

Curtis R. Tucker Public Health Center Care Improvement Team

Improving Patient Cycle Time at Curtis Tucker Health Center's Sexually Transmitted Disease Clinic



Step 1: Get Started (Historical Perspective)

Plus/Delta Exercise

What we've doing well:

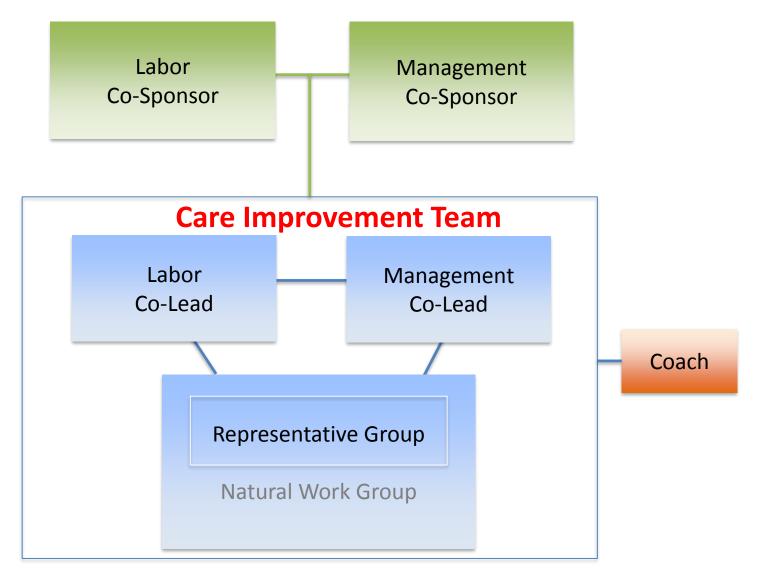
- attitudes (good towards patient)
- communicate w/ patients (inform them of wait times, etc.)
- Working as quickly as possible to process
- positive support system for patients
- customer service (business office's greetings clinic greeting staff
- · patients like services & quality (non judgemental, testing, resources)
- staff are nice, a Mazing

2 8/17

Improving Patient experience
· Reduce wait time
 flow of STD (confusing, lots of doors & corridors) lots of instructions Staff don't have a lot of time to spend w/ patients
 Opportunities to communicate/ leg, invite them to share info, education, toncjudgemental = different needs for each; Collecting accurate info first times, loss connection
service facial expression, customer
Privacy, Secure, confidential environment (e.g., 1064473, Waiting areas registration) explain overall process to patient to east a clarify expectations, video?, pamphlet) video is 30 mins. Hire More staff



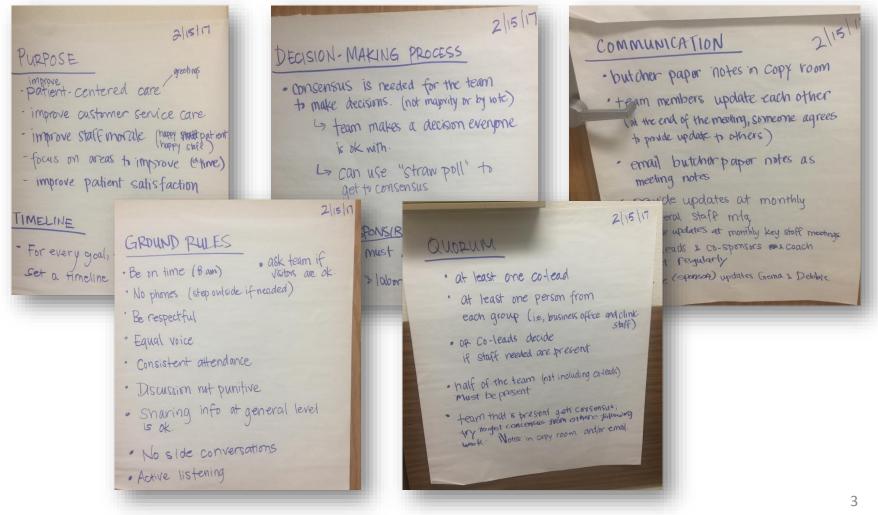
Step 2: Assemble the Team





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CIT Charter



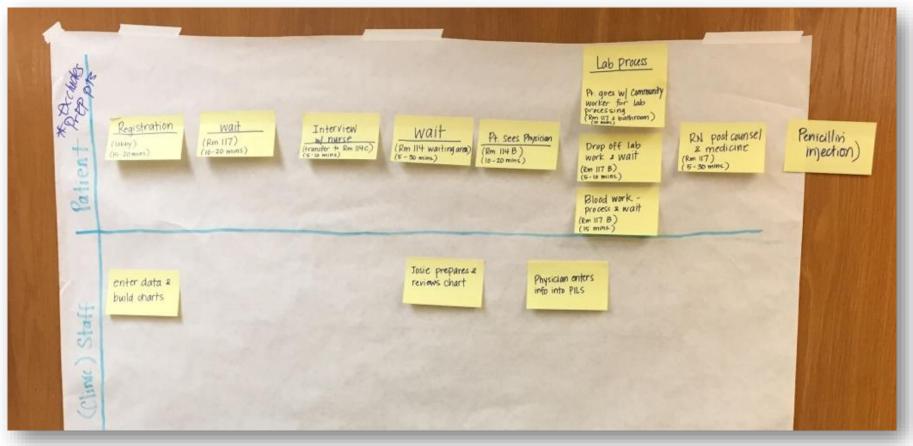


Original Process Map

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Improved Process Map





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Registration arrival (Reg Clrk)	12:35	12:36p		
Registration Post Paperwork (Reg Clrk)	12.43	R.56	D Return? (Post Paperwork not needed)?	A
Interview (Nursing)	1300	1310		Om
Exam (MD)	1,25	1:45	🗆 Treatment	R
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Post Counseling (RN)	2:000-1	2:05pr	-	Tre
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Time Study

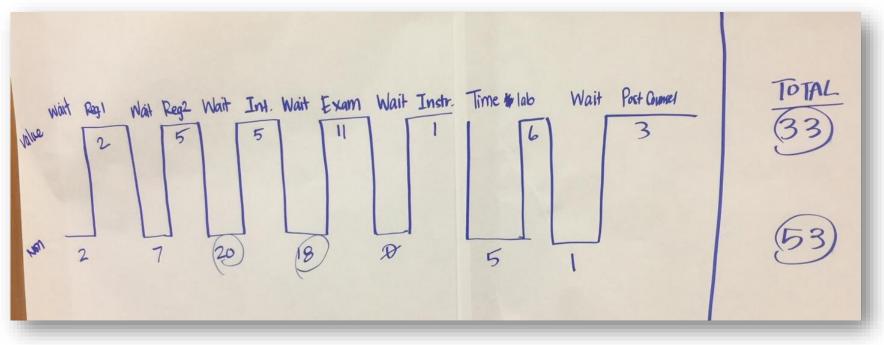
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Baseline data:

Entire patient cycle was 1 hr. 24 mins.

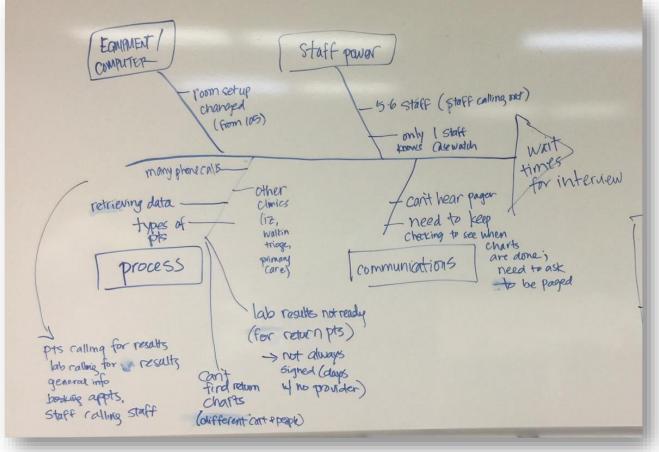


Value Stream Map





Fishbone Diagram



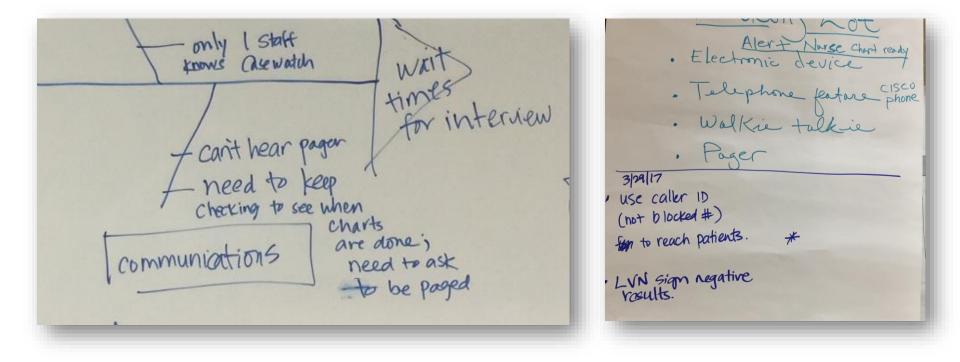


CURTIS TUCKER HEALTH CENTER





Step 4: Identify Potential Solutions





Step 5: Develop an Improvement Theory

- Laboratory results to be placed on patient charts prior to clinic visit
- The business office to notify the clinic staff when the patient charts are ready using an existing com-line (phone)
- If no response on com line—then clinic manager to be called
- These steps will likely improve efficiency and communication, thus reducing patient wait times



Step 6: Test the Theory

	PDSA Project Planning Tool	
	Table (CIT): Curtis Tucker Date:	1
	PROBLEM STATEMENT	
	Patients waiting too lo rig	
	PLAN What is the goal? (SMART Goal)	
	Our baseline data: Uhr 25 min. from Chart hand	-
	I used com-call line when charts were ready	
	Task to be completed: Person(s) responsible: When: Where: Bug off made Every Call time craft Wax ready	
2	Task to be completed: Person(s) responsible: When: Where: Bug. 6ff made EVERY (all time craft War rowy D) increased during the test observations, problems, dates completed) TIME Study data on chard STUDY Juurmanize results & how they compare to the torus)	
	Task to be completed: Person(s) responsible: When: Where: Blog off made Every Call Was rough Do inote what happens during the test: observations, problems, dates completed) I time study data on chart	

PROBLEM STATEMENT: Patients waiting too long Baseline data: 1 hr. 24 mins from start to end

What is test of change? Used com-call line when charts were ready Call clinic manager as a back up

Task to be completed: Business office makes the call to the interview nurse

When: Every time chart is ready



Time Study Results

Baseline data:						CURTIS TU CHART TIME ST		2)
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Fick-up time for charts. II minu	Date	Pt #	Time	Completion	time	Time	Time	Comr
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PDSA Cycle #1:	3/29/2 017	2	1:34 PM	1:44 PM	0:10	1:45 PM	0:01	
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Tick-up time for charts. 4 minute	3/29/2017	4	1:57 PM	2:00 PM	0:03	2:00 PM	0:00	
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to 10 mins	3/30/2017	D	1:20 PM	1:55 PM	0:35	1:55 PM	0:00	
	3/30/2017	4	1:37 PM	1:39 PM	0:02	1:39 PM	0:00	
• Wait time to see provider:	3/30/2017	6	1:57 PM	2:10 PM	<u>0·1</u> 3	2:10 PM	0:00	
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Time Study Results (May 2017)

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Interview Nurse



- Consistent lab result placement on patient charts prior to visit was reduced from 2 days to 51 minutes as a value added strategy
- This contributed to the overall efficiency of patient care work flow



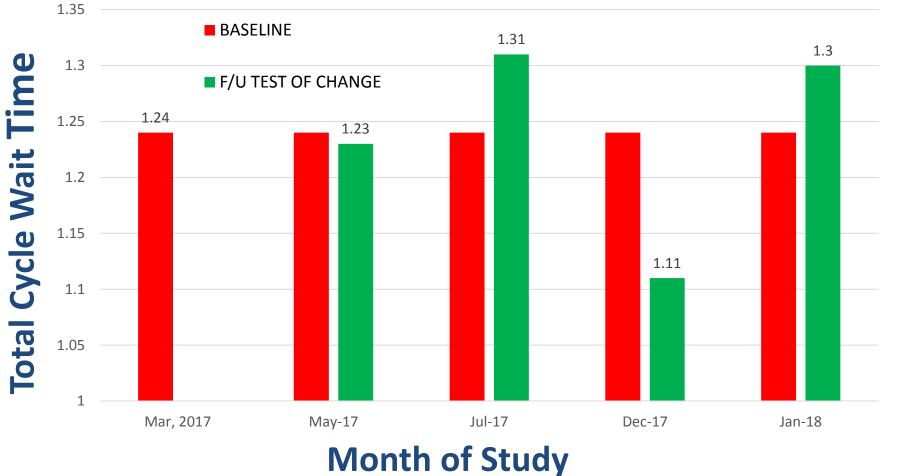
- Total patient cycle time
 - March 17: 1.24 mins
 - May 17: 1.23 mins
 - July 17: 1.31 mins
 - Dec 17: 1.11 mins
 - Jan 18: 1.30 mins
- Wait time to see interview nurse
 - Mar 17: 20 mins
 - May 17: 13 mins
 - July 17: 20 mins
 - Dec 17: 25 mins
 - Jan 18: 21 mins

Fluctuation in wait times:

- Study was not intended to be sustainable at the time due to the upcoming DPH ORCHID implementation (initially Nov '17- now Feb'18)
- Complexity of patients
- Type of treatment
- Computer issues
- Lab/CaseWatch results not readily available
- Language barriers
- Staffing
- Provider coverage



TOTAL CYCLE WAIT TIME COMPARISON





Curtis Tucker Health Center's Care Improvement Team





Step 8: Standardize the Improvement or Develop a New Theory

9		a design
	PDSA Project Planning Tool	
	Table (CIT): Curtis Tucker Date:	
	PROBLEM STATEMENT Patients waiting too to vig	
	PLAN What is the goal? (SMART Goal)	
	Our baseline data: I hr 5 min. from start there	
	What is our test of change? D Used com-call line when charts were ready	
	Task to be completed: Person(s) responsible: When: Where:	
	Bus off made every Call time chart Was ready	
	Dinote what happens during the test: observations, problems, dates completed) I time study data on chara	
	STUDY journmarize results & how they compare to the target)	
	ACT) Summarize what was learned in this cycle. What modifications will be made for the next cycle?)	
L	Duge com-line 2 call olnic manager	
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<u>ACT</u>

After PDSA #1:

1. Use com-line

Adopt and Adapt

After PDSA #2:

- 1. Use com-line
- 2. Call clinic manager (nurse)

Adopt



Step 9: Celebrate your success!





Step 9: Establish Future Plans

CIT Control Plan:

<u>Time Study:</u>

- Revisit data after ORCHID implementation
- Continue to monitor patient wait times every 2 months
- If patient wait times change, the team will review the process and make additional changes as needed
- CIT will also check in briefly at bi-monthly team meetings to discuss patient cycle time and work flow issues that arise

Communication Plan:

- Updates and final presentation at clinic and all-staff meetings
- Storyboard at the end of the project



Step 9: Establish Future Plans

- Future plans for CTHC's CIT
 - Compare time study data pre and post ORCHID go live
 - Evaluate broken appointment rates
 - Assess usefulness of the patient orientation leaflet
 - <u>http://intranet/ph/PDFs/STD/Other/STDClinicLeafletWhatToExpec</u> <u>tB514FINAL080708.pdf</u> (making a large poster for waiting area)
 - Evaluate STD health education visuals/tools in the waiting area
 What to Expect from Your Visit
 - Smart TV, Color posters, Infomercial
- CIT plans for other DPH facilities
 - MLK Center for Public Health







Lessons Learned/Other Successes

- Lessons learned
 - More specific SMART goals
 - Communication
 - Focused on changing the system, not an individual
 - Everyone works together as a team
 - Better understanding of the system and each other's roles and responsibilities
- Other Successes
 - Front-line staff leadership developed
 - Labor co-lead
 - Quiet team members found their voices → future leaders!
 - Labor & Management meeting goals together



Questions?