



SOUTHWEST VIRGINIA
COMMUNITY HEALTH SYSTEMS
“Opening Doors to Quality Healthcare”

Optimizing Patient Flow

CHC LEADERSHIP INSTITUTE LEARNING PROGRAM 2017-18

CAPSTONE TEACHBACK: JUNE 13, 2018



1. Team

- Jessica Gillispie, Behavioral Health Care Manager
- Tim Lamie, IT Specialist
- Tammy Lucion, LPN
- Alvin McCuiston, PA
- Tiffany Neely, Receptionist
- Katie Olubowale, MD



2. Focus

Our focus:

- Improve overall satisfaction with patient flow(check-in to check-out)
- Ensure our patients get the best quality care
- Efficient data entry
- Streamline employee tasks
- Increase employee satisfaction/efficiency



SVCHS Inc. is a community healthcare partnership serving the people of this region with compassionate, affordable patient-centered primary and comprehensive care.

4. Assets

Describe the key assets (people, systems, resources) your team engaged to help develop and execute the project:



➤ Staff survey

- What are some areas regarding patient flow when providing care to new patients?
- What are some problem areas regarding patient flow when providing care to established patients?
- Other issues that may need to be addressed within this organization regarding patient flow.
- Ideas/ comments for improvement

➤ Nurse Task Checklist

- We had certain nurses from each facility track each task they did with each patient to determine the need for an extra nurse at each site.

- Behavioral Health Care manager shadowed a group of patients from check-in to check-out to determine how much time was taken given our 20 minute appointment slots.

5. Action Strategies (Piloted at 2/4 sites)

The key action strategies we used were:

- Mailing out New Patient Packets to include the medical history form to be completed before appointment date
- Purchasing a new infant scale and having two adult check in stations for vitals and weight at Twin City Medical and obtained a second Dynamap for Meadowview Health Clinic to make a second area for vitals
- Informing patients to bring all current medications to every visit by adding reminders to appointment cards
- Turning on patient portal features so patient could complete demographics before entering the clinic
- Front end screens all calls and enters prescription refill requests and most other message requests and enters a phone encounter which is then sent to the nurse, reducing the amount of calls/ messages that go directly to the nurses phone/voicemail.
- At our Meadowview Health Clinic site we are piloting a self check-in kiosk for patients to check themselves in by verifying their demographic information and updating their photo and insurance cards.



6. Team Development

- As a team we met biweekly to strategize and prioritize our capstone project until we came up with what best fit our company needs and then began to meet monthly.
- We took advantage of the tools that were given to us by the leadership institute-
 - Best Practice Knowledge Base
 - Website tools
 - Team building/ learning sessions



7. Testing & Refinement



Describe how your team refined its planned action strategies based on your experience with implementation:

- After providing each patient with our medical history form, we were able to revise our form based on our staffs needs to better serve our patients
- We regathered data from staff to see of any improvements
- We re-shadowed a group of patients to determine if our time had improved from check-in to check-out

8. Results to Date

Describe the results of your project to date, and any planned next steps:

- Based on the results of the re-shadowing- appointment time/length in some areas moderately has changed and in some areas has varied depending on the circumstances with each patient.
- Re-constructed staff survey results
- Based on the logs completed by the front end- the participation rate is about 43%; however, we are working on ways to better improve the process. Of the forms completed, only a few have the form completed before check-in. Due to schedule availability at some sites- normally we can get a new patient seen in no more than 1-2 days- so not able to mail those out.
- We hope to implement all or some of the changes at all medical sites including our Dental Center and New Day Recovery Center.



9. Lessons Learned

Some of the lessons we learned were:

- Problem is not always what you think it is.
- Even though you try to improve patient flow and processes-it's hard to induce change and to change learned behavior.
- Helen Keller once said “ Alone we can do so little, together we can do so much, but what the patient does with the help we provide is based on their self motivation.”