Project Don’t Wait!!!
Project Don’t Wait Team Members

Ulva Little, Health Educator - Team Lead Coordinator
Jenny McDuffie, Administrative Assistant - Assistant Team Lead & Data Collector
Alisha Tramble, RN, PCM & CC4C Coordinator – Data Collector & Analyzer (absent)
Annette Brewer, Processing Assistant III – Employee Trainer
Caroline Robinson, FNP – Training Coordinator (absent)
Shawanna James, Lab Tech – Training Coordinator
Gladys Wilson, Interpreter – Liaison for Hispanic Population (absent)
Helene Edwards, Health Director – Senior Sponsor & Ad Hoc Committee
Cynthia Morton, Nursing Supervisor – Ad Hoc Committee
Dawn Wilkie, Processing Assistant III – Alternate (absent)
Kathy McLean, Processing Assistant III – Alternate (absent)
Sarah Nicloa, RN, Maternity Care Coordinator
Team Song: Miley Cyrus-The Climb

http://www.youtube.com/watch?v=5Q6dTZrPRbw&list=PLtIxqF17aowgsyniSI1axLrv6R-7-U9Xu
Team Final Aim Statement:

From April-October 2013, The Hoke County Health Department wait time for Primary Care Clinic patients was an average of 1½ hours for new patients and 30-45 minutes for returning patients.

By observing how each patient is processed through the stations and identifying improvement opportunities, we hope to decrease patient wait time in the Primary Care Clinic.
Project Measures:

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

Completed and Open Items – Total of 23
Key Improvements:

Patient Satisfaction Surveys to be collected at billing and add a box in lobby for other patient to use.

Charting area - Old charts off of floor and easier reach of forms

Staff Efficiency

Forms at Triage and Trauma Room

Adding doorbell to alert staff to a ready chart, vs. walk to look.
What We Did:
• Learned about QI
• Mapped our process
• Observed the process
• Identified opportunities

What We Accomplished:
• Better addresses, phone numbers to improve contacting, billing, etc.
• To evaluate appt. reminders closer to appt. (2 weeks vs. 2 or 3 days)
• More consistent messages and handling of patients
• Smoother flow thru improved efficiencies
• Reducing appointment reminder letter volume and to evaluate further
• Conducted Employee Satisfaction Survey last week and to do comparison survey in approximately 3 months
Key Learnings:

Aha Moments:

• Intense and tiring week
• Making changes can be hard
• Got a lot done, more to come
Future Plans:

- Continue to do patient satisfaction survey’s
- Continue to use forms and scripts developed during Kaizen Event
- Reducing appointment reminder letter volume and to evaluate further
- Continue to conducted Employee Satisfaction Survey for comparison survey in approximately 3 month
- Review patient wait time tracking tool from medical records