1. Getting Started
BRDHD patient satisfaction surveys showed that patients perceived wait times to be too long. The goal of this improvement project is to improve patient flow and reduce patient wait times.

2. Assemble the Team
The QI team was comprised of the QI project coordinator, the process improvement team (PIT) subcommittee, and support staff from the health information team (HIT).

3. Examine the Current Approach
Five baseline sites were selected for examination of the current approach.

A patient flow analysis (PFA) tool was created for use with four of the five sites, and an existing PFA tool was used at the fifth site. These tools collected information about visit duration and wait times.

The current patient flow was also examined using a flow chart.

5. Develop an Improvement Theory

Family planning clinic scheduling is limited by the capacity of the provider to see patients (e.g. one patient every 15 minutes), as well as the number of free clinic rooms. Visit duration and wait times are also created for use at both sites.

4. Identify Potential Solutions
The QI team analyzed the data, carried out unstructured interviews with program stakeholders (e.g. providers, staff, center coordinators, etc.), and conducted regular meetings to come up with potential solutions.

6. Test the Theory

Two pilot sites were selected to test the improvement theory. New PFA tools were also created for use at both sites. These tools collected information on the visit type, whether the patient was new or needed an interpreter, and procedures carried out (e.g. referrals).

7. Study the Results

Average visit duration increased for Hart County and decreased for Logan County. The wait time between interview and examination decreased for Logan County, and average patient wait times were also calculated.

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1. Getting Started

2. Assemble the Team

3. Examine the Current Approach

4. Identify Potential Solutions

5. Develop an Improvement Theory

6. Test the Theory

7. Study the Results

8. Standardize the Improvement or Develop New Theory

The QI team will examine which of the Logan County pilot clinics is associated with the strongest improvement in wait times. This improvement process will be considered for widespread adoption across all clinic sites.

9. Establish Future Plans

The QI team will develop recommendations for all clinic sites based upon these recommendations.

Barren River District Health Department (BRDHD)
219 Employees.
Population Served: 250,000

PI Team Members:
Ashley Lillard – Health Educator II
Crissey Rowland – Health Information Branch Director
Donna Davis – Support Staff
Lana McChesney – Local Health Nurse II
Leann Hennon – Hart County Center Coordinator
Lisa Sowders – Manager of Administrative Services
Korana Durham – Health Information team member

Key Informants:
Julia Davidson – Director of Nursing
Heather Parnell – APRN

Quality Improvement Story Board:
Quality Improvement in the Family Planning Clinic