Clinical Safety & Effectiveness Cohort # 8

Improvement of the Quality of Patient Messages

CENTER FOR PATIENT SAFETY & HEALTH POLICY

UT HEALTH SCIENCE CENTER™

SAN ANTONIO

Educating for Quality Improvement & Patient Safety

FINANCIAL DISCLOSURE

Muhammad Akram, MD has no relevant financial relationships with commercial interests to disclose.

The Team

Division   UT Medicine Family Practice Group

CSE Participant

- Dr. M. Akram, MD – Asst. Professor, Family & Community Medicine

Clinic Team

- Clinic Manager- Maura Kraus, RN,BSN
- Clinic Supervisors - Yvonne Herron & Sonya Williams
- MARC Debra Cantu, RN, MSN
- Call Center Staff - Nydia Kent & Cierra Griffin

Sponsor Department

Dr Marijan Gillard MD—Director UT Medicine MARC clinic

Facilitator – Amruta D. Parekh, MD, MPH

What We Are Trying to Accomplish?

OUR AIM STATEMENT

Improve the quality, clarity, and accuracy of patient messages, in the Family Medicine Clinic at the MARC by increase messaging satisfaction scores by 40%, decreasing message errors by 90%, and increase use of message templates to 90% by August 3, 2011.

See Appendix B for guidance about aim statements

Project Milestones

- Team Created   **May 2011**
- AIM statement created   **May 2011**
- Weekly Team Meetings   **May 3, 2011**
- Background Data, Brainstorm Sessions,   **May 2, 10, 13**
  Workflow and Fishbone Analyses
- Interventions Implemented   **May 18, 2011**
- Data Analysis   **July 30,2011**
- CS&E Presentation   **September 16 ,2011**

Background

- Context
- Confusing messages
- Patient Charts with grammatical and spelling errors
- Necessary information to answer patient's question or address patient's concerns is missing from messages. Which could potentially lead to a patient safety issue

How Will We Know
That a Change is an Improvement?

We will monitor and measure change by :

Random Message/Encounter Audits

Patient and Staff/Provider Satisfaction Surveys before and after interventions

Accuracy and Clarity of message

We are focusing on changing the message process and decreasing grammatical and spelling errors.

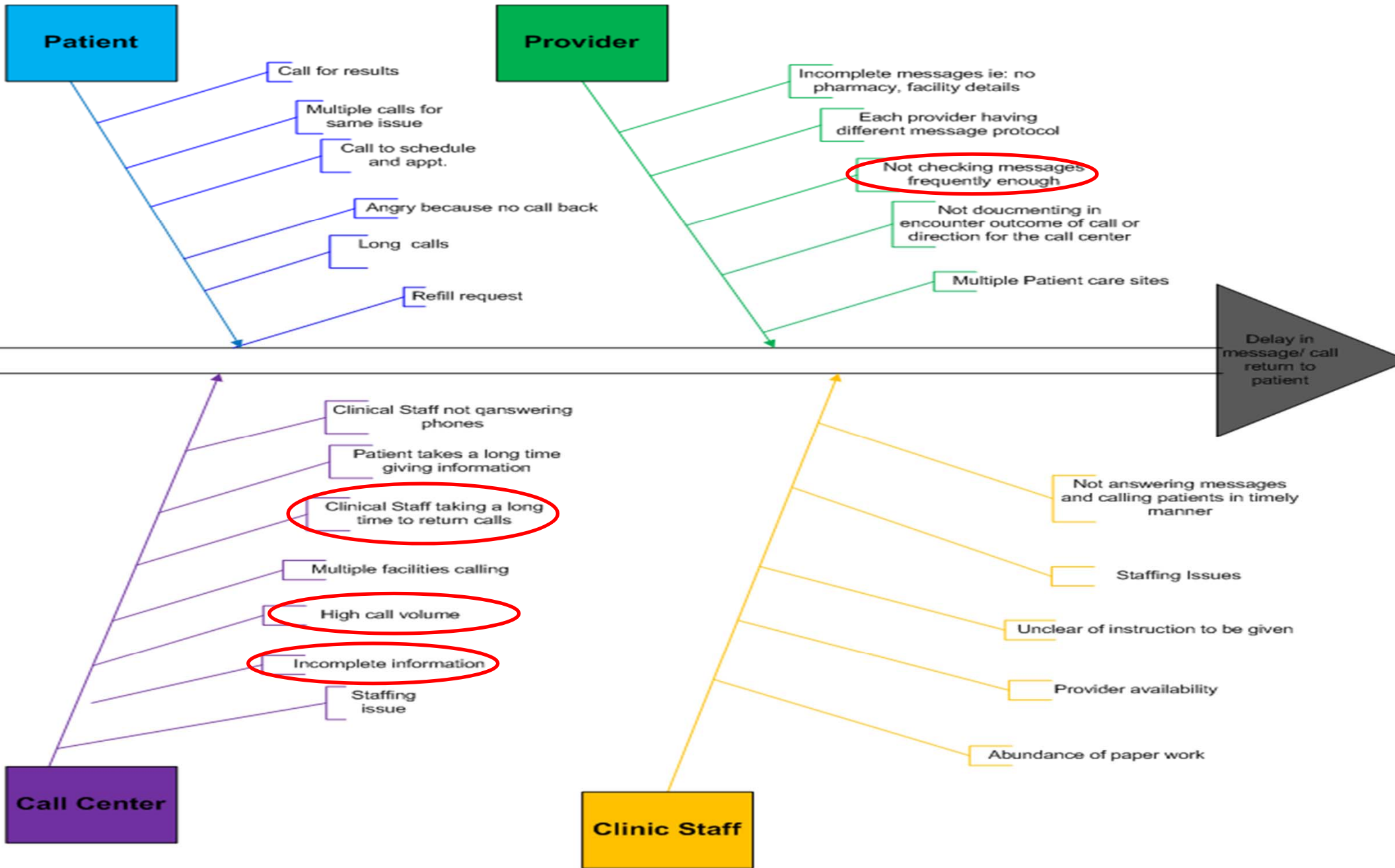90 % of message encounters use templates for documentation
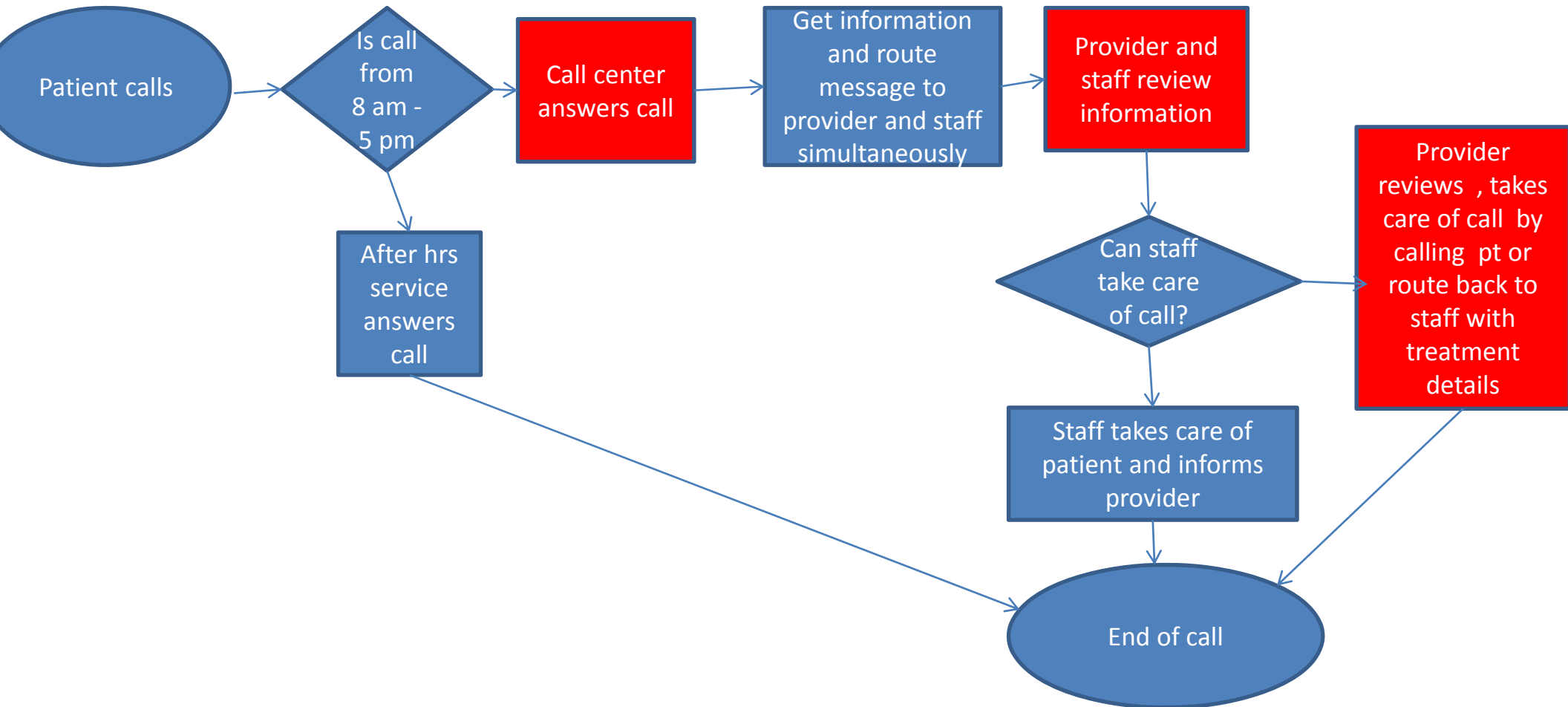
Selected Process Analysis Tools

Examples:

- **Brainstorming**-perspective from all areas that are involved in the patient messaging process.
- **Flowchart** to compare current process and identify areas that would benefit from process improvement.
- **Fishbone-i**dentify ownership of responsibility
- **Message Audit To**ol- Random messages with be reviewed for specific items to ensure data collection is accurate
- **Patient/Staff/Provider Satisfaction Survey**: measure if improvement have impacted different populations targeted

See "The Quality Toolbox," Second Edition, Nancy R. Tague, Pages 4 – 12 for a complete list of quality improvement tools
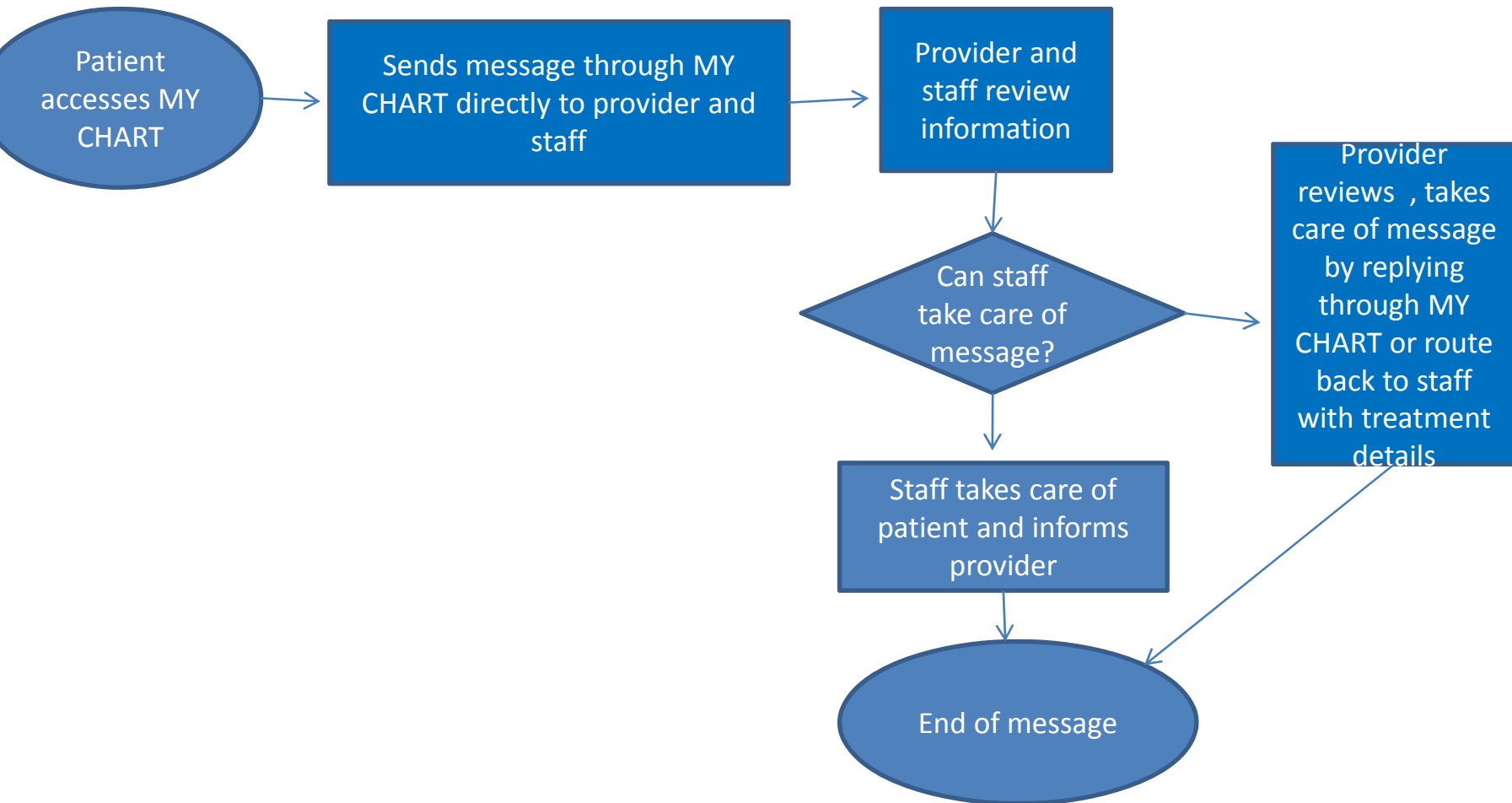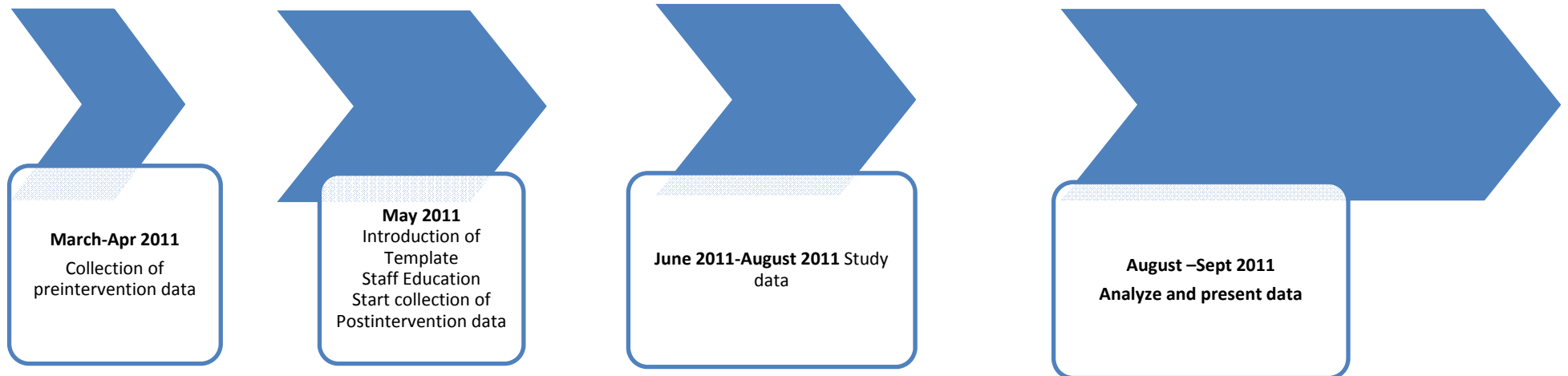
FISHBONE

Patient
- Call for results
- Multiple calls for same issue
- Call to schedule and appt.
- Angry because no call back
- Long calls
- Refill request

Provider
- Incomplete messages ie: no pharmacy, facility details
- Each provider having different message protocol
- Not checking messages frequently enough
- Not doucmenting in encounter outcome of call or direction for the call center
- Multiple Patient care sites

Call Center
- Clinical Staff not qanswering phones
- Patient takes a long time giving information
- Clinical Staff taking a long time to return calls
- Multiple facilities calling
- High call volume
- Incomplete information
- Staffing issue

Clinic Staff
- Not answering messages and calling patients in timely manner
- Staffing Issues
- Unclear of instruction to be given
- Provider availability
- Abundance of paper work

Delay in message/ call return to patient

Flowchart

Patient calls

Is call from 8 am - 5 pm

Call center answers call

Get information and route message to provider and staff simultaneously

Provider and staff review information

After hrs service answers call

Can staff take care of call?

Provider reviews , takes care of call by calling pt or route back to staff with treatment details

Staff takes care of patient and informs provider

End of call

Flowchart with MY CHART

Patient accesses MY CHART

Sends message through MY CHART directly to provider and staff

Provider and staff review information

Can staff take care of message?

Provider reviews , takes care of message by replying through MY CHART or route back to staff with treatment details

Staff takes care of patient and informs provider

End of message

Intervention

Plan

1. Activate spell check on all call center agents computers

2. Educate call center agents on the use of template driven messaging

See Appendix C for guidance about PDCA cycle

Project Timeline

March-Apr 2011
Collection of preintervention data

May 2011
Introduction of Template
Staff Education
Start collection of Postintervention data

June 2011-August 2011 Study data

August –Sept 2011
Analyze and present data

Do: Message Review

Focused on:

- Spelling Errors

- Clarity

- Closure within 24 hours

Documented as :

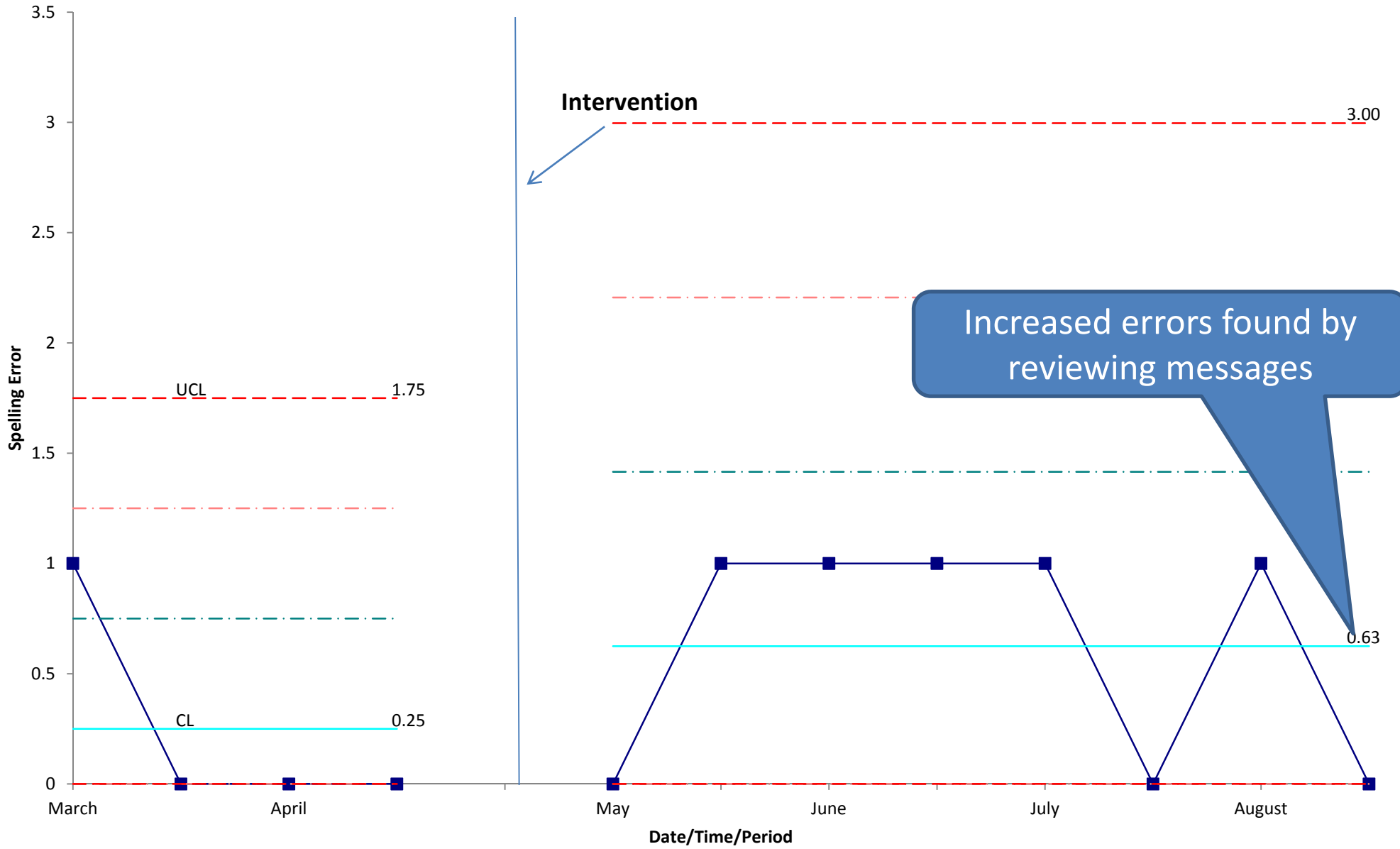1 : for no errors, good clarity, closure within 24 hours

0: for errors, poor clarity and closure exceeding 24 hours
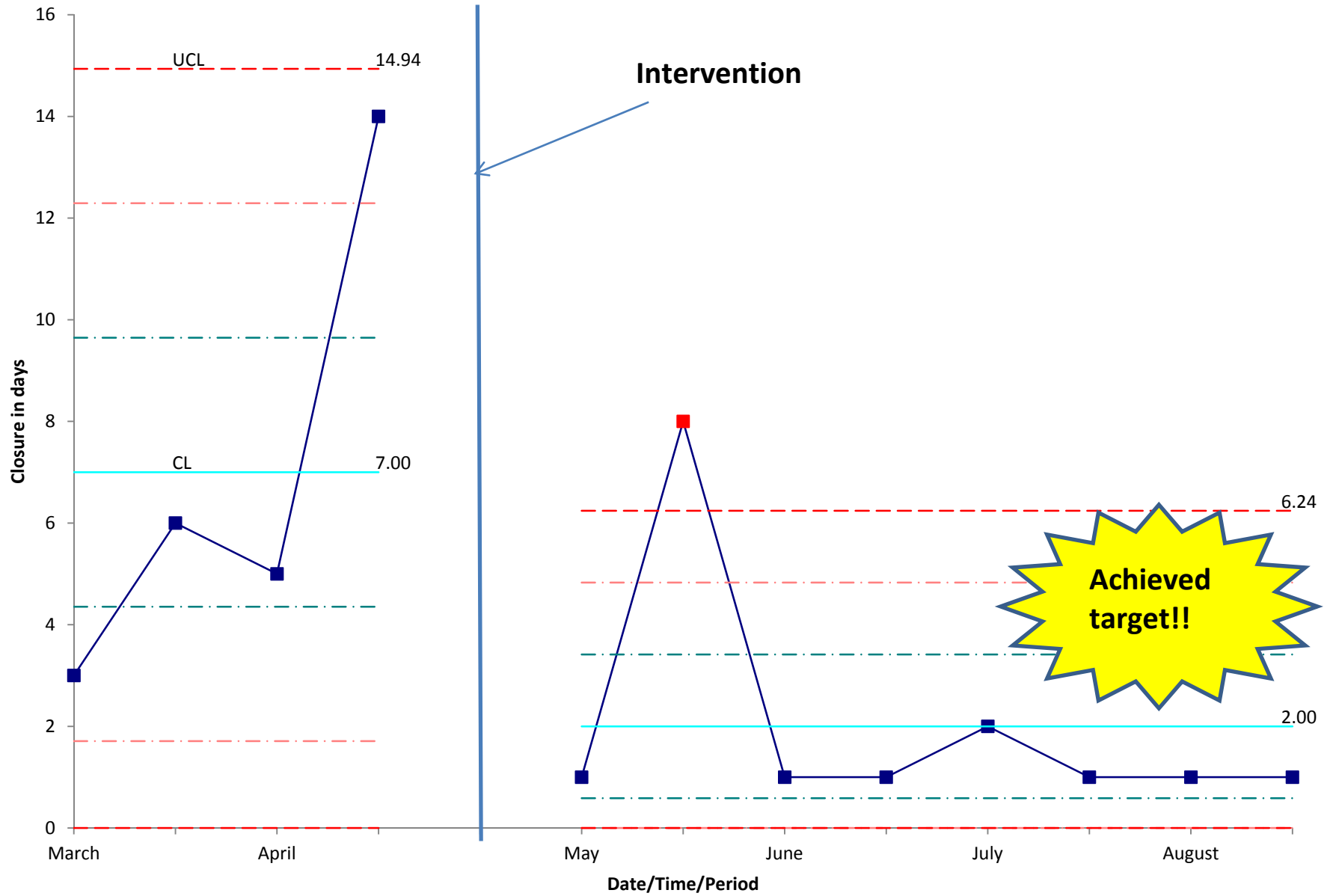
Study

Clarity of messages
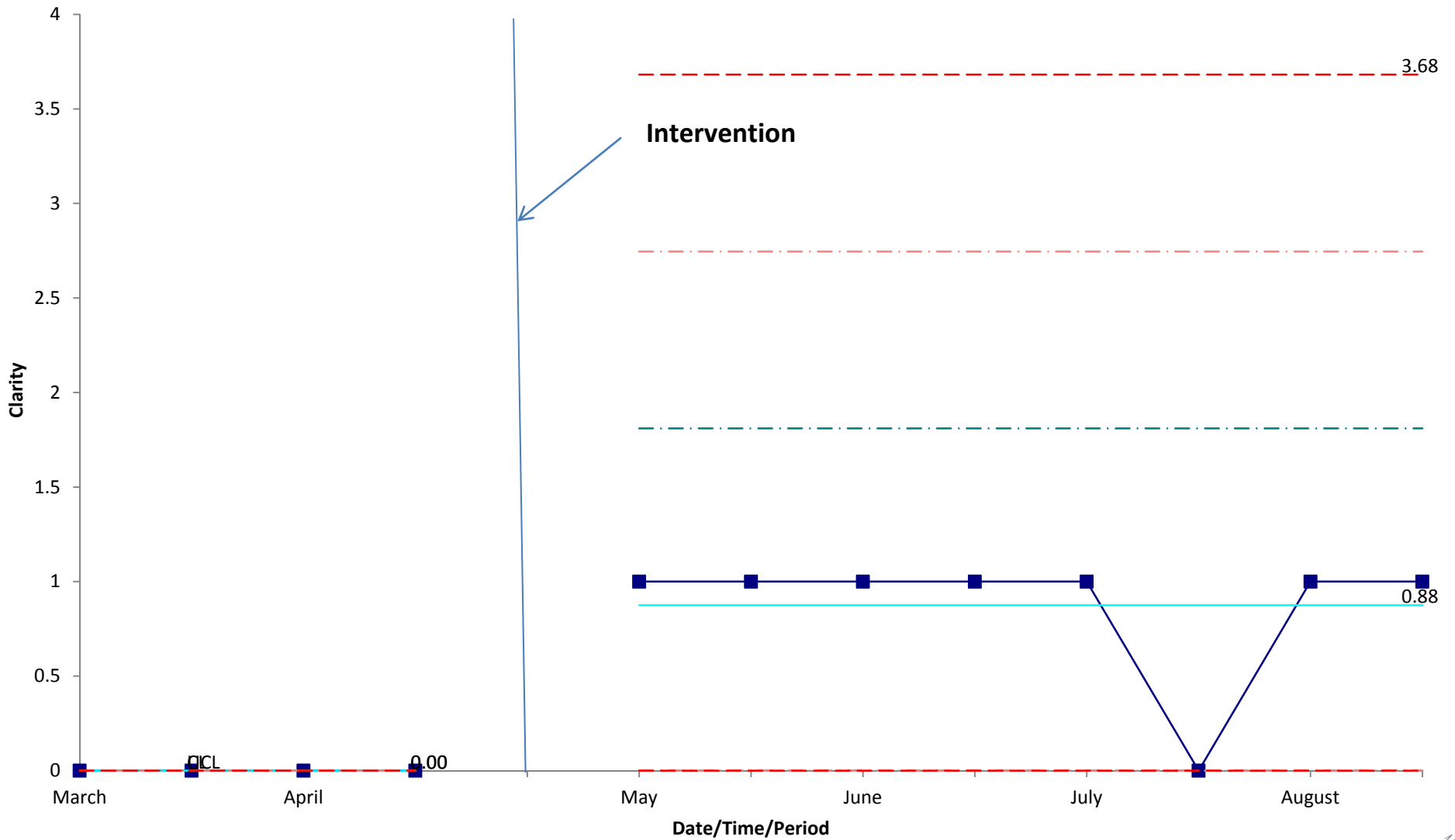
Spelling Error

Closure of message(in days)

Return on Investment

Determination of return on investment was not possible due to the unexpected date change of My Chart implementation.

MY CHART advantages:

1. Increased messages directly to provider

2. Prompt response from provider

3. Patients can see their results real-time and may not be necessary for them to call the clinic for results

4. Patients can request medication refills through MY
   * CHART that will eliminate number of call center calls

Expansion of Our Implementation Act

- Reinforce education about template usage
- Implementing MY CHART will reduce Call center burden
- Accuracy of documenting information is expected to improve
- Disseminating project protocol at the Family Practice Bready Green Clinic in downtown

Thank you!

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