



Communication overhaul leads to improved patient engagement and access to care

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QUALITY IMPROVEMENT FRAMEWORK

Brockton Neighborhood Health Center's (BNHC's) Quality Improvement Program is built upon the framework of the Institute for Healthcare Improvement's (IHI) Triple Aim Initiative. The Triple Aim Initiative is focused on three major goals for health care improvement:

1. Improve the health of a defined population.
2. Enhance the patient care experience (including quality, access and reliability), and
3. Reduce, or at least control, the per capita cost of care.

QUALITY IMPROVEMENT FRAMEWORK

The triple aim philosophy is consistent with LEAN methodologies which focuses on identifying and eliminating waste. Through this process, the focus is on:

- Improving access and timeliness of care
- Reducing cost
- Improving quality of care
- Improving human development- both patient and staff satisfaction

WHAT IS LEAN

- “Lean is a tool set, a management system, and a philosophy that can change the way Health Care Systems are organized and managed”
- Lean is used to identify and eliminate waste in order to increase value to the customer.
- Techniques include process mapping, creating visual cues, organizing work spaces, etc.
- Lean is a quality initiative, not a cost-cutting initiative
- If you improve quality, cost will go down

TENETS OF LEAN

Two pillars of transformation :

Respect for People

Transform the end-to-end patient and staff experience

Continuous Improvement

- Transform the culture to one of improvement
- Transform how we learn and how we lead

TENETS OF LEAN

Improving the process, rather than working harder, is the key to Lean improvements

Work should be designed rather than letting process simply evolve

The leadership team champions and measures change and removes any obstacles to change

The small changes of continuous improvement are created and implemented in the gemba- (where the work is done) by frontline staff.

The customer determines value

VALUE AND NON-VALUE ADDED ACTIVITIES

In the eyes of the patient, everything either adds value or does not

Value Added

- Any activity that directly contributes to satisfying the needs of a patient

Non- Value Added

- Anything that consumes time or resources but the patient is not willing to pay for

Cost = Value Added +Waste

UNDERSTANDING REAL DEMAND

Is it real demand or failure demand?

Real demand

Demand for products and services that patient want and recognize as being of value to them

Failure demand

Demand for products and services that are as a result of not doing it right the first time

TYPES OF WASTE

UWITDMOP

- **U**nused Human Potential
- **W**aiting
- **I**nventory
- **T**ransportation
- **D**efects
- **M**otion
- **O**verproduction
- **P**rocessing Waste

***** Energy is also used in manufacturing industry

REASON FOR ACTION

Messages received through the switchboard division and passed to the various practice of the Health Center are not returned in a timely fashion. There is a high level of repeat telephone calls and calls bouncing back to switchboard due to departments not picking up their phones. There is no standard process to ensure that messages are received by the correct person and followed through to resolution. Fixing this process will improve patient satisfaction and fulfil the requirement of the PCMH.

Trigger: Patients/provider/other entities calls BNHC

Done: BNHC staff successfully responds to phone messages

LONG TERM IMPACT

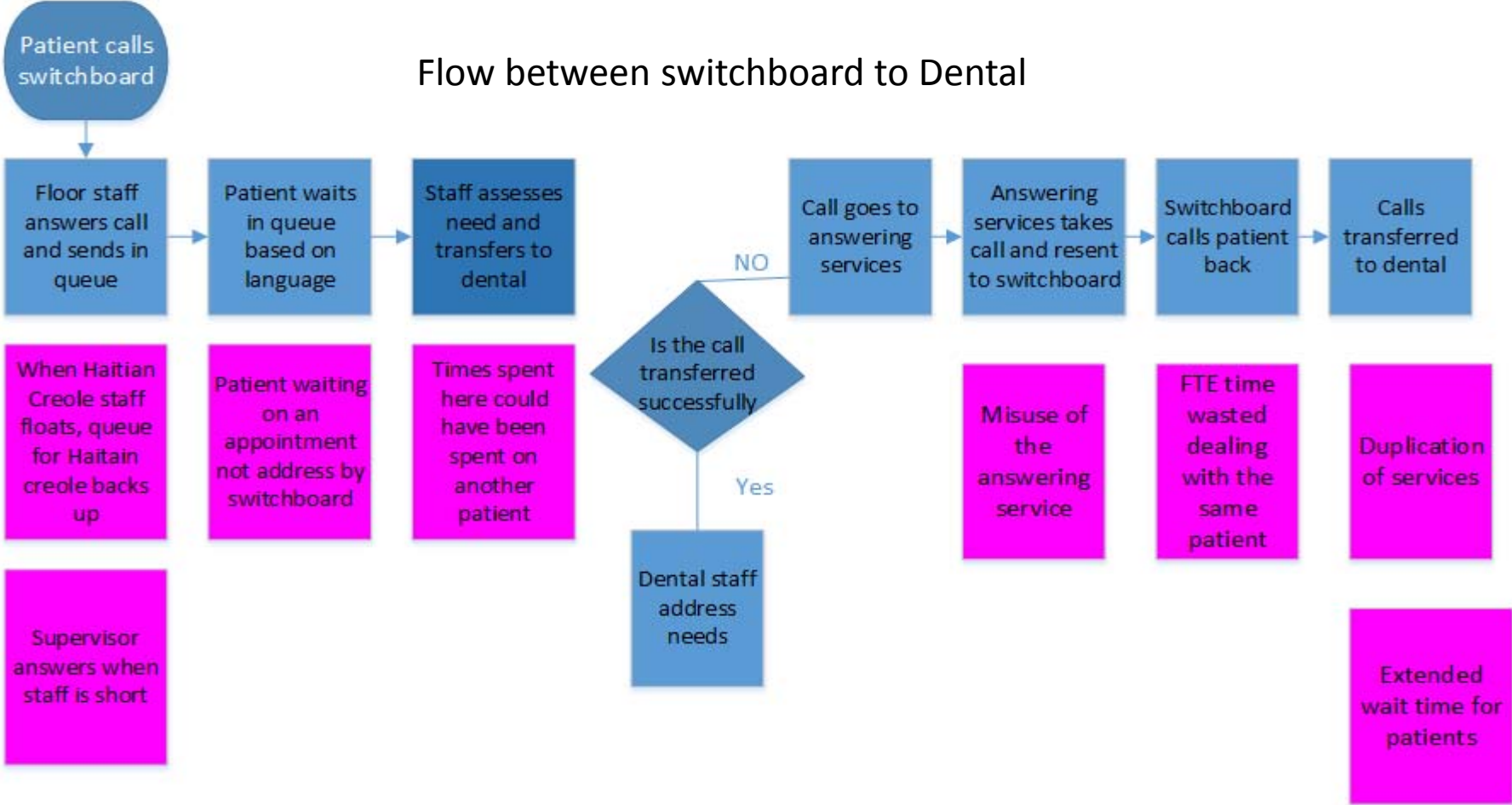
- Patients are more easily able to connect with the appropriate clinical staff at BNHC
- Patients use the Emergency Department less often
- Clinic staff spend less time handling telephone calls from patients
- Clinic cost associated with communication with patients and other providers are reduced
- Brockton Neighborhood Health Center would an efficient responsive telephone system that meets patient needs and meets PCMH standards for telephone access

INITIAL STATE

- Significant dropped calls
- Calls not answered
- Long wait times on hold
- Complicated flow of calls through multiple staff and high levels of patient dissatisfaction.
- Outdated technology and lack of data and reporting capacity make it difficult for us to monitor and address these problems.
- Limited or no ability to monitor the quality of calls so we struggle to respond effectively to patient complaints about how their calls were handled.

INITIAL STATE

Flow between switchboard to Dental



GAP ANALYSIS

Barriers/Challenges to the gap

- Defining real demand
- Accuracy of the reports to address abandoned calls
- Inefficiencies of running telephone reports
- Explanation of the reports

GAP ANALYSIS

What constitute abandoned calls:

- Calls that are not picked up
- Faxes that comes through the telephone
- Dialing switchboard in error
- Calls that double back, and resent to the queue after 3 minutes are also considered abandoned.
- Calls that come in if the agent does not log off after hours

GAP ANALYSIS

Defining Real Demand

- Short abandoned are those calls which are less than 6s (hang up right after calling or misdial/faxes)
- True/Long abandoned are those calls which reflects true demand

Findings related to Taske reporting system

- It has the ability to generate reports by language, extensions, individuals, departments.
- It has the ability to use ASF - total percentage of calls that gets answered.
- It has the ability to run multiple reports without the system login out.

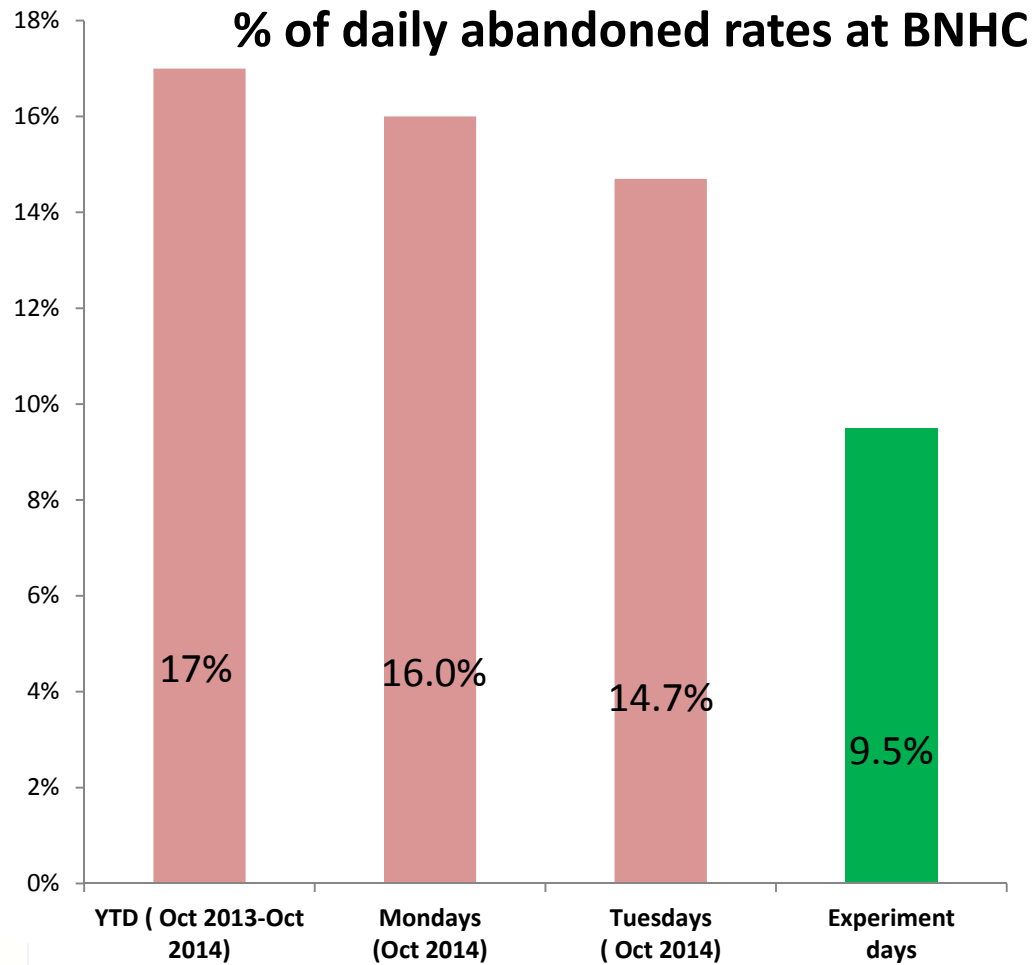
SUMMARY OF CHANGES

- The reporting structure was changed to focus on long abandoned calls which are the true abandoned calls.
- The element where the calls that double back to the queue was deleted
- The timeframe for running reports was changed to prevent IT from login out
- Reporting structure was changed to identify true/long abandoned by language, extensions, individuals, departments.

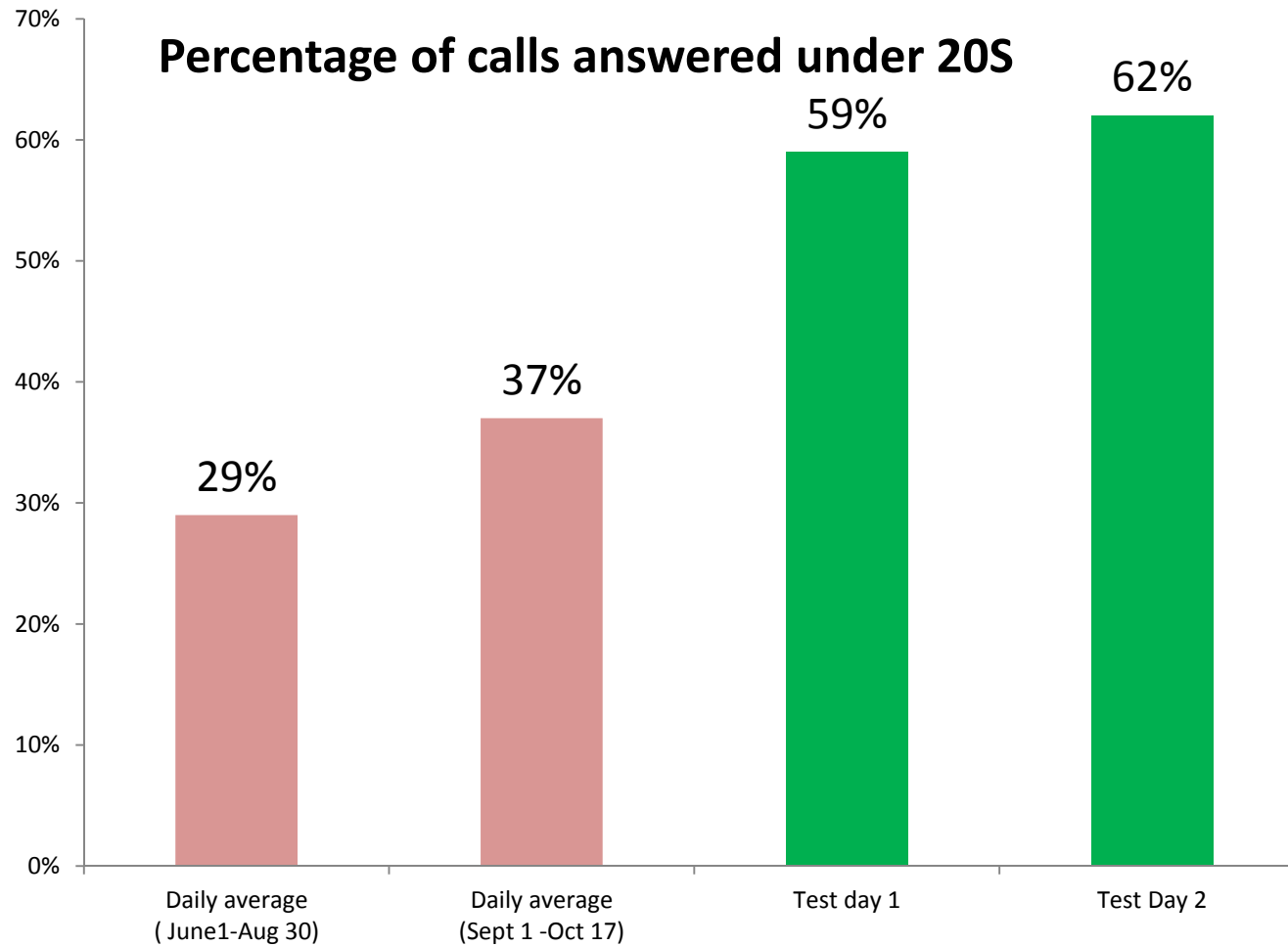
EXPERIMENTS

- Utilizing the automated service to remove the defects related to the queue
- Moving away from the flow system to the queue system to address languages and priority calls
- Utilized the automated system to remove faxes and telemarketers calls from the general flow
- Upgraded the telephone lines to expedite transfer calls
- Incorporated “number in queue” system to assist in decreasing abandoned calls

PRELIMINARY TEST RESULTS



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PRELIMINARY TEST RESULTS

Name	Daily average (Sept 1-Oct 17)	Experiment Day 1	Experiment Day 2
Portuguese	30%	65%	58%
Spanish	32%	46%	48%
Cape Verde	30%	63%	55%
Haitian Creole	26%	26%	27%
English	39%	60%	65%

BNHC FLOW CHART

