

Clinical Safety &  
Effectiveness

Cohort #15, Team 6



**Department of Psychiatry Scheduling  
Utilization Improvement**



CENTER FOR PATIENT SAFETY & HEALTH POLICY

UT HEALTH SCIENCE CENTER™

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# The Team

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## ➤ Division

- Edna Mallen
- Irma Sanchez, MPA, CMPE
- Monique Lopez
- Steven Pliszka M.D.
- Richard S. Gonzales
- Facilitator: Hope Nora, PhD

## ➤ Sponsor Department:

- M. Philip Luber, M.D., Interim Chair

# Aim Statement

- ▶ **The aim of this project is to improve the scheduling protocol utilization within the Department of Psychiatry by raising the utilization percentage up to 80% over a 6 week time frame. The current utilization percentage for the Department of Psychiatry is 19.7%. The current process is inefficient and currently not aligned with the UT Medicine's Patients First Initiative.**

# Project Milestones

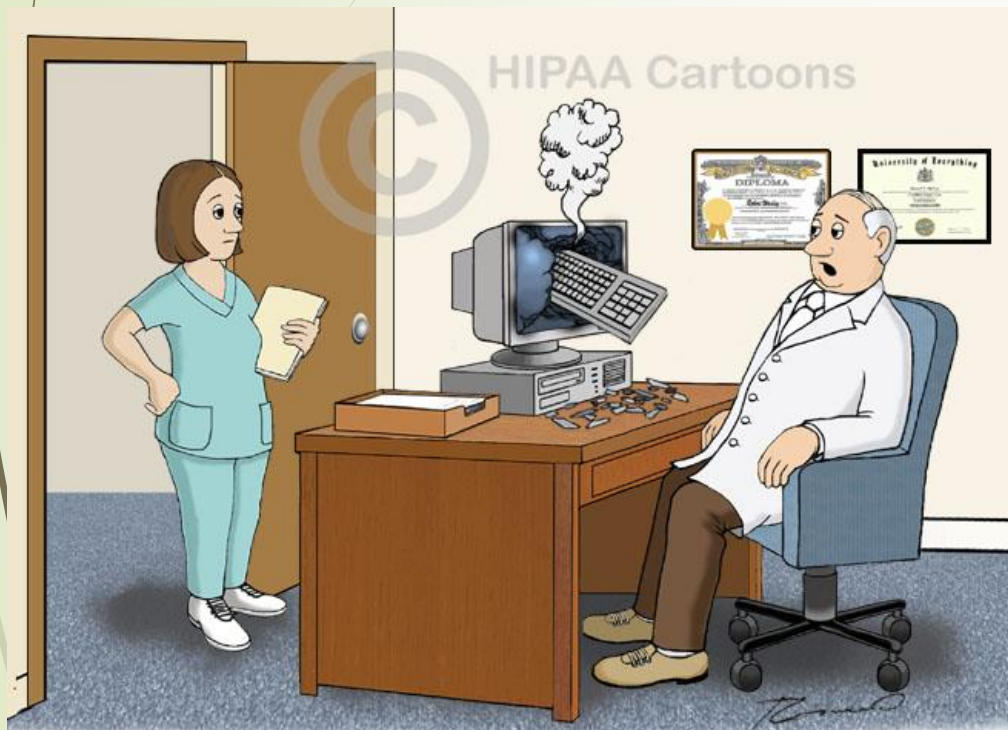
- ▶ **Team Created** **Sept 2014**
- ▶ **AIM statement created** **Oct 2014**
- ▶ **Weekly Team Meetings** **Sept 18 – Nov 20**
- ▶ **Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses** **Sept 18 – Oct 23**
- ▶ **Interventions Implemented** **Sept 22 –Ongoing**
- ▶ **Data Analysis (Oct. 2013- Dec. 2014)** **Jan 2015**
- ▶ **CS&E Presentation** **Graduation Date**

# Background



- The Department of Psychiatry has managed their own appointment and patient record software and not fully utilizing the scheduling module within EPIC. EPIC is the regulated software throughout UT Medicine and the Department recently transitioned completely to EPIC, June 2014.

# Background



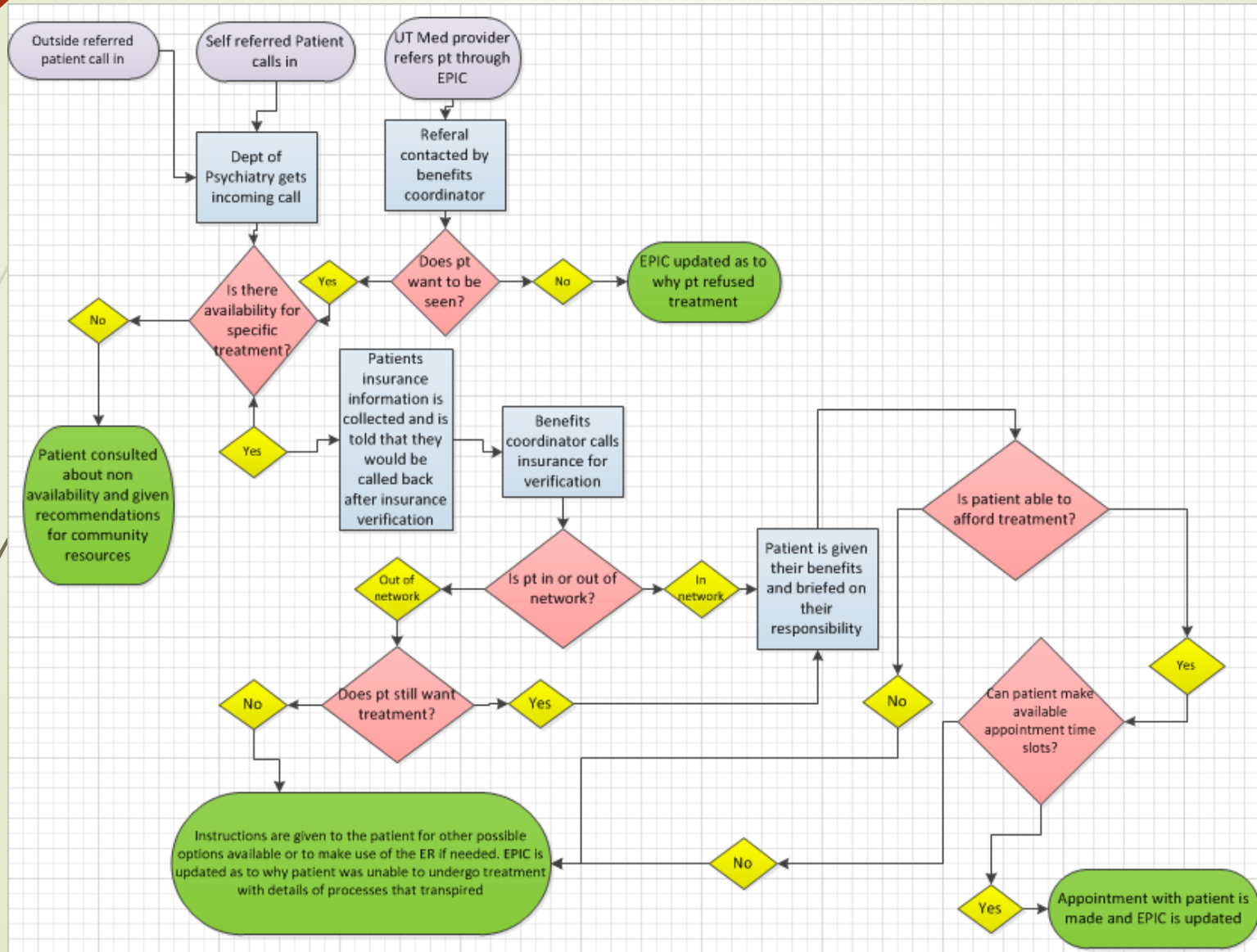
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"Better call technical support. The darn EHR crashed again."

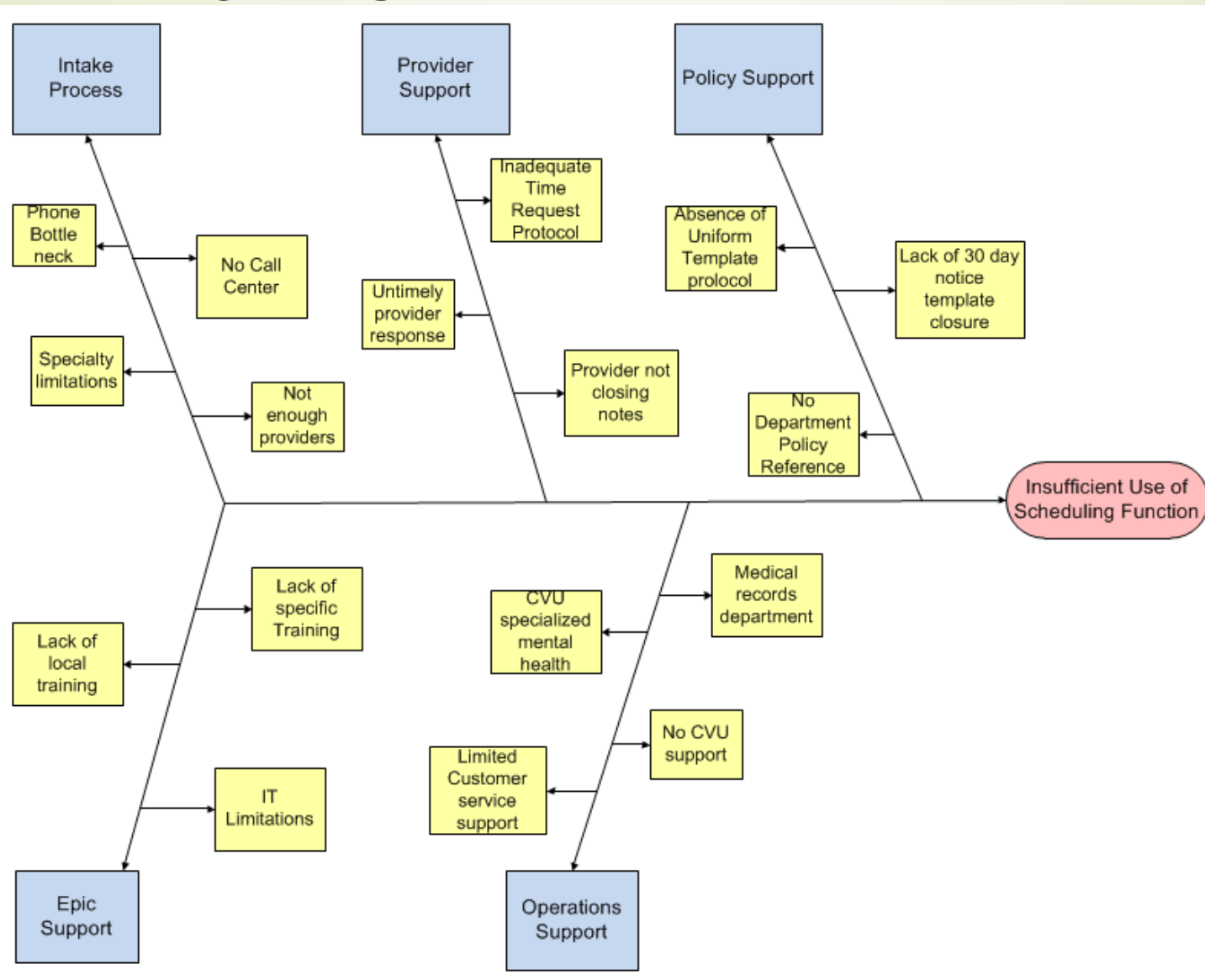
- Providers have not utilized the EPIC scheduling module consistently. This creates scheduling, billing and RVU tracking inaccuracies.
- The result has caused current inefficiencies in scheduling protocols; provider templates not consistent; and backlog of patient referrals.

# FLOW DIAGRAM

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# FISHBONE

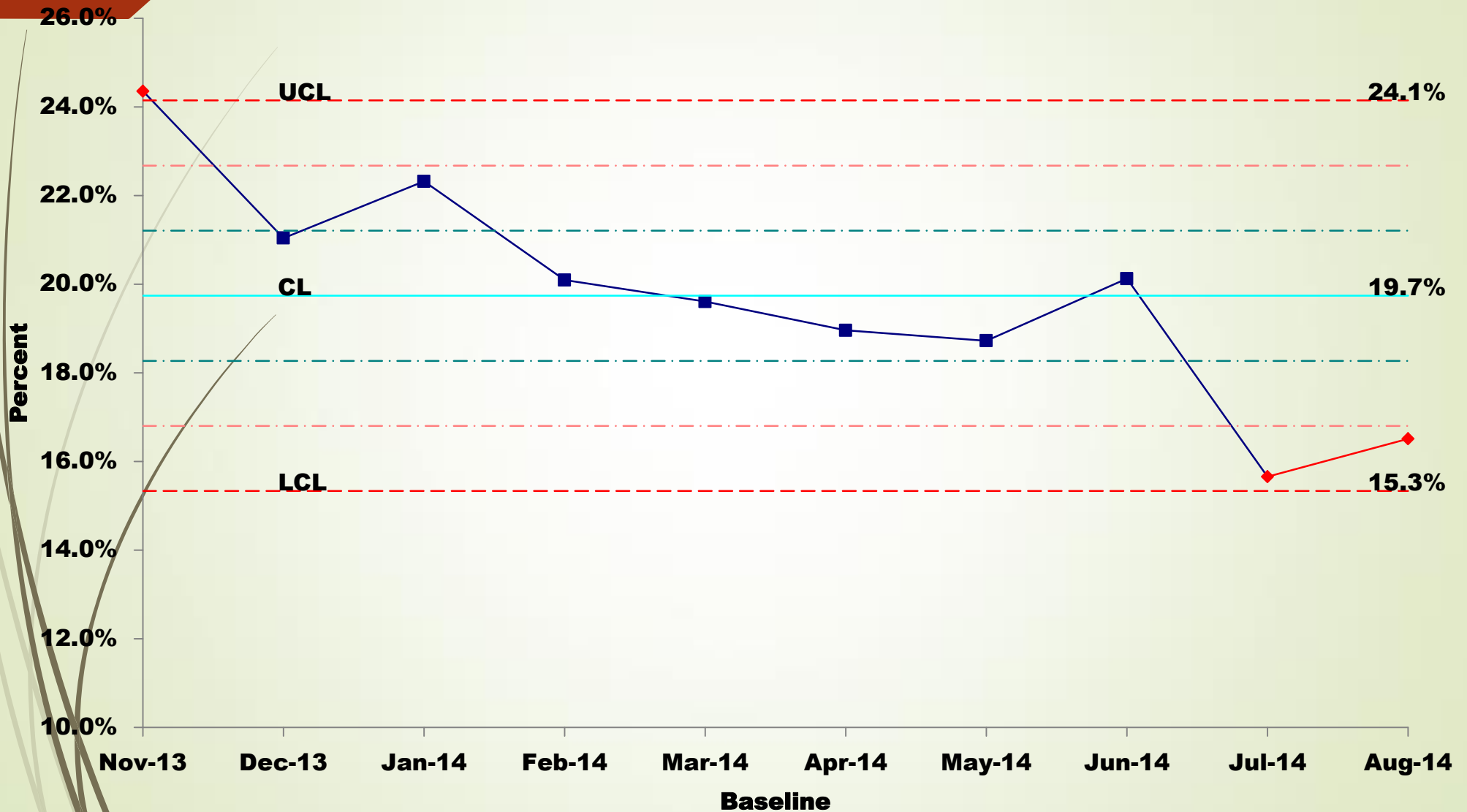




# Nominal Group Technique

A. Phone Call Bottleneck	4	4	4	12
B. Uniform Template Protocol	6	6	6	18
C. Not enough Providers	5	5	5	15
D. Time off request protocol	3	3	3	9
E. Lack of Chain of Command Directive	2	2	2	6
F. Periodic Epic training	1	1	1	3
Order of Priority				
1) Uniform Template Protocol				
2) Not enough Providers				
3) Phone Call Bottleneck				
4) Time off request protocol				
5) Lack of Chain of Command Directive				
6) Periodic Epic training				

# Psychiatry Department Scheduling Utilization Rates Pre Intervention



# Intervention Plan

**Providers will be directed to use EPIC exclusively; scheduling, documentation and billing**

**Department leadership meeting with each provider one-on-one to review current clinical activity (current template, effort expectation, and proposed new template)**

**Measures Cube data will be scrubbed to eliminate providers that no longer work for UTHSCSA so that slot utilization percentages are accurate and provide improved data tracking**

**Department will partner with the “Patients First” team to analyze current clinic operations, scheduling protocols and establish a departmental clinical operations policy to align with UT Medicine’s policies**

**The current clinical staffing model will be evaluated to provide improved support to the overall clinical operations at all locations**

**New Providers will be hired to help facilitate the new increased number of patients and to help with the increased referral numbers**

# Implementing the Change

**Sept 8- Team 6 attended the first meeting with the Patients First Initiative team to collaborate and coordinate the plan of action. The plan includes weekly meetings to discuss outcomes and adjustments with department leadership and team.**

**Sept 18- Team 6 gathered all raw data pertaining to the current scheduling protocols.**

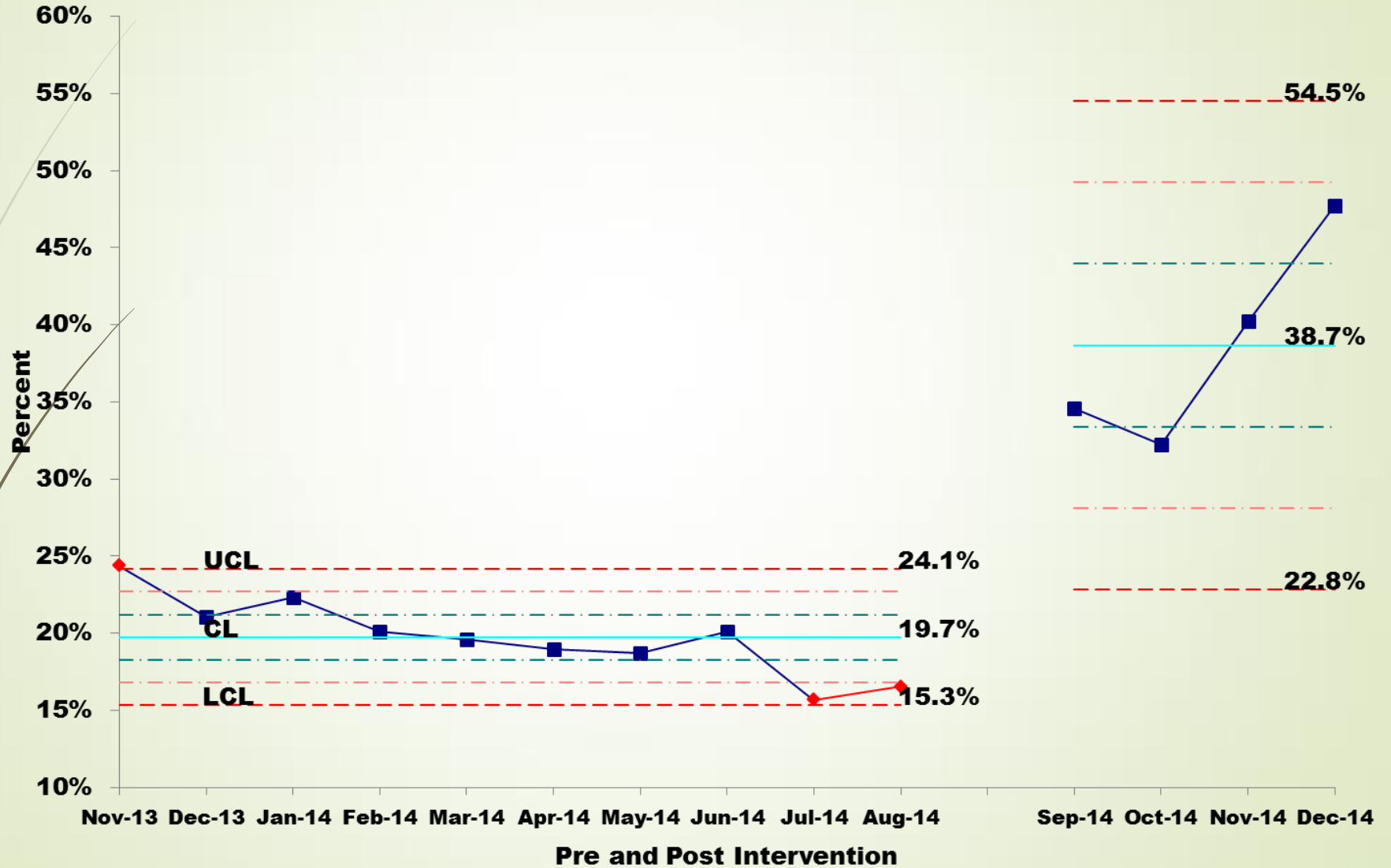
**Sept 22- Team 6 collaborated with Department leadership to initiate communication to all providers of the Patients First Initiative.**

**Sept 24- Team 6 met to brainstorm and mind map for construction of a fishbone diagram. Objective was to capture as many possible solutions to utilize towards our objective.**

**Sept 26- Team 6 used the Nominal group technique in order to make a decision on how to best sequence the solutions time line.**

**Sept 29- Team 6 discussed milestone tracking to have a clear plan for expectations on milestone benchmarks to measure effectiveness of our Implementation plan.**

## Psychiatry Department Scheduling Utilization Rates Pre and Post



# ACT: Sustaining the Results

**Gains are already reflected with simple corrections to data. Provider data needs to be updated on a monthly basis in order to use data appropriately.**

**Quarterly training and EPIC template status updates will need to be monitored in order to maintain EPIC protocol integrity. This will be assigned as a managerial task and placed permanently under the manager's job description.**

**The Implementation process is still in progress due to the effort that is needed in order to make all intended changes. The call center construction is underway and structural changes to the offices are underway in order to have ample room for more appointments.**

# Return on Investment

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Department of Psychiatry			
Clinical Operations Infrastructure (annualized)			
		CURRENT	PROPOSED
<b>REVENUES</b>			
	Fee-For-Service	1,038,970.85	
	Proposed Providers* (4)		252,000.00
	Referrals (\$32.00chg clct/rvu)		25,600.00
<b>TOTAL REVENUES</b>		<b>1,038,970.85</b>	<b>1,316,570.85</b>
<b>EXPENSES</b>			
	Salaries and Wages	633,992.97	
	Proposed Salaries		121,489.00
	Benefits	156,190.04	
	Proposed Benefits (26%)		31,587.14
	Other Contracted Services	976.67	
	Materials and Supplies	10,014.58	
	Communications	17,357.50	
	Rentals and Leases	409.15	
	Printing and Reproductions	209.51	
	Other Operating Expenses	12,881.65	
	Total Transfers (In)/Out	264.90	
<b>TOTAL EXPENSES</b>		<b>(832,296.97)</b>	<b>(985,373.11)</b>
<b>NET RELATED TO CLINIC OPERATIONS</b>		<b>206,673.88</b>	<b>331,197.74</b>

# Conclusion/What's Next

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**The Department of Psychiatry is in the process of organizational structural change meetings on a regular basis with the Dean and Administrators for ongoing milestone progress reports. The following are the solutions and the plan ahead to correct highlighted deficiencies:**

- **A central call center will be the main hub which answers all inbound department calls. Instead of one person answering and bottlenecking phone lines, there will be 3 dedicated staff members who will be answering calls and processing customer requests. This will alleviate the phone bottlenecks in all clinics and this will also allow staff to give the customer their undivided attention.**
- **The Department will undergo organizational structure changes that will create better avenues of communication flow and will also provide a system that will have the ability to be flexible with personnel redundancy.**
- **Implementation of leadership roles within the Department will allow better communication to flow between clinical staff and leadership.**
- **Additional providers are to be hired to assist in reducing the internal referral list.**
- **Additional patient therapy rooms will be added in order to mitigate higher patient volumes.**



# Thank you!



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