



# Time to Reach Out and Touch Them: Timely Telecommunication within the GEM Clinic

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# Timely Telecommunication

**AIM Statement:** Our goal is to answer the telephone in the GEM clinic within 30 seconds 75% of the time within 8 weeks *without compromising on quality of conversation.*

# Team Members

**Physician:** Monica Horton, MD

**Lead Clerk:** Roxanne Segura

**Clerks:** Loretta Myles

Nayda Rodriguez

**Facilitators:**

Amruta Parekh, MD, MPH

Wayne Fischer, MS, PhD



# Background

- Emphasis on customer satisfaction
- Automatic Call Distribution telephone
- Measured average speed of answering telephone within one business week
- Benchmarks on Dashboard
  - Blue “good” less than 24 seconds
  - Red “poor” more than 24 seconds
- One minute is 40 rings

| FY09 Measures                          |   |       | MT    | ET   | Current Score  | FY09 Measures  |     |                    | MT                 | ET | Current Score |
|--|---|-------|-------|------|--|--|-----|--------------------|--------------------|----|---------------|
| <b>MISSION CRITICAL MEASURES</b>       |   |       |       |      |  | <b>Access Measures (KLFMenu)</b>   |     |                    |                    |    |               |
| <b>Quality Individualized Measures</b> |   |       |       |      |  | <b>Functional Status</b>   |     |                    |                    |    |               |
| MC1                                    | MOVE Measure  | 65    | 70    | 88   | 30   | SHEP: Est Pts Appt When Wanted (OQP)   | TBD | TBD                |                    |    |               |
| MC1A                                   | PN Inpatient (PN-7) Influenza Vaccination                                   | 90    | 95    | 89   | 31   | Waiting Times - Provider (OQP)   | 79  | 84                 |                    |    |               |
| MC1B                                   | PN Inpt (PN-4)Smig Cess Advice/Counseling                                   | 90    | 95    | 100  | 32   | Sev Inj DEFIOF CM Contact win 7 days   | 90  | 95                 | 89                 |    |               |
| MC1C                                   | HF Inpt (HF-4)Smig Cess Advice/Counseling                                   | 92    | 96    | 100  | 33   | Sev Inj DEFIOF CM Contact Only   | 90  | 95                 | 100                |    |               |
| MC1D                                   | PN Inpt (PN-2) Pneumococcal Vaccination                                     | 95    | 98    | 100  | <b>ACCESS MEASURES (KLFMenu)</b>   |  |     |                    |                    |    |               |
| MC2                                    | Inpatient Satisfaction  | TBD   | TBD   |      | 34   | MH: Homeless Contact access to SUD   | 94  | 97                 | 98                 |    |               |
| MC2A                                   | Outpatient Satisfaction   | TBD   | TBD   |      | 35   | MH: Homeless Prog access to SUD  | 95  | 98                 | 100                |    |               |
| MC2B                                   | Access List   | <1%   | 0.50% | 0.44 | 36   | MH: Homeless Prog access to EvalMgmt   | 91  | 96                 | 98                 |    |               |
| MC2C                                   | Perception: New PC % Appointment as soon as wanted                          | TBD   | TBD   |      | 37   | MH: Homeless Prog Fri in MHSUD   | 75  | 80                 | 77                 |    |               |
| MC2D                                   | Screening (KLFMenu/OQP)   | tdb   | tdb   |      | 38   | MH: SMI - MHICM Capacity   | 80  | 85                 | 72                 |    |               |
| MC2E                                   | Screened for Alcohol Misuse using Audit-C annually                          | 95    | 98    | 97   | <b>Waiting Times(KLFMenu or OQP)</b>   |  |     | <b>Now Pt Wait</b> | <b>Missed Opps</b> |    |               |
| MC2F                                   | Screened for PTSD using PC-PTSD   | 90    | 95    | 97   |  |  | MT  | ET                 | MT                 | ET |               |
| MC2G                                   | Screened for Depression using the PH-QZ OR PH-Q9 annually                   | 90    | 95    | 95   | 39   | Audiology (203) (NP)   | 94  | 97                 | 98                 | 7  | 5             |
| MC2H                                   | PTSD Screen positive with timely suicide ideation/behavior evaluation       | 60    | 65    | 100  | 40   | Cardiac (303) (NP)   | 91  | 96                 | 86                 | 12 | 8             |
| MC2I                                   | Depression Screen positive with timely suicide ideation/behavior evaluation | 60    | 65    | 100  | 41   | Dermatology (304) (NP)   | 75  | 80                 | 98                 | 12 | 8             |
| MC2J                                   | Screened initially for Trauma Drain Inj                                     | 90    | 95    | 96   | 42   | Eye Care (407) (408) (NP)  | 86  | 91                 | 97                 | 13 | 9             |
| MC2K                                   | Post Discharge Telephone Contact  | tdb   | tdb   | 88   | 43   | Gastroenterology (307 only) (NP)   | 90  | 95                 | 71                 | 17 | 11            |
| MC2L                                   | CLAB Rate   | 0     |       |      | 44   | Orthopedics (409) (NP)   | 91  | 96                 | 98                 | 12 | 8             |
| MC2M                                   | VAP Rate  | 3     |       |      | 45   | Podiatry (411) (NP)  | 84  | 89                 | 95                 | 12 | 8             |
| MC2N                                   | <b>IMPROVING PATIENT FLOW</b>   |       |       |      | 46   | Primary Care (322, 323, 350, 531) (NP)   | 90  | 95                 | 96                 | 11 | 7             |
| MC2O                                   | ICU OMELOS  | <0.00 |       |      | 47   | Urology (414) (NP)   | 87  | 92                 | 93                 | 13 | 9             |
| MC2P                                   | Hospital OMELOS   | <0.16 |       |      | 48   | Mental Health Individual (502, 509, 510)   |     |                    | 17                 | 11 | 14            |
| MC2Q                                   | ORX Composite (OQP)   | 90    | 95    |      | <b>SCID PROGRAM</b>  |  |     |                    |                    |    |               |
| MC2R                                   | Acute Myocardial Infarction (AMI) Core Measures                             | 91    | 95    | 98   | 49   | DM - BP < 140/90: SCID   |     |                    | 79                 | 84 | 87            |
| MC2S                                   | Heart Failure (HF) Core Measures  | 93    | 97    | 95   | 50   | DM-HbA1>9 or not done (poor ctrl) in past yr: SCID   | 15  | 10                 |                    |    | 13            |
| MC2T                                   | Pneumonia (PN) Core Measures  | 93    | 96    | 96   | 51   | DM -Retinal exam, timely by disease: SCID  | 88  | 93                 |                    |    | 87            |
| MC2U                                   | HEDIS Composite (OQP)   | 72    | 75    |      | 52   | Influenza Vaccination:SCID   | 66  | 71                 |                    |    |               |
| MC2V                                   | Prevention and Screening  | 80    | 85    | 89   | 53   | Pneumococcal Vaccination: SCID   | 94  | 97                 |                    |    | 95            |
| MC2W                                   | Diabetes  | 68    | 73    | 87   | 54   | Tobacco Users: Advice to Quit: SCID  | 84  | 89                 |                    |    | 84            |
| MC2X                                   | Cardiovascular  | 74    | 79    | 78   | 55   | Tobacco Users: Cessation meds Recommend & Discussed  | 73  | 78                 |                    |    | 74            |
| MC2Y                                   | Tobacco Users Immunization  | 73    | 78    | 92   | 56   | Tobac Users: Offered Referral to Smoking Cessation Clinic  | 93  | 97                 |                    |    | 89            |
| MC2Z                                   |   | 79    | 84    | 100  | <b>Mental Health Measure</b>   |  |     |                    |                    |    |               |
|  |   |       |       |      | 57   | 90 Day Continuity of Care  |     |                    | 47                 | 52 | 58            |
|  |   |       |       |      | 58   | New Dx of Depression - Medication Coverage: Pts who complete their 114 days post index prescription period |     |                    | 61                 | 66 |               |
|  |   |       |       |      | <b>Non-Clinical (Part E)</b>   |  |     |                    |                    |    |               |
|  |   |       |       |      | 59   | C&P Exam Report Quality 08   |     |                    | 79                 | 84 | 89            |
|  |   |       |       |      | Key: Performance is Improving: ↑ Declining: ↓ Unchanged: ↔ MC PM<br>Exceeds Performance Target Meets Target Did Not Meet |  |     |                    |                    |    |               |

STVHCS Performance Dashboard FY09

3/1/2009

# Performance of GEM Clinic



- Several staff turnovers
- Noted at the Director's morning meeting that GEM Clinic took longer than one minute to answer telephone
- *Patients and doctors were complaining*
  - *Action was needed*

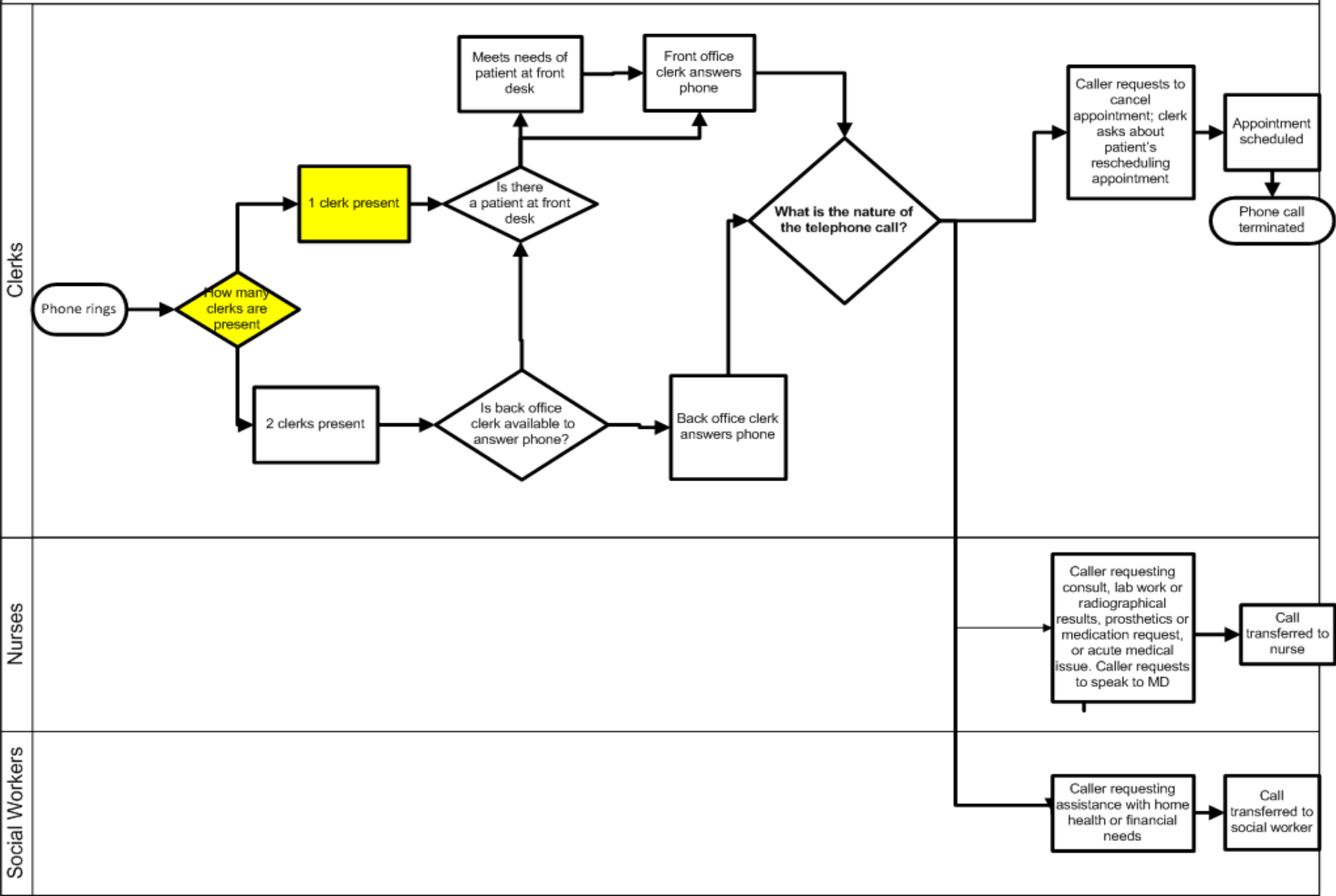
# First Steps

- January 9<sup>th</sup>, met with Roxanne and her supervisor to discuss the performance
- Agreed having two full time PSA to staff front and back office.
- Close the door to reduce noise and interruptions
- Formation of quality improvement team
- 1<sup>st</sup> Meeting on January 30, 2009

# Responses

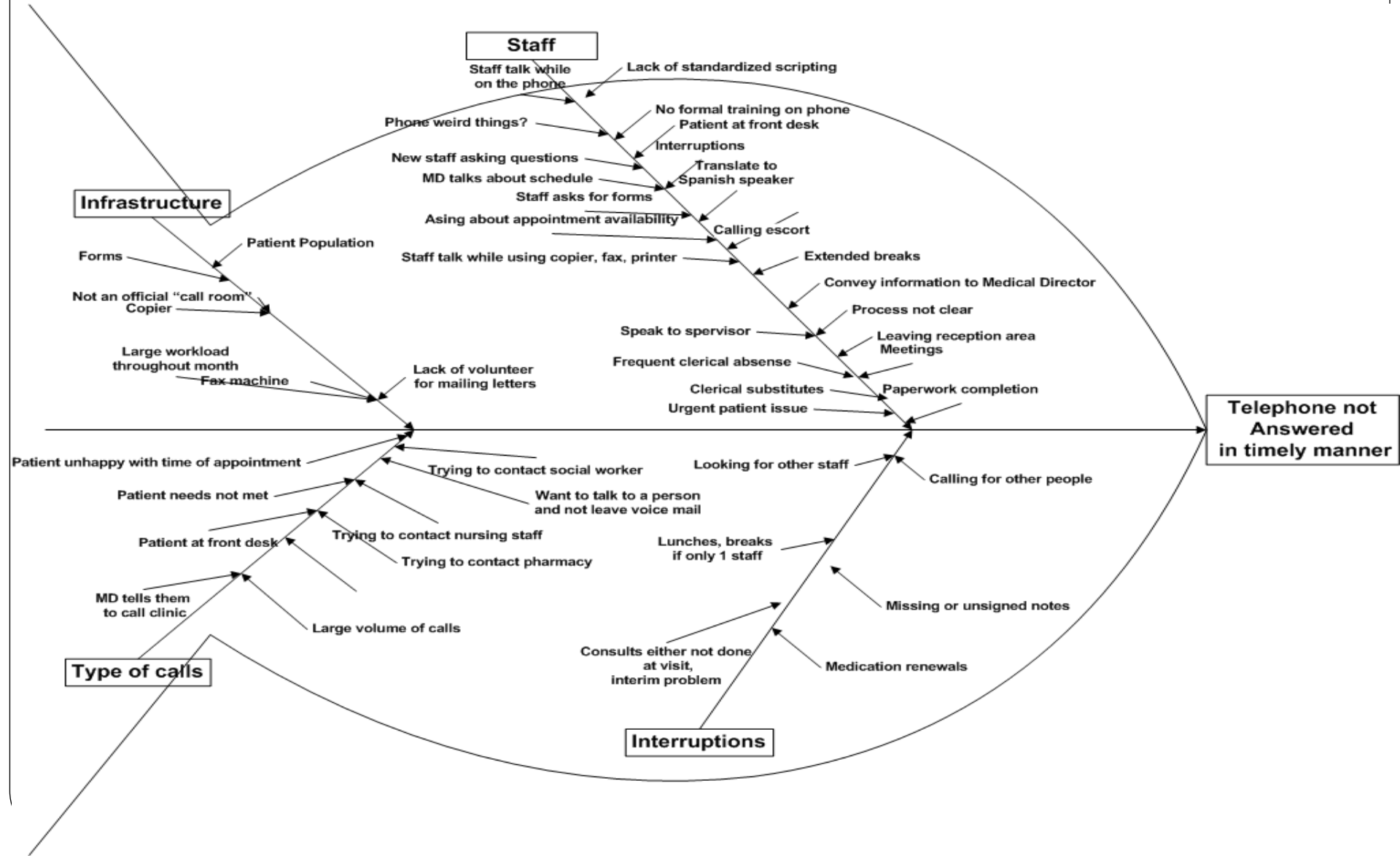
- “It is the population, they really like to talk.”
- “You will never reach this goal.”
- “Good luck! You have a lot of work to do.”
- “What you are doing is great, but you will never reach your goal.”
- “There are some things that shouldn’t have to be measured.”

# Pre-Intervention Flowsheet for Answering Telephone

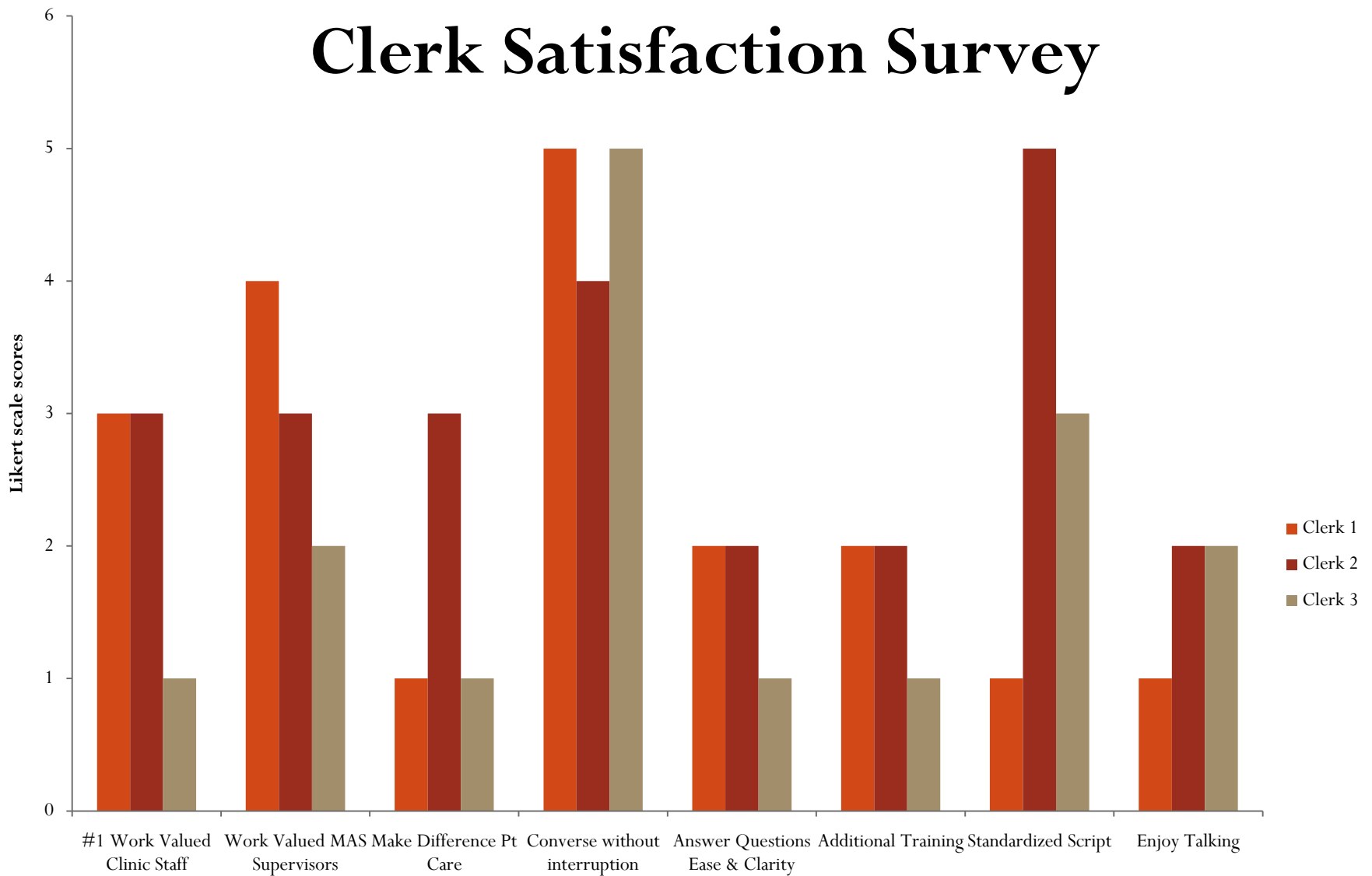




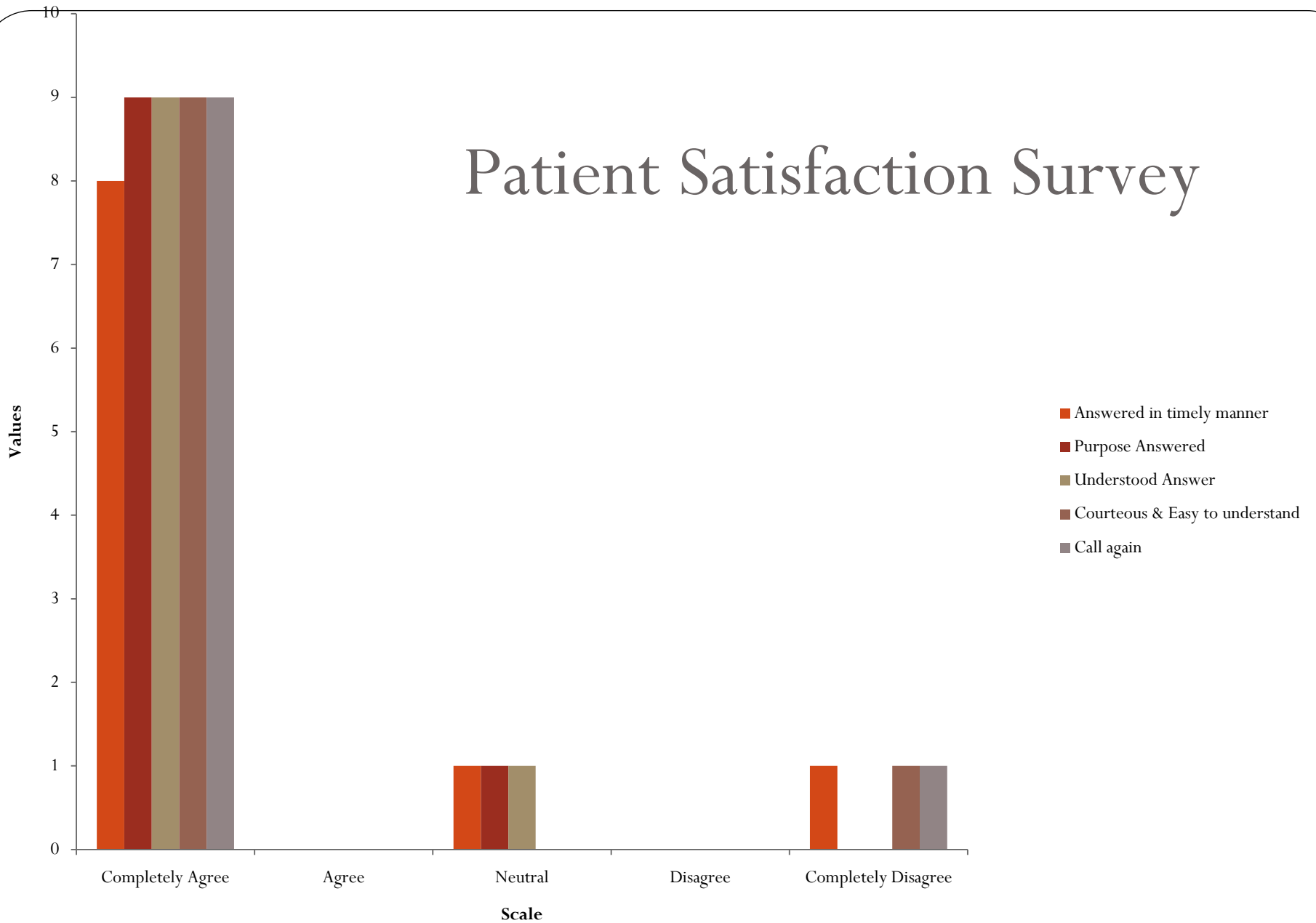
# Cause and Effect Diagram



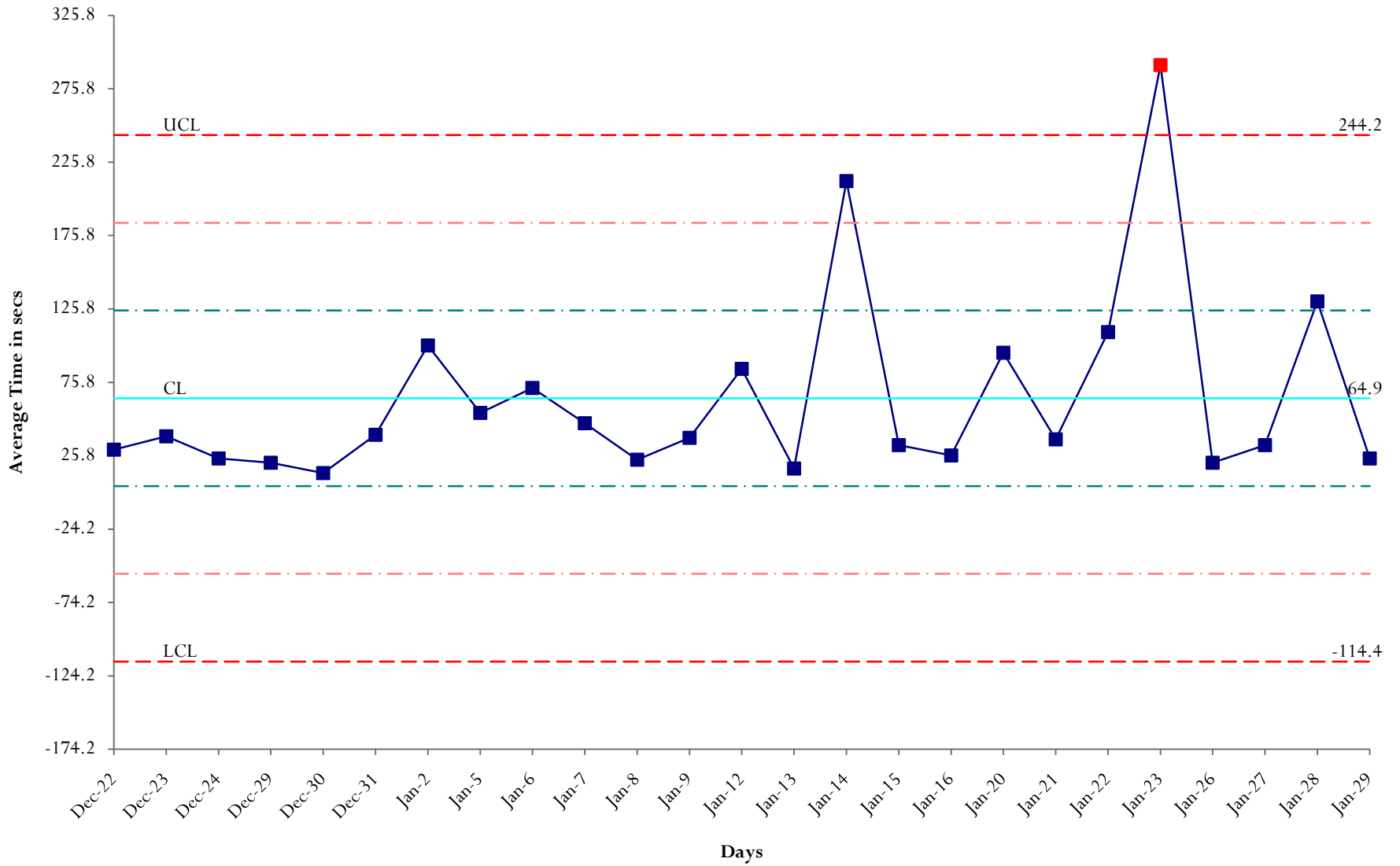
# Clerk Satisfaction Survey



# Patient Satisfaction Survey



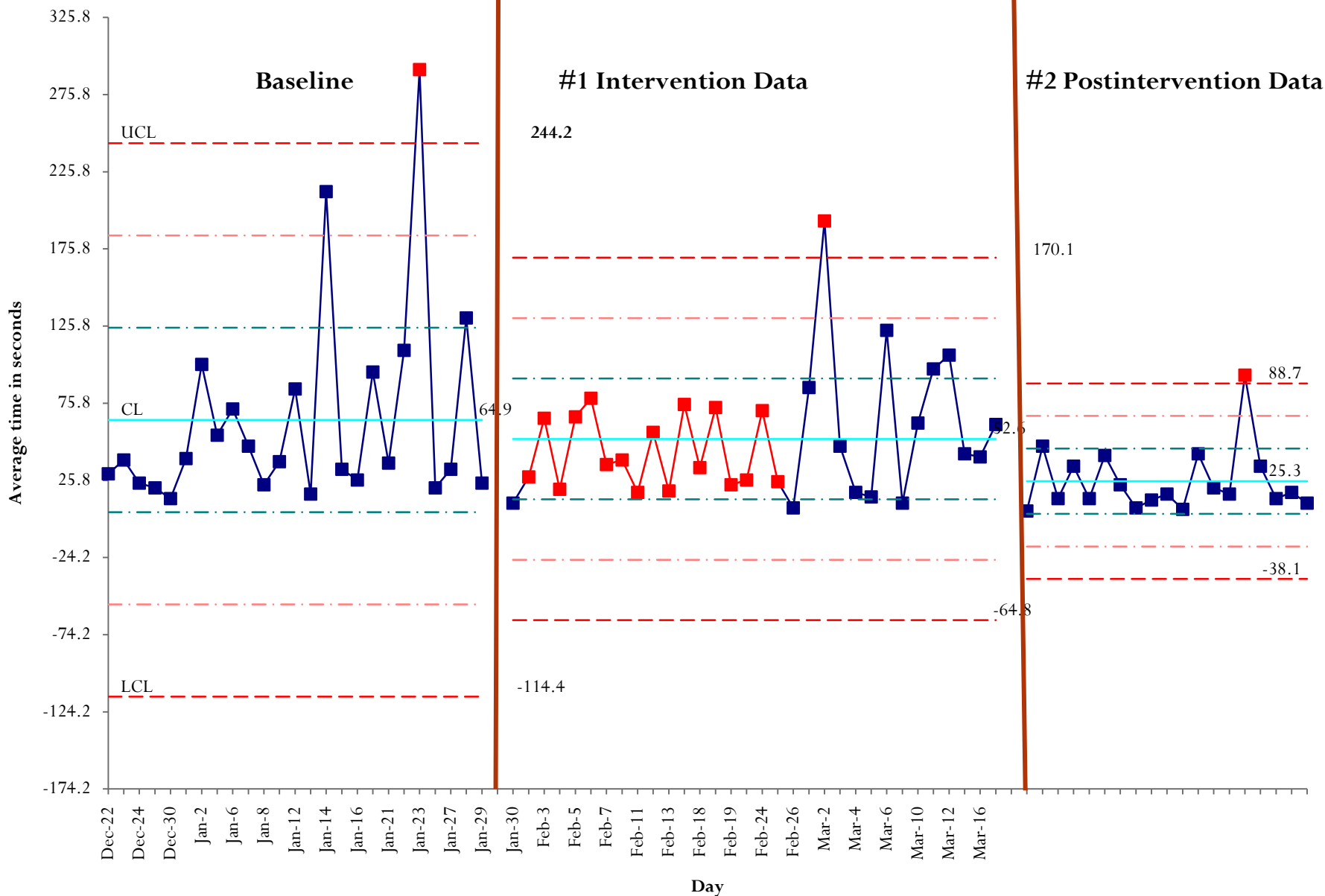
# Baseline data 1



# Interventions

- March 13 Removed forms from work room
- March 13 twice daily reports of average speed of answer
- March 16 signs posted
- March 17 realized not logging on phone first thing in morning

# Baseline & Postintervention data

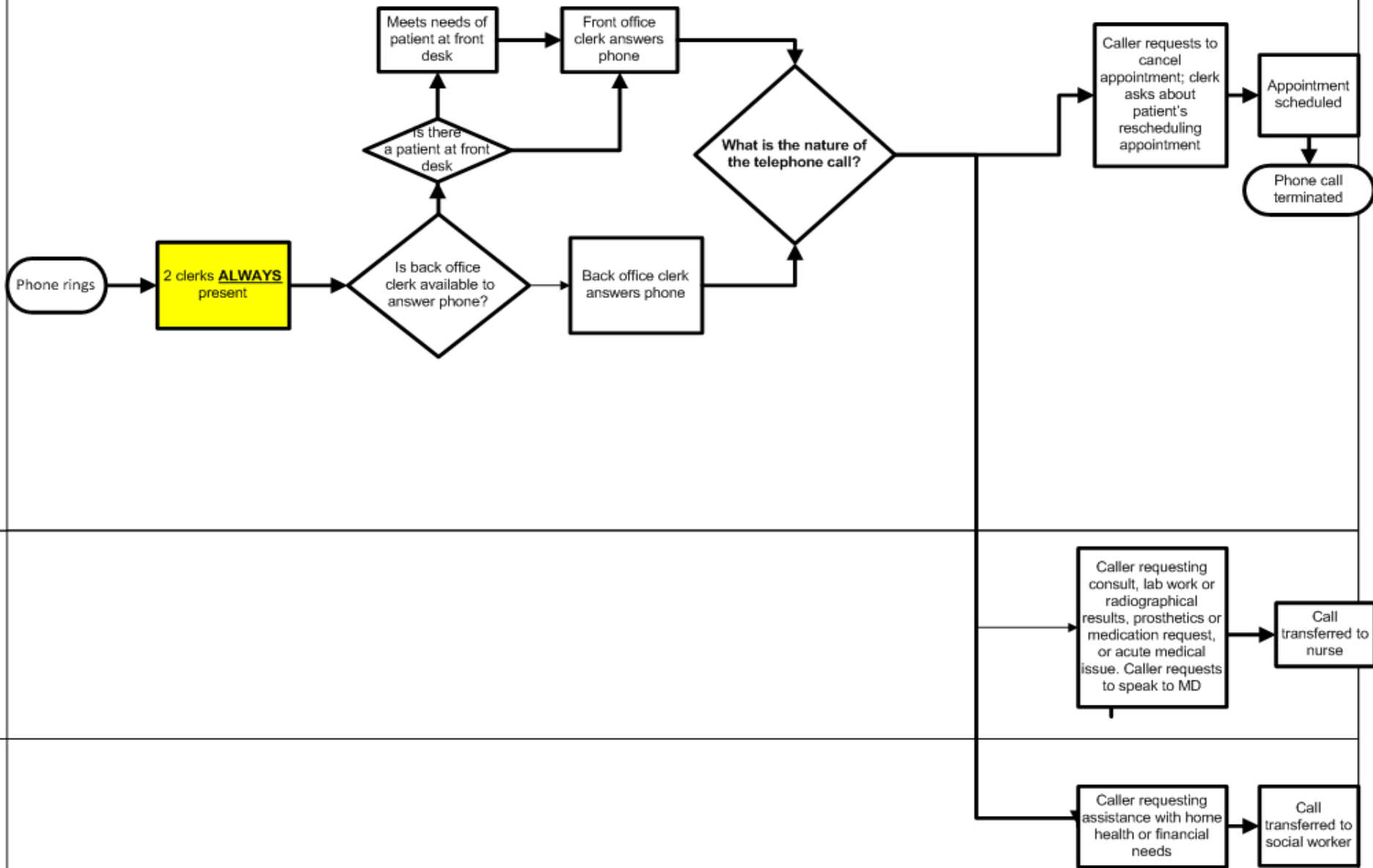


# Post-Intervention Flowsheet for Answering Telephone

Clerks

Nurses

Social Workers



# Return on Investment

- Incrementally worked towards our goal
- Increased confidence in their work
- Better rapport with other GEM clinic team members
- Decrease in the number of abandoned calls
- Not only had bull's eye target removed from the GEM clinic, but received recognition at the Director's morning meeting
- Continual evaluation of patient and clinician satisfaction



# Next Steps: Type of Calls

“Managing the Medication  
Maze”



# *Special Thanks*



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Wayne Fischer, MS, PhD