Clinic Efficiency Learning Collaborative

Jennifer Kawatu, RN, MPH - NTC QA/QI/E
Meg Sheehan, CNM - Virgin Islands Department of Health
Laura Pless, BSN, RN, MPH - North Carolina Department of Health
Cindy Evans, MSN, RN, WHNP-BC - Indiana Family Health Council

Disclosures
Jennifer Kawatu – Nothing to disclose
Cindy Evans – Nothing to disclose
Laura Pless – Nothing to disclose
Meg Sheehan – Nothing to disclose

Learning Objectives
At the completion of this session, participants will be able to:
• Describe how The Model for Improvement was applied in the Clinic Efficiency Learning Collaborative.
• Explain how measurement and data impacted clinic efficiency improvement.
• Describe lessons learned by Clinic Efficiency Learning Collaborative participants.

Clinic Efficiency Measures

- Patients Seen Per Hour
- % No-Shows
- Number of Stops
- Cycle Time
- Wait Time

The Model for Improvement

When you combine the 3 questions with the PDSA cycle, you get...

The Model for Improvement
What We Wanted to Accomplish

GOAL: Reduce cycle time

Identified as a priority through:
- Client feedback
- Staff feedback
- Wait-time studies
- Federal site visit

Health, social and financial consequences of long cycle time:
- Unsatisfied clients
- Poor follow up & return rate
- Negative attitudes
- Frustrated staff
- Disengagement from mission
- Potential compromise on quality of services

How We Would Know that a Change was an Improvement

Decreased:
- Paperwork time
- Wait time
- Cycle Time

Increased:
- Patient satisfaction
- Increased staff satisfaction
- Provider productivity

Results

Data:
- Average Cycle Time: 95 mins to 70 mins (26% decrease)
- Patients and staff: increased satisfaction

Other lessons learned:
- Data encourages action
- A structured process is more effective
- Include staff
- Incorporate/share professional resources

Changes that Resulted in Improvement

Study:
- Patient tracking
- Act
- Do
- Plan
- Visualize

What We Wanted to Accomplish

GOAL: Reduce number of stops for each client

- We identified as a priority based on wait times/cycle time and observations.
- To improve the flow, eliminate the bottle necks, eliminate the duplicative practices, decrease overall cycle time and increase the number of Title X clients.

How We Would Know that a Change was an Improvement

- Gathered baseline and measured the # of stops and cycle time.
- Used QI tools (client tracking forms, spaghetti diagrams and observations)
- Related factors – questions, duplication, lost clients

North Carolina Public Health

Office of Population Affairs

National Training Center for Quality Assurance, Quality Improvement, and Evaluation
**Changes that Resulted in Improvement**

**Plan:**
- Collected baseline data and observed

**Study:**
- 2 weeks measured using client tracking form

**Act:**
- Moved equipment so that reverting not an option

**Do:**
- Eliminate second check-in

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**Steps to Build a Culture of Quality**

- What is quality?
- Everyone plays an important role
- Clear QI Plan
- Clear expectations
- Be supportive

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**Results**

**Data:**
- Average number of stops per client:
  - Baseline – 14
  - After PDSA – 5
- Average wait time:
  - Baseline – 24 minutes
  - After PDSA – 10 minutes

**Lessons learned:**
- It’s never too late to engage your staff.
- You CAN teach an old dog new tricks!

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**Testing a Change vs. Implementing a Change**

**QI: testing a change**
- PDSA cycle
  - Plan:
    - Do (Test): Try ideas on a small scale; get staff feedback.
    - Study (Data): Have we improved?
  - Act: If “Yes” – Implement as Permanent change in system

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**QI Process - Readiness**

- Foster buy-in to QI process
  - Engage/empower staff
  - Brainstorming through activities
  - “Work smarter, not harder”

- Get staff ready/interested
  - Staff involved with developing Clinic Efficiency Improvement Plan (vision)
  - Examine patient expectations
    - Must Have’s
    - Should Have’s
    - Delighters
    - Frustrators
    - FOOD!!!

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**Changes Observed as Staff Engaged**

- More use of data
  - Tracking of appointments, walk-ins and no-shows
  - Patient visit tracking data
  - Sharing data results with staff

- More thoughtful of actions/time/steps/process/the PATIENT
  - Number of stops in clinic
  - Move around the patient
  - Patient wait times
  - Teamwork
Change

Sustaining Change
• Strategies used
  • Continue patient tracking
  • Sharing results
  • Revision of Improvement Plan
  • Praise staff

Challenges faced
• Large staff turnover
• Limited resources

Questions?