



MHA Green Belt Lean Six Sigma Project Summary

INITIATIVE TITLE: *Patient Intake Improvement Initiative*

ORGANIZATION NAME: *Ste. Genevieve County Memorial Hospital*

ELECTRONIC MED RECORD: **Meditech 6.08**

PARTICIPANT / CONTACT INFORMATION

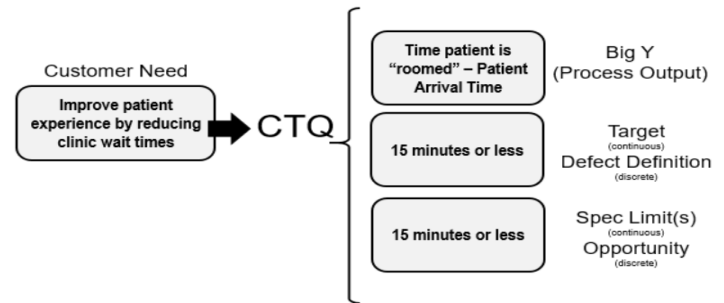
Team Leader Name	Title	Preferred contact-type email address/phone#
Colleen Nickelson	RMA/Clinical Resource Coordinator	cnickelson@sgcmh.org

DEFINE – Problem Statement & Goal

Patients waiting too long during physician clinic intake processes, combined with redundant registration documentation, results in patient complaints and diminishes the overall patient experience.

Improve patient experience by reducing the amount of time between patient arrival and being seen by provider.

DEFINE –BIG Y



MEASURE - Data Collection / MSA

A group of 4 data collectors were identified and trained on data collection for this project. We developed a data collection sheet, and a data collection plan to include all sites. All data collectors observed the same sample patient and reviewed results to validate the process. Patients were observed, from the point of arrival, until ready to be seen by a provider.

We observed 63 patients under various circumstance, in order to develop an encompassing analysis.

DEFINE - Initiative Scope

- IN – PCP Patient Clinic Office Visits
- IN – Specialty Patient Clinic Office Visits
- IN – Nurse Only Patient Office Visits
- OUT – Emergency Situations
- OUT – Patient Refusals

ANALYZE - Critical Xs / Root Causes Identified

- Check-in Time - Arrival to Check-in (minutes)
- Wait Time - Check-in to Leaves Lobby (minutes)
- Nurse Time - Check-in to Roomed (minutes)

Check-in Time		Wait Time	Nurse Time		
Patient Arrives @ Clinic Entrance	Patient is "Checked-in" in EHR	Patient Waiting in Lobby	Nurse calls Patient from Lobby	Nursing Intake Completed with Patient	Patient ready to be seen by Provider

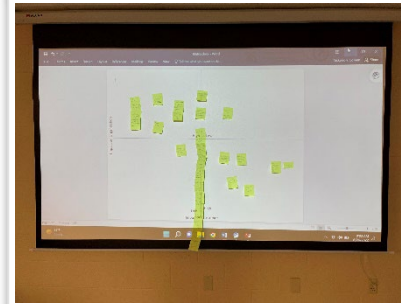
During the course of collecting and analyzing data related to patient throughput time during the Physician Clinic intake process, we identified correlations significant to the Check-in time, Wait time, and Nurse time. When any of these three segments are extended, the likelihood of defect in the process is significantly higher.

IMPROVE - What was Implemented

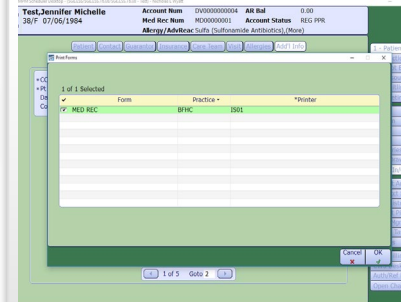
In order to streamline our processes amongst all Physician Clinic locations, we conducted a RPIW with our team of receptionists, nurses, and providers. During our RPIW we reviewed our data, defined our problem, and conducted an issue/barriers brainstorming session. Ideas from the brainstorming session were collected and categorized into High/Low patient impact and High/Low organization impact. Conclusion from the RPIW is the need to develop an SOP to standardize our process across all clinics, and streamline intake paperwork.

As a result, we've created an SOP for clinic patient intake, and automated intake paperwork to print "pre-populated" forms at the time of check-in.

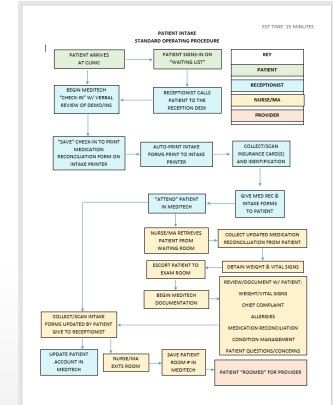
IMPROVE – What was Implemented



Standard Operating Procedure

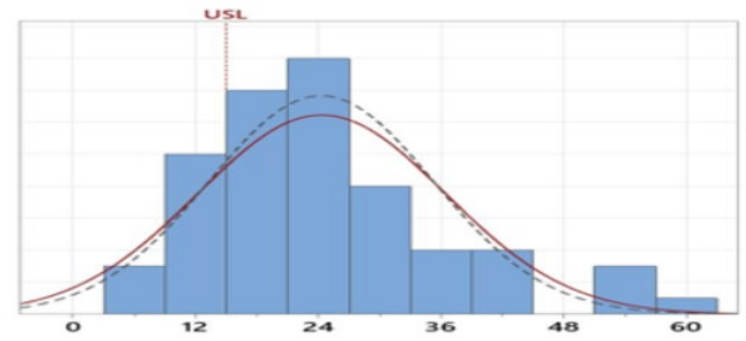


RPIW Session 08/26/2022



Prompted Form Printing (During Intake)

IMPROVE – Results to Date



BASELINE SIGMA SCORE: 0.6

GOAL SIGMA SCORE: 2.9

REASSESSMENT AUDIT: 10/10/22-10/14/22

CONTROL – Next Steps

Our benefits to date, include a standardized patient intake process across all clinics, automated intake form printing, and reduction in duplicate documentation; vastly improving both the patient and staff experience during intake.

Our project rollout plan initiated during our Clinical IT meeting on 09/01/22, an opportunity to reach both clinical and support staff simultaneously. Once we've presented the process, we distributed additional information (SOP/Training Material) to our clinic team, to initiate our newly developed process.

Ongoing support for this project resides with Colleen Nickelson, our Clinic Resource Coordinator, a key component in ensuring clinics have the resources needed to provide excellent patient care. Audits are scheduled quarterly, to safeguard our process and maintain SOP compliance.

OVERALL LESSONS LEARNED

Our initial hypotheses relating to our clinic intake process, was that there would be significance to patients arriving late, staff/patient ratio, or overbooking.

However, we were both pleasantly and unpleasantly surprised to see our initial hypotheses were incorrect; as there was not statistical significance to late arrival, staff/patient ratio, or overbooking.

Overall, lessons learned include the “obvious” problem, may actually be insignificant; through data analyzation, the actual problem can be identified.

Lessons learned through conducting a RPIW, revealed that many perceive our problem similarly, and contributed unified ideas for process improvement; Involving the team in this process later contributed to staff buy-in.

NEXT PROJECT(S)

Coding Compliance/Documentation Improvement

Wellness Visit Rate/Population Health Improvement

REWARD AND RECOGNITION

Thank you to our team for their participation in this project! Reception staff welcomed change/improvement, Brittany Tarrillion was very supportive, and Missy Marberry provided the encouragement and resources needed for the success of this project!