

Hoke's Don't Wait Team Report Out

Jan 16, 2014

The Team



Our Goals

- Improve patient flow and leadtime thru clinic
- Obtain satisfaction surveys from 25% of patients
- Increase volume and revenue by 25% for Primary Care Clinic

What We Did

- Learned about QI
- Mapped our process
- Observed the process
- Identified opportunities



Flow Aids in Front

- New Appointment Script
- Especially new pt records
- Patient needs at 1st appointment

Reception Desk Script Making appt with requested Medical Records

RECEPTIONIST: GOOD MORNING/AFTERNOON, Hoke County Health Department. This is Ms. _____ how may I help you?

Caller: I would like to make an appt please.

Recept: What type of appt do you need sir / ma'am

Caller: I need to make an appt to see a doctor for my _____.

Recept: Have you ever been a pt. here at the health department?

* If "yes", handle call normally

Caller: No

Recept: sir/ma'am, we need to get a copy of your medical records before the provider will be able to see you. When can you come in and sign a release of information, so we will be able to get your medical records. Once you signed the release of information we will make you an appt to come in to see the provider.

** See list below for types of medical records needed to request.

Caller: I may be able to go in today to sign.

Recept: wonderful! We will see you today to get your medical release signed and to get you your appt.

* Please be sure the pt. is aware that at time of first visit, he/she needs to bring their insurance card or proof of household income, all individuals living in home, list of medications, and money if it applies.

** MH: Proof of pregnancy if not obtained here at the health department. All current maternal records if transferring in from another facility.

FP: Last AP, labs and method of birth control.

PC: Medical records from previous provider. If PCP, request is the same as FP, except for last method of birth control. Any hospital stays

CH: Well Child Check, all previous well child checks, Immunizations if not obtained in NC. Any hospital stays.

Flow Aids in Front

- Eligibility Script
- Ask for address & phone number to improve records, less returned mail, etc.
- Added lab payments

ELIGIBILITY SCRIPT

- What is your name and date of birth?
- What is your address and phone number? Do you have a cell phone number or email address?
- Do you have insurance?

If not:

- Do you have proof of income? Who is working in the home? Who is living in the home with you?
- Inform patient what percentage of pay they will be that day.
*If patient is here to be seen in the Primary Care clinic, inform patient that if it is determined by the provider that outside labs are needed, they will be expected to pay 100 % of the labs.

Steps in HIS

1. Update Client Data
2. Complete Cross Episodes Financial Eligibility
3. Update Financial Investigation

Early & Late Arrivals

If Early

When patient signs in early:

< 15 minutes: Have the patient sign in as usual.

>15 minutes: Have the patient sign in and inform he or she is early for scheduled visit. will call you back at your appointment time or possibly earlier.

When patient signs in late:

< 15 minutes: Have the patient sign in as usual.

>15 minutes: Have patient sign in, inform patient "Since you are late for your ~~XX:XX~~ appointment I will need to inform the charge nurse to see if you can be worked into the schedule".

- Inform the charge nurse of the patient's appointment time and sign in time. The charge nurse can make decision to see the patient now, or the charge nurse can discuss with the program coordinator and/or provide to determine if the patient can be worked in current schedule or to re-schedule the appointment later in the day or another day. DO NOT DISCUSS this in front of the patient.

If Late

When patient calls stating they will be late:

- Reschedule appointment later for same day if available.
- If no later appointment times, re-schedule for next available appointment time.

If patient voices urgency to see provider today:

- If no slots available discuss with charge nurse that patient unable to keep schedule time, yet must be seen, discuss with the charge nurse. The charge nurse can make decision to see the patient now, or the charge nurse can discuss with the program coordinator and/or provide to determine if the patient can be worked in current schedule or to re-schedule the appointment later in the day or another day.

Question: Why are other patients being called back ahead of me?

Response: Select applicable response:

- They are here for a different clinic visit.
- Their appointment is earlier.

Set-up a Tracking Tool

- In & Out time at each spot
- Comment field
- Near term, every day
- Longer term use, TBD
- Outliers can review at huddles

HCHD QI Patient Assessment Tool

Date: _____
 Type: _____

Clinic _____

Service	Staff Initials	Time In	Time Out	Comments
Sign-in time				
Eligibility				
Chart Pick-up				
Triage				
Lab				
Medical Provider-Exam Room				
Treatment				
Discharge				
Billing				

Reasons for extended time:
 (Check & initial all that apply)

- Needed an Interpreter for services _____
- Income card unavailable _____
- Medical record unavailable _____
- Difficulty screening income _____
- Delays with weight, height, & lab screening _____
- Delays in seeing a Medical Provider _____
- Delays in getting medical treatment _____
- Waiting to be placed in exam room _____
- Technical/Equipment difficulty _____
- Multiple family members to be seen _____
- Staff shortage _____

Improved Referral Log Sheet

Date: _____ Program: _____

Patient Label	Referral Information:
Patient Label	Referral Information:

Before & After Referral Log – Info in 1 place

PATIENT REFERRAL LOG

PATIENT INFO/PHONE#	REFERRAL INFORMATION	DATE OF APPT	LABS/XRAY Y OR N	APPT KEPT Y OR N	REFERRAL COMPLETE

Chart Making Area



Easier reach for forms

Old charts off floor



Staff Efficiency



Adding doorbell to alert staff to a ready chart, vs. walk to look.



Staff Efficiency

Forms at Triage Room

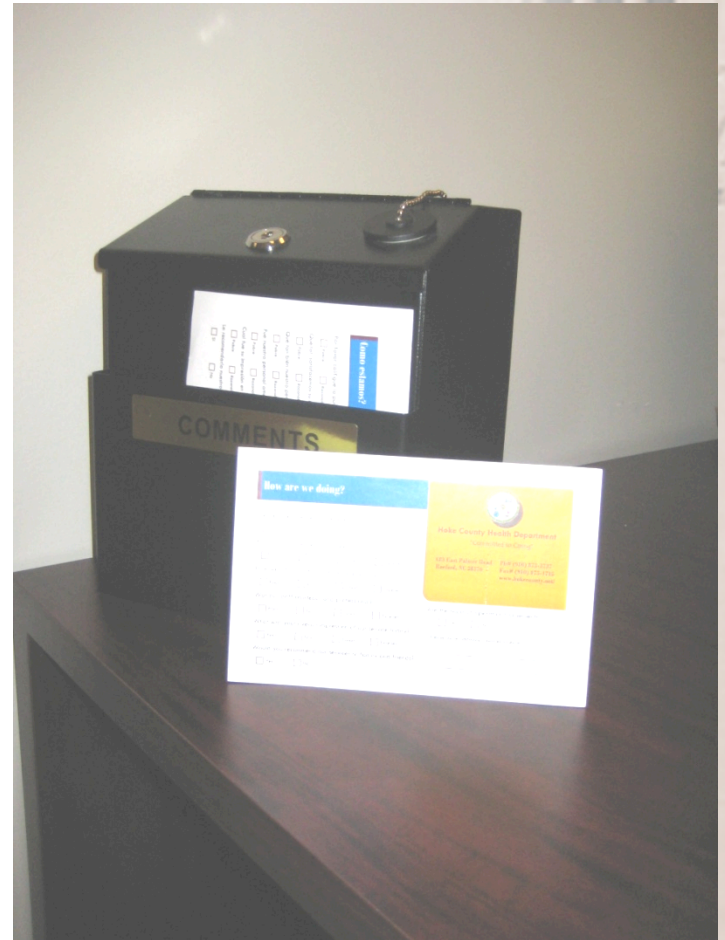


Forms at Trauma Station



Satisfaction Surveys

- Handing out at Registration
- Collecting at Billing
- Adding box to lobby for WIC and others



Increase Revenue

- Better addresses, phone numbers to improve contacting, billing, etc.
- To evaluate appt reminders closer to appt. (2 wks vs. 2 or 3 days)
- More consistent messages and handling of patients
- Smoother flow thru improved efficiencies

Other Items

- Reducing appointment reminder letter volume and to evaluate further
- Conducted Employee Satisfaction Survey last week and to do comparison survey in approx 3 months






Open Items

- Ulva to lead open issues session(s)
- Need to purchase a better doorbell
- Purchase flags, collection box
- Investigate securing better counter and form holder in Record Room.

The Newspaper

Team: Hoke's Don't Wait

Date: Jan 15, 2014

No.	Action/Suggestion/ Recommendation	Person Responsible	Date/Time Due	% Complete		Resolution/Status
1	Appt reminder letters- Why - savings since only 50% are deliverable	Jenny, Annette	1/14/14	100%		Will only be sent for Code 27.
2	Develop script for front end staff - To include current address/phone/payment expectations Why - prevent providers/nurses from having discussions about "Money"	Jenny	1/16/14	100%		Need to type
3	Provide front table or mailboxes - As counter space for forms, writing, etc. Why - Prevent back pain in staff	Jenny	3/15/14	0%		
4	Lower Shelves - In Chart Area Why - Easier reach/most current charts available at eye level	Jenny	1/14/14	100%		
5	Locate printer/copier - In eligibility area Why - One in eligibility area is inoperable	Jenny	1/17/14	0%		

Completed and Open Items – Total of 23

The Process Itself

- Intense and tiring week
- Making changes can be hard
- Got a lot done, more to come

Closing

- Questions
- Comments
- Thanks for attending

