Nurse Home Visiting (NHV) and Oregon Mothers Care (OMC) Referral Processing

QI Storyboard

2016 Quality Improvement Project: NHV & OMC Referral Processing Background and Results

Background

The NHV and OMC programs did not have a consistent or standardized process to accept referrals from internal or external sources, leading to inefficiencies and confusion.

The Deschutes County Health Services (DCHS) Public Health Quality Council identified the improvement of Nurse Home Visiting and Oregon Mothers Care referral processing as one of the QI projects for 2016. The goal of the project aligns with the DCHS Strategic Plan, and PHAB domain seven, access to care. This project is part of the 2016 DCHS QI Plan, which describes the 2016 QI initiatives for the Agency.

AIM Statement

TO Create streamlined OMC and NHV referral processing, and increase efficiency by 50% by October 2016.

FOR Improve access to services for community members who are eligible for DCHS services, but are not enrolled.

SO THAT There is improved coordination of care for clients and increased collaboration between DCHS programs and external partners.

Metric Goals

What	How Measured	Pre-QI	Target	Post-QI
Time processing a referral	Time spent working on the referral from referral receipt to client scheduled	90 to 120 minutes	45 minutes	10 minutes
Number of steps in referral process	Steps from referral receipt to closed loop	22 steps	7 steps	6 steps *Referral to NHV* 15 steps *Referral to OMC (WIC & NHV referrals needed)*
Percent of referrals tracked	Staff report	80% (estimate)	100%	100%
Percent staff satisfaction	Pre/post satisfaction survey	14% Satisfaction	90%	83% *5 satisfied/ very satisfied, 1 neutral*

What Occurred

From May through June 2016, several meeting were hosted with members with Nurse Home Visiting (NHV) and Oregon Mothers Care (OMC) staff to map out the current state of the referral process, identify waste and problems in the current process, prioritize problems, determine the root causes of each concern, brainstorm solutions, prioritize solutions, and test solutions.

Based on these sessions, the below improvement hypothesis and plan were created.

Improvement Hypothesis

QI Process Used: Plan, Do, Study, Act (PDSA)

Issue	Improvement	Expected Result
Confusing process	Create a standardized workflow	Less confusion and more standardization for clients and staff
	Train staff on the new referral process	
Documentation redundancy/too many systems	Phase out former systems and tracking forms in favor of EPIC/OCHIN and JHIE	Decrease staff time using multiple systems
	Work with EPIC/OCHIN to increase collaboration between systems	
Too many points of contact before clients are scheduled	Referrals will only be sent to OMC staff and a referral coordinator	Fewer clients who accept and later decline services
Cannot document off-site	Ensure everyone has an internet "hot spot"	Enable collaborative documentation when off-site and save time inputting information
	Training and assistance from our electronic health records staff	
Cannot track the number and type of referrals being made	Phase out the internal referral system and excel tracking spreadsheet in favor of the EPIC/OCHIN referral module	Increase the reliability of data entry and improved data analysis capabilities

Future State Map
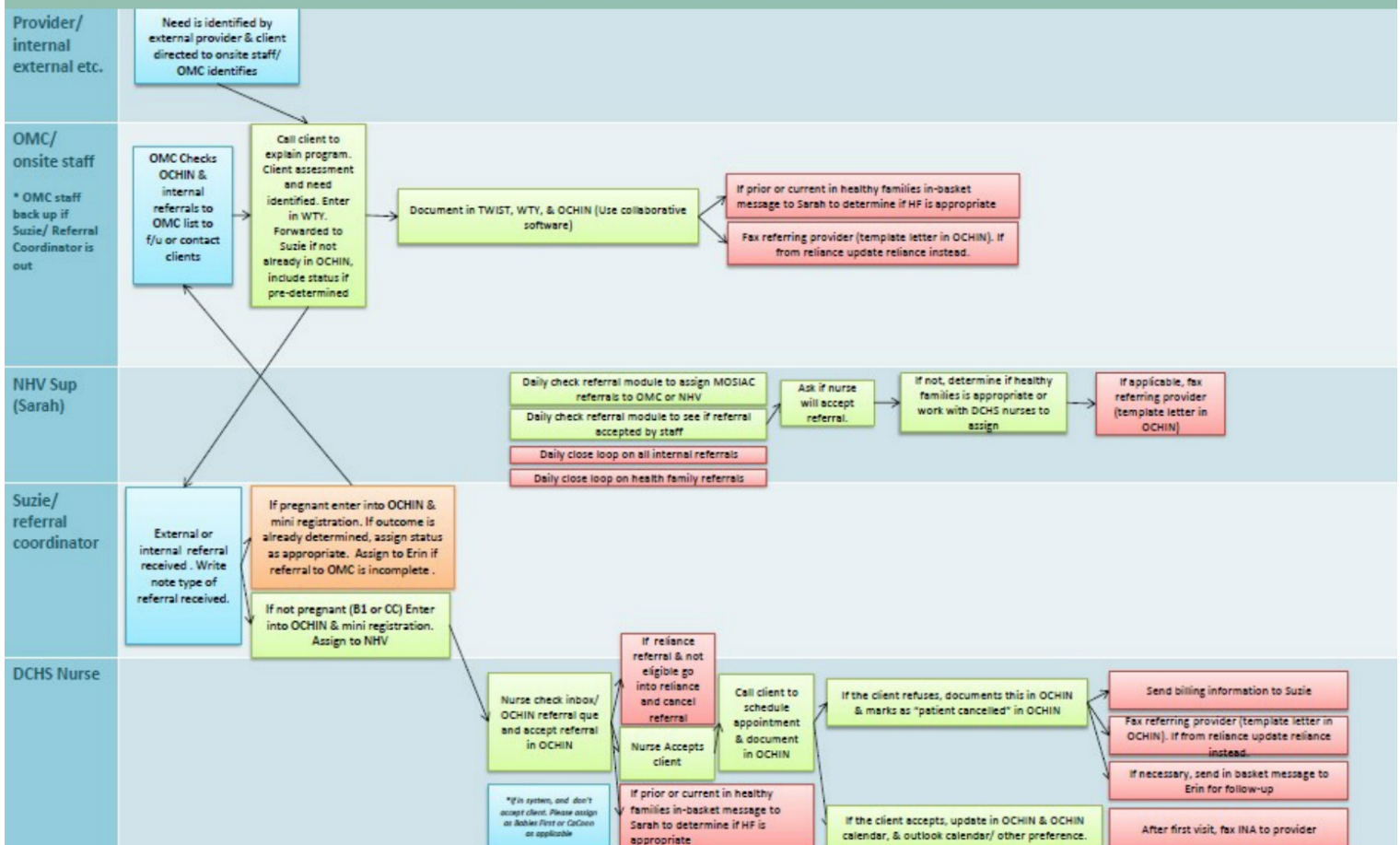
Satisfaction with the NHV and OMC Referral Process

Dashboard

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Pre-QI Staff survey: May 5 -24, 2016

7 staff responded to the survey
1 from OMC, and 6 from Nurse Home Visiting.

Overall Staff Satisfaction: 14%

Works Well
"Quick emails to and from nurse regarding referrals"
"nurse being assigned a referral as open in caseload to manage"

Needs to Improve
"Designated person for referral processing"
"One documentation system"
"A standard workflow"

Barriers
"Inconsistencies and multiple locations to document"
"There isn't a central place [for] all referrals"
"Process remains confusing"
"Too many steps and lists"
"Multiple systems"

Pre-QI Partner survey: April 28 - May 24, 2016

6 partners responded to the survey
1 from East Cascade Women's Group, 1 from Mosaic, and 4 from St. Charles Women's Health. There were no responses from COPA.

Overall Partner Satisfaction: 83%

Works Well
"In-office presence"
"Referral form is concise"
"Easy form to fill out and fax"

Needs to Improve
"Integrated EHR"
"More feedback regarding status of referral"
"Communication"

Barriers
"Wishing they were on site more frequently"
"The biggest barrier I have is patient interest and how to "sell" the program."
"Communication regarding status once referral has been submitted."

Post-QI Staff survey: 9/30/16- 10/14/16

6 staff responded to the survey

Overall Staff Satisfaction with Referral Process: 83%

Overall Staff Satisfaction with QI Process: 100%

Works Well
"Overall the whole process seems to work pretty great and its very user friendly, it makes sense visually, and it's easy to be more organized."
"My part in this process has taken significantly less time and provided a lot more time in my day. Referral are easy to find in client EHR charts."
"Having one place to document everything."
"Being able to see all the info in one place."

Additional Improvement
"Need updated workflows to include some missing items from the procedures"
System could email the _MCH group in outlook if a referral hadn't been touched in X # of days

Barriers
We need to hire a referral coordinator
"Being honest with myself about time available to take on a new referral"
"If tracking where the client was seen is not documented to clearly."
"Errors due to being new at the process."