

Madison County Health Department



Our QI Team



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Amy Massey, Clinic Coordinator at school based health center

Kim Kelly, Administrative Staff-Billing

Savannah Kent, Environmental Health Specialist

Debra Norton, Administrative Staff-Registration

Sheila McAbee, Dental Center Manager



I, WE, will Survive!



At first I was afraid, I was petrified of the **Kaizen event**
Kept thinkin' I could never live without you **Alison**
Then I spent so many nights just thinking how you did me wrong (**no show patients**)
And I grew strong
And I learned how to get along



And so you're back from outer space (**problem**)
I just walked in to find you here, with that sad look upon your face (**the staff**)
I should have changed that stupid **form**
I should have made you leave your **excel spreadsheet**
If I had known for just one second you would be back to bother me (**problem**)



Go on now go, walk out the door
Just turn around now
'Coz your not welcome here anymore (**waste**)
Weren't you the one who tried to break me with **but it's always been done that way?**
You think I'd crumble?
You think I'd lay down and die
Oh no not I, I will survive
For as long as I know how to do a **PDSA**, I know I will stay alive
I've got all my life to live
And I've got all my **knowledge** to give

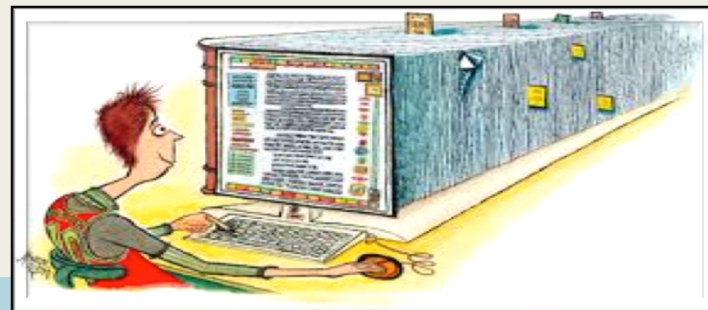




It took all the strength I had not to fall apart
Just trying hard to mend the pieces of my **no show rate**
And I spent oh so many nights just feeling sorry for myself
I used to cry, but now I hold my head up high
And you see me, somebody new
I'm not that chained up little person still **confused by you**
And so you felt like dropping in and just expect me to be free (**problem**)
But now I'm savin' all my **knowledge**' for someone who's **askin'** me



Go on now, go walk out the door
Just turn around now
You're not welcome anymore
Weren't you the one who tried to break me with **but it's always been done that way?**
You think I'd crumble?

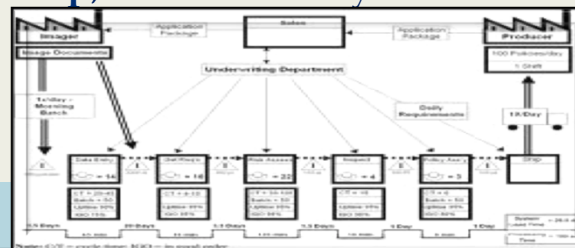




Did you think I'd lay down and die?
Oh no not I, I will survive
Oh as long as I know how to do a **fishbone diagram**, I know I'll stay alive
I've got all my life to live
And I've got all my **knowledge** to give
I'll survive
I will survive



Go now, go walk out the door
Just turn around now
'Coz you're not welcome anymore
Weren't you the one who tried to break me with well **that's the way I learned it!**
Did you think I'd crumble?
Did you think I'd lay down and die?
Oh no not I, I will survive
Oh as long as I know how to **do a value stream map**, I know I'll stay alive
I've got all my life to live
And I've got all my knowledge to give



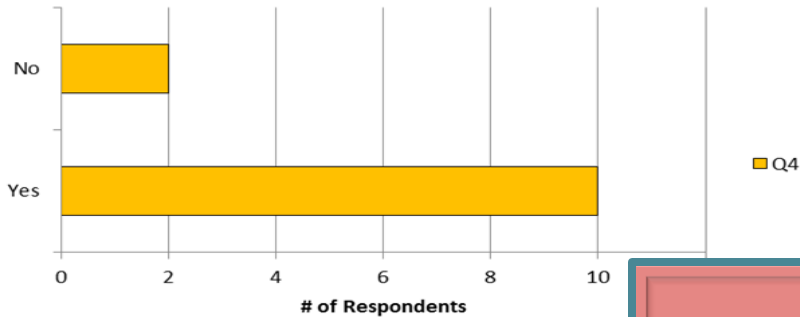
Our Final Aim Statement



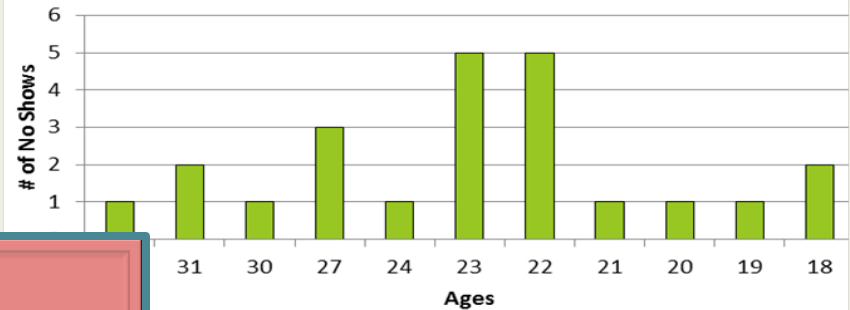
- We at MCHD aim to reduce the No Show Rate in our Family Planning Clinic from 35%-25%. This is important because we want to maximize available clinic time. We will accomplish this by establishing standardized procedures, patient follow up protocols, and communication methods for all stakeholders.
- The target date for completion will be April 2014!

Where do we Start?

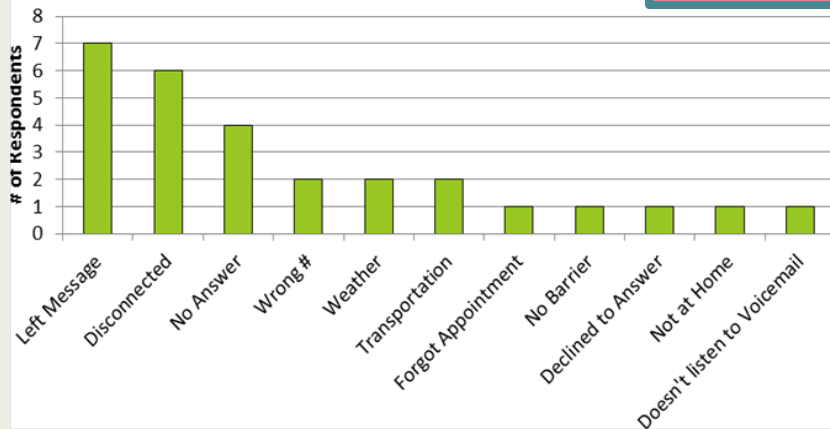
Would Training Manual be Helpful?



Family Planning Demographic (Age of No Shows)

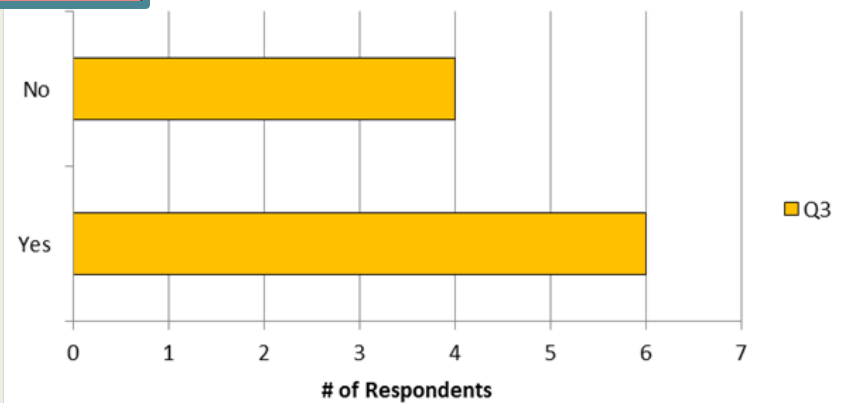


Client Feedback (Reasons for No Show & Barriers)



So Many Numbers!

Would Tools Make this Easier?



Our Project Measures



- Decreased wait time for appointments from 4-6 weeks to 2 weeks with double booking of appointments
 - ✦ With the increase in providers, we hope to see further decrease in wait time
- Efficiency in utilization of staff time and resources
 - ✦ Increased time utilization from 40.8 hr/week to 45 hr/week
- Increase in client response to surveys with specific questions
 - ✦ Client responses will allow us to adapt as needed

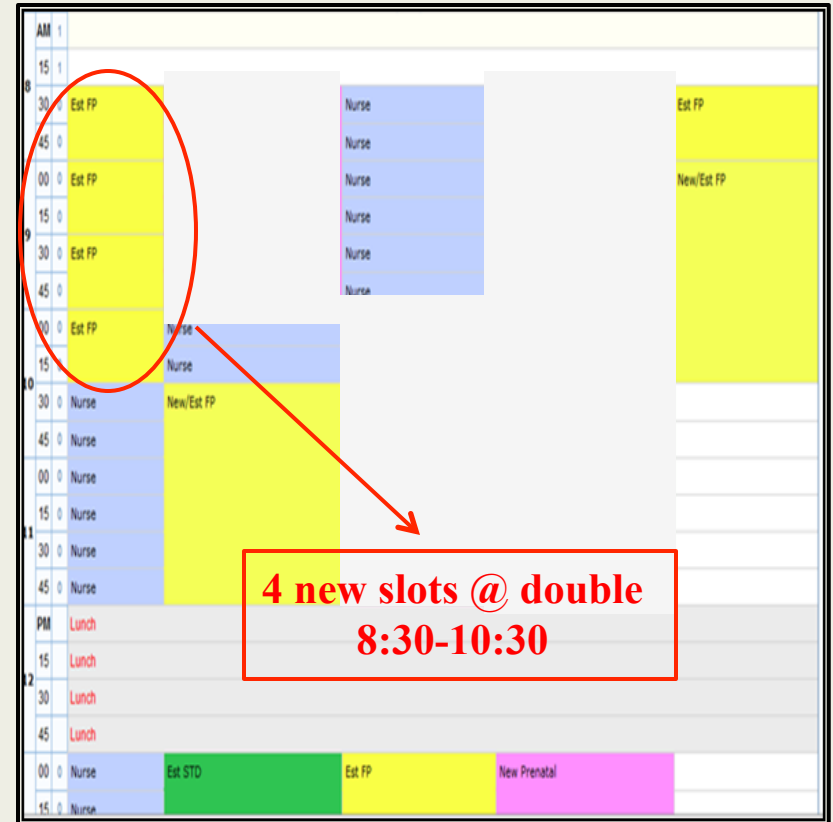
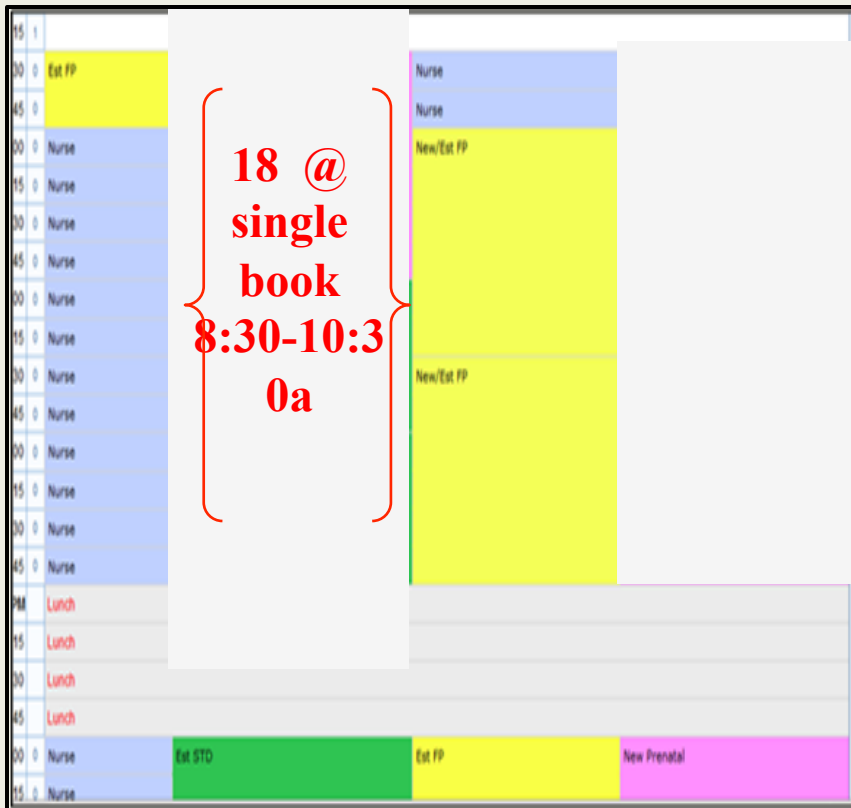


Project Measures, cont.



Before Double Booking

Piloting Double Booking



Key Improvements

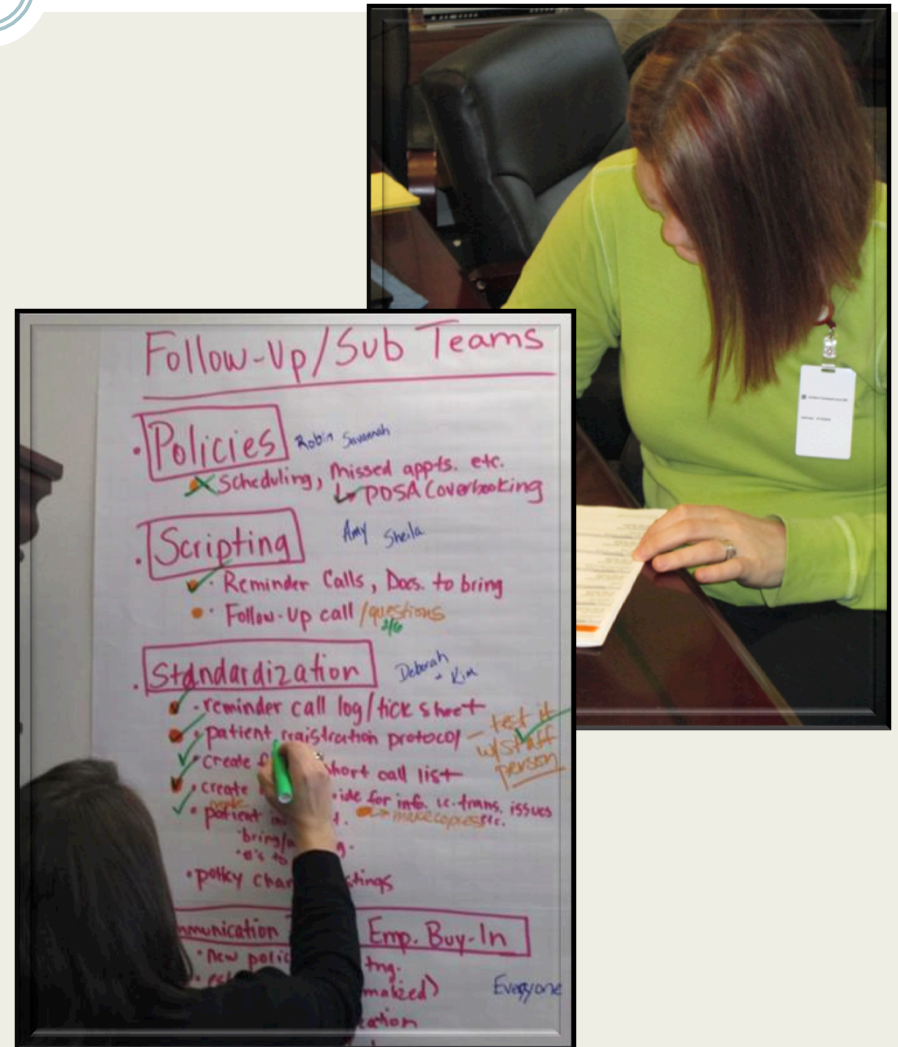


- Standardization of Work
 - ✦ Scripts for “common language” for reminder calls
 - ✦ Registration manual with images for streamlined process
 - ✦ Call Log & Waiting List developed with clear directions
 - ✦ Utilize resource guide for social/physical needs of clients
- Increase Client Surveys/Feedback (1/client)
- Increase Staff Surveys/Feedback (30 day intervals)
 - ✦ The staff was able to identify that a continual QI team was necessary
- Increase/Recoup potential lost revenue
 - ✦ Added a notification to the client’s profile alerting the staff that this particular client is a defined “No Show” Client
 - ✦ Added total 8 Family Planning Appointments/week ie. Double booking of defined “No Show” clients

Kaizen Event Results

○ Focus:

- ✦ Prioritize the Value Stream Map with Impact Matrix & focus on the highest impact ideas
- ✦ Survey the staff and clients to obtain baseline data
- ✦ Continue to drill down to find root cause of FP No Show Rate
- ✦ Write PDSA's to address major root causes that we can address effectively
- ✦ Standardize procedures we develop and adopt by registration



Kaizen Event Accomplishments

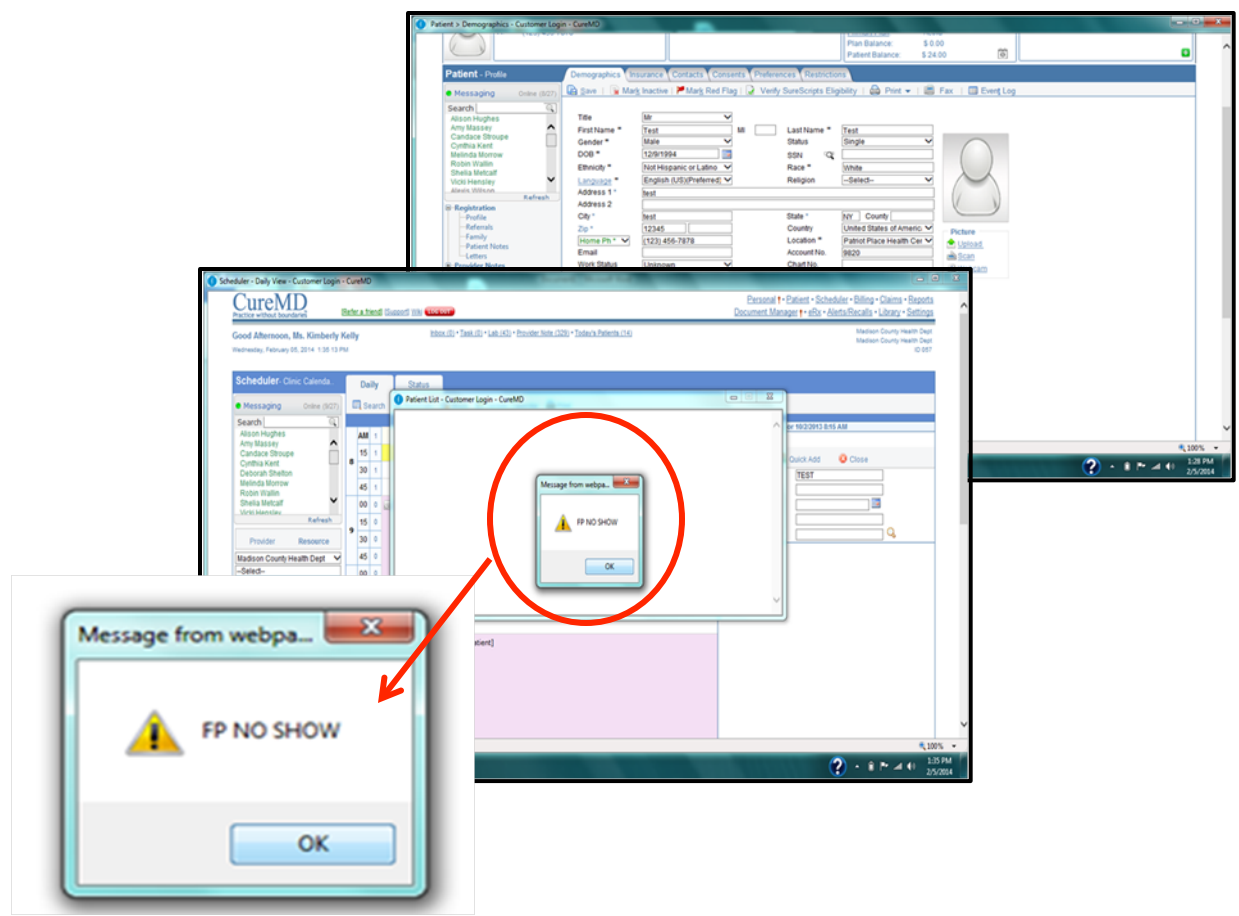


- Standard Work
 - ✦ Registration manual was developed and all administrative staff will be trained to address staff concerns
 - ✦ Inner Office Notification of “No Show” patients among registration and clinic staff
 - ✦ Log Sheets available to record and analyze potential trends. I.e.. Weather delays, holidays



Notification

Standardized notification among clinic staff and registration with our Electronic Health Record “flagging” clients as defined “No Show” patients.



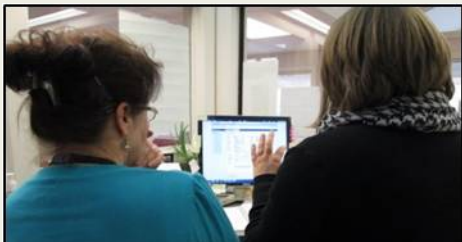
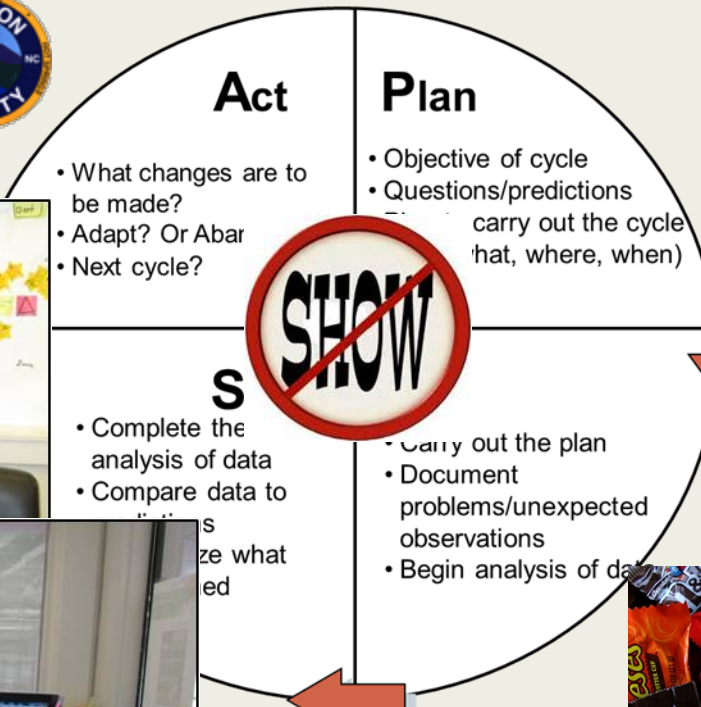
Kaizen Event Accomplishments



○ Other

- ✦ Identified demographics of “No Show” clients
- ✦ Double book PDSA in hopes of increasing the number of clients seen in the Family Planning clinic
- ✦ Decreased wait time for appointments from 4-6 weeks to 2 weeks
- ✦ Double booking will accomplish better utilization of staff idle time
- ✦ PDSA on communicating our findings and new processes to the staff, and also helps with staff buy in
- ✦ Identified future projects

Pictures from Kaizen!



Key Learnings



- Explore options for additional patient education
- Further refine an Agency-Wide Communication Plan
- Create a QI Infrastructure at Madison County HD
- Expand Audience for QI Training



AHA Moments!



- The informal team atmosphere during the week created an environment that allowed me to learn new tools and apply them without pressure
- Don't be afraid to speak up if you don't understand. Chances are others don't understand either.
- Staff need to be free to participate in QI activities. Respect for the process is key...time should be sequestered with team.
- Even though we are in different departments we can continue to support each other in individual department projects.
- We often look at change as this mountain that we can't overcome but QI allows us to break the problem down into pieces that are easier to focus on.
- Change is POSSIBLE, it is not unattainable...with a strong team and people who have your back!

Challenges?



- Where do we start? (In the beginning)
- Kaizen was scheduled, however short staffing, and unforeseen clinic activities were not scheduled!
- What's next? So many spin off projects came from this one exercise, that they need to be prioritized before beginning!



Advice



- Continue to build a strong team throughout the entire process. This team has always worked well together but we are a small agency and wear many hats! Every agency may not have that luxury!



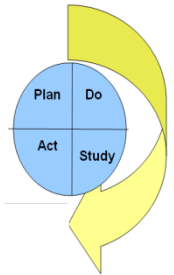
Future Plans

- Expand Audience for QI Training
- Create a QI Infrastructure
- Identify Future QI projects and spin offs
- Staff survey implementation

CPHQ
— Center for Public Health Quality

Date 02/05/14

PLAN – No Show Additional Appointment PDSA



Objective for this cycle

Determine a scheduling calendar for the MCHD Family Planning Program that accommodates for the No Show **Rate**.

Specific questions to address:

1. Is there an optimal scheduling calendar that will result in efficient utilization of staff time?
2. What types of FP appointments need to be overbooked to optimize the FP schedule?
3. How many appointments need to be added in order to optimize the utilization of staff time?

Predictions/Hypotheses
By adding the number of appointment slots available to FP clients, No Show Patrol expects that provider and staff utilization will be more efficient. Specifically, we expect:

- The wait time to obtain an appointment will decrease from 2 weeks to 1.5 weeks.
- The utilization of FP staff work time will increase from 40.8 hours (4 staff X 7.5 hours per day X 2 days per week X 68% Show Rate) to 45 hours.

Plan
For **test**: who, what, when, how, where:
Throughout Feb. 10 - March 10, 2014, on Mondays and Thursdays MCHD Insurance Billing Coord. will add four appointment slots to the agency's schedule for Family Planning appointments between 8:00 a.m. to 10:30 a.m. The appointments are limited to Established Annuals and Depo/supplies. Throughout the test phase, Front Desk staff will utilize the additional appointment slots for designated Family Planning appointments.

For **data collection**: who, what, when, how, how long:

- The MCHD QI 101 Team "No Show Patrol" will continue to monitor the No Show Rate for the Test Period utilizing the developed No Show Tracking Form.
- Front Desk Staff will determine the wait time for a FP client to obtain an appointment.
- Continue to administer the FP Scheduling Staff Satisfaction Survey to monitor staff satisfaction with changes.