Patient Access & Work Flow – Key To Clinician Productivity and Client Satisfaction

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Objectives

- Understand the key factors of appointment schedule and the impact on client access to services.
- Describe the techniques for understanding patient workflow including cycle time analysis and process mapping
- Identify how to design improvement to address access and workflow challenges

Health Center Operations Domains

Patient Appointment Systems

Shaping access to health care services

Appointment Scheduling Design

- A well designed patient appointment schedule impacts on:
  - Health Care Provider Productivity
  - Patient Cycle Time
  - Clinic Flow
  - Patient Wait Time for Appointment
  - Fiscal Reimbursement/Balanced Budget
  - Meeting Funder Requirements/Goals
  - Patient and Staff Satisfaction
  - Patient Health Care Outcomes

- The ideal appointment schedule template serves both staff and client needs. The template should create a steady stream of clients throughout the workday, resulting in maximum staff productivity and minimum client wait.

Appointment Schedule Design
5 STEPS

1. Assess Clinic Capacity and Demand
2. Develop Patient Visit and Unique Client Program Goals for the Title X Program that are informed by Capacity/Demand analysis
3. Select Schedule Methodology
4. Select Schedule Framework
5. Incorporate Scheduling Principles that Promote Efficiency

STEP 1:
Assess Capacity and Demand

- ✓Predict what is possible
- ✓Consider demand (actual and utilization)

STEP 2:
Develop Patient Visit Goals

- ✓Based on capacity and demand analysis
- ✓Review of trends
- ✓Women in need in the community

STEP 3:
Select Schedule Methodology

- ✓ Single Interval
- ✓ Multiple Interval
- ✓ Block or Wave Interval
- ✓ Modified Wave

STEP 4:
Select Schedule Framework

- ✓ Traditional *"Do last months work today"*
- ✓Carve Out *"Do some of today's work today"*
- ✓ Open Access *'"Do today's work today"*

Open Access

- A patient's ability to schedule an appointment with *their* provider the same day or within a couple of business days
- Based on one guiding principle: "Do Today's Work Today"
- Requires a systematic paradigm shift in clinic operations

STEP 5:
Incorporate Principles of Efficiency

- ✓ Reduce schedule complexity
- ✓ Reduce scheduling restrictions
- ✓ Reduce appointment type variability
  - ✓ Standardize appointment type/length
  - ✓ Average clinician time per visit
- ✓ Limit availability of schedule
  - ✓ Don’t schedule too far out

Limiting Access

Time	Visit Category
8:45	Recheck
9:00	Immunization
9:15	Recheck
9:30	New Client Exam
10:15	STD Check
10:30	Recheck
10:45	Pregnancy Test
11:00	Recheck
11:15	Annual Exam
11:30	Immunization
11:45	Supply

Time	Visit Category
1:30	STD Check
1:45	Recheck
2:00	Annual Exam
2:45	Pregnancy Test
3:00	Recheck
3:15	Recheck
3:30	Recheck
3:45	Supply
4:00	Supply

STEP 5:
Incorporate Principles of Efficiency

✓ Incorporate Appointment No Show Rates

Example: Clinic A

- Capacity: 21 visits/session
- No Show Rate: 30%
- (21visits/sessionx.30 NS Rate =6.3visits will not show up)
- In order to operate at capacity - Clinic A's Appointment Schedule should make available 27 appointments for each clinic session. However ,if 27 clients showed on one day, would the staff be able to serve.

STEP 5:
Incorporate Principles of Efficiency

- ✓Establish a script
- ✓Create contingency plans
  - ✓Establish a policy for late patients
  - ✓Establish policy for early patients

Quality Assurance/Monitoring

- Routinely Monitor
  - Patients Served per Day
  - No Show Rate by Day of the Week and Time
  - Walk-in Appointments by Day
  - Time to Next Available New Appointment
  - New Patient Appointments as % of Total Appointments
- Why Monitor: Ensure that you are meeting funder goals and fiscal goals

Clinic A
Expanded Schedule Incorporating No-Shows

Time	Visit Category
8:10	Office Visit
8:30	Office Visit
8:50	Office Visit
9:10	Office Visit
9:30	Office Visit
9:50	Office Visit
10:10	Office Visit
10:30	Office Visit
10:50	Office Visit
11:10	Office Visit
11:30	Office Visit

Time	Visit Category
1:00	Office Visit
1:20	Office Visit
1:40	Office Visit
2:00	Office Visit
2:20	Office Visit
2:40	Office Visit
3:00	Office Visit
3:20	Office Visit
3:40	Office Visit
4:00	Office Visit
4:20	Office Visits


Q&A
You have
Questions
We have
Answers

Process Mapping

Identifying opportunities to streamline processes

What is a Process?

- A process is a sequence of steps that must be performed correctly in the proper sequence to create value for a client

- The steps or actions in the process are linked to one another. An example might be that you must do step A before you can do steps B and C. This means that all the steps (A, B, and C) are linked to each other.

- There is something that starts the process and there is an ending point to each process.

What is Process Mapping?

- Process mapping involves developing a simple visual picture, or map, of a process

- Help an organization better understand:
  - How parts of the organization work
  - Analyzing how it could work better.

Uses of Process Mapping

Gain Process Understanding	Within a Unit or Department
	Across Units or Departments
	From Client Perspective
Identify Process Inefficiencies	Duplication
	Unnecessary Steps/Complexities
	Inappropriate Resource Utilization
Generate Improvement Strategies	Assessment and Diagnosis
	Re-engineer Patient or Work Flow
	Staff Scope of Work/Responsibilities
	Reduce Steps in Process
	Reduce Duplication of Effort

When to Use Process Mapping

- What do we do a lot (high-volume work)?
- Where and when have things gone wrong for Clients or services?
- Where are client outcomes less than desired or expected?
- What do Clients complain about?
- What creates problems for staff?
- Where do we think resources are wasted?

Process Mapping Steps

STEP 1: Identify Process

STEP 2: Map the Process

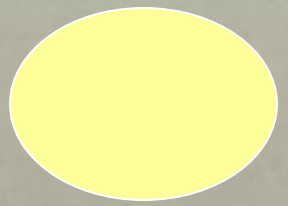
STEP 3: Analyze the Process (map)

STEP 4: Redesign Process

Developing the Map

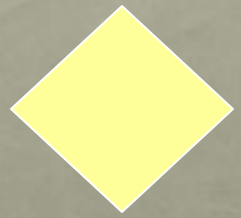
<u>Conventional symbols</u> represent different activities:

- **Oval** - the start and end of the process

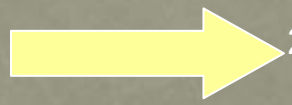


- **Box** - the tasks or activities of the process

- **Diamond** - a question is asked; a decision is required



- **Arrow** - the direction or flow of the process



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Sample Process Map

Work Flow Re-Design Steps

STEPS	ACTIVITIES
STEP 1	Review map and identify services provided at each step and forms used
STEP 2	Target and eliminate/streamline redundant or unnecessary steps
STEP 3	Assess if staff activities are maximizing their expertise
STEP 4	Define which activities or tasks can only be completed by a specific category of worker
STEP 5	Determine tasks that can be shifted
STEP 6	Re-bundle activities to balance workload, minimize inefficiencies, enhance quality and increase access

What is Cycle Time?

- Definition

- Core Elements
  - Contact Time: Face-to-Face
  - Wait Time

Best Practices

- Visit cycle time such that staff contact time is more than patient waiting time
- Reduce Hand-offs between staff (combine steps)
- Bring services to the client
- Value – added
- Standardize process

Best Practices continued….

- Manage interruptions
- Cross-training and task shifting
- Staff Schedules (start, end, breaks) to meet the needs of patients
- Staff Huddles

Psychology of Waiting

- Unoccupied time feels longer than occupied time
- Anxiety makes wait seems longer
- Pre-process waits are longer than in-process waits
- Uncertain waits are longer than known waits
- Unexplained waits are longer than explained waits
- Unfair waits are longer than equitable waits
- The more valuable the service, the longer you willing be willing to wait

Source: D. Maister, "the Psychology of Waiting Lings," The Service Encounter

Cycle Time Collection and Analysis

Binder Section

Tools to Examine Cycle Time

- Patient Flow Analysis (PFA) – Insert Link
- Simple Patient Router

Cycle Time Data Collection

- Data to be collected
  - For each staff that has contact with a patient – the start and stop time is collected using a router
  - The arrival and departure time for the client
  - The appointment time
- Data Collection Tools
  - Router to collect data which can be customized to meet the needs of the health center and desired project outcomes
- Instructions
- Data Analysis Tool

DATE OF VISIT	_ _ / _ _ / _ _ _ _	
CHECK-IN TIME/ARRIVAL	_____ : _____ am/ pm	
Appointment (A) ☐ (check one) **OR** **Walk-In (W)** ☐		
APPOINTMENT TIME *(If applicable)*	_____ : _____ am/ pm	
VISIT TYPE (circle one)	**Codes**	
	1. Annual 2. Annual/STD 3. Initial 4. Initial/STD 5. Supply Visit 6. Pregnancy Test	7. STD Eval 8. STD Eval/ Supply 9. Revisit 10. Fast Track 11. Other
	Start Time	**End Time**
ADMIN	_____ : _____ AM / PM	_____ : _____ AM / PM
LABORATORY TECH	_____ : _____ AM / PM	_____ : _____ AM / PM
PRE NURSE	_____ : _____ AM / PM	_____ : _____ AM / PM
CLINICIAN	_____ : _____ AM / PM	_____ : _____ AM / PM
POST NURSE	_____ : _____ AM / PM	_____ : _____ AM /PM
CHECK-OUT END	_____ : _____ AM / PM	_____ : _____ AM / PM
COMMENTS:		

Outcomes of Cycle Time

- Visit Cycle Time
- Average Contact time for Clinician and Nurse
- Average Wait Time for Clinician

Use of Cycle Time Data

- Where are the longest waits?
  - These are bottlenecks
  - Examine the activities that occur at these stops
  - From walk through, can you identify any structural causes to the bottleneck

- Average Contact Time
  - How does it compare to average wait time for each staff type
  - Calculate the capacity for each staff
    - Patient per hour = 60 minutes per hour/ Average Contact Time in minutes
  - Design of Appointment Template

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