Office Workflow

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Tips to Remember

Ask:
- What happens next?
- Is there a decision made at this point?
- Does this reflect reality?
- Who else knows this process?

When possible, do a walk-through of the process to see if any steps have been left out or extras added that shouldn't be there.

The key is not to draw a flowchart representing how the process is supposed to operate, but to determine how it actually does operate.

A good flowchart of a bad process will show how illogical or wasteful some of the steps or branches are.
Our Mission....

• Flow chart your **CURRENT** process
• High level process
• Determine your starting & ending points
• Create all the steps in your current process
• When it’s completed, start to identify improvement opportunities
• TEAM REPORT OUT
  – What is your current process?
  – What tests will you try to improve the process?
How can we improve patient flow?
About our Practice

• Largest Pediatric Primary Care Practice in Metro Boston
• Urban patient population, low income.
• Hospital Based Practice
• Approximately 41,000 visits annually
• Over 100 Providers including Residency Teaching Program.
• 26 exam rooms typically used to capacity
• Average daily volume: 150 visits +/-
SITUATION

Patient surveys indicate that long wait times before their child is seen by their provider negatively impact their overall experience.

BACKGROUND

Families can spend several hours at CHPCC for both routine and urgent care visits from the time they arrive until their visit is complete.
ASSESSMENT

When families arrive to CHPCC, they check in and proceed through a fragmented series of steps before being placed in an exam room, and then often have wait time until their provider arrives.

There is additional wait time for vaccines, diagnostic tests, and scheduling of follow-up appointments before families head home.
Work Flow Analysis

Family Arrives and waits at check in desk

Check-In

Family brings paperwork and places in Box 1-3

Clinical Assistant takes paperwork from box and calls the next patient.

Vital Signs Taken
Specimens collected if indicated

Patient placed in exam room

Paperwork placed on conference room door

Patient seen by Provider

Patient may wait for Vaccines and/or be sent to the lab for Diagnostic Tests

Return to front desk to schedule next appointment
<table>
<thead>
<tr>
<th>Step</th>
<th>Delays and Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Arrives and waits at check in desk</td>
<td>• 2-3 staff members at check-in, answering calls at the same time.</td>
</tr>
<tr>
<td>Check-In</td>
<td>• Wrong day, wrong time, late arrival, assigned to different location.</td>
</tr>
<tr>
<td>Family bring paperwork and places in Box 1-3</td>
<td>• Multiple providers to one box and one Clinical Assistant</td>
</tr>
<tr>
<td>Clinical Assistant takes paperwork from box and calls the next patient.</td>
<td>• CA brings reviews billing passes to assess which patient to room next.</td>
</tr>
<tr>
<td>Vital Signs Taken</td>
<td>• Small work up rooms make it difficult to process more than one patient at a time.</td>
</tr>
<tr>
<td>Specimens collected if indicated</td>
<td>• Urine, Throat Cultures</td>
</tr>
<tr>
<td>Patient placed in exam room</td>
<td>• Very often patients wait until there is an exam room available</td>
</tr>
<tr>
<td>Paperwork placed on conference room door to notify Provider patient is ready to be seen.</td>
<td>• Provider may be in with another patient, unaware next patient is ready</td>
</tr>
<tr>
<td>Patient seen by Provider</td>
<td>• By this time families are often upset and this sets the tone for the visit</td>
</tr>
<tr>
<td>Patient may wait for Vaccines and/or be sent to the lab for Diagnostic Tests</td>
<td>• Patients have waited 45 minutes to an hour for immunizations</td>
</tr>
<tr>
<td>Return to front desk to schedule next appointment</td>
<td>• Many families leave without stopping to schedule their appointments</td>
</tr>
</tbody>
</table>
Identify areas for improvement

- Patients wait for staff to finish call while they are checking in
- Paperwork sits in the box in view of families
- Clinical Assistants supporting multiple providers at one time
- Patients hold up exam rooms waiting for vaccines
RECOMMENDATIONS

Create an Action Plan

I. Centralize incoming calls to reduce interruption at check-in desk

II. Pilot Paperless Check-in – NO BOX!

III. Bring in LPN to provide support for immunization administration

IV. Move part of initial assessment/vital signs into exam room

V. Create alternate space where weight/temp can be done for simple visits
Assessing Outcomes

• Proposal for “phone room” approved and implemented over past 6 months

  – Three additional Admin Staff hired to complete staff of 4 Admin Assistants and 1 nurse to support all incoming calls (located on site in one area within the clinic).
  
  – Call volume going to the front check-in desk has been significantly reduced allowing for faster check-in time, however the telecommunications piece allowing us to tailor voice prompts to direct calls is still in process.
Outcomes cont....

• Paperless Check-In piloted two sessions/week in Young Parent Program, controlled environment.
  
  – More immediate access for Clinical Assistant to prepare paperwork for patient check-in.
  – Fewer patients “lost” having put paperwork in incorrect box, sitting with paperwork forgetting to put it in any box, change of shift for clinical assistants who forget to close out box and move patients to back-up team.
    • Additional support needed to alternate with taking vitals signs, cleaning and turning over rooms, POCT.
Outcomes cont....

• RN hours shifted and unused CA hours combined to create position for Full Time LPN.
  
  – Patients wait no more than 10-15 minutes to receive vaccines; improved patient satisfaction, continuity, rooms more readily available for patient turn over.
  – LPN can focus only on immunization administration allowing RN to triage ill/injured children, provide education/teaching, provide clinical support to Providers
Outcomes cont....

Challenges

High turnover with Clinical Assistants has left most sessions with ratio of 1 CA to 3-6 Providers. Frequently multiple staff in orientation.

Little opportunity to implement alternate location to room patients (hoping this will happen with additional CA staff) – scale with height and BP machine in hallway for example children coming for medication check or to see nutrition.

Physical clinic space is constrained. Multiple providers seeing patients at one time; makes room availability limited.
Process Continues to evolve…

- Extend pilot of paperless check-in to additional sessions in various disciplines within CHPCC
  - identify barriers before implementing practice wide.
- Bring in additional LPN for immunization support in specialty program
- Hire additional Clinical Assistant staff to bring to reduce CA to Provider ratio and allow for more prompt rooming of patients
- Continue to train new phone room staff navigate patient calls and requests efficiently
- Encourage better communication between staff—closing the loop.
Best Office Workflow Before EMR

Versus

Current Office Workflow After EMR
Front Desk Started the Paper Chase

Manual Completion of

Demographics Update, Family/Social/Medical History Form, Consents, Co-Pays, Paper Receipts, Copy of Insurance Card

(Time Consuming and Frustrating for Parents, Providers & Staff)

Finally - Notified Clinic of Arrival with Yahoo IM
Nursing Continued Paper Chase

Added Appropriate
PediaForm for Documentation, Handouts, Developmental Forms, Printed State Immunization Record Results for In-House Labs/Screenings, Physical Forms & Newborn Sheet

Handwrote all vitals, chief complaints, current medications and allergies
(Some legible, some not, many spelling errors, growth chart plotting concerns)
Added As Needed
- Completed encounter for billing the visit
- Completed PediaForm to be filed in chart
  - Instruction sheet for patient
  - RX’s for patient
- Referral Order for Referral Nurse
- List of missing labs/x-rays to find/locate/obtain for the chart
End Result

Incomplete Records
Nameless forms fell off charts
Charts were “missing,” “partial,” or “lost”

Misfiled Forms
Missing labs, x-rays or consults
Wrong PediaForm Used for Visit

Too many loose forms leads to a greater chance for misfile or loss of important documentation.
2008 - Could another form be added?

Maybe...but with resistance & problems!

“Too many forms already in use.”

“Too many charts that need a missing form/lab/x-ray and more will be missing.”

“This just adds more busy work to front desk, nurses or providers workflow and workload.”

*It may have been tried, but the chances of obtaining data or getting much participation would have been a struggle.*
2011 – Could another form be added?

Yes, absolutely!!! Why?

Proactive providers, staff and parents with a strong desire to improve care, screening, communication and monitoring of patients.

Due in part to an EMR that has improved workflow, patient records, safety, communication, standardization and provided limitless possibilities to expand.
EMR – eClinicalWorks Workflow

Huge Changes and Improvements for

Front Desk Staff
Nursing Staff
Providers
Parents & Patients
Front Desk Now

Electronically

Obtains Consent Signatures

Scans in Insurance Card

Arrives the Patient in the System

Prints Receipts, Journals & Appointment Cards

Imports Demographic Updates from Portal

Portal Messages Appointment Confirmations

Verifies Insurance Eligibility
Nursing Now

Electronically Imports, Attaches or Types
Handouts are Emailed to many Patients
Developmental Forms Imported from Portal
or Transcribed from Email
State Immunization Record Attached
Results for In-House Labs/Screenings Typed
LabCorp/Quest on Bi-Directional Interface
Electronically Imports, Attaches or Types

Physical Forms Auto populate
Newborn Sheet – Auto populate as fake labs ordered and data typed into order

Vitals, chief complaints, current medications, social/family histories and allergies (Typed, Selected or Imported)
Provider

**Electronically**

*Complete Progress Note & Billing*

*Order RX’s (eRX, FAX or Print)*

*Sends Referral Needs to Referral Nurse*

*Receives LabCorp/Quest Results via Interface*

*Receives Misc. Reports, Consult & Forms*

*Completes Special Forms*
Provider

Electronically Receives Portal Completed Previsit Questionnaires, Developmental Forms in Progress Notes

Sends/ Receives Secure Portal Messages

Always has a Chart

Accesses Records Anywhere & Anytime via secure remote access
Parents & Patients

Electronically

Sends/Receives Secure Portal Messages
Receives Physical & Immunization Forms
Receives Emails Regarding Appointments
Views Normal Lab Results in Patient Portal
Finally

End Result

Improved Care (3 locations – One Complete Chart)

Easier Tracking of Labs/X-Ray Reports

Legible Records

Ability to Obtain More Information without Adding Paper Forms

Smowner Office Flow

Office Appears More Professional – No lost chart, no lost form, improved tracking/monitoring methods, improved communications
North Carolina

• Getting Started Worksheet – Tool to Assist in Mapping the Workflow
Questions