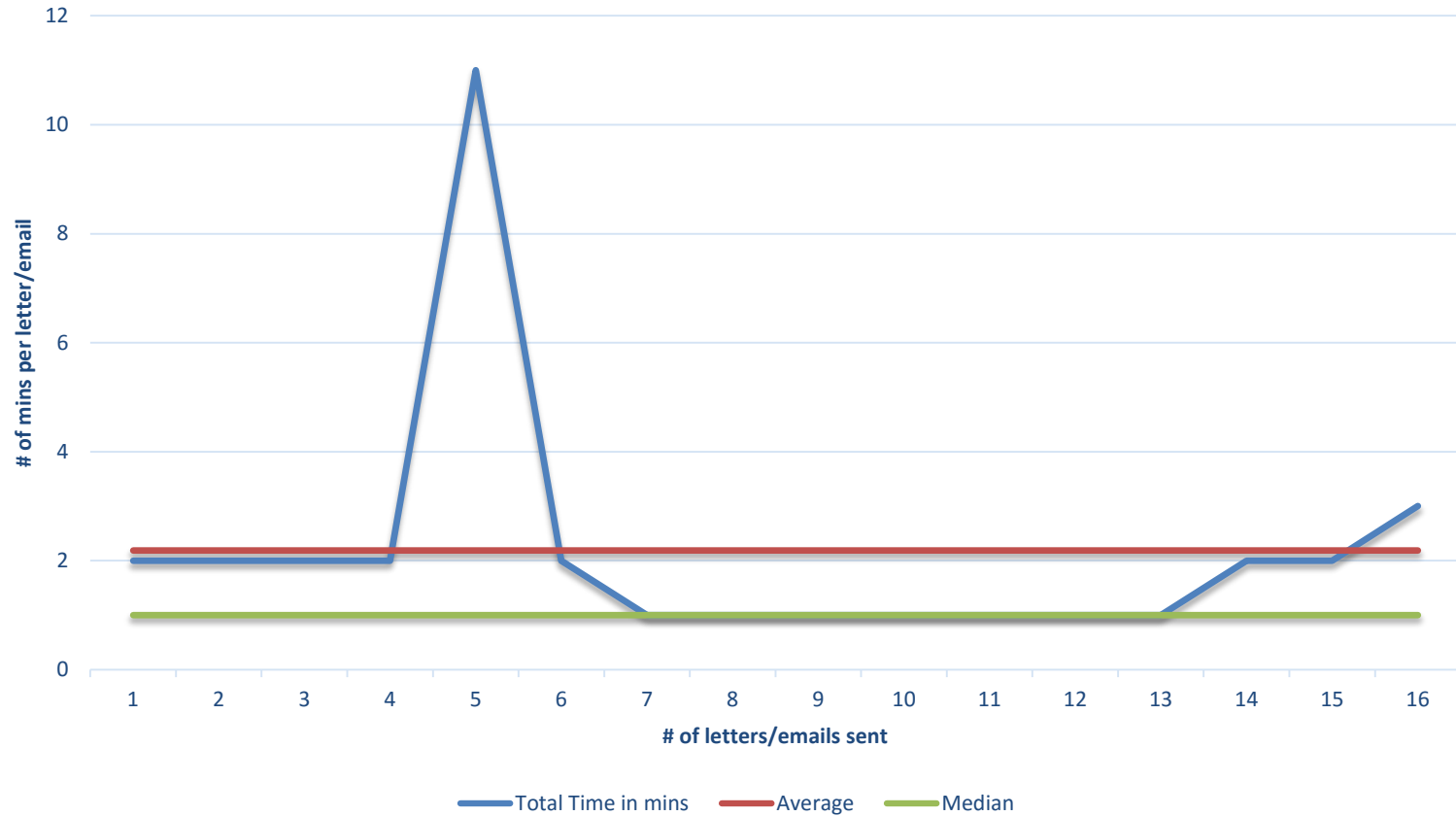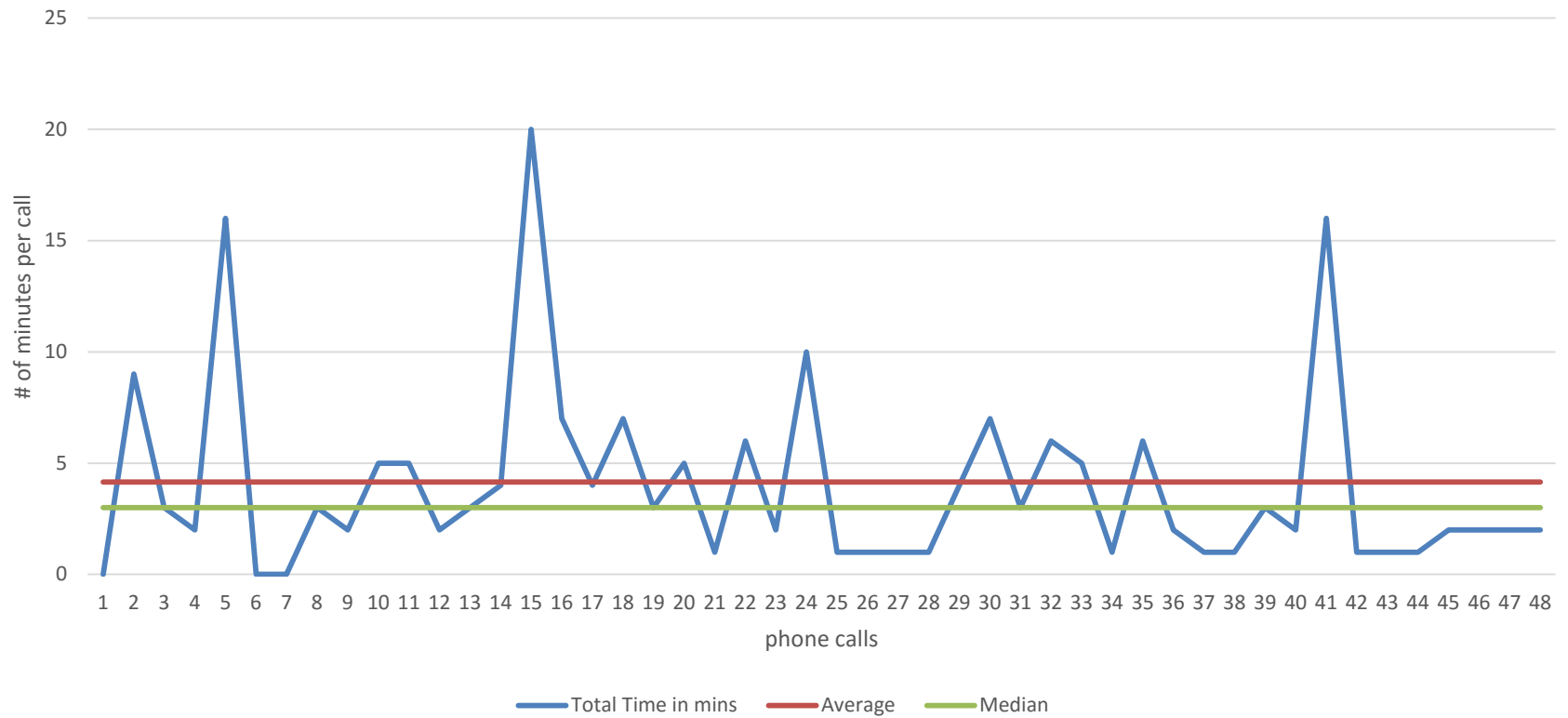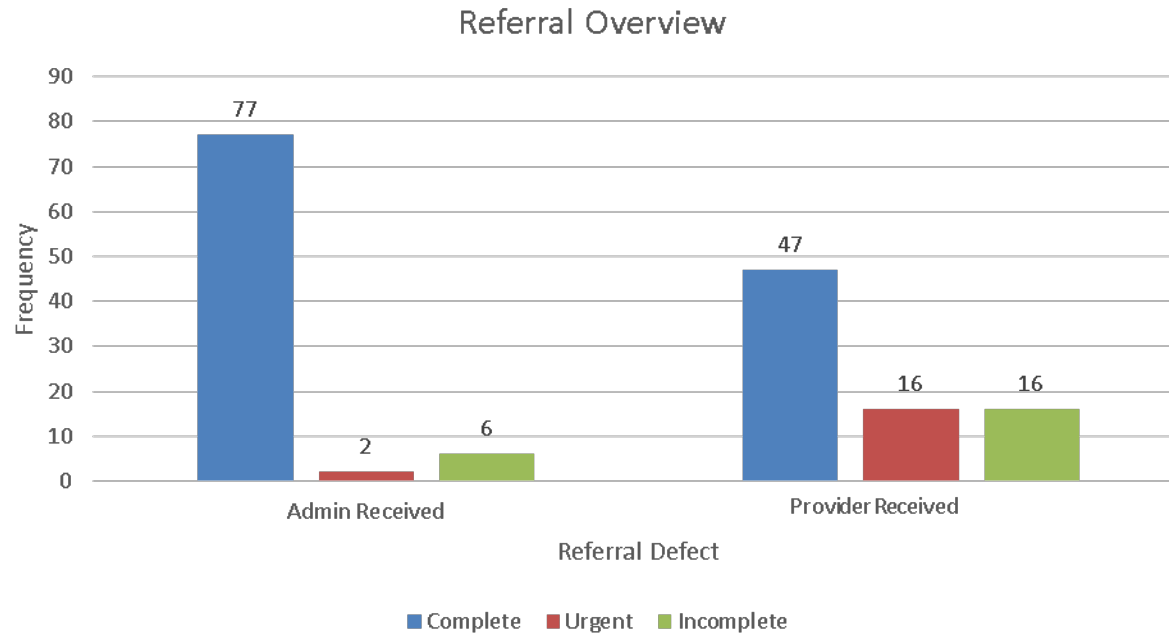
Analyze

Data Summary:

- The data did support the inconsistencies among providers/administrative staff around the booking of appointments across the region
- 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

Improve

Aim statement

- 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.

Improve

PDSA 1: Advanced Access Education

Description

- To facilitate a reduction in client wait times for initial appointment by implementing principles of Advanced Access (AA)

- Mini-AA training session.

- Staff begin to collect stats.

- Establish baseline wait times.

- 100% of CDET members aware of AA principles.

- 100% of CDET members utilizing principles of AA.

Date of Implementation

- Set for April 2016 at CDET Regional Team Meeting

Improve

PDSA 2: Process Binder for Orientation & Reference

Description

- Development of a process binder for sites/Collaborative Worksite to outline revised common process for new referrals/initial appointment bookings.

- Review & revised information for use at sites and on the CWS.

- 100% of CDET members aware of revised guideline.

- 100% of CDET members have access to guideline on line or at site.

Date of Implementation

- March 7th, 2016

Improve

PDSA 3: Initial Appointment Letter

Description

- For initial appointments only: providers will attempt three contacts (two phone calls; one letter) to set initial appointment. The letter will state to callback by a specified date (three weeks from date on top of letter) after which the referral will be returned to the referral source. The letter will also state the client is encouraged to call the provider to reactivate their referral.

- Prepare a standardized letter for use by 100% of CDET members.

Date of Implementation

- *February 2016*

Improve

PDSA 4: Contact Log

Description

- To record attempted contacts to client on referral in both paper and Accuro ready formats
- Revise Referral Form template for both paper & Accuro ready formats
- 100% of CDET members aware of and utilizing the revised forms

Date of Implementation

- *February 2016*

Improve

Aim statement

"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.

Improve

- *PDSA's were presented to the CDE Team at a Regional Team Meeting in June 2016.*
- *All but one PDSA has been completed:*
  - *Advanced Access Training has not been completed*
  - *My Health Team providers will obtain training through the MyHT of which they are part*
  - *All team members are aware of the new process*
  - *All team members are utilizing the new process*
  - *The referral form now reflects the number/method of attempted contacts with the exception of the EMR form. The revised form is in process of being placed on the EMR and collaborative worksite*
  - *A written process has been developed, circulated, and introduced to all team members; and is placed at the reception desk of CDET sites*

Improve

Customer feedback on the improvements

- *"I'm excited about what's next."*
- *"It feels good to doing something and not just talking about it."*
- *"This was a really good experience and doing it together has made us a better team."*
- *"I'm happy about the consistency we'll see in the program."*

Control

What controls have we put in place to ensure that performance does not lapse?

- Working Group members will support other staff at sites to promote implementation and on-going use of new tools
- Working Group will continue to meet to assess, evaluate & plan
- PDSA's will be reviewed at upcoming Chronic Disease Education Team Meetings to support uptake

Lessons Learned

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

- 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

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Next Steps

What next QI project or where is the project spreading?

- This group has identified the need for an on-going working group which will continue to look at identified issues and focus on streamlining services between the former Central and South Eastman Health Regions.

- One of the identified issues was that staff vs admin time ratio – staff were spending too much time on Admin. That was not proven through this project in relation to the booking of initial appointments, it's been agreed that a logical project spread is to look at how much time staff spend on performing administrative tasks and identification of what those tasks are.

"The Chronically Positives"

Back Row: Sabrina, Roberta, Diane, Karla, Hanifah
Front Row: Kathryn, Robin, Chantelle

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