



## Clinical Safety & Effectiveness Cohort # 10

Improving the patient's cycle time at the Geriatric Evaluation and Management (GEM) Clinic at ALM-VA using a patient flow analysis.



# The Team

- Division-Geriatrics

- CS & E Participant

  - Carol M. Espinal MD

- Team Members

  - Monica Horton MD

  - Lisa Burns RN

  - Michael Hawkins- Clerk

- Facilitator

  - Amruta Parekh, MD, MSPH

  - Hope Nora, PhD

  - Leticia Bresnahan, MBA

- Sponsor: UTHSCSA/VA, S. Liliana Oakes, MD

# What We Are Trying to Accomplish?

## OUR AIM STATEMENT

Decrease the wait time for all the patients evaluated by a provider (Attending, Fellow, Nurse practitioner or Resident) at the Geriatric Evaluation & Management Clinic (GEM Clinic) by 25% over a period of 4 months.

# Project Milestones

- Team Created December 2011
- AIM statement created January 2011
- Weekly Team Meetings December 2011-present
- Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses January-March 2012
- Interventions Implemented Feb –March 2012
- Data Analysis March 2012- present
- CS&E Presentation June 15, 2012
- Graduation Date June 15, 2012

# Background

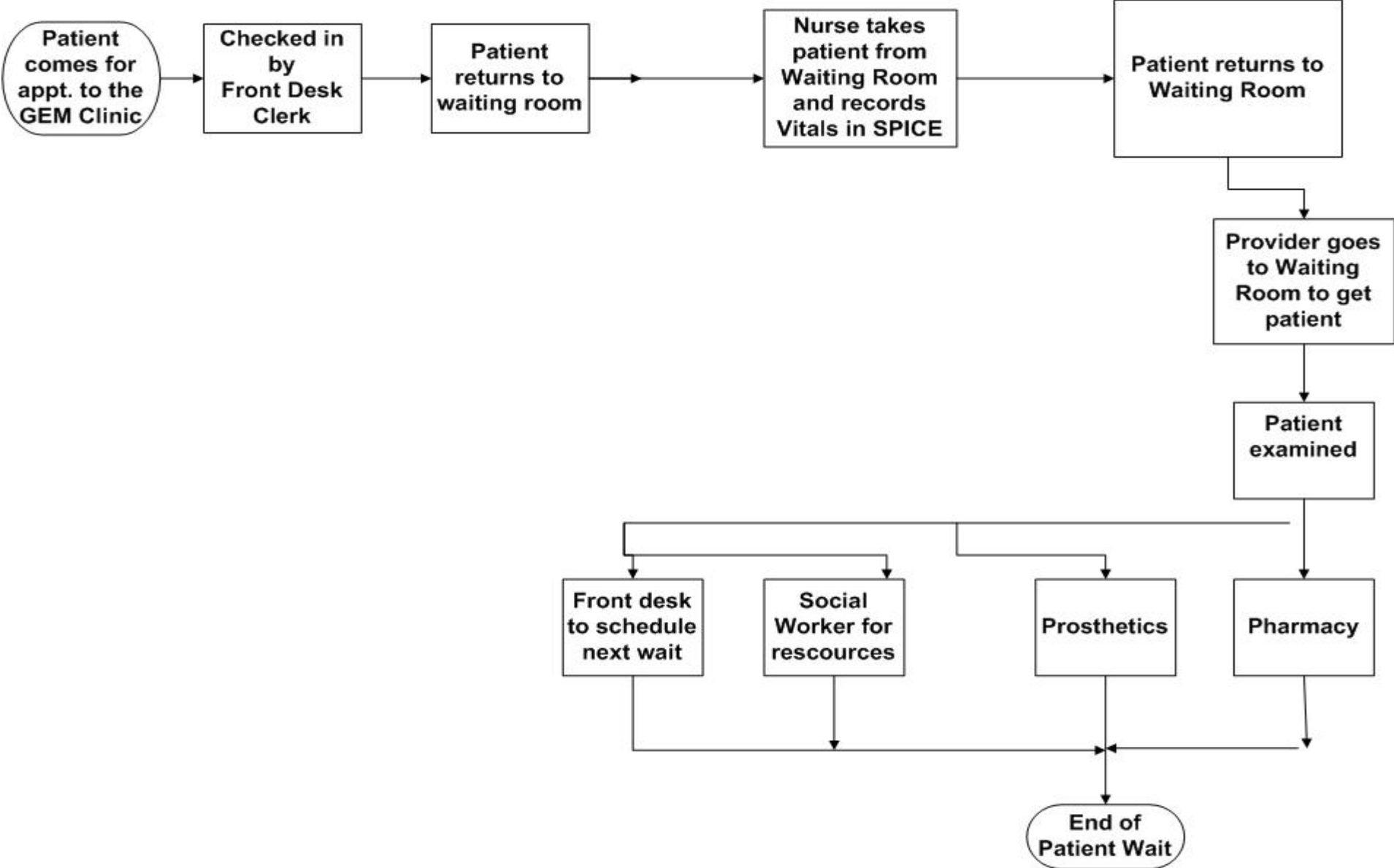


- The patients in the GEM – VA clinic are the Geriatric population that have multiple medical problems including dementia and frailty. They should not need to wait for more than a hour for their scheduled appointment.
- It is well known that extended patient wait times for appointments is a very frequent complaint among the patients.

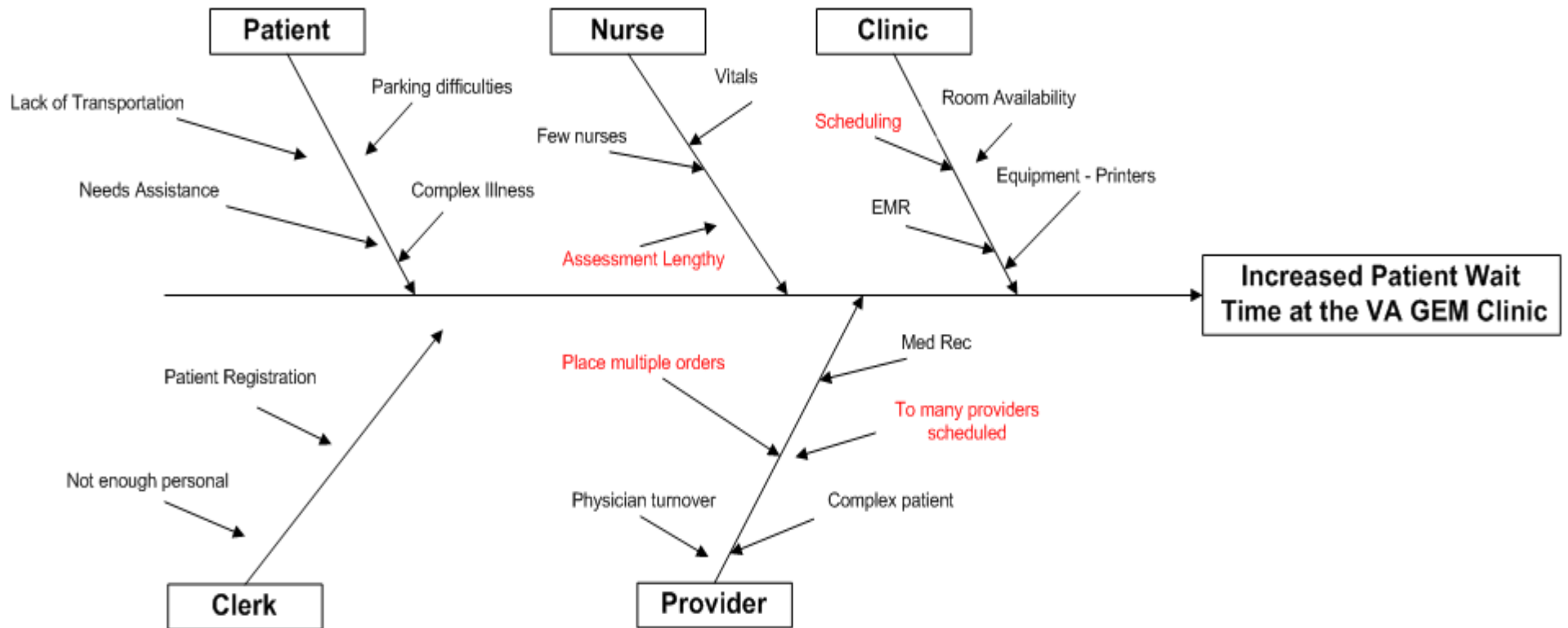
# PLAN

- Collect Background Data
- Develop Cause & Effect Diagram for current Wait Time
- Develop flow maps and understand sources of variation in the current patient flow process.
- Assess baseline “time-to” at the various points in the patient flow process from when they arrive until they leave.
- Brainstorm how to improve the patient flow with Team members.
  - Specific targets for change-wait times due to scheduling issues and duplication of work

# Flowchart



# FISHBONE DIAGRAM





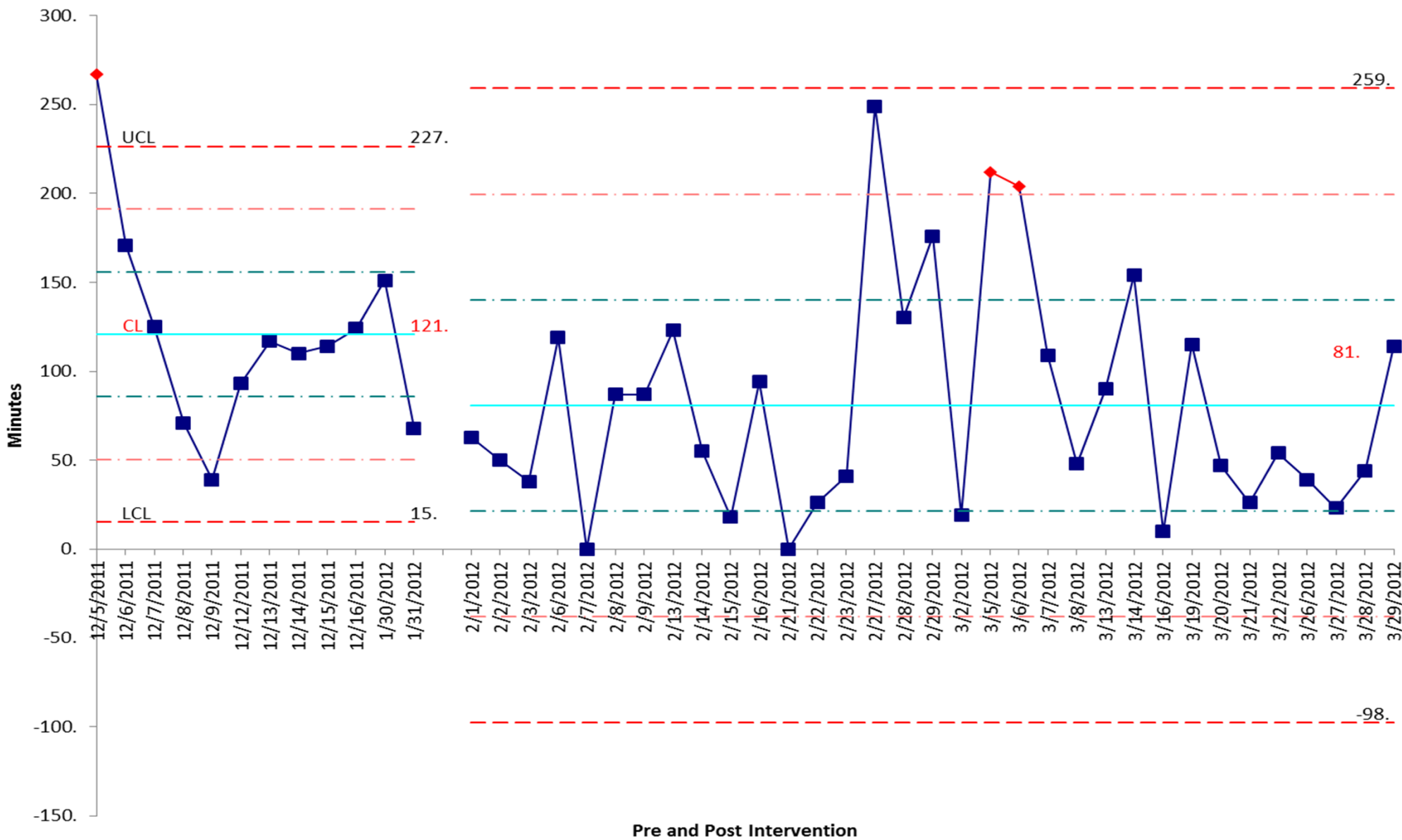
# DO- Initial Interventions

- January 2012- changed Monday morning schedule for the GEM fellow clinic.
- February 2012-
  - changed hours for walk in clinic and
  - patients that checked in late only had vitals done, not the entire nurse questionnaire.
- March- decreased the number of providers scheduled per clinic session.

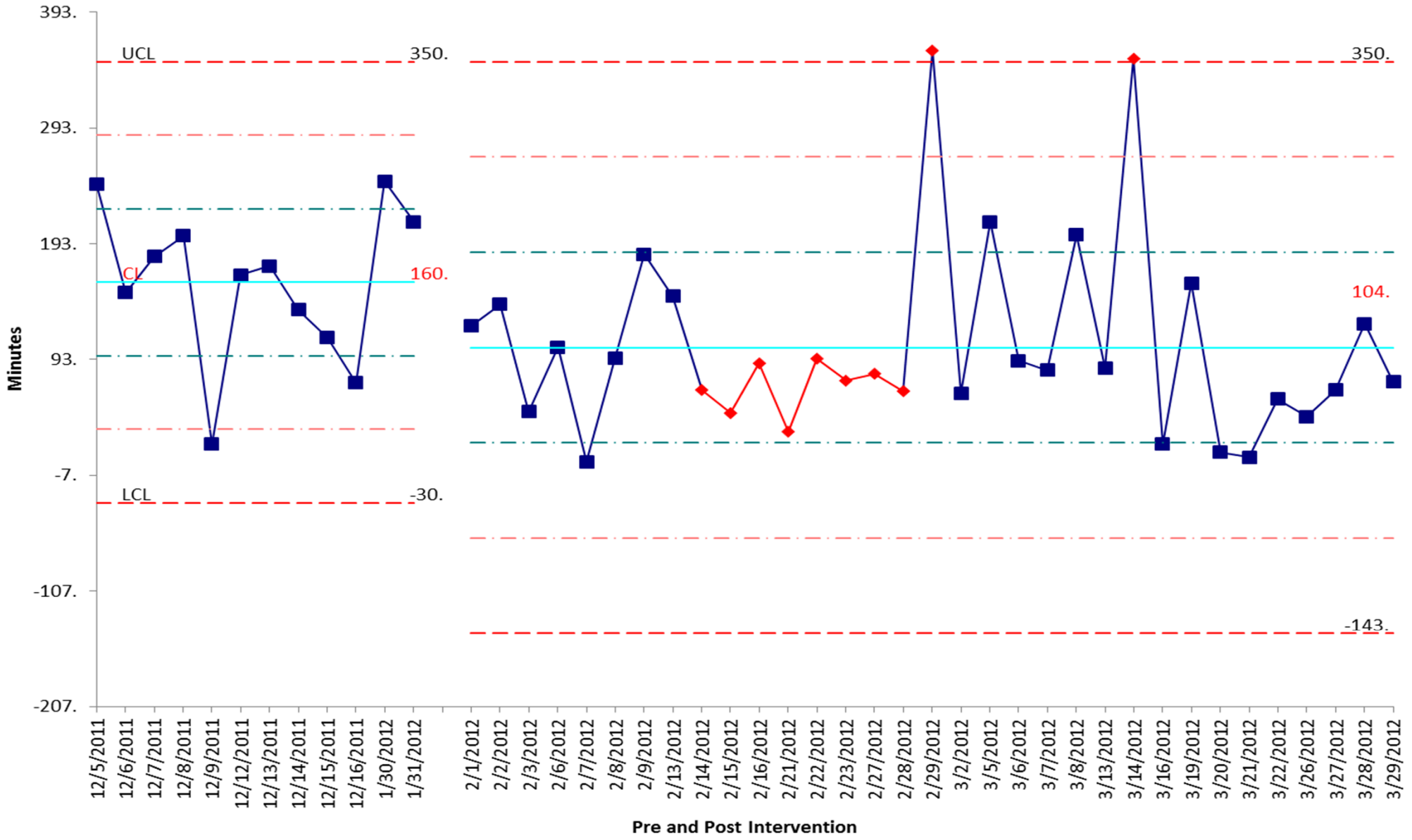
# CHECK: Time To Measures

- **Types of measures:** Pre and Post Cycle time measures
- **What will be measured:** Notation of time when the patient arrives to clinic, registers with the clerk, is vitalized by the nurse, is seen by the provider and leaves the provider's office.

# Wait Time To See Nurse



# Wait Time To See Doctor



# Results: Average “Time-To” See Nurse and Physician

- Pre-Intervention

- Nurse: Ave 121 minutes

- Doctor: Ave 160 minutes

- Post-Intervention

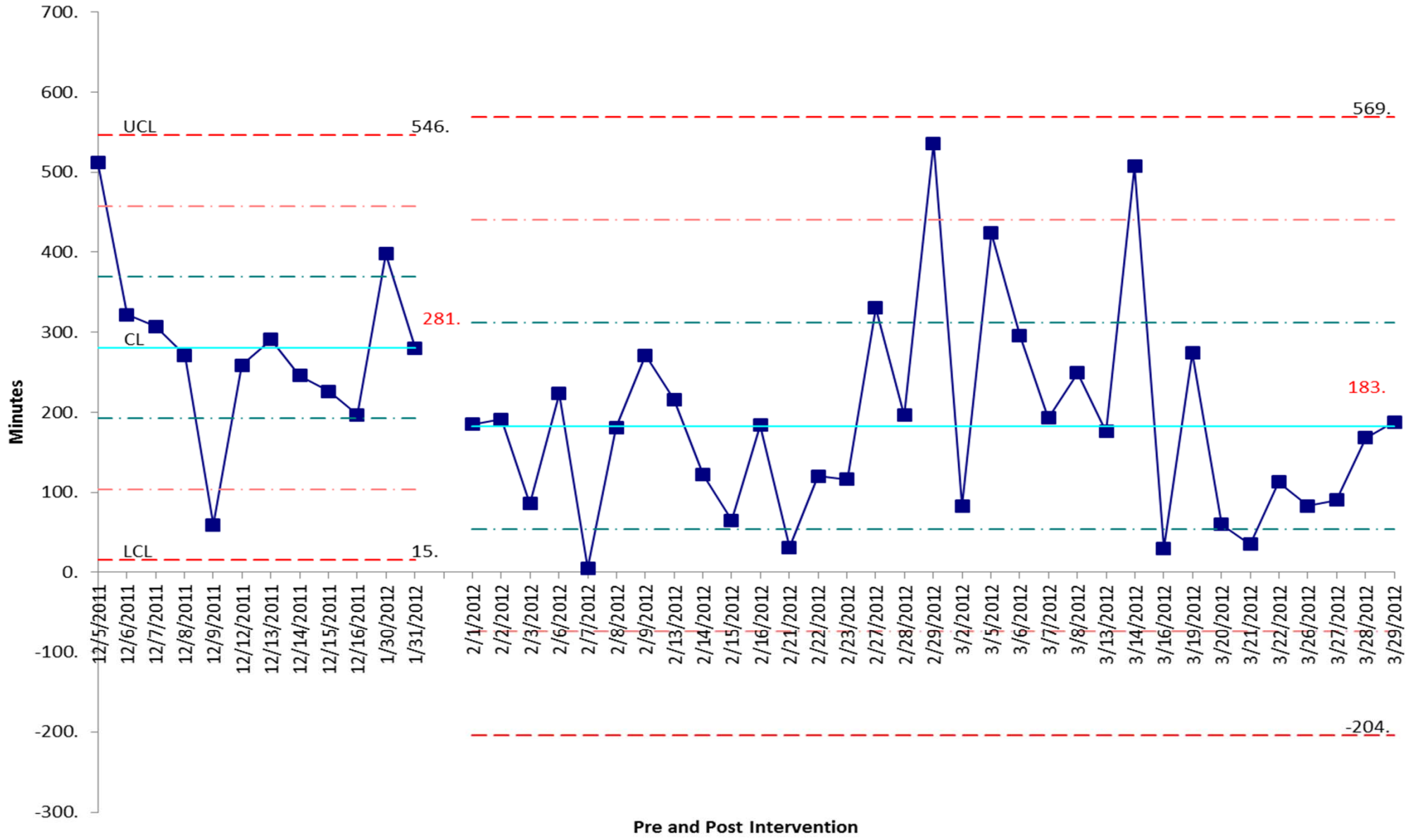
- Nurse: Ave 81 minutes –

- 33 % improvement**

- Doctor: Ave 104 minutes –

- 29% improvement**

# Total Wait Time To See Healthcare Professional



Pre and Post Intervention

# Results: Total Wait Time to see Healthcare Professional

## Pre-Intervention:

- Ave of 281 minutes

## Post-intervention:

- Ave of 183 minutes –  
**Improvement of 35%**

# Results: Effect on Average “Time With”

- **Pre-Intervention**

- With Clerk-4.38 min.
- With Nurse- **9.59 min**

- **Post-Intervention**

- With Clerk-4.60 min
- With **Nurse-7.72 min**



# **Return on Investment/ What's Next**

- Improved patient satisfaction**
- Efficiency in clinic internal work-flow**
- Improved outpatient care avoids hospitalization and associated costs**
- Because VA is training facility , this could aid in preparation for future trainees**
- This project prepared me to understand and apply quality improvement to my medical practice**