LEADERSHIP IN THE NEW HEALTHCARE

AMBULATORY CLINIC OPTIMIZATION

Rapid Improvements in Clinic Workflow and
Patient and Provider Satisfaction

GALLOWAY

experience • results • value

Across the nation, healthcare organizations are becoming increasingly skilled at learning and using Lean and Six Sigma quality improvement techniques. During organizational assessments we frequently hear about the number of staff - both within performance improvement departments and within the larger organization itself - who have obtained Green Belt, Black Belt or some other form of Lean certification. Despite these accomplishments, a question lingers:

Why isn't there a linear correlation between the number of staff trained and predictable, substantive organizational improvements?

Imagine a staff person, newly trained in CQI tools and techniques, returning to their job in an ambulatory clinic eager to apply what they have learned. They enthusiastically approach their physicians to apply newly learned skills to the issue of access. Or perhaps they approach their colleagues with an idea to study the long waits that patients have as they move throughout the clinic. On the surface, what could possibly be the barrier to improving the patient experience? It turns out that there isn't just a single barrier but often two:

- **Resistance to change a well-established process.** Transitioning from a known process to something new and different creates anxiety among those most directly impacted. The unspoken agenda is, "What will happen to me?" "How will this affect my job?" Or, where physicians are concerned, "Will I lose control over my schedule and workflow?"

- **Little – or no – involvement in the entire encounter.** Staff rarely follow the patient encounter from beginning to end. While staff understand their processes in excruciating detail, they don't generally have an understanding of how all of the pieces fit together. If you really think critically about the ambulatory clinic patient flow and work flow, it is often an amalgamation of individually tuned processes without an eye towards how the pieces optimally fit together. What is the implication? Patients choose clinics, not scheduling algorithms.

CASE STUDY

Client:

A large, Chicago-based multi-specialty clinic

Challenge:

Client had poor patient satisfaction, dissatisfied provider staff and very complex, inefficient work flows.

Chronic turnover of management frustrated with the staff culture that resisted change.

Our Solution:

Multi-disciplinary teams (primarily made up of current clinic staff) spent intensive time evaluating the clinic and developing recommendations.

Teams reported recommendations to management on day 5.

The number of recommendations required 4 and a half hours for to be presented.

The Results:

Simplified workflow helped quickly increase patient and provider satisfaction

Team participants became champions for the changes.

One year-follow up showed that 90% of recommendations were in use.

MAINTAINING THE PATIENT'S PERSPECTIVE

In order to drive real change and improvement, hospitals and healthcare organizations must follow three crucial steps:

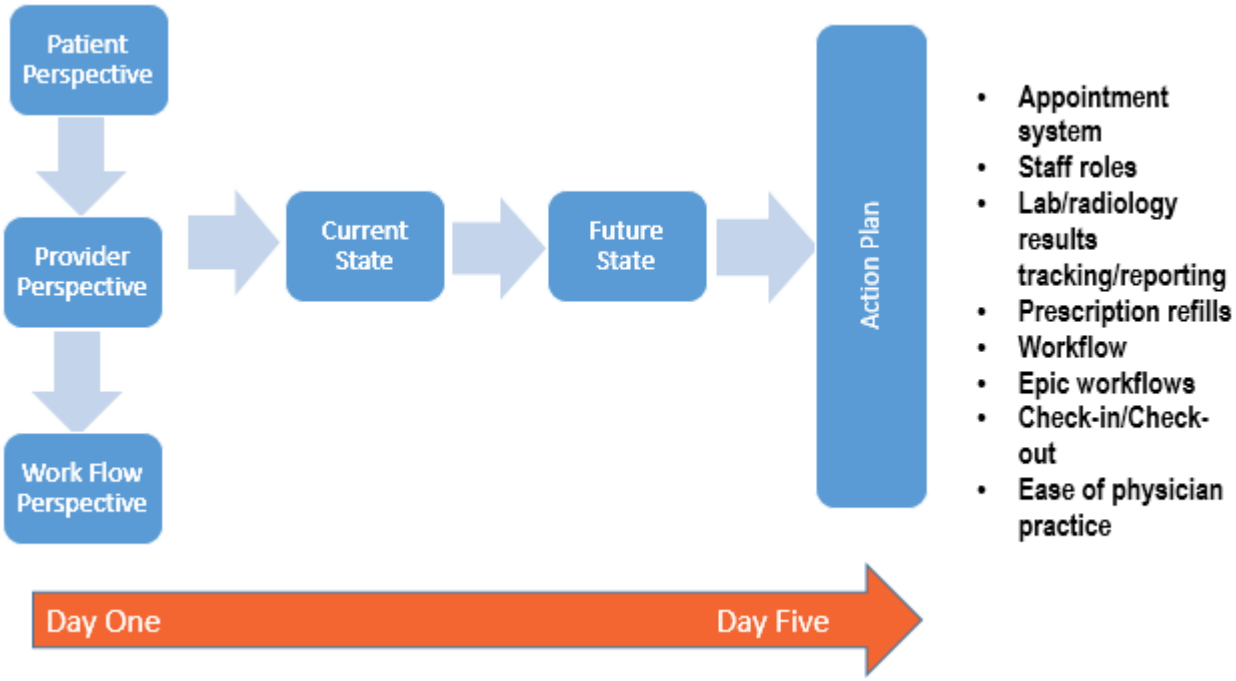
1. Provide staff with constructive criticism of their own processes
2. Promote immersion in the patient experience
3. Create a culture of "I would not want a member of my family to experience what we have created"

Suddenly these initiatives are less about the front desk or the physician schedules or the signage and instead, are focused on the patient. It's about everything that touches a patient. Staff collectively take a leap of faith, recognizing that everyone will have to change something. Everyone is in this together and the team composition should reflect this new culture. Teams are multi-disciplinary and include representatives across all staff categories and work processes and include a patient as well.

Of course, improvement is more than just the patient experience. It would be easy to maximize the patient experience without concern for productivity and managing within resource limits. The key is to blend both of these perspectives, patient focused and resource focused, into an integrated improvement process.

Through our work with hospitals nationwide, we've developed a rapid, structured process that effectively blends these perspectives (see illustration below). This approach:

- Enables participants to become immersed in their operations over a compressed period of time (5 half days). The compressed time frame drives rapid change.
- Leverages experiential exercises to make certain that participants understand the patient point of view and the patient experience.
- Utilizes Lean techniques (from the Toyota production system) to look for opportunity.



Once the right environment is created so that staff are motivated, ready to change and able to confront their complicated systems, we teach Lean techniques on the spot. After learning a particular technique, e.g. simplified process mapping, staff immediately apply this newly learned skill at their clinic. There is nothing hypothetical in our approach. We don't start with a classroom exercise, e.g. "Let's consider an Ambulatory Clinic in Nowhere, USA". This approach is all about applying quality improvement tools, immediately, as they are learned.

Client Results

Client who have followed this path realize improved access, improved patient satisfaction scores, improved staff satisfaction scores, and a reduction in the amount of time a patient is in the clinic. As you can imagine, all of these changes combine to positively impact bottom line performance. Results have been achieved in a variety of settings; for profit, not for profit, primary care clinics, specialty clinics, academic medical centers and free standing entities.

While most executives have been pleased with the speed with which these results have been achieved, most inevitably point to the culture shift as the most significant benefit. Staff members, constructively confronted with 1) the patient experience and then 2) understanding how their individual process choices effects another team member, ultimately become advocates for change. In staff meetings, leader don't need to "sell" the idea of change. Team members drive the need for change. Instead of leaders "pushing" change, staff members are "pulling" the clinic towards change. The intervention also provides an ongoing, platform for continuous improvement.

MEET OUR EXPERT

Jay Zerwekh is Executive Vice President at Galloway Consulting. He brings to his clients a broad range of senior management and consulting experiences from a variety of healthcare settings. Mr. Zerwekh has expertise in improving partnerships and increasing Health Systems' alignment with independent physician practices, system/hospital owned medical groups and physician organizations. In his more than 25 years of operational experience as a healthcare executive in medical group, health plan and hospital settings, both for-profit and not-for- profit, Mr. Zerwekh unfailingly achieved results; improved practice environment for physicians, increased profitability, improved customer service and increased staff satisfaction. His operational expertise, coupled with 12 years of consulting experience with health systems, hospitals, tribal clinics, health plans, medical groups and physician organizations throughout the country, provides the foundation to guide clients to practical, effective and predictable solutions.

Mr. Zerwekh has a Master of Health Services Administration from the University of Michigan and a Bachelor of Arts from Clark University.

