

PLAN

1. Background

The Clark County Health Department (CCHD) is working to improve its quality of service in the clinic. This effort is important in light of emerging competition from external service providers. Quality is defined differently by patients, nurses, support staff and supervisors. For our patients, according to patient satisfaction surveys, satisfaction and quality are largely determined by wait time. Improving the patient experience in our clinic is important for providing excellent service to our community members. The show rate for Family Planning (FP) Clinic was studied from March-June 2012, as well as the responses to patient satisfaction surveys, which collect perception data on wait time and quality of services.

2. Aim Statement

By September 15, 2012 the Clark County Health Department will increase our average show rate for FP Clinic from 43.5% to 56.55% and increase patient satisfaction by decreasing those patients waiting longer than 31 minutes for their appointment from 32.3% to 22.6%

3. Examine the Current Approach

Using QI methods, such as flowcharting and cause-and-effect diagrams, the team examined the current FP visit process.

Current practices included:

- RN was performing intake and exit duties for same patient (pt.), no RN rotation, pt. stayed in same exam room for entire appt.
- RN was walking pt. to the WIC waiting area for checkout

QI Team Members

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Quality Improvement Story Board

Improving Patient Flow during Family Planning Clinic

- Blood draws were being done during pt. intake
- Flag system identified who was in the exam room with pt.

4. Identify Potential Solutions

- RNs will rotate between intake and exit role
- Flag system will be used to communicate with APRN the order of pts. waiting
- Pt. will be moved from intake exam room to new exit waiting area
- RN will direct pt. to new checkout room
- Three clinic rooms will be used for intake and one room for exit



5. Develop an Improvement Theory

- Using three rooms for pt. intake will utilize time more efficiently, move waiting pt. into exam rooms quicker, and reduce time spent by the provider waiting on the RNs to intake a pt.
- Using the flag system to communicate with the APRN will lessen the time required to communicate with the APRN
- Directing a pt. to walk on own to checkout will lessen steps taken by RN and give more time for completing pt. charts

STUDY

7. Study the Results

The QI Coordinator collected and analyzed the patient satisfaction surveys responses. The Clinic Supervisor tracked the show rate on all FP days.

Measure	Pre-QI	Post-QI
# pt. waiting 31 min or longer	32.3%	18.3% (Goal: 22.6%)
Pt. feels happy/very happy with wait time	59.1%	72.6%
FP Clinic show rate	43.5%	51.0% (Goal: 56.6%)

ACT

8. Standardize the Improvement

According to the pt. data collected and the improving FP Clinic show rates, the process changes were improvements. The process changes were adopted as the new FP process on August 17, 2012.

DO

6. Test the Theory

The team implemented the process changes on July 3, 2012. The RNs were asked to make observations on how the process was going during the implementation period.

This QI project was funded through a grant from the KY Department of Public Health Center for Performance Management.

