Improving the scheduling of patients of the ESRHS Dental Program

EASTERN SHORE RURAL HEALTH SYSTEM

CHC LEADERSHIP INSTITUTE LEARNING PROGRAM 2017-18

CAPSTONE TEACHBACK: JUNE 13, 2018

To utilize existing EHR/EDR/scheduling software systems in new ways to ensure there is coordination between clinical and operational scheduling needs.

The Capstone Project presents an opportunity to refine aspects of our current scheduling process while optimizing interaction between operational and clinical needs.

- Traci Justice – Dental Operations Manager
- Jennifer Ingram – Dental Clinical Manager
- Carsten Frey – Dentist

We will specifically be focusing on those patients that need to be alerted in the days prior to their scheduled procedures to change medication regimes (take a pre-med or halt a blood-thinner), those that need medical consults/clearances prior to their procedures, those that need lab-work completed prior to their procedures, those that need to be NPO prior to their procedures, those that need new Rx's prior to their procedures, and any other patients that need time sensitive communications and/or coordination in the days prior to their scheduled procedures.

In this project we will find a way to use our existing software systems to make all of the above things happen.

Objectives

This process will

1) improve both external and internal customer satisfaction

2) mitigate medical errors

3) enhance health outcomes

4) eliminate nonproductive patient visits

Assets

People: The Dental Operations Manager knows what the operational needs are. The Dental Clinical Manager knows what the clinical needs are. The Chief Information Officer knows everything about the current system.

Systems: Current scheduling process

Resources: ECW help file; YouTube videos

Action Strategies

- **Adapt** the current system
  By combining things so it works better

- **Make** improvements
  Somehow

- **Synergy**
  That sounds good

- **Another** buzzword
  Oh no, we might be in trouble

Team Development

- ?

- ??
  - ?
  - ?
  - ?
  - ?

- ???

- ????

- What was wrong with our first project?

- When did we realize this?

- How did we make this change?

- What could have been done differently?

Improving the On-Boarding process for new clinical staff of the ESRHS Dental Program

EASTERN SHORE RURAL HEALTH SYSTEM

CHC LEADERSHIP INSTITUTE LEARNING PROGRAM 2017-18

CAPSTONE TEACHBACK: JUNE 13, 2018

Our dental program has committed to updating its care paths so that they are both risk and evidence based. However, it is important for all of our providers, whether long-serving or new, to be aligned in order to recognize this goal.

The Capstone Project presents an opportunity to refine aspects of our current staff orientation process while aligning the entire team to implement the new paradigm shift in oral health care delivery.

- Traci Justice – Dental Operations Manager
- Jennifer Ingram – Dental Clinical Manager
- Carsten Frey – Dentist

Our dental team will grow substantially this year with the introduction of three new dental providers and the return of two others. Additionally, clinical support staff will need to be hired to assure optimal efficiency and patient flow. Our health center already has an excellent orientation process in place to enable new hires to learn all of the health center's policies and procedures and to become competent and proficient before being expected to perform at national benchmark levels for their respective position. *In this project we will review what already exists and improve the process so that it provides the tools needed to flourish at ESRHS.*

Objectives

Over the next three months we have multiple providers starting with two returning dentists in June, two new graduate dentists in July, and a newly trained dental hygienist in September - (and possibly another dentist in early fall).

Ideally, we will have a process in place for the first set of newly hired providers. We will then have time to re-evaluate and make any improvements before welcoming the second set. And repeat. Each new hire cycle is a test that presents an opportunity to tweak the process.

Assets

People: The Chief Dental Officer and Chief Human Resources Officer of the Senior Leadership Team need to agree with any changes made. From there, we will need members of the Center Management Team (Dental Operations and Clinical Managers) to implement the changes. Each new hire could also benefit from a designated Mentor within the existing clinical team; Champion Dentist for the newly hired Dentists and Dental Hygienists and high performing Dental Assistants for the newly hired clinical support staff.

Systems: Current On-Boarding process; 30/60/90 Orientation

Resources: P: drive; Positive Impact (Learning for Success)

Action Strategies

- **Review** all aspects of existing on-boarding procedures

  Meet with HR

  Communicate with all staff members involved in the on-boarding process

  Identify any areas that need additional attention

- **Adapt** new Care Pathway development (from NNOHA OHIC)

  Meet with CDO

  Evaluate what has been taught to Providers (at quarterly meetings) and to support staff (in-services)

- **Combine** New Care Pathways with any Existing portions that need adjusting and implement into existing process

- **Re-evaluate** after each cycle (PDSA)

Team Development

- CHC Leadership Meetings (In-person and webinars)

- DISC Evaluation
  - (D) – Ideas
  - (I) – Implementation
  - (S)
  - (C) – Research

- Team Meetings (Lunch/Dinner/Lunch/Phone/Lunch/Lunch/Lunch)

- In-services (partial), staff meetings (all), Dental Leadership Team Meetings (partial)

Testing & Refinement

- The only major change prior to on-boarding the first provider was to adapt the new Care Pathway development (from NNOHA OHIC) to work within our current on-boarding process.

- Otherwise, we do not want to make any adjustments to the current process (she will be our Control Case).

- Refinement will occur through a cyclical review process prior to each new Provider coming on board.

1. Overview of Categories of Dental Services Provided to our Patients

(Including Target Populations, Waivered Patient Policy, Dental Emergency Triage, Elective Services)
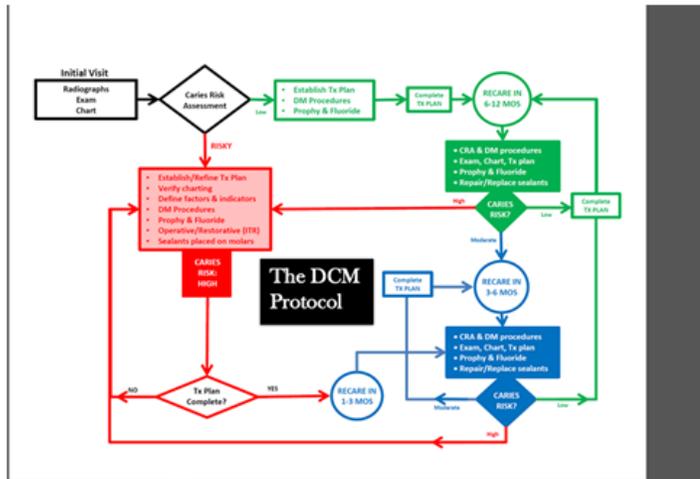

2. Review Goals on Dental Dashboard

3. Review Patient Workflow and Disease Management Diagrams

    Patient visit flow from start to finish (For all Dentist, DH, DA)

    How Caries Risk Management is completed, documented (exam sheet), communicated and who is involved. Periodicity of preventive care and interventions.

    How do you set self-management goals with patients?

3. Calibrate Caries Risk Assessment

    Clarify definitions of high, moderate and low risk

    Review when to reduce risk

4. Motivational Interviewing

    Review how to engage the patient to help them identify their self-management goals

    Review all tracking codes and how to enter them in EDR (i.e. D9993)

5. Review how the team uses tracking codes in EDR to measure quality

    Caries Risk Assessments (D0601, d0602, D0603)

    SMGs reviewed (D9993)

    Treatment Plan Completion (DTXCP)

    Dental Sealants (DSLTN, DSLTC)

    ICD 10 codes for carious lesions – Not yet

    New Caries Lesion (NC01) - ?

6 Review Minimally Invasive Dentistry – remineralization modalities, dental sealants, SDF

TBD….

- ◦ Our first provider is actively going through this right now.
- ◦ The plan is to get feedback from her and tweak what we are doing before the next one starts (next week).

- Traci
  - I learned about ESRHS impressive on boarding process currently being utilized.
  - I have enjoyed relationship building with the members on my team that extend beyond the capstone project.

- Jennifer
  - I learned that no matter how well thought out a process is there is room for improvement.
  - In order to "tweak" a procedure/protocol you have to constantly be in a proactive state of mind. I have learned to be more proactive than I was previously.

- Carsten
  - I learned that Leadership and Management are two completely different things.
  - I learned that we (ESRHS) have a very robust hiring/orientation/on-boarding process.
  - I learned that PDSAs are an effective method to improve quality (not only in collaborative settings.)

Thank you.

Thank you.

Thank you.

Questions

The Update
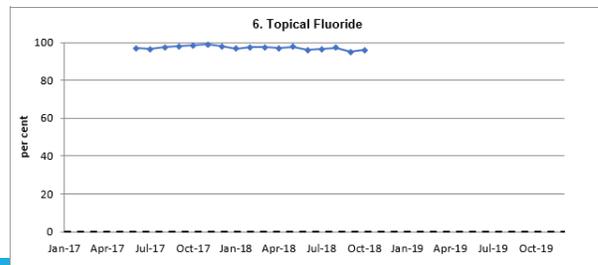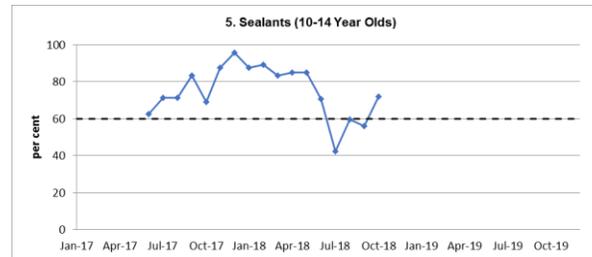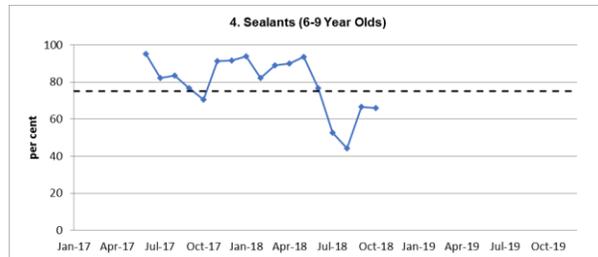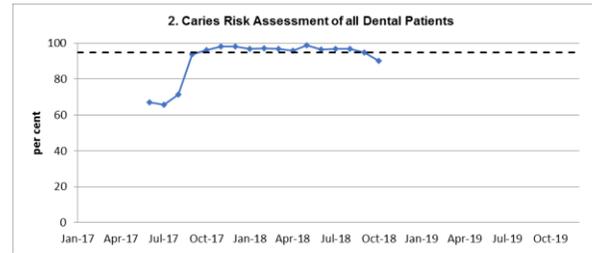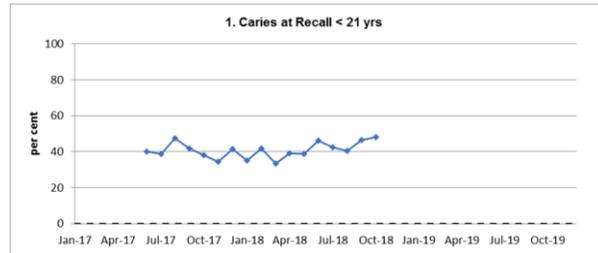
◦ All Provider's were On-Boarded as planned

◦ And then what happened?
   ◦ Peer Review Audits
   ◦ Monthly Rounding
   ◦ Mentoring

◦ How do you determine success?

How effective were we?

◦ New QI Initiative – this will be rolled out tonight at a Quarterly Provider meeting

Dental Chart Completeness Audit

- 5 random charts for each provider, each quarter
- 25 questions, need to update these
- There are 11 of us (dentists) so if we each take a turn then no one will need to complete the exercise more than once every 2 ½ years
- 6 hours of administrative time will be protected for the auditor
- Great way to standardize care and become more cognizant of documentation requirements
- The average score for all dentists in Q4 for Chart Completeness Audit is 95%
- Most missed Questions are #4 (missed by all of us), 13 (missed by 8)

Questions