Office Flow/Efficiency: Reducing Delays *at* Appointments

June 18, 2019

Barbara Boushon, RN, BSN

PARTNERSHIP HEALTHPLAN of CALIFORNIA

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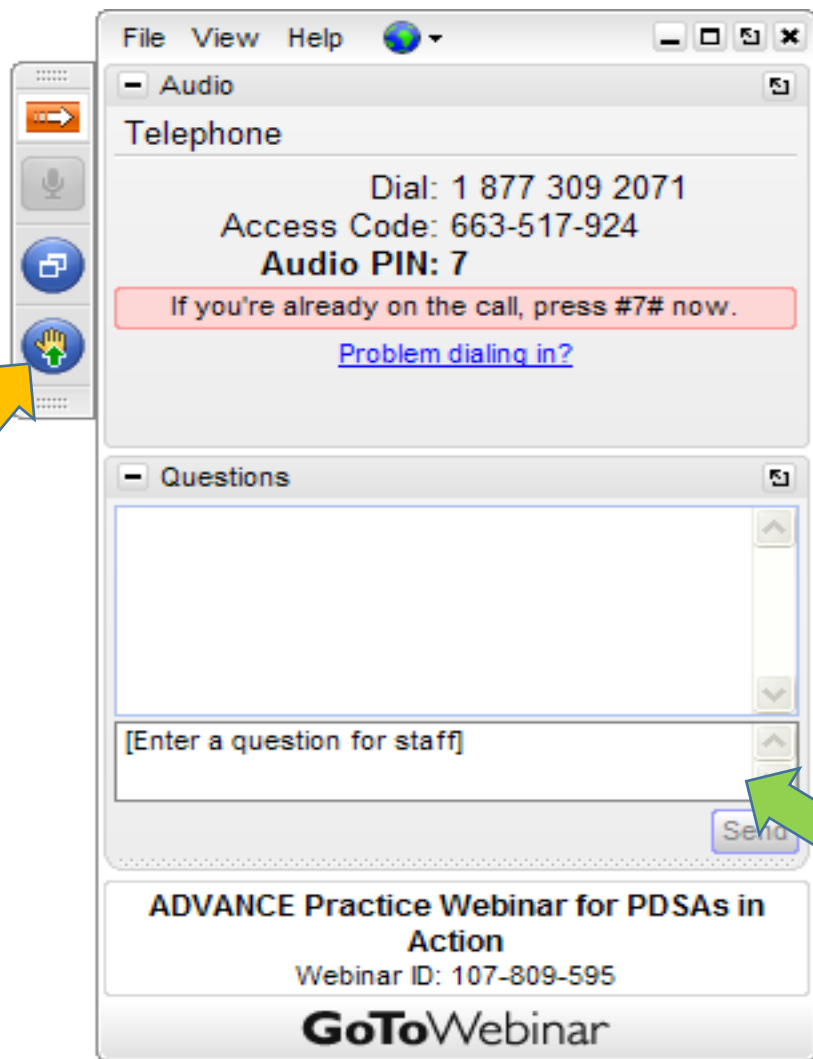
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No Conflict of Interest

- All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

This Live activity, Prescribing Palliative Care Meds: Rules and Safety, with a beginning date of 06/07/2018, has been reviewed and is acceptable for up to 1.00 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Sign-In Sheet

To receive CME/CE credit for this webinar please download the attached sign-in sheet fill it out and email it back to
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Handouts: 1 of 5

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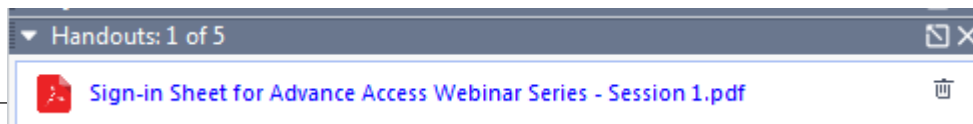
Instructions: Each participant that would like to receive CME or CE credit must fill in the highlighted areas, sign and email back to kgoelz@partnershiphp.org

SIGN-IN SHEET
Title: Introduction to Advance Access
Date: Wednesday, April 24, 2019 — **Time: 12-1:00 p.m.**
Location Name & Address: Partnership HealthPlan of California, Fairfield CA
Point of Contact Name & Email Address: Karen Goelz, kgoelz@partnershiphp.org

Last Name, First Name Title, Organization Email Address	CME or CE Indicate below	Credentials Liscense #	Time In & Out	Signature
Name: Title: Organization: Email:		Credential(s) — License #	Time In: 12:00 pm — Time Out: 1:00 pm	
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Name: Title: Organization: Email:		Credential(s) — License #	Time In: 12:00 pm — Time Out: 1:00 pm	

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Our Fearless Leader

Barbara Boushon, RN, BSN

An expert in the field who has over 20 years' experience serving as faculty for Advanced Access collaboratives, training sessions and webinars.

Introductions

- Faculty
- Participants
- The webinar series
  - Format
  - Topics
  - Preparation

| |
|---|
| **#1 April 24, 2019 (12-1 pm)**
 Introduction to Advanced Access |
| **#2 May 7, 2019 (12-1 pm)**
 Access Strategies: "Reducing Delays <u>for</u> Appointments" |
| **#3 May 21, 2019 (12-1 pm)**
 Access Strategies: "Reducing Delays <u>for</u> Appointments" |
| **#4 June 4, 2019 (12-1 pm)**
 Access Strategies: "Reducing Delays <u>for</u> Appointments" |
| **#5 June 18, 2019 (12-1 pm)**
 Office Efficiency:
 "Reducing Delays <u>at</u> Appointments" |

Objectives for Today

- Explain how access and office efficiency improvement are related and synergistic

- Set an aim and use cycle time data

- State the five office efficiency improvement strategies

- List five ways to reduce the delays at an appointment

The Link Between Access and Office Efficiency
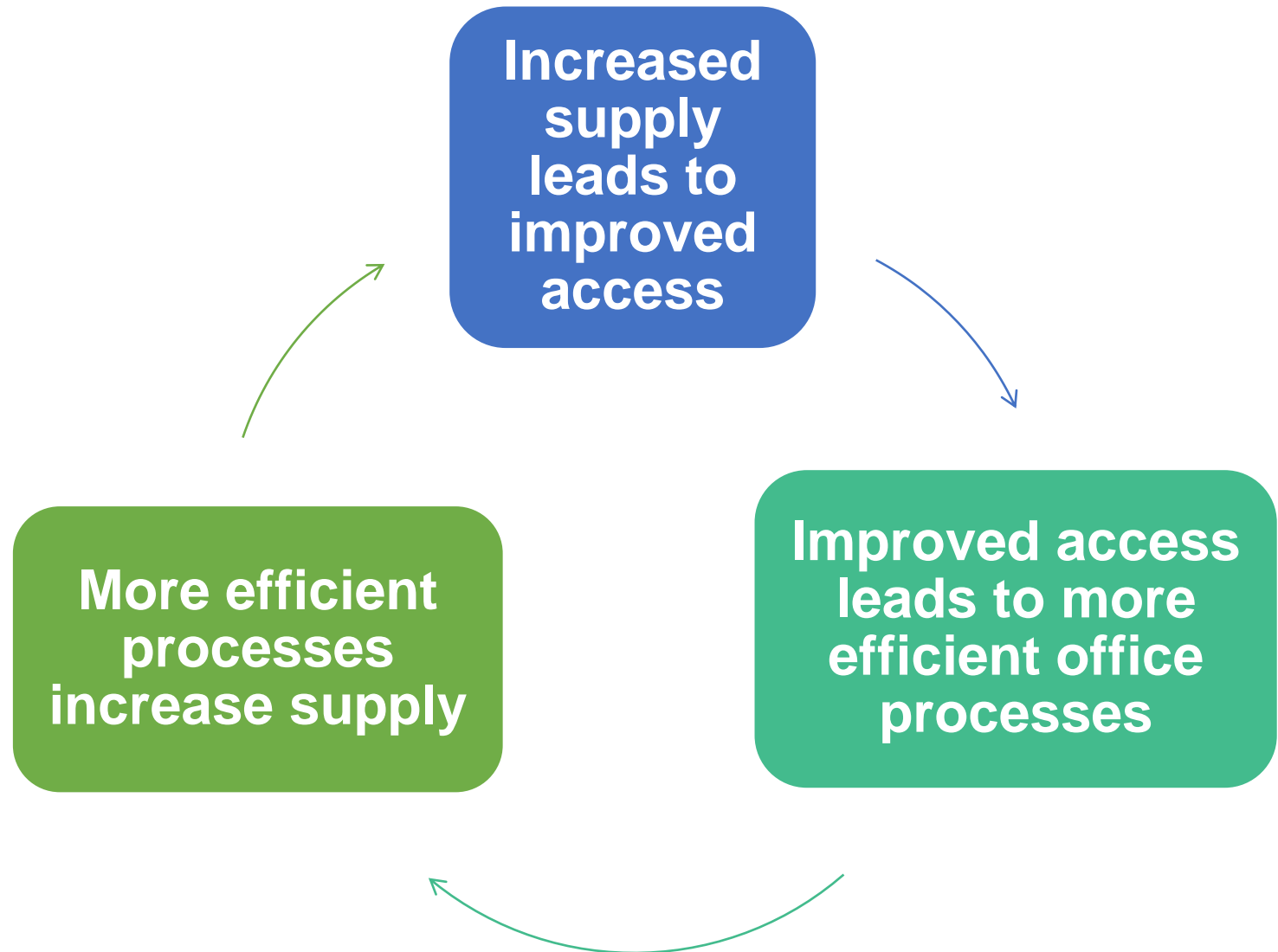
Office Efficiency/Practice Redesign
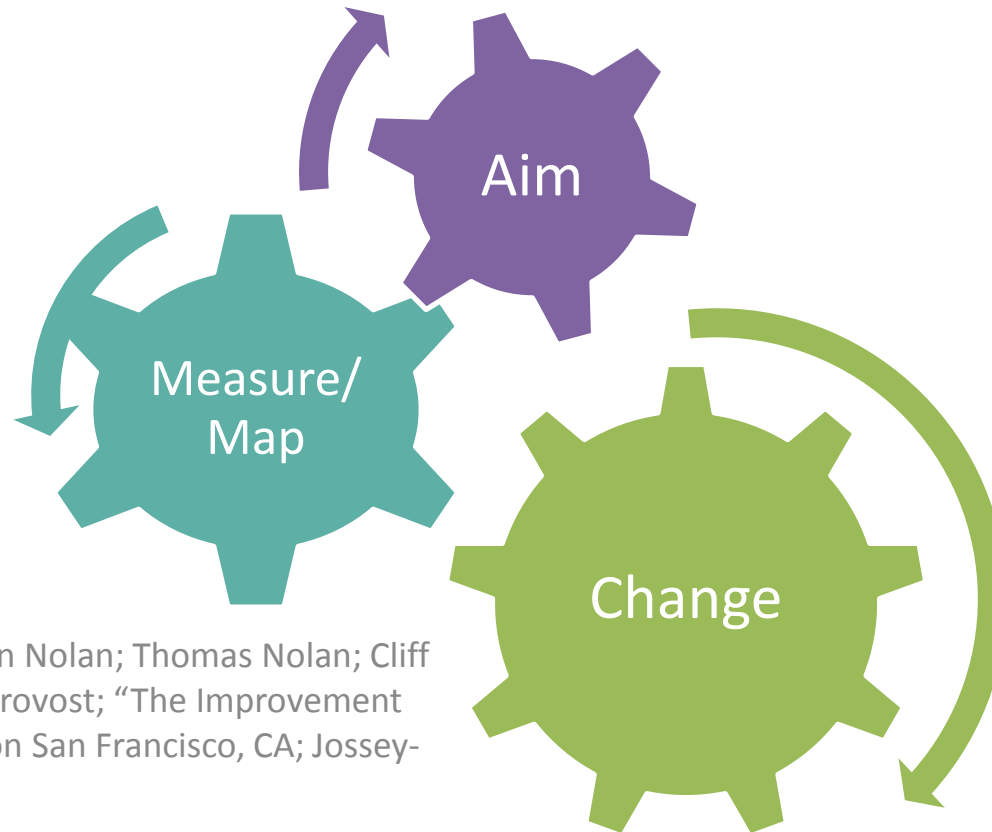
|		
Right person doing right task at right time	Barrier-free	Patient-centered
Predictable, standardized, reliable	Based on systems, not people	Based on team structure

Aim

Measure/
Map

Change

Langley, Gerald; Kevin Nolan; Thomas Nolan; Cliff
Norman; and Lloyd Provost; "The Improvement
Guide" Second Edition San Francisco, CA; Jossey-
Bass, 2009

OFFICE EFFICIENCY IMPROVEMENT: AIMS, MEASURES, CHANGES
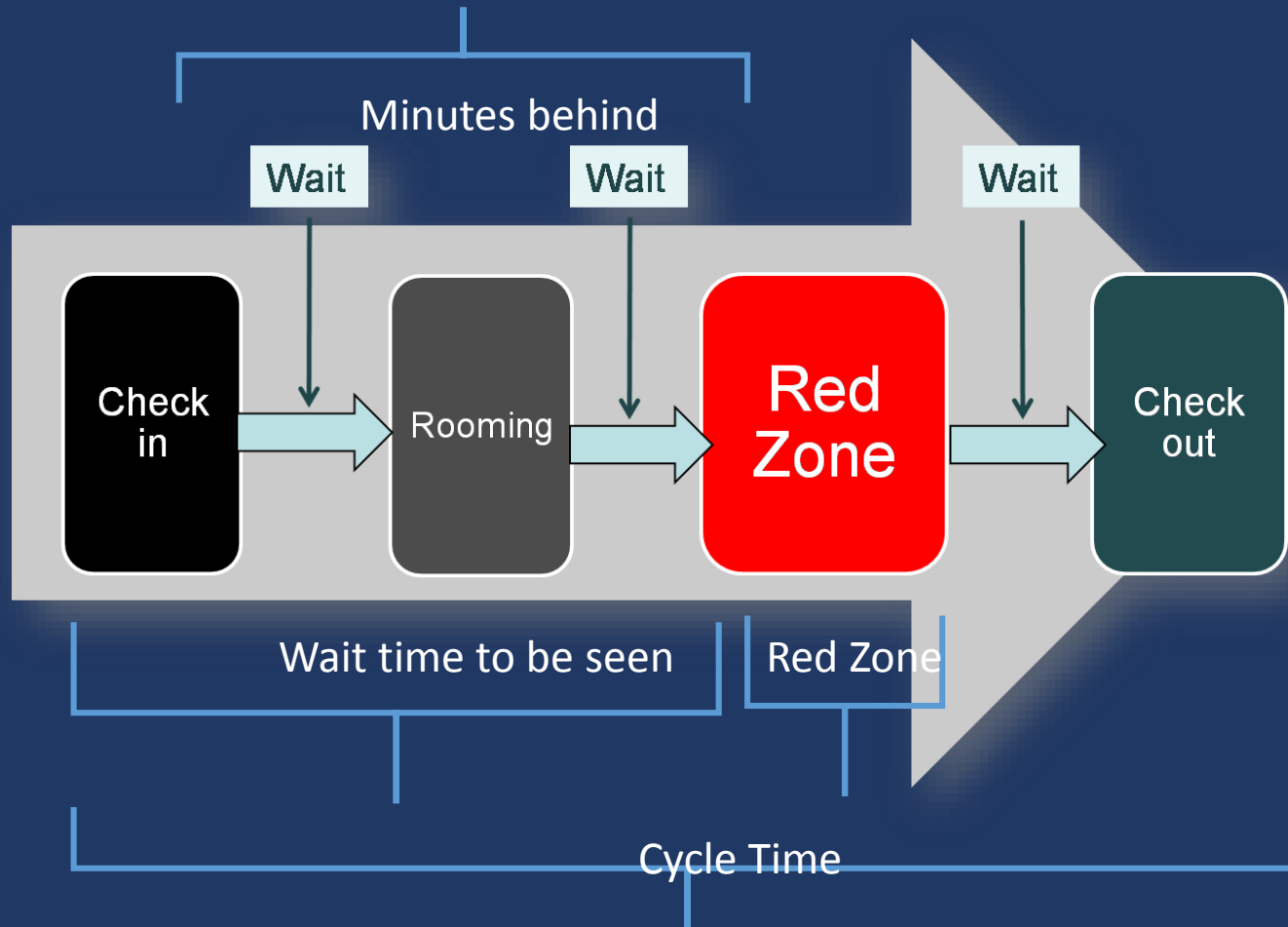
Office Efficiency Improvement Includes:

1. Reducing delays at the appointment
2. Improving processes such as referrals, lab review, messaging
3. Team communication
4. All of the above
5. Just option 1

Flow Through the Office

Wait   Wait   Wait

Check-in → Rooming → Red Zone → Check-out
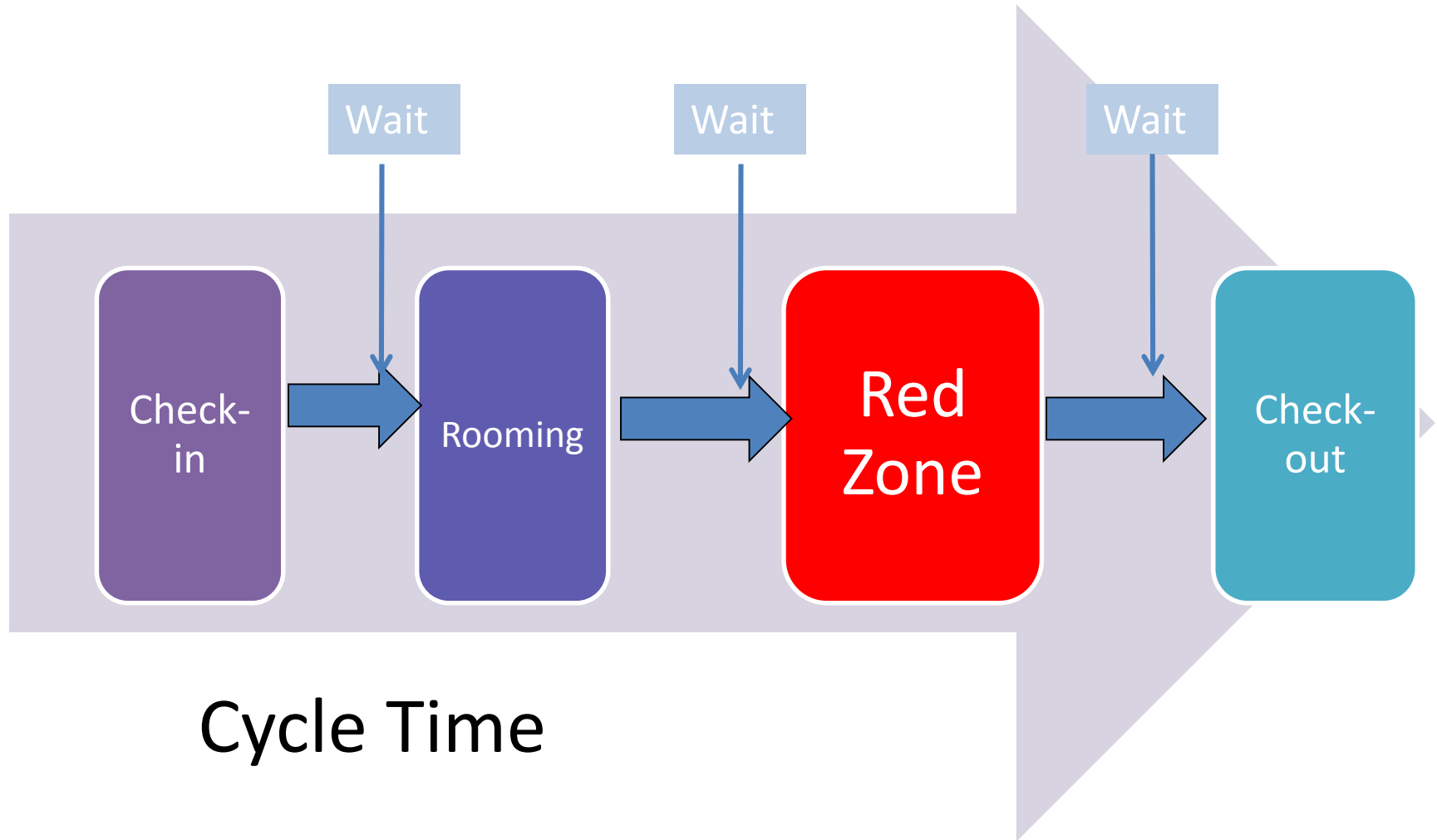
Cycle Time

Measuring the Flow Through the Office

Measuring Cycle Time

- Select daily sample (i.e., 5 patients per day per provider)
- Select appointment times for sample across the day
- Record the following times:
  - Appointment time
  - Check in time
  - Rooming time
  - Provider into room time
  - Provider out of room time
  - Departure time/check-out time
- Transfer to spreadsheet
- Analyze

Or can you do this electronically?

Which of the statements below are a SMART aim for Office Efficiency?

1. Decrease total cycle time by xx% (from xx to xx) by month/year.

2. Increase the % appointments that start within 10" of start time from xx to xx% by month/year.
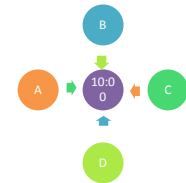
3. Neither

4. Both
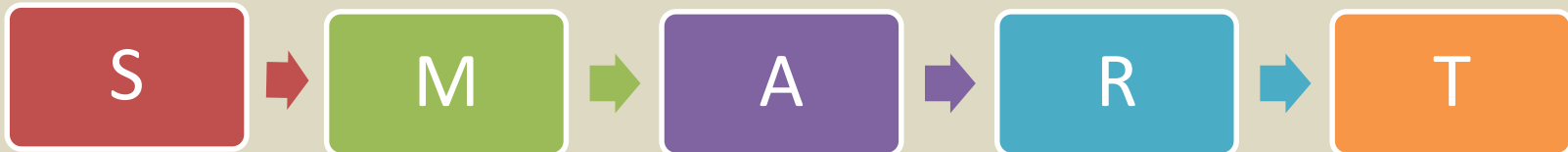
S → M → A → R → T

Office Efficiency Principles

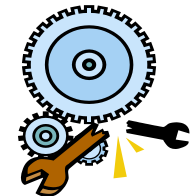1. Understand and balance supply and demand for office processes

1. Synchronize patient, provider, information

2. Predict and anticipate patients needs

3. Optimize rooms and equipment

4. Manage constraints

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Understand, Measure and Balance Supply and Demand for Office Processes

Understand, Measure and Balance Supply and Demand for Office Processes

- Measure demand, supply, and activity

- Match supply and demand

- Do today's work today (this hour's work this hour)

- Select a process to improve and map it on a flow chart

PCP	Cycle time	Red zone	appt length
BLUE	60"/75"	17"/32"	15"/45"
RED	35"/65"	13"/25"	15"/30"
YELLOW	62"/100"	28"/32"	30"/45"

Based on the above data, which one of the PCPs listed should be able to stay on time?
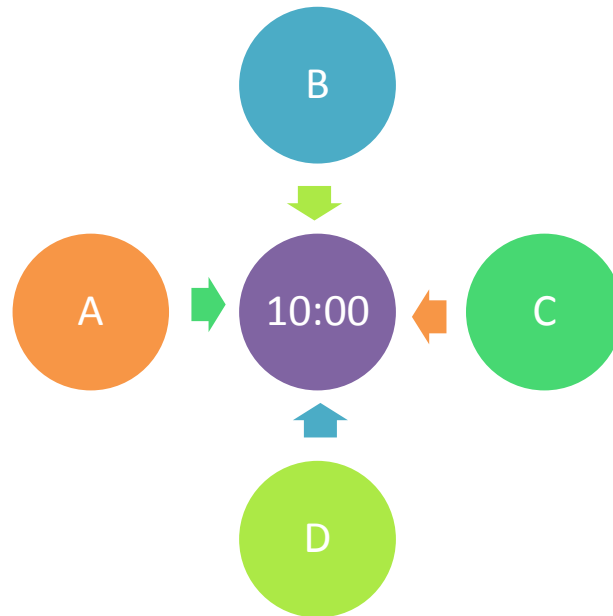
1. Blue
2. Red
3. Yellow
4. Red and Yellow
5. All of the above

PCP	Cycle time	Red zone	appt length
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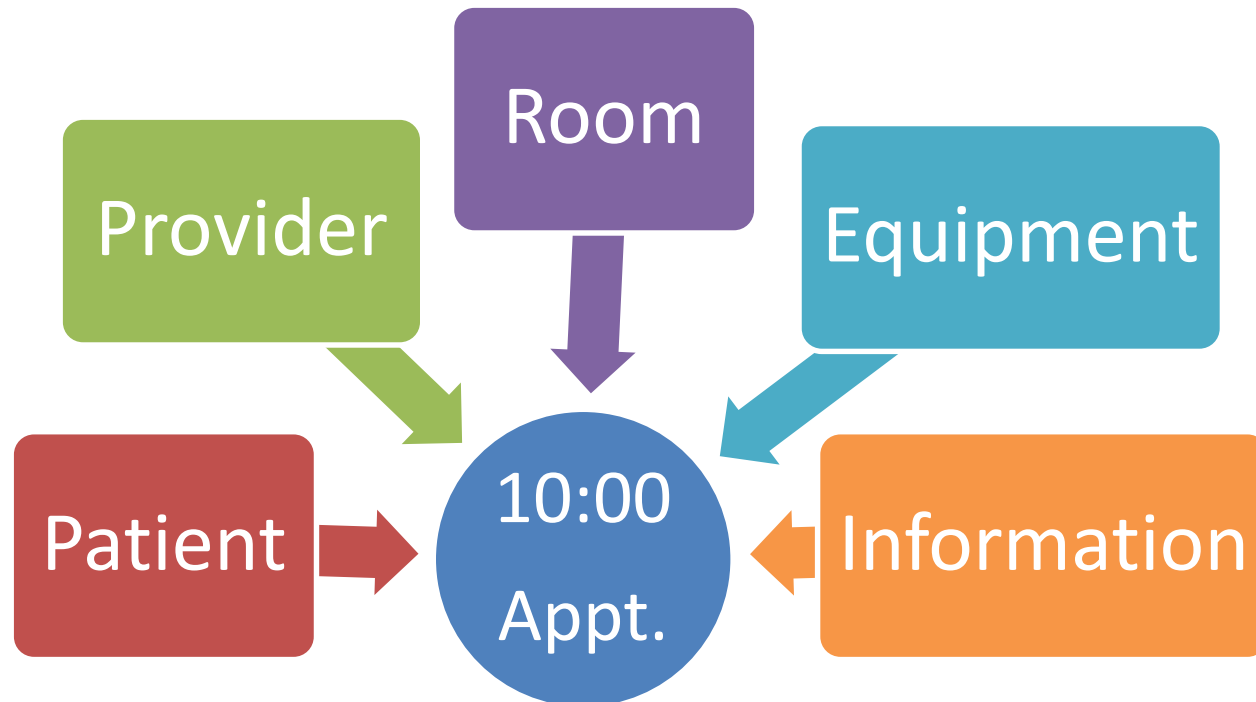Based on the above data, which one of the PCPs listed might consider one appointment length?

1. Blue
2. Red
3. Yellow

Synchronize

Synchronizing to the Appointment Time

How do we get the provider, the patient, the equipment, the information--to an available room-on time, every time?

- Stagger check-in times to avoid front-desk bottlenecks
- Develop a script for patient arrival time and appointment time to be sure patient arrives in time for check-in and rooming process
- Do patient registration on the phone when confirming the patient appointment
- Rooming staff makes it a priority to keep rooms full with patients
- Use rooming criteria to be sure patient is ready for visit (vital signs, clothing, etc.)
- Understand and plan for transportation, parking, elevators
- Obtain lab and x-ray re-appointment and anticipate time to get test results

Patient

Provider

- Use >1 room (see "room" discussion)
- Start the first morning and afternoon appointment on time
- Use scheduled pauses to communicate with team, review lab-work, return phone calls
- Finish all appointments on time; assure that the red zone time is </= the stated length of the appointment
- Limit or eliminate interruptions
- Finish today's non-appointment work today
- Shift work from providers to other team members
- Optimize office efficiency

- Exam room for face-to face visits only
  - All other activities done elsewhere
- One provider for two rooms
  - Each patient is roomed and the provider moves back and forth
- Standardize exam rooms
  - Set up every room in suite with same lay-out and standard supplies/equipment
  - Customize for special circumstances with drawer, tray or cart
  - Stock special rooms for specialized procedures
- Find additional space

Room

- Registration process
- Closure of last visit
- "Chart" check

Information

- Agree on standard equipment, supplies, materials needed for each exam room
- Develop signals for to indicate just-in-time need for shared equipment
- Develop methods to quickly locate shared equipment
- Move equipment to the patient just-in-time for procedure or visit
- Keep rooms fully stocked at all times
    - Create a standard room stocking list and use it
    - Make room stocking part of someone's daily routine and job description
    - Use efficiencies such as stocking carts and kan ban method for restocking
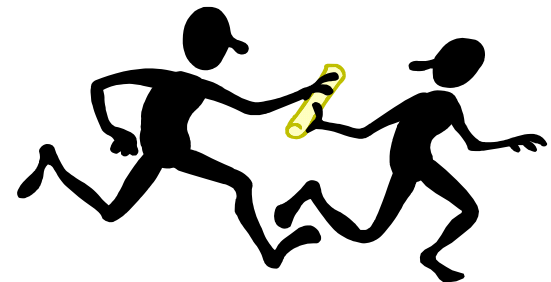
Equipment
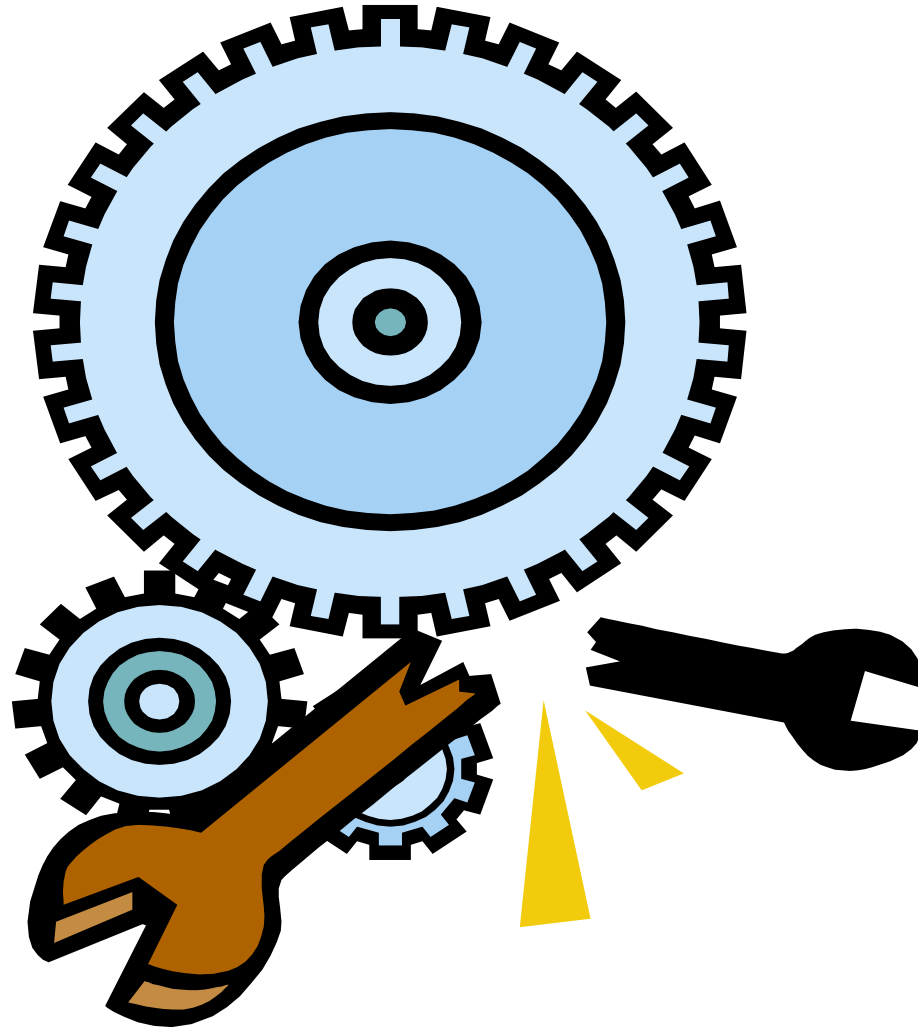
Predict and Anticipate Needs
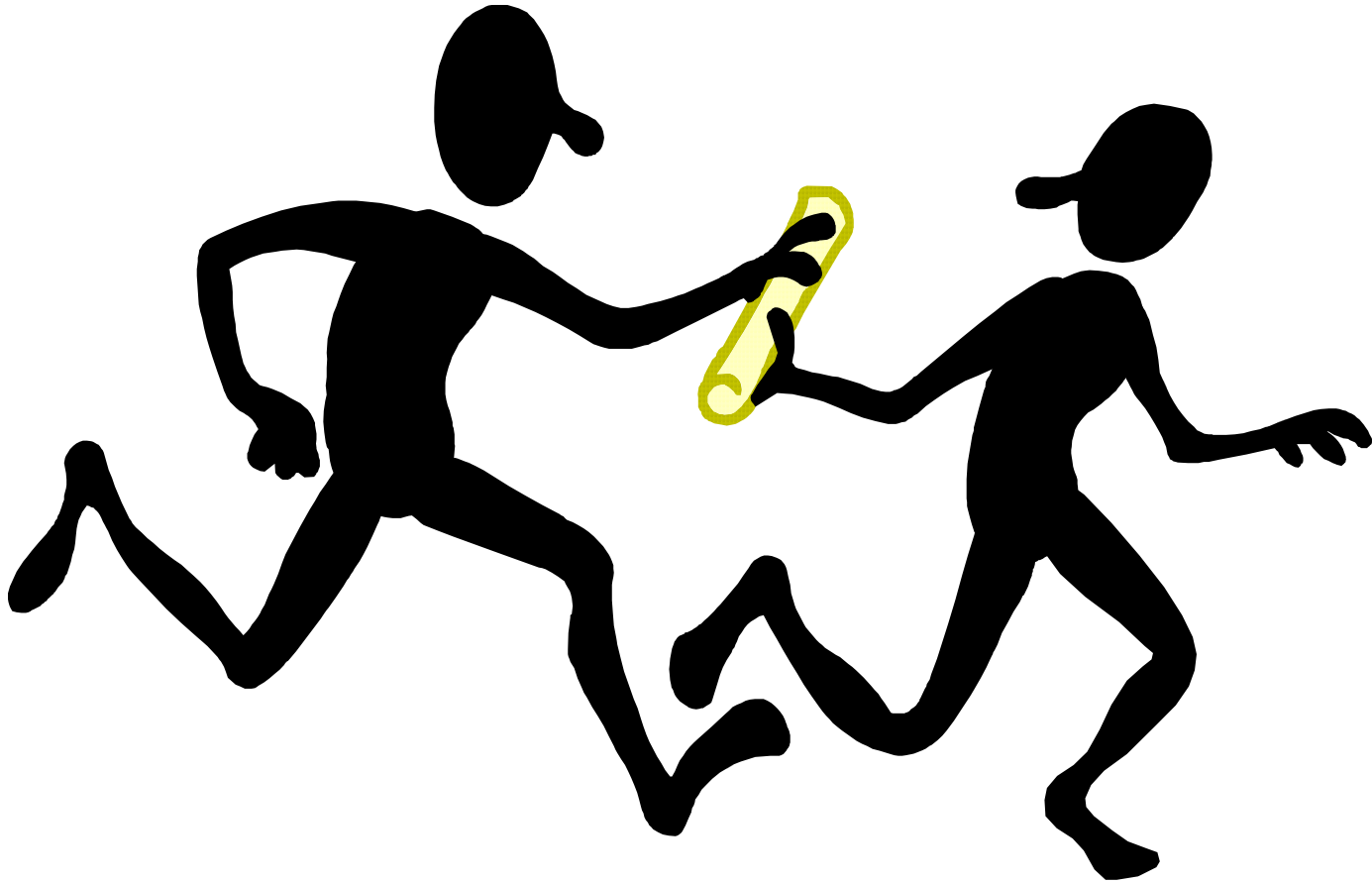
Predict and Anticipate Patient Needs

- Regular Team Meetings
- Clear decision making processes
- "Huddles" – dialogue among team intended to get everyone "on the same page"
  - Stand up meeting of 5-10"
  - Plan for day; anticipate patient needs
 - Anticipate bottle-necks or issues
- Communication Shortcuts
- Co location

Optimize Staff and the Environment

Optimize the Environment	Standardize room set-up	• Use open rooming to maximize flexibility • Set up every room in suite with same lay-out and standard supplies/equipment • Customize for special circumstances with drawer, tray or cart • Stock special rooms for specialized procedures
	Standardize equipment and supplies	• Agree on standard equipment, supplies, materials needed for each exam room • Develop signals for to indicate just-in-time need for shared equipment • Develop methods to quickly locate shared equipment • Move equipment to the patient just-in-time for procedure or visit
	Keep rooms fully stocked at all times	• Create a standard room stocking list and use it • Make room stocking part of someone's daily routine and job description • Use efficiencies such as stocking carts and kan ban method for restocking
	Co-locate staff, supplies, and equipment	• Do walk-through of unit to uncover bottlenecks and barriers to traffic and flow • Stock supplies and equipment close to staff • Assure easy access to commonly used equipment (PCs, fax machines, etc.) • Redesign unit so that teamlet work stations are in close proximity to each other

Has Anyone Used These Tools?

1. Interruption study

2. Kan-ban

3. Spaghetti diagram/walk-around

4. Pedometer

5. Care team work analysis
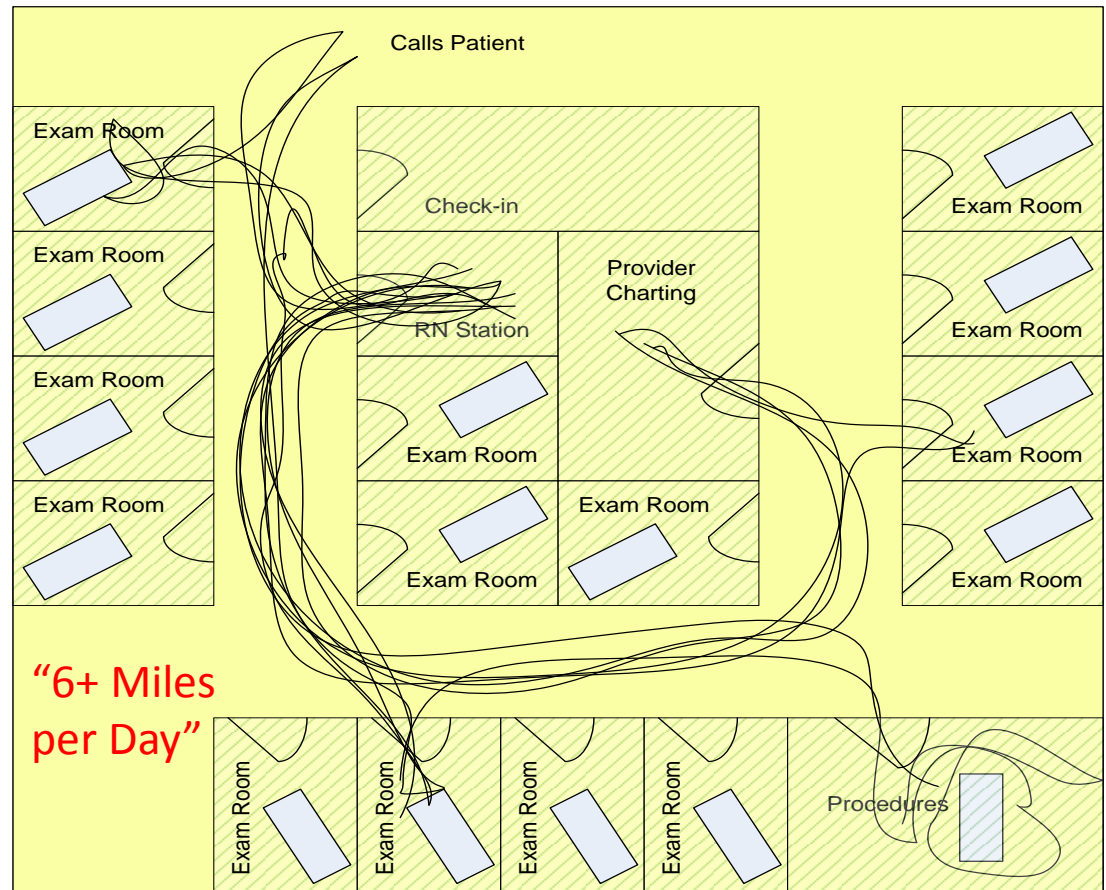
6. Fishbone diagram

7. Flow chart
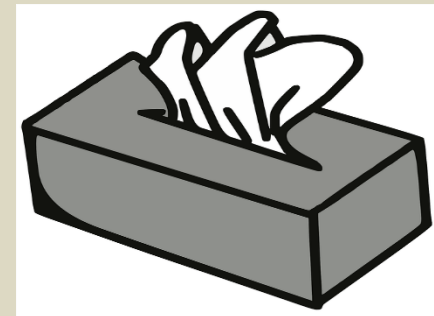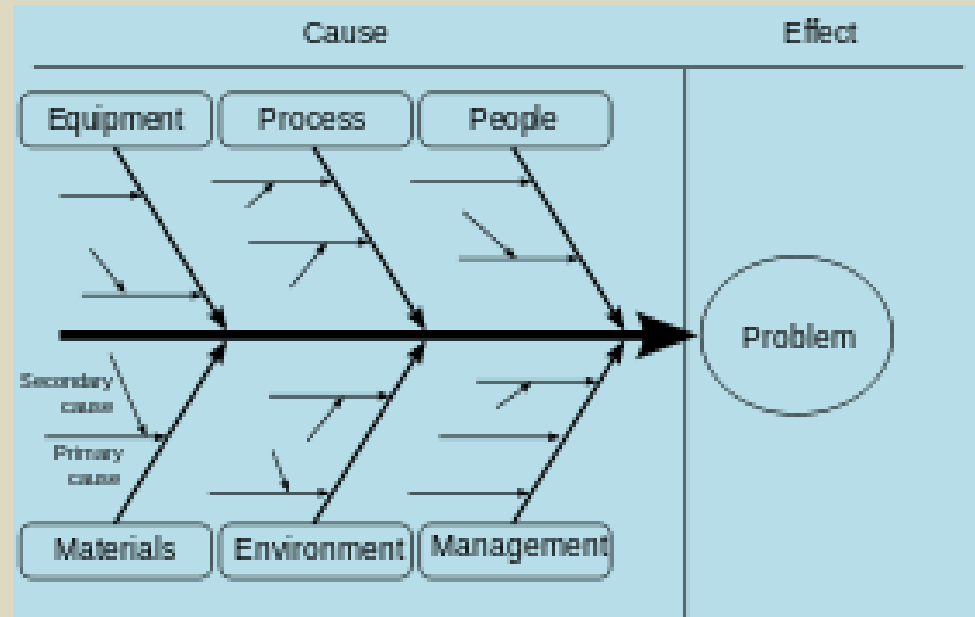
Interruption Study

Date	Description of Interruption	~ Length of Interruption
July 14	Ran out of gloves	2"
July 14	MA had question	3"
July 14	Phone call from MD	4"
July 15	No low-salt diet hand-out	2"
July 15	EMR down-time	5"
July 16	Looking for lab test	3"
July 16	Patient needed to be in gown	5"

Spaghetti Diagram

- Shows the pattern of movement of staff, patient, or object
- Visually displays movement
- Helps identified unnecessary movement
- Guides space redesign

Calls Patient

Exam Room | Check-in | Exam Room

Exam Room | Provider Charting | Exam Room

RN Station

Exam Room | Exam Room

Exam Room | Exam Room

"6+ Miles per Day"

Exam Room | Exam Room | Exam Room | Exam Room | Procedures

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Manage the Constraint

1. Identify each constraint or bottleneck (person or process); Drive unnecessary work away from the constraint

2. Define team roles/responsibilities for processes that support the care

3. Flow map scheduled care processes and care maps; look for bottlenecks or opportunities for improvement

4. Separate responsibilities for phone flow, patient flow, and paper flow

5. Redesign roles and reallocate work to appropriate level of skill, expertise and license so all team members are working to the top of license and within scope of practice and competency
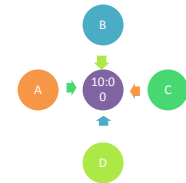
Does this look familiar?

Office Efficiency Principles

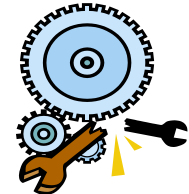1. Understand and balance supply and demand for office processes

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CMC Vacaville

- Monitored cycle times and tried to increase value-added time

- Used midway knocks to let provider know when a patient is waiting

- Used tetrising when a patient arrives early

CMC Dixon

- Huddle utilization every morning

- Chart scrubbing prior to visit to ensure all outstanding reports are available for review

- Utilize all care team members (Health ED, RD, LCSW) during visit

Process for Access Improvement

- Team
- Aim
- Map
- Measure
- Change
- Sustain

Final Summary: Improvement Principles

Access Change Principles

1. Measure, understand and balance supply and demand

2. Reduce demand (and decrease no-show appts.)

3. Reduce appointment types and times

4. Optimize the care team to increase supply

5. Resynchronize the system (Reduce the backlog)

6. Develop contingency plans

Office Process/Efficiency Change Principles

1. Measure, understand, and balance supply and demand (office processes)

2. Synchronize patient, provider, and information

3. Predict and anticipate patients needs

4. Optimize rooms and equipment

5. Manage constraints

Next Steps…..

- Set an aim for reducing delays AT the appointment
- Measure cycle time and it's components
- Test change ideas to improve the flow of the office
- Continue to test change ideas to improve access
- Reduce backlog if ready

Thank you!

Questions?