Improving Patient Flow and Satisfaction with Care through Process Thinking

American College Health Association

May 29, 2012
Objectives

• Describe the patient visit as a process
• Identify 6 opportunities to improve outcomes of care
• List messages that communicate clearly to patients
Goals for Today’s Session

• Be practical
• Be interactive
• Learn something to take home
• Practice using a tool
• Think about what could be improved
• Set an intention to improve
What is Process Thinking?

- Process thinking uses basic tools to help you think about your processes.
  - What are your processes?
  - How do they work?
  - What problems exist?
  - What causes these problems?
  - And, what is the effect of these problems?

(Robert Luttman)
What is Process Thinking?

• An objective approach to problem solving
• Focus is on the steps or actions in a process
• No finger-pointing or turf battles
• View "problems" as parts of an overall systematic process
• Keep it simple
Methods for Process Improvement

• PDCA – Plan, Do, Check, Act
• FOCUS - PDCA
• TOC – Theory of Constraints
• DMAIC – Define, Measure, Analyze, Improve, Control
• APIE – Assess, Plan, Implement, Evaluate
• TQM, QI, CQI, QA, PI and so on
The Patient Visit as a Process

- Each visit is composed of sequential and interdependent steps
- Each visit has inputs, outputs, and requirements
- Bottlenecks and backlogs have a critical impact on performance
- Each step, input and output can be identified and measured
- Demand and capacity influence the outcomes
- Everything comes together to create the whole experience of a visit!
Why Does All This Matter?

• Patients have their own perspective and view of healthcare
• Processes are logical and clear but there may be steps that could be improved
• Patients may not have health literacy skills to understand our messages or our processes
• Patient-Centered Care is our goal at UHC
The Patient Visit as a Process

- Access to the Student Health Service
- Beginning of the visit
- Clinical evaluation
- After the Visit
- Outcomes of care
Exercise

• Identify your Health Service process for accessing care

Student is ill

Student returns to class
Are there Opportunities to Improve Care?

- Do you have enough staff?
- Can you identify problem areas?
- Do you have other resources that could help?
- Can you identify duplication of work?
- How do you know you are doing a good job?
- Are your patients getting better?
- Do staff grumble or do they smile?
Think about 6 Opportunities to Improve Care Processes

- Capacity
- Resources
- Rework
- Expectations
- Safety
- Satisfaction
Capacity

• The ability of your Health Center to provide services to the population you serve
  – Allocation of staff
  – Physical space
  – Scope of service
  – Operating budget
Resources

• The tools you have to care for your patients
  – Mix and number of providers, nurses, staff
  – Supporting staff and functions
  – Related and complementary services
  – Campus resources
  – Equipment
  – Exam rooms
  – Computers

A + B = C
Exercise

• Describe how an process with a bottleneck occurs
• Resource could be the physician, receptionist, parking lot, exam room, or equipment
Rework

• Overprocessing vs simplicity of work
• Check, double check, and triple check vs. doing it the right way the first time
• Because we’ve always done it this way!
Rework is Wasted Effort
Expectations

• Staff and patient expectations may differ
• Patient expectations change over 4 years of college
• Our messages can influence and mold expectations
• Ask if staff expectations are being met during the visit. Are they able to accomplish their work?
• Ask if patients’ expectations for access, care, timeliness are being met
OMG!
I JUST GOT BORN!
Safety

• Joint Commission and National Pt Safety Goals
  – Medication management
  – Procedures
  – Patient identification
  – Infection Prevention
  – Equipment
  – Environment of Care

• Is safety of patients and of staff always in your focus?

• Just look around you.....
Satisfaction

- Measure patients’ perceptions of their care
- Would the patient refer a friend to you?
- Surveys
- Focus groups
- Student advisory groups
- Ask if patients are satisfied by the overall experience of their visit. Where are their dissatisfactions focused?
UHC Patient Satisfaction Survey

- Link is emailed to each patient following a visit
- Responses are anonymous
- Reported monthly to each clinic and as whole
- Benchmarks established for our performance
- 90% Excellent + Very Good is our target
- Comments identify specific expectations, needs, and experiences
University Health Center Visit Satisfaction Survey

We encourage you to take a few minutes to complete this survey as your feedback is important to us. If you cannot rate your experience as excellent or very good, please offer a comment to explain.

Date of your visit?

Month: May  Day: 11  Year: 2012

Clinic or Department you visited?

Clinic: Medical Clinic - Blue

Name of person you saw?

Provider: FOREHAND, RONALD M.D.

Is this your first visit to UHC?

- Yes
- No

Is this your first visit to this clinic or department?

- Yes
- No

Did you have an appointment?

- I made my appointment on the Web
- I made my appointment by phone
- I made my appointment in person
- I did not have an appointment
**University Health Center Visit Satisfaction Survey**

Would you recommend UHC to a friend?
- Yes
- No

Did we meet your expectations today?
- Yes
- No

How would you rate:

<table>
<thead>
<tr>
<th>Area</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your visit overall?</td>
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<tr>
<td>The professional skills (thoroughness, carefulness,</td>
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<td>competence) of the person you saw?</td>
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<td>The personal manner (friendliness, sensitivity, courtesy,</td>
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<td>respect) of the person you saw?</td>
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<td>The quality of time spent with the person you saw?</td>
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<td>The explanation of what was done for you today?</td>
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<td>The respect given to you regarding your gender, race,</td>
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<td>ethnicity, sexual orientation, economic status, disability,</td>
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<td>religion, or age?</td>
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<td>The helpfulness and courtesy of the UHC staff?</td>
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<td>Your ability to get through to us by phone?</td>
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<td>Your wait to get an appointment scheduled?</td>
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<td>The length of time you waited today?</td>
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<td>The comfort, safety and security of the UHC environment?</td>
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<td>The effectiveness of your care?</td>
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</table>
How would you rate your experience with our:

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
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<tr>
<td>Laboratory?</td>
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<td>Radiology?</td>
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<td>Pharmacy?</td>
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<td>Cashier?</td>
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<td>Patient Registration?</td>
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What did we do today that exceeded your expectations?

What could we have done today to improve your experience?
Our Dilemma: Waiting Time

Length of Wait
Excellent and Very Good Responses
2004 - 2010

Percent

2004 2005 2006 2007 Jan-Jun '08 Jul-Dec '08 2009 2010
Performance Benchmark

"Length of Time You Waited Today"

Percentage

<table>
<thead>
<tr>
<th></th>
<th>MC Blue</th>
<th>MC Green</th>
<th>UHC</th>
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<tr>
<td>2010</td>
<td>77</td>
<td>80</td>
<td>81</td>
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</table>
Patient Comments

• “Let me know that you are behind. I was about to walk out and ask if the Doctor knew I was there or if I had been forgotten. Just inform me of potential delays. Something short like, “We are a little behind today. Would you like to bring a magazine back to the room?”

• “I was most surprised by how quickly the process moved. Usually visits to doctors’ offices have long wait times (even if you arrive early). I was in and out within an hour including check-in, wait time, and a trip to the lab and back to the “green” clinic. Also, the building’s signage was very well placed.”
SHAC Feedback

• “No one checked back with me between the time the nurse left and the doctor came in.”
• “Would rather wait in the waiting room.”
• “Would rather not have all that time alone in the exam room.”
• “Your message should be ‘We value your time’.”
The Background

• Satisfaction Survey sent electronically resulted in greater numbers of surveys returned
• Results showed lagging satisfaction with waiting time during the visit
• Cycle Time data showed measurable decrease in actual cycle time of the visit
• What caused the difference between perception and reality?
Clinic Results – Before

Satisfaction with Waiting Time
August 2010 - November 2010

- MC Blue Waiting Time (E+VG)
- MC Green Waiting Time (E+VG)
- Goal 90%

Percentage

Aug-10  | Sep-10  | Oct-10 | Nov-10
---     | ---     | ---    | ---
82      | 68      | 67     | 79
86      | 73      | 76     | 78

Goal 90%
Clinic Results- Before

• Cycle Time improved from Fall semester 2009 to Spring semester 2010
  – 47 to 43 minutes in Medical Clinic Blue
  – 51 to 46 minutes in Medical Clinic Green

• Satisfaction with the length of wait lagged behind the 90% benchmark, and lagged behind the UHC results

• We thought we were doing a great job!
An Example of Process Thinking at the University Health Center at UGA

- Medical Clinic Blue and Medical Clinic Green
- PI Project to evaluate and improve satisfaction with waiting time
- First – how were we really doing?
- Next – what were we really doing?
- Then – what could we do differently?
- Finally – did it make a difference?
Our Improvement Project Team
Medical Clinics Blue and Green

• How were we really doing?
  - Cycle time was getting shorter
  - Waiting time satisfaction ratings never got any better

• What were we really doing?
  - Used room status system inconsistently
  - Expected patients to understand our processes
  - Expected patients to know how long a visit should take
  - Mapped our flow through the clinic from check-in to check-out to begin to understand each step of the visit
  - We began to understand the visit as a process
Our Opportunities to Improve
What Could We Do Differently?

• Consistently use PnC check-in/check-out
• Encourage all providers to use room status lights
• Check with patients while waiting to:
  – Inform them of delays of more than 15 minutes
  – Ask if they can continue to wait
  – Offer magazine or drink of water/powerade
  – Let them know we respected their time
• Be aware of our real messages to patients
The Reality of Our Messages

What we were saying!
• The doctor will be with you in a minute
• She’ll be right in
• The nurse is tied up right now
• Go to the lab
• Come back and see us if you need anything

What we began to say!
• The doctor is with another patient
• You are the next patient to be seen
• The nurse has been delayed
• May I give you directions to the lab?
• Please call us if you need another appointment or if you have any questions
Our Message Commitments

- Greet patients
- Introduce ourselves
- Provide accurate information to each individual
- Clarify information and understanding
- Ask patients if they could continue to wait
- Thank patients, even shaking hands
The Clinic - After

Satisfaction with Waiting Time
January 2011 - May 2011

MC Blue Waiting Time (E+VG)
MC Green Waiting Time (E+VG)
Goal 90%
The Outcomes and Improvements

• Continued to measure wait times and cycle times
• Added Cycle Time measurements to our webpage
• Added “Expect your visit to take about an hour” to the online scheduling instructions
• Informed patients to plan for an hour when we scheduled their appointments on the phone
• Checked with patients if waiting >15 minutes
• Used clear messages instead of automatic speech
• Standardized use of appointment status
• Improved consistency of use of room status system
Summary

• We improved our understanding of care processes and the visit as a process
• Considered the effect of Capacity, Resources, Rework, Safety
• Identified Expectations and Satisfaction as our critical opportunities for improvement in perceptions of wait time
• Improved communication with patients
• Established ongoing measures for staff and patients
The Take Home Slide

• What is your opportunity for improvement?
  
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________

• What is your intention for improving this process?
  
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________