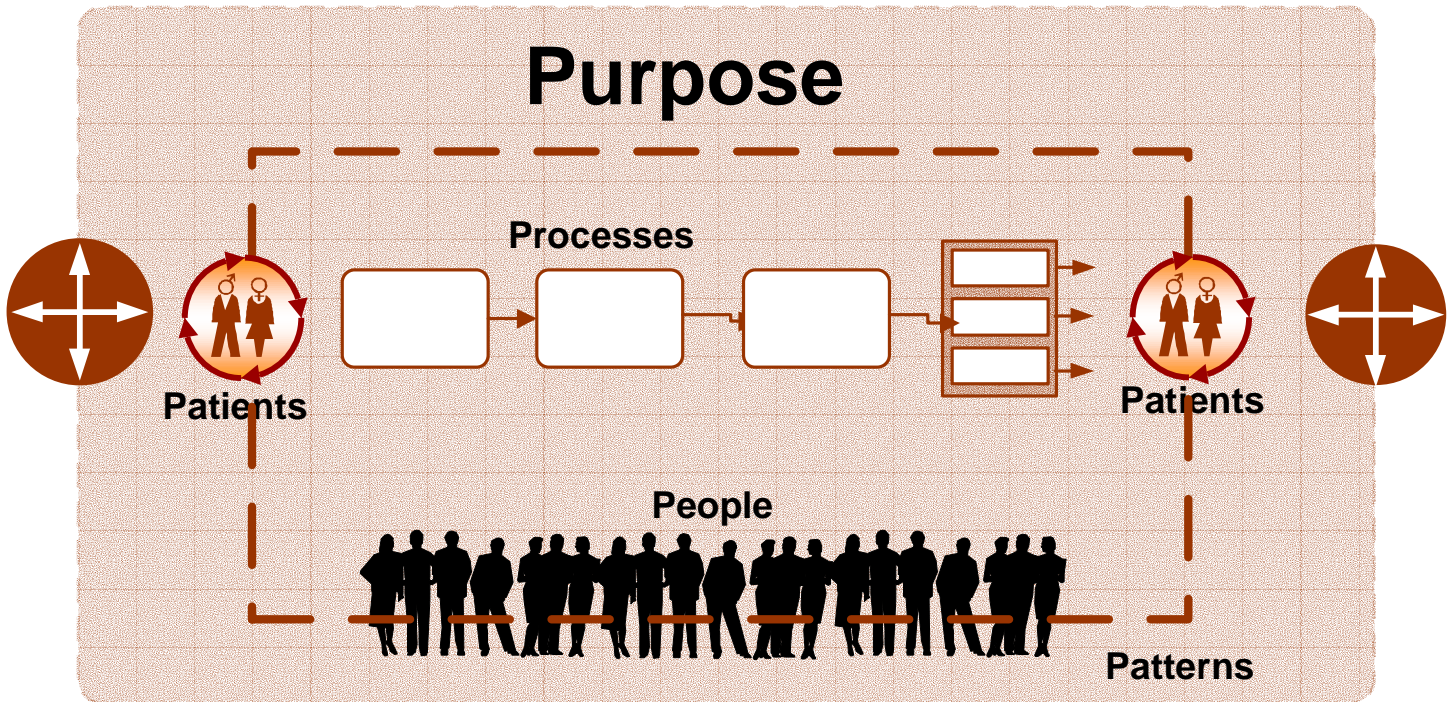




# Assessing Your Practice

*“The Cystic Fibrosis Green Book”*



**“Know Your Purpose”**

**“Know Your Patients”**

**“Know Your People”**

**“Know Your Processes”**

**“Know Your Patterns”**

[www.clinicalmicrosystem.org](http://www.clinicalmicrosystem.org)

# Assessing Your Practice

## Introduction

Clinicians work very hard in today's healthcare environment. Finding the time and tools to critically reflect and analyze practice is hard to do. This workbook is a "map" that can be customized to local context and needs in order to support practice evaluation and improvement, Identification of "broken" processes, wastes and delays, and deeper knowledge of patients and people can improve patient care, outcomes and staff work life.

## Aim

Provide an organized, locally adaptable method to assist practices in collecting information and data to identify opportunities which can lead to significant improvements that improve patient care, outcomes, and staff work life.

## A. Know Your Patients (Practice Profile)

See Items: 1 2 3

### Understand the Needs of Your Patient

- Estimate the number of patients in your practice
- List the age distribution of patient population
- List % of Females
- List your practice's top 10 conditions
- List your top 10 "high utilizers"
- Measure daily demand
- List the number of patients seen in a day
- List the number of patients seen in the last week
- List the number of *NEW* patients in the last month
- List other clinical microsystems you regularly interact with
- List health outcome measures (see Appendix Chart Review Form, pg A6, A7)
- List the number of dis-enrolling patients in the last month
- List encounters per provider per year. Attach a separate list of the providers with actual number of encounters per year. If part-time provider, annualize the number.
- Measure patient satisfaction
- Note the number of Out of Practice Visits which occur each year: Condition Sensitive Hospital Rate and Emergency Room Visit Rate
- Utilize [www.howsyourhealth.org](http://www.howsyourhealth.org)

## B. Know Your People (Practice Profile)

See Items: 4 5

### Assess Your Personnel

- Identify members of staff (*Add additional page if necessary*)
- Identify FTE by member (*Clarify clinical time vs. other responsibilities*)
- Define roles
- List hours of operation
- Measure daily capacity
- Measure backlog (*3rd available appointment*)
- List current appointment types and duration
- List services currently offered, e.g. group visits, E-mail, patient Website, etc.
- Measure staff satisfaction
- Note if every member of the practice meets regularly
- Note your operating margin (revenue minus expense)
- Evaluate Individual skills and needs

## C. Know Your Processes (Activity Surveys, Occurrence Tracking, Telephone Logs, Unplanned Activities, Walk-through worksheet)

See Items: 6 7 8 9 10 11 12 13 14 17

- Measure Office visit cycle time (Patient Cycle Tool - sample one day of patients which includes all providers)
- Complete Activity Survey Sheets (per staff member)
- Complete Telephone Tracking Log (one week)
- Complete Demand (Specialty) Tracking Log (one week)
- Complete Nurse Triage Tracking Sheet (one week)
- Track Visit and Non-visit activities occurrences (one week)
- Track Unplanned Activities (sample one day for provider)
- Complete a "walk-through" of your practice from the patient perspective
- Complete the Practice Core and Supporting Process Assessment.

## D. Know Your Patterns (Practice Profile, Patient Satisfaction Survey, Patient Cycle Tool)

- 3rd available appointment by provider (backlog)
- Office visit cycle time (Patient Cycle Tool)
- Daily demand
- Daily capacity
- Patient satisfaction
- Staff satisfaction
- Assessment tool for core/key processes
- Operating Margin
- Note if every member of the practice meets regularly
- List things you are most proud of
- List things you have successfully changed
- Identify how safety and reliability issues are discussed
- Strategize improvement based on assessments
- Outcome measures (Appendix, pg. A6, A7)

NOTE: We have developed this workbook with tools to give ideas to those interested in improving healthcare. "Dartmouth- Hitchcock Medical Center and the developers of this workbook are pleased to grant use of these materials without charge, providing that recognition is given for their development, that any alterations to the documents for local suitability and acceptance are shared in advance, and that the uses are limited to their own use and not for re-sale."







## Patient Satisfaction with Access Survey - "Point of Service"

Patients have valuable insight into the quality and process of care we provide. You can choose to measure patient feedback specific to "access" to care - how patients experience getting an appointment by using the *Patient Access Survey* below (see page 7 for a tally sheet). This point of service survey can be completed at the time of the visit to give "real time" measurement of satisfaction.

You can also choose to measure the total visit experience using the *Office Practice Patient Viewpoint Survey* on Page 9. There is a tally sheet available on pages 11-12.

### Patient Access Survey

1. How would you rate your satisfaction with getting through to the office by phone?

Excellent     Very Good     Good     Fair     Poor

2. How would you rate your satisfaction with the length of time you waited to get your appointment today?

Excellent     Very Good     Good     Fair     Poor

3. Did you see the clinician, or staff member, that you wanted to see today?

Yes     No     Did not matter who I saw today

4. How would you rate your satisfaction with the personal manner of the person you saw today (courtesy, respect, sensitivity, friendliness)?

Excellent     Very Good     Good     Fair     Poor

5. How would you rate your satisfaction with the time spent with the person you saw today?

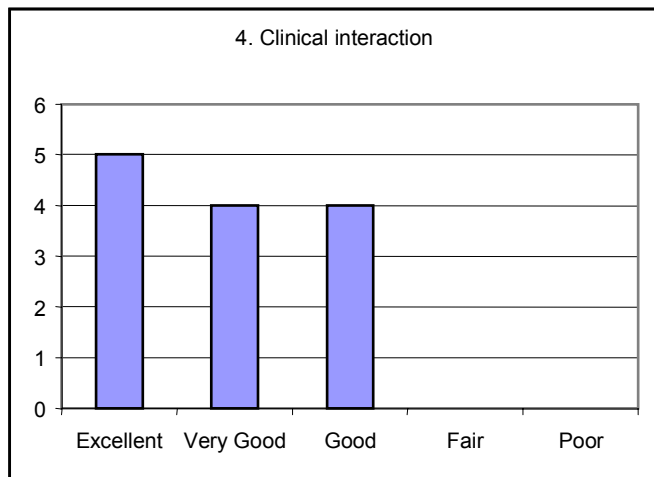
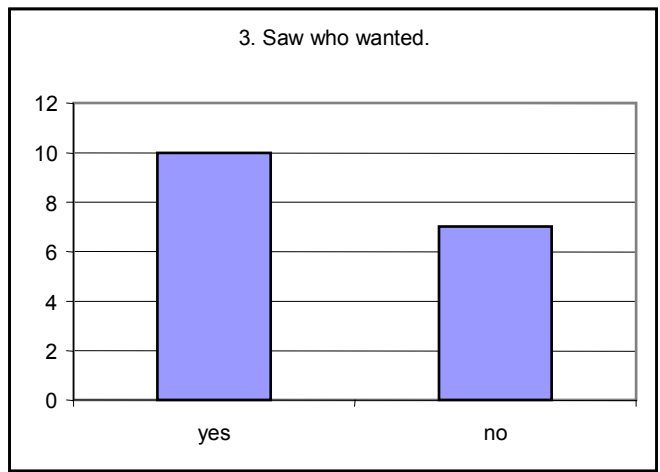
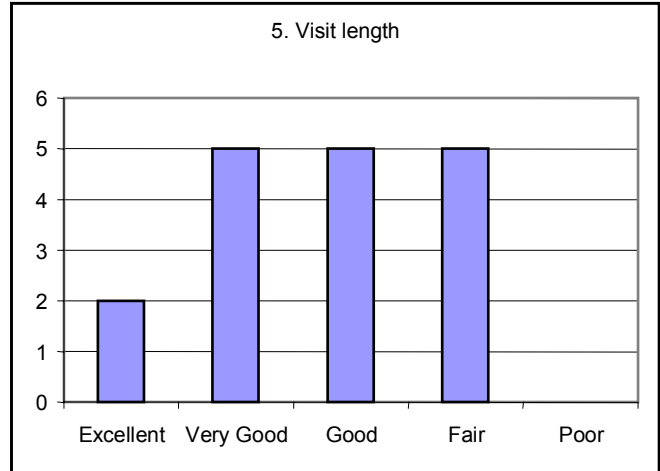
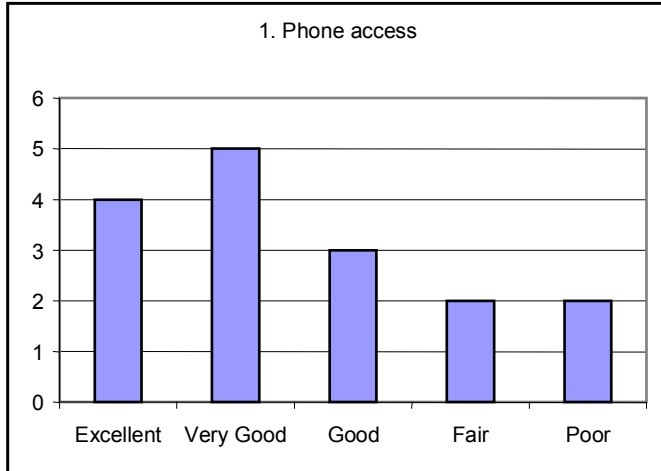
Excellent     Very Good     Good     Fair     Poor

Comments:

## Patient Access Survey Manual Tally

Questions	Excellent	Very Good	Good	Fair	Poor
1. How would you rate your satisfaction with getting through to the office by phone?					
2. How would you rate your satisfaction with the length of time you waited to get your appointment today?					
<b>3. See Below</b>					
4. How would you rate your satisfaction with the personal manner of the person you saw today (courtesy, respect, sensitivity, friendliness)?					
5. How would you rate your satisfaction with the time spent with the person you saw today?					
	Yes	No	Did not matter		
3. Did you see the clinician, or staff member you wanted to see today?					

## Patient Access Survey Data Display Example



### Sample Panel

<b>DATA from Tally</b>	Excellent	Very Good	Good	Fair	Poor
1. Phone access	4	5	3	2	2
2. Wait time	2	4	3	3	5
4. Clinical interaction	5	4	4	0	0
5. Visit length	2	5	5	5	0
3. Saw who wanted.	yes	no			
	10	7			

## 2 Office Practice Patient Viewpoint Survey

### Today's Office Visit

Here are some questions about the visit you just made to this office. We would like to know how you would rate each of the following?

	Excellent	Very Good	Good	Fair	Poor
1. How long you waited to get an appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Convenience of the location of the office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Getting through to the office by phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Length of time waiting at the office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Time spent with the person you saw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Explanation of what was done for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The technical skills (thoroughness, carefulness, competence) of the person you saw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The personal manner (courtesy, respect, sensitivity, friendliness) of the person you saw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How would you rate your Clinician's sensitivity to your special needs or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How would you rate your satisfaction with getting the help that you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How do you feel about the quality of the visit overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### General Questions

Here are some general questions about your satisfaction with this practice.

12. If you could go anywhere to get health care, would you choose this office practice or would you prefer to go someplace else?
- Would choose this practice       Might prefer someplace else       Not sure
13. "I am delighted with everything about this practice because my expectations for service and quality of care are exceeded."
- Agree       Disagree       Not sure
14. In the last 12 months, how many times have you gone to the emergency room for your care?
- None       One Time       Two times       Three or more times
15. In the last 12 months, was it always easy to get a referral to a specialist when you felt like you needed one?
- Yes       No       Does not apply to me
16. In the last 12 months, how often did you have to see someone else when you wanted to see your personal doctor or nurse?
- Never       Sometimes       Frequently
17. Are you able to get to your appointments when you choose?
- Never       Sometimes       Always
18. Is there anything our practice can do to improve the care and services for you?
- No, I'm satisfied with everything
- Yes, **some things** can be improved: *(please specify)* \_\_\_\_\_
- Yes, **lots of things** can be improved: *(please specify)* \_\_\_\_\_
19. Did you have any good or bad surprises while receiving your care?
- Good       Bad       No Surprises
- Please Describe: \_\_\_\_\_

### About You

20. In general, how would you rate your overall health?
- Excellent       Very good       Good       Fair       Poor
21. What is your age?
- Under 25 years       25 - 44 years       45 - 64 years       65 years or older
22. Are you male or female?
- Male       Female

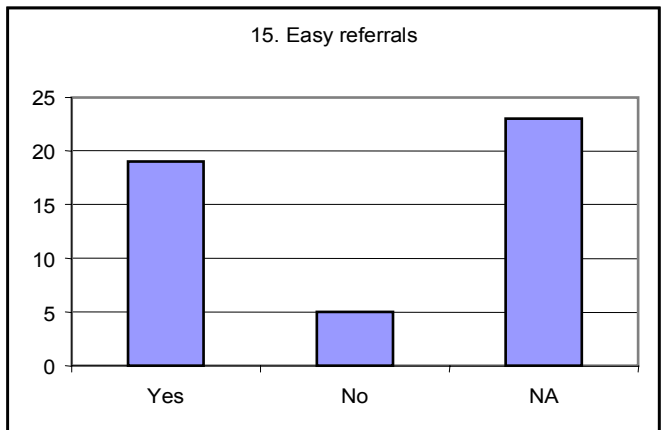
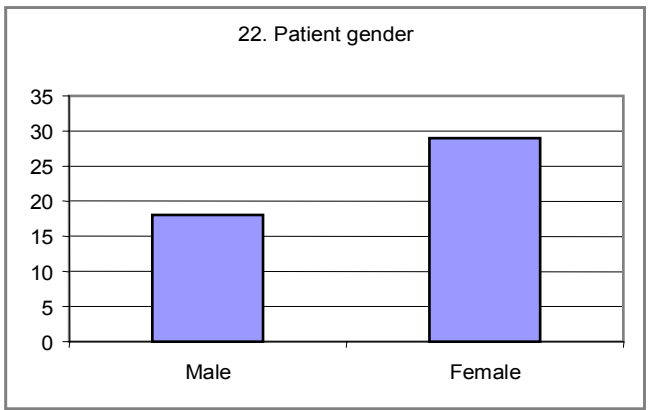
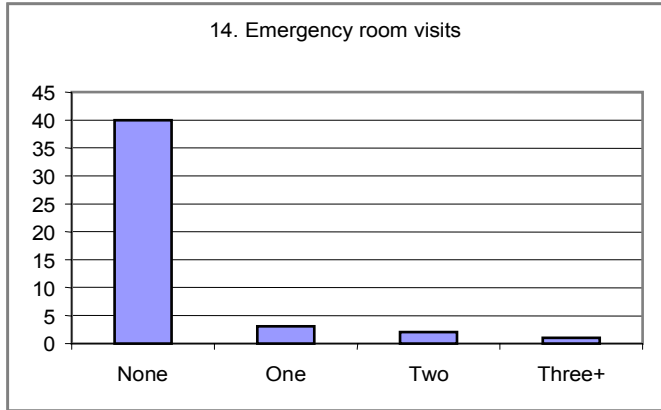
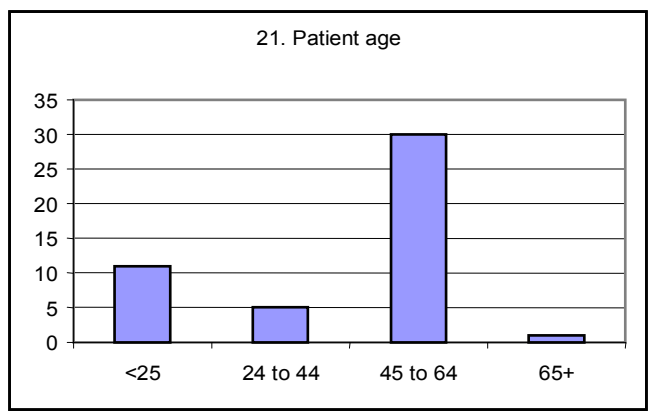
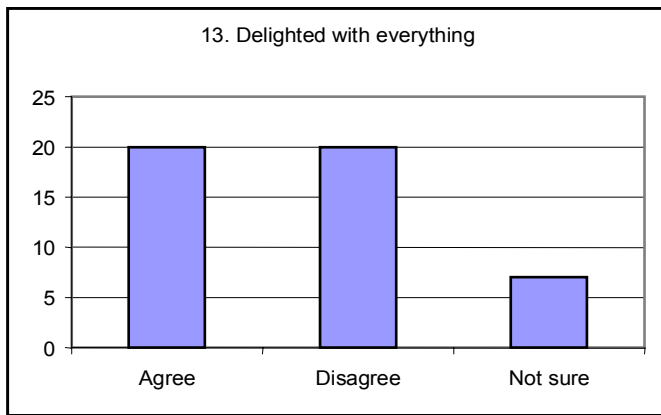
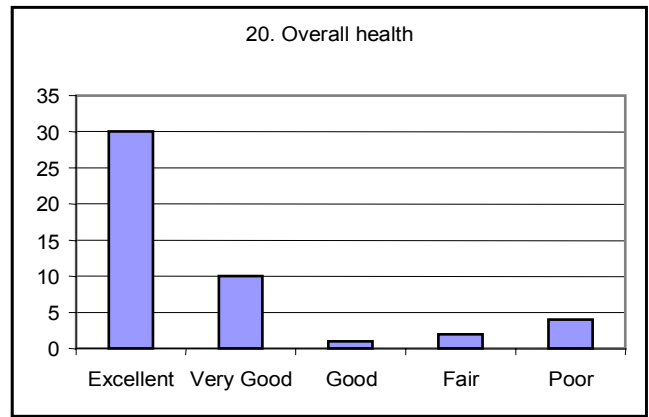
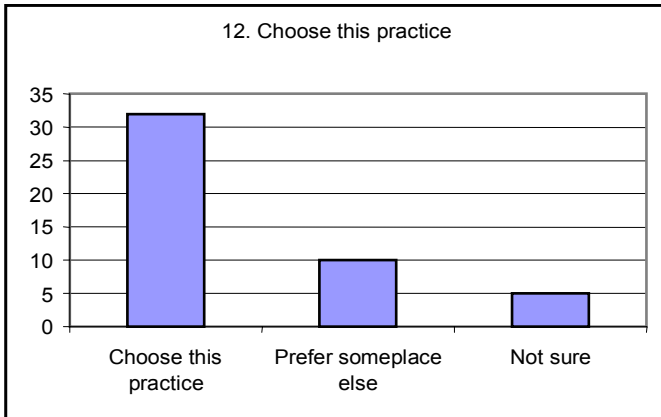
## Clinical Microsystem Patient Viewpoint Survey Manual Tally

Questions	Excellent	Very Good	Good	Fair	Poor	
1. How long for appointment						
2. Convenience of location of office						
3. Getting through to office by phone						
4. Length of time waiting at office						
5. Time spent with person you saw						
6. Explanation of what was done for you						
7. Technical skills						
8. Personal Manner						
9. Clinician's sensitivity						
10. Satisfaction with getting help needed						
11. Overall Quality						
12. If you could go anywhere, would you choose this practice	Would choose	Elsewhere	Not sure			
13. I am delighted with everything and expectations are exceeded	Agree	Disagree	Not Sure			
14. In the past 12 months, number of times went to Emergency Room for care	None	One Time	Two Times			Three or More

**Clinical Microsystem Patient Viewpoint Survey  
Manual Tally (continued)**

15. In the past 12 months, it was easy to get referral to a specialist when needed	Yes	No	Does not apply				
16. In the past 12 months, how often saw someone else instead of personal doctor or nurse	Never	Sometimes	Frequently				
17. Able to get appointments when you choose	Never	Sometimes	Always				
18. Is there anything practice can do to improve care and services	No, Satisfied	Yes, Some	Yes, Lots				
19. Good or bad surprises	Good	Bad	None				
20. Rate overall Health	Excellent	Very Good	Good			Fair	Poor
21. What is your age	Under 25	25-44	45-64			65 or older	
22. Male or Female	Male	Female					

## Clinical Microsystem Patient Viewpoint Survey Data Display Example



**Sample Panel**

# **SAMPLE COVER LETTER FOR PATIENT SATISFACTION SURVEY**

Dear Prospective Participant,

In an effort to improve the care of our Cystic Fibrosis patients, the University of Virginia Pediatric and Adult Cystic Fibrosis Teams are conducting a survey to learn more about your impressions of your clinic visits and CF care. Your input is very important to us.

Please take the time to complete the questionnaire, which is both anonymous and voluntary. Parents or caregivers of children should complete the survey for their child.

Completed surveys should be returned to the collection box in the clinic.

If you have any questions regarding the survey, please contact Peggie Donowitz or Lauren Ahrens. Thank you once again for your consideration.

Pediatric and Adult CF Teams

# EXAMPLE OF A PATIENT SATISFACTION SURVEY

## Patient Satisfaction Survey

### Today's Visit

*Here are some questions about the visit you just made. We would like to know how you rate each of the following?*

	Excellent	Very Good	Good	Fair	Poor
1. Length of time waiting to be seen today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explanation of what was done for you today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you feel about the quality of the visit overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

4. Location of the clinic where you were seen today: \_\_\_\_\_

### CF Team Members

*Here are some questions about the CF team members you saw at your visit today. Please answer the question about each individual team member (MD, RN, Nutritionist (RD), Respiratory therapist (RT)) that you saw today.*

		Excellent	Very Good	Good	Fair	Poor
5. What is the value of the time spent with the person/s you saw today?	MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The technical skills (thoroughness, carefulness competence) of the person/s you saw today?	MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The personal manner (courtesy, respect, sensitivity, friendliness) of the person/s you saw today?	MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## General Questions

*Here are some general questions about your satisfaction with this clinic.*

1. "I am happy with the care provided by this center".

Agree  Disagree  Not Sure

2. In the last 12 months how many times have you gone to the ER for a CF related problem?

None  One Time  Two times  Three or more times

3. How long does it take you to travel to clinic? \_\_\_\_\_

4. How do you usually get to clinic?

Own car  Ride from friend  Public transportation  Medicaid Cab

5. Are you able to get your appointments when you choose?

Never  Sometimes  Always

6. Are you able to get through to the office by phone

Never  Sometimes  Always

7. Is there anything our clinic can do to improve the care and services for you?

No **I am satisfied** with everything

Yes, **some things** can be improved (please specify) \_\_\_\_\_

Yes, **lots of things** can be improved (please specify) \_\_\_\_\_

8. Did you have good or bad surprises while receiving your care?

Good  Bad  No Surprises

Please describe: \_\_\_\_\_

## About the CF patient

9. In general how would you rate your health or the health of your child with CF?

Excellent  Very Good  Good  Fair  Poor

10. How would you rate your nutritional status or the nutritional status of your child with CF?

Excellent  Very Good  Good  Fair  Poor

11. Is the patient male or female? Male  Female

12. What is your age or the age of your child with CF?

Under 2  2-5  6-12  13-18  18-25  25-35  35-45  over 45

**Clinical Microsystem Patient Viewpoint Survey Tally Sheet.** Tally up the responses from the Patient Viewpoint Survey and enter the percentages as noted below.

Patient Viewpoint Scores	Percent Excellent
How long to get an appointment	
Convenience of office location	
Getting through via phone	
Length of time waiting at the office	
Time spent with the person you saw	
Explanation of what was done for you	
Technical skills of person you saw	
Personal manner of person you saw	
Clinician's sensitivity to your needs and concerns	
Satisfaction with getting help you needed	
Quality of overall visit	
Would you choose this practice? (% choose this practice)	
I am delighted with everything about this practice (% agree)	
How many times to ER in last 12 months (% none)	
Easy to get referral to specialist in last 12 months? (% yes)	
How often you saw someone besides your personal provider (% never)	
Can you get appointments when you want them (? always)	
Anything to improve care and services (% no)	
Any good or bad surprises? (% good)	
Your overall health (% excellent)	
Age group (% )	
Male or Female (% female)	

3

Obtaining deeper information about your patients can be difficult. One method is to use the **HowsYourHealth** website [www.howsyourhealth.org](http://www.howsyourhealth.org). A beginning step would be to have all the practice staff complete the survey to gain insight into the process for patients and for the practice to see how aggregate data about a group can help develop plans of care.

**www.howsyourhealth.org:** Go to [www.howsyourhealth.org](http://www.howsyourhealth.org) for more information. On the front page, choose, "For Health Professionals". This will tell you about the features of this program and how to customize it for your setting.

### Getting Good Medical Care and Improving Your Health. . .

*Lots you are supposed to do!*



### Our Proven WEB SITE will help you!

**[www.howsyourhealth.org](http://www.howsyourhealth.org)**

- What matters to you: fun, easy, brief, for ages 9-99
- Instant, personalized information
- Completely confidential with no advertising
- Gets you and your doctor on the same page
- And Much More !!

### How do you use the web site?

Go to [www.howsyourhealth.org](http://www.howsyourhealth.org). On the front page, choose "For Health Professionals" to get information on the features of the program and how to customize it for your setting.

### . . . May Seem Confusing



*Lots of information!*

Creating a joyful work environment starts with a basic understanding of staff perceptions of the practice. Each staff member should complete this survey. Provide a box for staff to drop completed surveys into. (See page 19 for Tally Sheet)

### Clinical Microsystem Staff Survey

Choose only one response for items 1 - 8.

1. I am treated with respect every day by everyone that works in this practice/unit.

- Strongly agree  Agree  Disagree  Strongly Disagree

2. I am given everything I need — tools, equipment, and encouragement — to make my work meaningful to my life.

- Strongly agree  Agree  Disagree  Strongly Disagree

3. When I do good work, someone in my practice/unit notices that I did it.

- Strongly agree  Agree  Disagree  Strongly Disagree

4. How stressful would you say it is to work in this practice/unit?

- Very stressful  Somewhat stressful  A little stressful  Not stressful

5. How easy is it to ask anyone a question about the way we care for patients?

- Very easy  Easy  Difficult  Very difficult

6. How would you rate other people's attitudes about working here, or their morale?

- Excellent  Very Good  Good  Fair  Poor

7. This practice/unit is a better place to work now than it was 12 months ago.

- Strongly agree  Agree  Disagree  Strongly Disagree

8. I would recommend this office practice/unit as a great place to work.

- Strongly agree  Agree  Disagree  Strongly Disagree

9. What would make this practice/unit much better for patients?

\_\_\_\_\_

\_\_\_\_\_

10. What would make this practice/unit much better for those who work here?

\_\_\_\_\_

\_\_\_\_\_

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## Clinical Microsystem Staff Survey Tally Sheet

1. I am treated with respect every day by everyone that works in this practice/unit.	Strongly Agree	Agree	Disagree	Strongly Disagree	
2. I am given everything I need — tools, equipment, and encouragement — to make my work meaningful to my life.	Strongly Agree	Agree	Disagree	Strongly Disagree	
3. When I do good work, someone in my practice/unit notices that I did it.	Strongly Agree	Agree	Disagree	Strongly Disagree	
4. How stressful would you say it is to work in this practice/unit?	Very Stressful	Somewhat	A Little	Not Stressful	
5. How easy is it to ask anyone a question about the way we care for patients?	Very Easy	Easy	Difficult	Very Difficult	
6. How would you rate other people's attitudes about working here, or their morale?	Excellent	Very Good	Good	Fair	Poor
7. This practice/unit is a better place to work now than it was 12 months ago.	Strongly Agree	Agree	Disagree	Strongly Disagree	
8. I would recommend this office practice/unit as a great place to work.	Strongly Agree	Agree	Disagree	Strongly Disagree	

# Clinical Microsystem Staff Survey Data Display Example

## Clinic Staff Survey



	I am given respect	I am given what I need to succeed	People notice what I do	The clinic is better than last year	I would recommend working here
1 Strongly Agree	10	4	6	1	5
2 Agree	2	6	4	7	8
3 Disagree	1	2	1	4	0

## 5 Microsystem Resources - Personal Skills Needs Assessment

Development of each member in the practice is key to success. The Personal Skills Assessment tool can help determine education and training needs of each staff member. Each member completes an individual survey and then discusses the action plan with leadership and other staff. A plan is developed to help members achieve goals and be the best they can be.

### Personal Skills Needs Assessment Skill Needs Assessment Tool

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

Technical Skills:	Work	Home	Want to Learn	Never Use			Occasionally				Frequently		
				1	2	3	4	5	6	7	8	9	10
<i>Please rate the following on where and how often you use them</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
EMR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Central Dictation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Digital Dictation Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
PDA (i.e. Palm Pilot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Word Processing (e.g. Word)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Spreadsheet (e.g. Excel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Presentation (e.g. Power Point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Database (e.g. Access or File Maker Pro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Patient database/statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Printer access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Copier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Telephone system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Voice Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10

Clinical Information Systems:	Want to Learn	Never Use			Occasionally				Frequently			
		1	2	3	4	5	6	7	8	9	10	
<i>What features and functions do you use?</i>												
Provider Schedule	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Patient Demographics	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Lab Results	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Pathology	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Problem List	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Review Reports/Notes	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Documentation	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Direct Entry	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Note Templates	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Medication Lists	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Medication Ordering	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
Action Taken on Surgical Pathology	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	

\*NOTE: EMR (Electronic Medical Record) refers to hospital or clinic-based computers used for such functions as checking in patients, electronic medical records, accessing lab and x-ray information, etc. Customize your list of EMR features to determine skills needed by various staff members to optimize their roles.

## 5 Microsystem Resources - Personal Skills Needs Assessment - Page 2

Development of each member in the practice is key to success. The Personal Skills Assessment tool can help determine education and training needs of each staff member. Each member completes an individual survey and then discusses the action plan with leadership and other staff. A plan is developed to help members achieve goals and be the best they can be.

<b>Personal Skills Needs Assessment Skill Needs Assessment Tool</b>											
<b>Meeting &amp; Interpersonal Skills:</b>	Want to Learn	Never Use			Occasionally				Frequently		
<i>What skills do you currently use?</i>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Agendas	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Role assignments during meetings	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Brainstorming	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Multi-voting	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Open and effective communication	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Feedback - provide and receive	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Managing conflict	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	1	2	3	4	5					

6

**Activity Survey Sheets:** What do you spend YOUR time doing? What is your best estimation of how much time you spend doing it? Each person in the practice fills out the activity survey which is a listing of the activities they perform and the amount of time they think they spend doing them. A **second option** is for each member to make a list of activities performed over the course of a week. Once one of these options is completed, the group can discuss which activities are or are not appropriate for the individual's level of education, training, licensure and more appropriately match function and role. **See Page 24 for a blank survey. Transfer the activities from the Activity Survey Sheets to the Activity Occurrence Sheet on Page 25.**

**Example**

Position: MD	
Activity	% of Time
Activity: <u>See Patients in Clinic</u> Specific Items Involved: • Review chart history • Assess/diagnose patient • Determine treatment plan	39%
Activity: <u>See Patients in Hospital</u>	2%
Activity: <u>See Patients in Nursing Home</u>	2%
Activity: <u>Dictate/Document Patient Encounter</u> Specific Items Involved: • Dictate encounter • Review transcriptions and sign off	25%
Activity: <u>Write Prescriptions</u>	5%
Activity: <u>Complete Forms</u> Specific Items Involved: • Referrals • Camp/school physicals	5%
Activity: <u>Follow up Phone Calls</u> Specific Items Involved: • Answer patient messages and requests	10%
Activity: <u>Evaluate Test Results</u> Specific Items Involved: • Review results and determine next actions	5%
Activity: <u>Manage Charts</u>	5%
Activity: <u>Miscellaneous</u> Specific Items Involved: • CME; attend seminars; attend weekly meetings	2%
<b>Total</b>	<b>100%</b>

**Example**

Position: RN	
Activity	% of Time
Activity: <u>Triage Patient Issues/Concerns</u> Specific Items Involved: • Phone • Face to Face	15%
Activity: <u>Patient Education</u> Specific Items Involved:	3%
Activity: <u>Direct Patient Care</u> Specific Items Involved: • See patients in clinic • Injections • Assist Provider with patients	30%
Activity: <u>Follow up Phone Calls</u> Specific Items Involved: •	22%
Activity: <u>Review and Notify Patients of Lab Results</u> Specific Items Involved: • Normal with follow-up • Drug adjustments	5%
Activity: <u>Complete Forms</u> Specific Items Involved: • Referrals • Camp/School Physicals	20%
Activity: <u>Call in Prescriptions</u> Specific Items Involved:	5%
Activity: <u>Miscellaneous</u> Specific Items Involved:	
<b>Total</b>	<b>100%</b>

7

**Activity Occurrence Example**

Role: RN

Date:

Day of Week: Monday

Visit Activities	AM	PM	Total
Triage Patient Concerns			6
Patient Education			15
Direct Patient Care			50
Non-Visit Activities			
Follow up Phone Calls			22
Review and Notify Patients of Lab Results			23
Complete Forms			37
Call in Prescriptions			18
Miscellaneous:			
<b>Total</b>	<b>88</b>	<b>83</b>	<b>111</b>

## Activity Survey - Blank Forms

Position: \_\_\_\_\_

Name: \_\_\_\_\_

*Instructions: The purpose of this worksheet is to gather data on the amount of time you spend performing various activities. Please indicate (estimate) the percentage of time spent performing each activity listed below. Keep in mind, we are seeking to obtain data related to a "typical" period of work. Estimate the average amount of time, over the course of a typical work period (e.g. a week or a month), you spend on the activities listed on the attached table. Try not to represent either a worst case scenario (i.e., a crisis) or a best case scenario. Estimate the average amount of time (as a percentage of your total time) you typically spend on these activities during a "normal" period. This is not a detailed time study. If an activity you perform is not included, please add to the list. Make sure that all of your activities are included. The sum of "% of your time" column should equal 100%.*

<u>Activity</u>	<u>% of Your Time</u>
<b>Activity:</b> _____ <i>Specific items involved:</i> • • •	
<b>Activity:</b> _____ <i>Specific items involved:</i> • • •	
<b>Activity:</b> _____ <i>Specific items involved:</i> • • •	
<b>Activity:</b> _____ <i>Specific items involved:</i> • • •	
<b>Activity:</b> _____ <i>Specific items involved:</i> • • •	
<b>Activity:</b> _____ <i>Specific items involved:</i> • • •	
<b>TOTAL</b>	<b>100%</b>



**8 9 10 Telephone Tracking Log Example - Use this example as a guide for filling in the Demand Tracking Log via Telephone, Nurse Triage Telephone Tracking and Specialty Demand logs**

This tracking log will assist you in understanding the practice phone call volume and why patients are calling. Put a tally mark each time one of the phone calls is for one of the listed categories. Total the calls for the day, and then total for the week for each category. Note which days are "high volume" days and sessions which are high volume. Monday, Tuesday and Friday are typical high volume days in office practice. The "circled" data indicate volumes to review and further evaluate.

Week of: 2/5/01	Appointment for Today		Appointment for Tomorrow		Appointment for Future		Test Results		Nurse Care		Prescription Refill		Referral Information		Need Information		Message for Provider		Talk with Provider		Other		TOTAL
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
<b>Monday</b>	/// ///	/// ///	/// ///	/// ///	/// /// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	
Total	10	9	10	4	15	12	10	7	10	5	7	5	5	5	2	6	5	10	6	10	5	5	158
<b>Tuesday</b>	/// /	/// ///	/// ///	/// ///	/// /// /	/// ///	/// /	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	
Total	6	8	10	4	11	10	5	1	10	7	8	5	4	5	4	5	1	10	8	7	5	5	134
<b>Wednesday</b>	/// ///	/// ///	/// /	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// /	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	
Total	3	3	6	7	5	5	3	5	2	5	2	5	1	5	5	6	5	5	5	9	5	5	92
<b>Thursday</b>	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// /	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	
Total	8	9	13	18	8	5	6	5	10	6	5	5	5	5	1	5	3	10	7	5	5	5	149
<b>Friday</b>	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// /	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	
Total	10	15	9		10	10	11	10	10	9	12	10	5	2	6	5	7	6	5	10	8	8	175
<b>Saturday/Sunday</b>	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	/// ///	
Total	4				3		2		5	3	2				2		3	5		1			30
<b>Week Total</b>	41	44	48	33	52	42	37	23	50	32	39	27	24	8	28	12	32	19	46	31	42	28	738

## 10 Nurse Triage Demand Tracking Log Example

This tracking log will assist you in understanding the nurse triage phone call volume, why patients are calling, and what actions the RNs are taking. These data can help identify opportunities to change processes and roles to support the RN to function in roles to support patient care. Put a tally mark each time one of the phone calls is for one of the listed categories. Total the calls for the day, and then total for the week for each category. Note which days are "high volume" days and sessions which are high volume. Monday, Tuesday and Friday are typical high volume days in office practice.

Week of: _____	Phone Advice		Need to Check with Provider for Advice		Message for Provider		Appointment for Today		Appointment for Tomorrow		Appointment for Future		Test Results		Prescription Refill		Referral Information		Other		Other		TOTAL
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
<b>Monday</b>																							
Total																							
<b>Tuesday</b>																							
Total																							
<b>Wednesday</b>																							
Total																							
<b>Thursday</b>																							
Total																							
<b>Friday</b>																							
Total																							
<b>Saturday/Sunday</b>																							
Total																							
<b>Weekly Total</b>																							





# Patient Cycle Tool Example

One key measure of clinical microsystem efficiency is the patient cycle time. It is important to understand that cycle time is a result of systems, processes and individual style. This is defined as the time a patient enters the practice until they leave. The Patient Cycle Tool can be administered in several ways: a) Patients can carry the clipboard through their visit and note the times, b) Staff can write the times as the patient travels through the practice, c) Patients can be "shadowed" by a person to document the times. There is space to write comments in along the way.

**Instructions: Please fill in the time at each point during your visit.**

Scheduled appointment time: 8:45 AM Date: June 8, 2004

## Time

7:30 AM

1. Time you left your house.

8:30 AM

2. Time you arrived at the clinic.

8:35 AM

3. Time you checked in.

9:00 AM

4. Time you were shown to the exam room.

9:30 AM

5. Time the nurse finished measurements (e.g. weight, height, lung function).

9:45 AM

6. Time you were ready to see first CF Team member.

Please tell us the time that each team member came in to see you and the time that they left the room.

	Nurse	Social Worker	Nutritionist	PT/RT	Physician	Other
<b>Time In:</b>	9:45 AM		10:15 AM		10:45 AM	
<b>Time Out:</b>	10:00 AM		10:20 AM		11:00 AM	

11:05 AM

7. Time you were ready to leave clinic.

**COMMENTS:**

# Patient Cycle Tool

One key measure of clinical microsystem efficiency is the patient cycle time. It is important to understand that cycle time is a result of systems, processes and individual style. This is defined as the time a patient enters the practice until they leave. The Patient Cycle Tool can be administered in several ways: a) Patients can carry the clipboard through their visit and note the times, b) Staff can write the times as the patient travels through the practice, c) Patients can be "shadowed" by a person to document the times. There is space to write comments in along the way.

**Instructions: Please fill in the time at each point during your visit.**

Scheduled appointment time: \_\_\_\_\_

Date: \_\_\_\_\_

**Time**

1. Time you left your house.

2. Time you arrived at the clinic.

3. Time you checked in.

4. Time you were shown to the exam room.

5. Time the nurse finished measurements (e.g. weight, height, lung function).

6. Time you were ready to see first CF Team member.

Please tell us the time that each team member came in to see you and the time that they left the room.

	Nurse	Social Worker	Nutritionist	PT/RT	Physician	Other
<b>Time In:</b>						
<b>Time Out:</b>						

7. Time you were ready to leave clinic.

**COMMENTS:**

## Patient Cycle Tool Spreadsheet Example in Microsoft Excel

Enter each time from individual sheets. Format the cells as "time".  
 Program calculated times as the differences between the times.  
 Use the "Average" function to calculate the row averages.  
 Insert columns as needed for more patients.

	Patient 1	Patient 2	Patient 3
left house	7:30	8:15	11:00
arrived	8:30	8:45	12:10
checked in	8:35	9:00	12:20
exam room	9:00	9:05	12:23
ht wt pft	9:30	9:40	12:47
nurse in	9:45	10:03	13:10
nurse out	10:00	10:27	13:15
SW in		10:30	
SW out		10:40	
Nutrition in	10:15	10:50	
Nutrition out	10:20	11:00	
PT/RT in			12:50
PT/RT out			13:06
MD in	10:45	11:03	13:20
MD out	11:00	11:12	13:35
Leave Clinic	11:05	11:20	13:45

### Calculated Times

				Averages
Travel	1:00	0:30	1:10	0:53
Total clinic time	2:30	2:20	1:25	2:05
MD time	0:15	0:09	0:15	0:13
Nurse time	0:15	0:24	0:05	0:14
SW time		0:10		0:10
Nutrition time	0:05	0:10		0:07
PT/RT time			0:16	0:16

# EXAMPLE PATIENT CYCLE TOOL

## Patient Cycle Tool

**Instructions:** Please fill in the time at each point during your visit.

**Scheduled Appointment time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Time**


1. Time you left your house.
2. Time you arrived at the clinic.
3. Time you checked in.
4. Time you finished blood draw.
5. Time you finished x-ray.
6. Time you finished measurements (e.g. weight, height).
7. Time you were shown to exam room.
8. Time you finished lung function.

**Please tell us the time that each team member came in to see you and the time that they left the room:**

	Nurse	Social Worker	Nutritionist	Respiratory Therapist	Physician	Nurse Practitioner	Pharmacist	CRS Worker
<b>Time In:</b>								
<b>Time Out</b>								

--

**9 Time you were ready to leave clinic.**

**COMMENTS:**

**12 Know Your Processes- Practice Core and Supporting Processes Assessment Example:** Ask each member of the staff to rate the core and supporting processes using this worksheet. Based on these findings, staff members choose what to work on improving. Rate each process by putting a tic mark under the heading which most closely matches your understanding of the process. Also mark if the process is a source of patient complaints. (See Appendix, page A3-A5 for the Pareto worksheet and example to help you analyze the data.) **Steps for Improvement:** Each of the processes below should be flowcharted in their current state. Explore improvements for each process based on the outcomes of the assessment tool. Once you have flowcharted the current state of your processes and determined your change ideas use the PDSA Cycle Worksheet on page 34 to run tests of change and to measure. The collection of flowcharts will create your Practice Playbook (see page 37).

Processes	Works Well	Not a Problem	Small Problem	Real Problem	Totally Broken	Cannot Rate	We're Working On It	Source of Patient Complaint
Answering phones							✓	
Appointment system		✓						
Messaging				✓				✓
Scheduling procedures								
Reporting diagnostic test results			✓					
Prescription renewals					✓			✓
Making referrals	✓							
Pre-authorization for services		✓						
Billing/Coding			✓					
Phone advice		✓						
Assignment of patients to your practice				✓				
Orientation of patients to your practice		✓						
New patient work ups		✓						
Education for patients/families				✓				
Prevention assessment/activities			✓					
Chronic disease management		✓						



# Unplanned Activity Tracking Card

13

The Unplanned Activity Tracking Card assists the staff in identifying waits and delays in the process of providing smooth and uninterrupted patient care. Each provider carries the card during a patient session and documents when and why patient care is delayed or interrupted. Put a "tic" mark for each incident of unplanned activity, or Indirect Patient Care "Pulls". This collection tool can be adapted for any role in the practice to discover interruptions in work flow. Circles in the example indicate processes to further evaluate for possible improvements.

Unplanned Activity Tracking		
Provider Name: _____	Date: _____	
Dr. Pierce _____	Time: _____	
Place a "tic" mark for each incident of an unplanned activity.		Total
• Phone Interruptions		
• Support Staff Interruptions		
• RN Interruptions		
• Provider Interruptions		
• Hospital Admissions		
• Patient Phone Calls		
• Pager		
• Missing Equipment/Supplies		
• Missing Chart: SD Patient		
• Missing Chart: Scheduled Pt.		
• Missing Test Results		
• _____		

Unplanned Activity Tracking		
Provider Name: _____	Date: 2/12/01	
Dr. Pierce _____	Time: 8:30 - 12:00	
Place a "tic" mark for each incident of an unplanned activity.		Total
• Phone Interruptions	<del>////</del> ///	8
• Support Staff Interruptions	<del>////</del> <del>////</del> ///	13
• RN Interruptions	<del>////</del> /	6
• Provider Interruptions	///	3
• Hospital Admissions	/	1
• Patient Phone Calls	//	2
• Pager	<del>////</del> /	6
• Missing Equipment/Supplies	<del>////</del>	5
• Missing Chart: SD Patient	<del>////</del> //	7
• Missing Chart: Scheduled Pt.	////	4
• Missing Test Results		
• _____		

## 14 "Through the Eyes of Your Patients"

Gain insight into how your patients experience your practice. One simple way to understand both patient flow and patient experience through a practice is to experience the care through the eyes of a patient. Members of your staff should do a "walk through" of your practice. Try to make this experience as real as possible, this form can be used to document the experience.

You can also "Narrate the Walk" by making an audio or videotape to capture your comments and observations about the walk.

### Tips for making the "walk through" most productive:

1. Determine with your staff where the starting point and ending points should be, taking into consideration issues of appointment making, the actual office visit process, follow-up, and other issues you may suspect are problems.
2. Two members of the staff should do the walk through together if at all possible, with each playing a role: patient and partner or parent and child.
3. Set aside a reasonable amount of time to do this. Consider the usual amount of time patients spend in your clinic.
4. Make it real. Have a real appointment with a real clinician. Include time with lab tests and arranging for reports to be available. Sit where the patients sit. Wear what patients wear. Make a realistic paper trail of chart, lab reports, referrals, payment arrangements, etc.
5. During the walk through, note both positive and negative experiences, as well as any surprises. What was frustrating? What was gratifying? What was confusing? Again, an audio or video tape can be helpful.
6. Debrief your staff on what you did and what you learned.

Date: \_\_\_\_\_ Staff Members: \_\_\_\_\_

Walk Through Begins When: \_\_\_\_\_ Ends When: \_\_\_\_\_

Positives	Negatives	Surprises	Frustrating/Confusing	Gratifying



# 15 Blank Form: Strategizing Office Improvements Using Patient, People and Process Knowledge

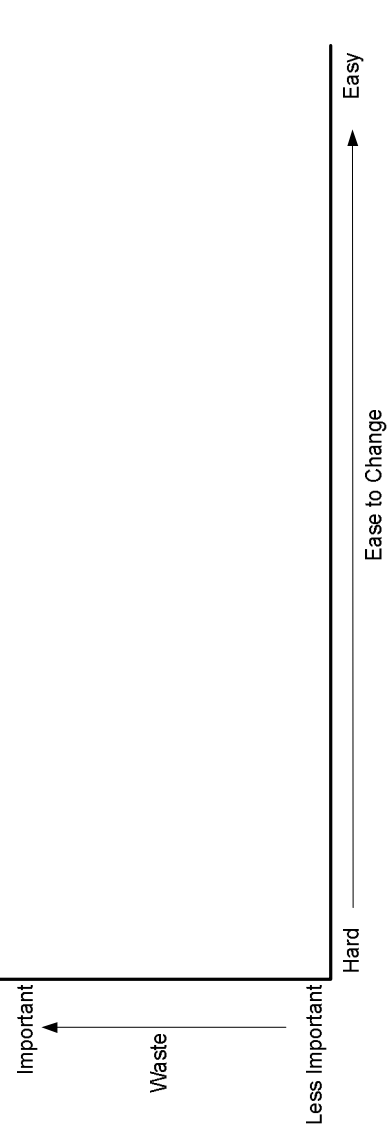
You have collected data about your patients, your practice and the processes of patient care. This worksheet will help you put all your new information together to analyze your practice to identify opportunities for improvements and then plan PDSA cycles to test your new changes. (See Page 25 for example)

Step #1: Collect practice data using this workbook to identify strengths and improvement opportunities  
 Step #2: Insert improvement opportunities into the following table  
 Step #3: Identify specific causes linked to improvement opportunities

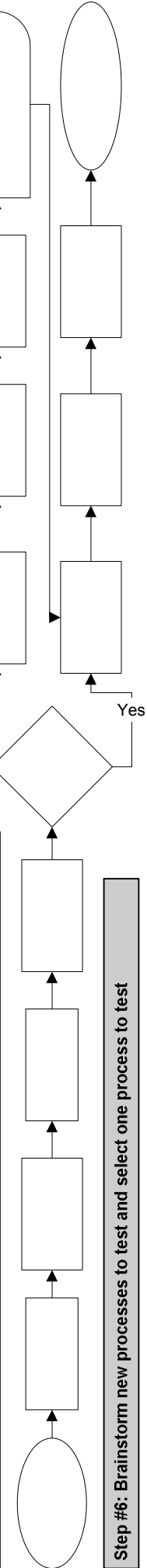
Patient Improvements (Satisfaction, Walk Through)	Specific Cause	Provider Improvements (Unplanned Activity Cards)	Specific Cause	People Improvements (Activity Survey Sheets)	Specific Cause	Process Improvements (Cycle Time, Process Assessment)	Specific Cause
1. _____	_____	5. _____	_____	9. _____	_____	13. _____	_____
2. _____	_____	6. _____	_____	10. _____	_____	14. _____	_____
3. _____	_____	7. _____	_____	11. _____	_____	15. _____	_____
4. _____	_____	8. _____	_____	12. _____	_____	16. _____	_____

## Step #4: From the above, identify importance of waste and ease to change

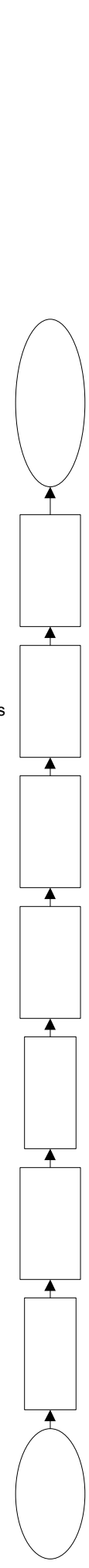
Using this graph, plot each of the above waste/delays by number. Consider where the waste/delay falls on the continuum of importance of waste and the ease to change. Those numbers that fall in the upper right hand quadrant will be the important waste issues and the easiest to change. Start with these first as you roll out PDSA cycles.



## Step #5: Select 1 or 2 items of high importance and easy to change - flowchart the process



## Step #6: Brainstorm new processes to test and select one process to test



## Step #7: Once tested, implement new way and integrate into Practice Schedule

**Symbol Key:**

- Process beginning or end
- Activity step
- ◇ Decision points
- Waits and delays
- Process flow direction
- Connector (e.g. off page)

## Total Analysis: Variation and Mismatch Review “Putting It All Together”

Step back and look at all the data and information

**Things to look for:**

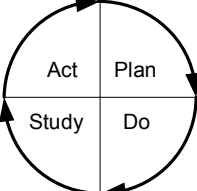
- Are the right services being provided for patients?
- What new services could patients benefit from?
- Are the hours of the practice meeting patient needs?
- Are the right people doing the right things?
- Are there new roles needed to better meet patients needs?
- Does technology help each role?
- Where do you see variation?
- What processes can be eliminated?
- Can you identify peaks and flows in the work flow that can be smoothed out?

**Explore the Mismatch:**

- Mismatch between role and activity
- State/Professional guidelines and current role
- Mismatch between activity and patient need
- Mismatch between volume of resources and demand on certain days/hours
- Mismatch between resources and demand by season

Review the “4P’s” data and information. Use the blank form on **page 42** to fill in your own information to help discover opportunities to redesign & improve patient care. The example on **page 41** focuses on Matching Home Health Aide Capacity to Demand. Data and information about the patients, people, and processes help raise questions to discover improved processes & new delivery models.

**New Process:** Based upon your findings, what are you going to improve? What PDSA (Plan-Do-Study-Act) cycles can you run to test your ideas? Using the PDSA Worksheet as a guide, plan your practice tests of change. Remember you can not fill out the "Study" and "Act" until you have conducted the test!

<b>Cycle for Learning and Improvement</b>	
<p><b>Objective/Aim:</b></p> <p><b>Plan:</b></p> <p>Plan for change or test: who, what, when, where</p> <p>Plan for collection of data: who, what, when, where</p>	
<p><b>Do:</b> Carry out the change or test; collect data and begin analysis.</p>	
<p><b>Study:</b> Once you are implementing the change, do a complete analysis of data; summarize what was learned upon completion.</p>	
<p><b>Act:</b> Are we ready to make a change? Do we need to make modifications? What is the next change cycle?</p>	

16 “Putting It All Together” - EXAMPLE

Review the “4P’s” data and information. Fill in the table below to help discover opportunities to redesign & improve patient care. This example focuses on matching Home Health Aide Capacity to Demand & help to raise questions to discover improved processes & new delivery models.

DEMAND	CAPACITY	Matching questions																																													
<p>350 Active Patients (avg. age 12, 68% female)</p> <ul style="list-style-type: none"> <li>o 27% nutritional risk or failure</li> <li>o 33% supplemental feeding</li> <li>o 9% CFRD</li> <li>o 21% on TOBI</li> </ul> <p>28% Received HHA Services (type from PPOC?) (roughly 98 patients – 66 female, 32 male)</p> <table border="1" data-bbox="646 1339 799 1957"> <thead> <tr> <th># patients</th> <th>LOS</th> <th>HHA hours on average</th> </tr> </thead> <tbody> <tr> <td>47</td> <td>&lt; 30 days</td> <td></td> </tr> <tr> <td>32</td> <td>30 – 60 days</td> <td></td> </tr> <tr> <td>5</td> <td>61-120 days</td> <td></td> </tr> <tr> <td>14</td> <td>&gt; 120 days</td> <td></td> </tr> </tbody> </table> <p>33% Medicare FFS, 48% Medicaid FFS</p>	# patients	LOS	HHA hours on average	47	< 30 days		32	30 – 60 days		5	61-120 days		14	> 120 days		<p>69 HHA Assigned to Team. X% are female</p> <table border="1" data-bbox="418 520 522 1310"> <thead> <tr> <th>Hours per Week</th> <th>% HHAs working</th> <th>Avg. # cases/HHA</th> </tr> </thead> <tbody> <tr> <td>0-20</td> <td>36% (25)</td> <td></td> </tr> <tr> <td>21-40</td> <td>39% (27)</td> <td></td> </tr> <tr> <td>41+</td> <td>25% (17)</td> <td></td> </tr> </tbody> </table> <p>HHA Knowledge of supplemental feeding and TOBI use</p> <table border="1" data-bbox="597 533 799 1310"> <thead> <tr> <th colspan="2">Primary (1) 78%</th> <th colspan="2">Back Up (1) 8%</th> <th colspan="2">Other (5) 14%</th> </tr> <tr> <th>Cases</th> <th>Hours (Short, long)</th> <th>Cases</th> <th>Hours (Short, long)</th> <th>Cases</th> <th>Hours (Short, long)</th> </tr> </thead> <tbody> <tr> <td>47</td> <td></td> <td>9</td> <td></td> <td>10</td> <td></td> </tr> </tbody> </table> <p>*average monthly (over 7 months)</p> <p>4-6 Replacements per patient. Reasons. And number by 3 categories.</p> <p>Rejection Report</p>	Hours per Week	% HHAs working	Avg. # cases/HHA	0-20	36% (25)		21-40	39% (27)		41+	25% (17)		Primary (1) 78%		Back Up (1) 8%		Other (5) 14%		Cases	Hours (Short, long)	Cases	Hours (Short, long)	Cases	Hours (Short, long)	47		9		10		<p>How many HHAs should comprise core assigned that can be guaranteed 20-40 hours per week?</p> <p>What skills and knowledge do HHAs need to serve this population?</p> <p>Do the hours that HHAs want (e.g. only mornings) meet the requests for patient need?</p> <p>How many hours assigned to a back up agency will sustain a relationship?</p> <p>What do we know about patients who have LOSs &gt; 120 days?</p> <p>How can we shape the demand for replacements?</p> <p>What are the reasons patients assigned to other agencies, are not with primary and back up? Or other programs?</p> <p>Can the HHAs assigned as core meet the language needs of population?</p> <p>Are HHAs geographically assigned?</p>
# patients	LOS	HHA hours on average																																													
47	< 30 days																																														
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**16 “Putting It All Together” -Blank Form**

Review the “4P’s” data and information. Fill in the table below to help discover opportunities to redesign & improve patient care. Focus on Demand & capacity to help raise questions to discover improved processes & new delivery models.

DEMAND	CAPACITY	Matching questions															
<p>Patient Information</p> <p>What percent of patients receive certain services?</p> <p>Unique patient ethnicity and demographics</p>	<p>People/Staff Information: What roles are needed to provide services and care to this population?</p> <table border="1" data-bbox="440 541 545 1335"> <thead> <tr> <th data-bbox="440 1066 488 1335"><i>Hours per Week</i></th> <th data-bbox="440 806 488 1066"></th> <th data-bbox="440 541 488 806"></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Knowledge needed to provide specific services.</p> <p>What language do staff speak?</p>	<i>Hours per Week</i>															<p>What skills and knowledge does the role need to serve this population?</p> <p>Do the hours that staff want meet the requests for patient need?</p> <p>How can we shape the demand?</p> <p>What are the reasons patients assigned to other agencies, are not with primary and back up? Or other programs?</p> <p>Can the staff assigned meet the language needs of population?</p>
<i>Hours per Week</i>																	

## 18 Managing Staff Resources - Huddles

- Huddles - What can we proactively anticipate and plan for in our work day/week? **See Huddle Worksheet, page 38,39.**
  - Beginning of day: review of the day, review coming week and next week
  - Mid day review/End of day review
  - Frequency of daily review dependent on situation
  - To keep huddle focused and short, no one should sit
- A Practice Manager who oversees day-to-day operations can help keep the staff on track and focused on improvements.
- It is key to identify seasonal variation which should result in variable schedules.
- Flexible multi-skilled staff add flexibility to resources as needed.
- The example of a generic huddle sheet can be modified to add more detail to the content and purpose of the huddle.

## 19 Practice Playbook

An ultimate goal might be for a clinical microsystem to build its own “playbook” that can be used for training, performance management, and improvement. A playbook is an organized collection of systems and processes for the practice.

- A microsystem’s playbook includes flowcharts that display the standard method, or typical process, that is followed to accomplish a core or supporting process.
- The playbook can be used for educating new staff, cross-training staff, managing performance, and for “trouble shooting” by providing a reference on how processes should/do work.

## 20 Overall Action Plan/ Gantt Chart

- Fill in the Action Plan on **Page 46** with the Next Steps, To Dos, Owners and Timeline for completion in order to keep your staff on track. Update and revise the Action Plan as you move forward.
- Remember to review the Action Plan with the practice staff periodically to remind everyone of the successful progress being made. Practice staff can become discouraged with the hard work of improvement and review of progress can help keep morale and energy renewed.

**18 Huddle Sheet - EXAMPLE**

What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful. This worksheet can be modified to add more detail to the content and purpose of the huddles.

<p><b>Huddle Sheet</b></p>	<p>Date: <u>October 31, 2002</u></p>
<p>Practice: <u>Cedars CF Clinic</u></p>	
<p><b>Aim:</b> Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.</p>	
<p><b>Follow ups from Yesterday</b></p>	
<ul style="list-style-type: none"> <li>• Green, Yoder, Wheeler, Foster - check labs and do follow up per Dr. Martin (Carol)</li> <li>• Need to plot phone volume on data wall and check to see if any trends are obvious (Susie)</li> </ul>	
<p><b>“Heads Up” for Today: (include special patient needs, sick calls, staff flexibility, contingency plans)</b></p>	
<ul style="list-style-type: none"> <li>• Mrs. Smith coming in today - usually brings her son in for a weight check and glucose screen (add 10 minutes to appointment time); Be sure they both receive flu shot</li> <li>• If Mrs. Walker calls, Dr. Orzo wants to be interrupted</li> </ul>	
<p><b>Review of Tomorrow and Proactive Planning</b></p>	
<ul style="list-style-type: none"> <li>• Call Joe’s mother . . . He has missed 2 appointments</li> <li>• Since we mailed out lab tests on John Wood - call lab if results are not received today</li> <li>• Nancy Bacon was seen yesterday - cancel this appointment</li> </ul>	
	<p><u>Meetings:</u> Patrick at Manager’s Meeting from 8-9:30 am</p> <p><u>Staff:</u> Mary leaving early for Halloween, John can cover her evening hours. George can be on call this evening if more patients due to Halloween.</p>
	<p><u>Meetings:</u> Staff meeting 12-1</p> <p><u>Staff:</u></p>

## 18 Huddle Sheet-Blank Form

What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the coming week and review of next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful. This worksheet can be modified to add more detail to the content and purpose of the huddles.

<b>Huddle Sheet</b>	Date: _____
Practice: _____	
<b>Aim:</b> Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.	
<b>Follow ups from Yesterday</b>	
<b>“Heads Up” for Today: (include special patient needs, sick calls, staff flexibility, contingency plans)</b>	
Meetings: _____	
<b>Review of Tomorrow and Proactive Planning</b>	
Meetings: _____	



# Appendix

1. Discoveries and Actions Table/Common Oversights and Wastes Table
2. Additional Related Worksheets
  - Pareto Worksheet
  - Primary Care Specific Outcomes Chart Review Form
3. Sample Meeting Agenda
4. Example Data Wall
5. Example Storyboard

1. The Assessing Your Practice Discoveries and Actions table highlights the efforts of prior microsystems. The Common Oversights and Wastes table provides a list of high leverage changes to improve efficiency.
2. The additionally referenced worksheets can be used to help gain further insight and to assist in analyzing your data.

# Assessing Your Practice Discoveries and Actions

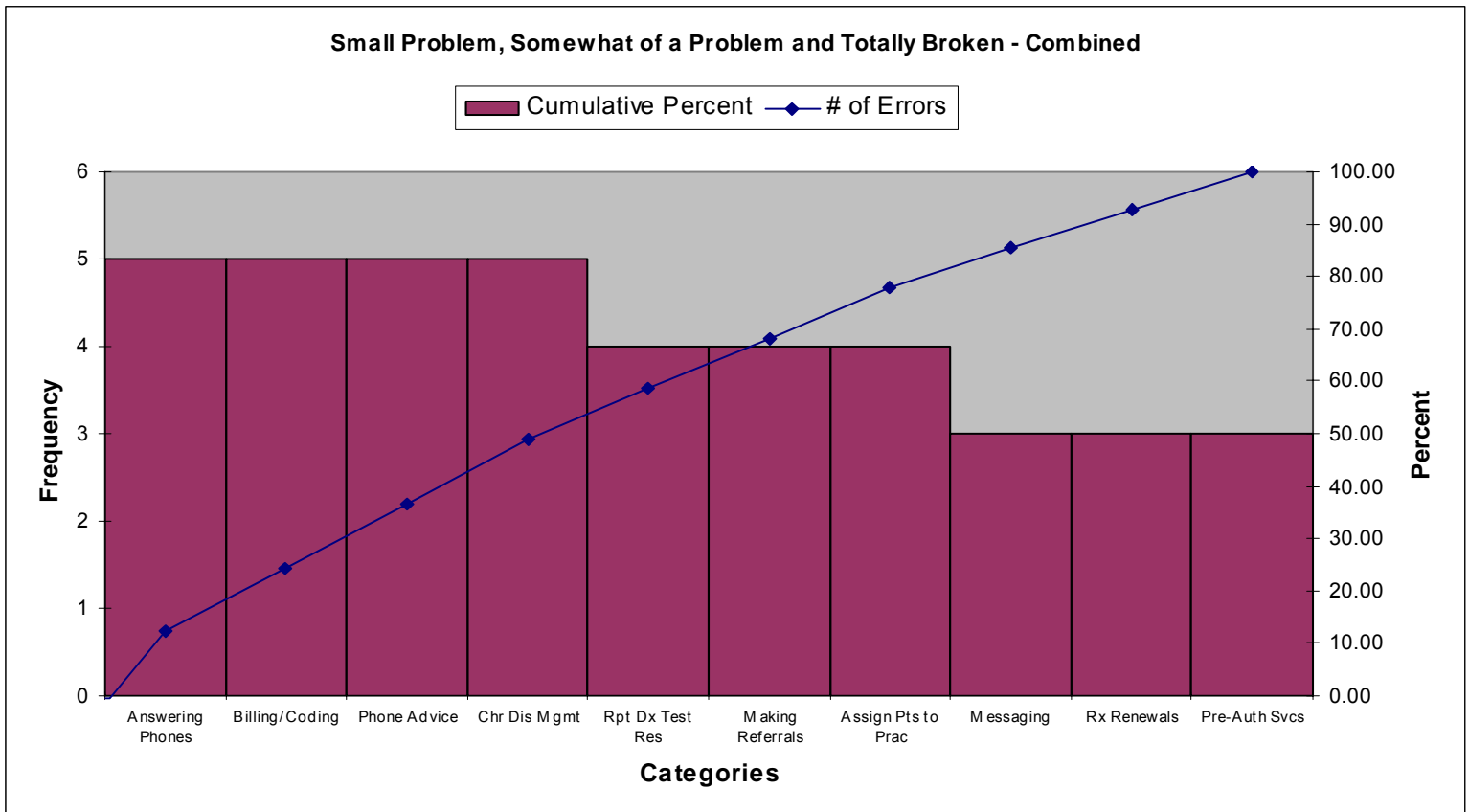
Know Your Patients	Discoveries	Actions Taken
1. Age distribution	1. 30% of our patients are > 65 years old	1. Designed special group visits to review specific needs of this age group including physical limitations, dietary considerations.
2. Disease identification	2. We do not know what percent of our patients have diabetes.	2. Staff reviewed coding/billing data to determine approximate numbers of patients with diabetes.
3. Health outcomes	3. We do not know what the range of HgA1C is for our patients with diabetes or if they are receiving appropriate ADA recommended care in a timely fashion.	3. Staff conducted a chart audit with 50 charts during a lunch hour. Using a tool designed to track outcomes, each member of the staff reviewed 5 charts and noted their findings on the audit tool.
4. Most frequent diagnosis	4. We learned we had a large number of patients with stable hypertension and diabetes, seeing the physician frequently. We also learned that during certain seasons we had huge volumes of acute diseases such as URI, pharyngitis and poison ivy.	4. Designed and tested a new model of care delivery for stable hypertension and diabetes optimizing the RN role in the practice using agreed upon guidelines, protocols and tools.
5. Patient satisfaction	5. We don't know what patients think unless they complain to us.	5. Implemented the "point of service" patient survey that patients completed and left in a box before leaving the practice.
Know Your People	Discoveries	Actions Taken
1. Provider FTE	1. We were making assumptions about provider time in the clinic without really understanding how much time providers are OUT of the clinic with hospital rounds, nursing home rounds, etc.	1. Changed our scheduling process, utilized RNs to provide care for certain subpopulations.
2. Schedules	2. Several providers are gone at the same time every week, so one provider is often left and the entire staff work overtime that day.	2. Evaluated the scheduling template to even out each provider's time to provide consistent coverage of the clinic.
3. Regular meetings	3. The doctors meet together every other week. The secretaries meet once a month.	3. Entire practice meeting every other week on Wednesdays.
4. Hours of operation	4. The beginning and the end of the day are always chaotic. We realized we are on the route for patients between home and work and want to be seen when we are not open.	4. Opened one hour earlier and stayed open one hour later each day. The heavy demand was managed better and overtime dropped.
5. Activity Surveys	5. All roles are not being used to their maximum. RNs only room patients and take vital signs, medical assistants doing a great deal of secretarial paperwork and some secretaries are giving out medical advice.	5. Roles have been redesigned and matched to individual education, training and licensure.
Know Your Processes	Discoveries	Actions Taken
1. Cycle time	1. Patient lengths of visits vary a great deal. There are many delays.	1. The staff identified actions to eliminate, steps to combine, and learned to prepare the charts for the patient visit before the patient arrives. The staff also holds daily "huddles" to inform everyone on the plan of the day and any issues to consider throughout the day.
2. Key supporting processes	2. None of us could agree on how things get done in our practice.	2. Detailed flow charting of our practice to determine how to streamline and do in a consistent manner.
3. Indirect patient pulls	3. The providers are interrupted in their patient care process frequently. The number one reason is to retrieve missing equipment and supplies from the exam room.	3. The staff agreed on standardization of exam rooms and minimum inventory lists that were posted in the inside cabinet doors. A process was also determined on WHO and HOW the exam rooms would be stocked regularly and through the use of an assignment sheet, a person was identified and held accountable.
Know Your Patterns	Discoveries	Actions Taken
1. Demand on the practice	1. There are peaks and lows of the practice depending on day of the week, session of the day or season of the year.	1. Resources and roles are matched to demand volumes. Schedules are created which match resources to variation
2. Communication	2. We do not communicate in a timely way, nor do we have a standard forum to communicate	2. Every other week practice meetings to help communication and e-mail use of all staff to promote timely communication.
3. Cultural	3. The doctors don't really spend time with non-doctors.	3. The staff meetings heightened awareness of behaviors have helped to improve this.
4. Outcomes	4. We really have not paid attention to our practice outcomes.	4. Began tracking and posting on a data wall to keep us alert to outcomes.
5. Finances	5. Only the doctors and the practice manager know about the practice money.	5. Finances are discussed at the staff meetings and everyone is learning how we make a difference in our financial performance.

# Common Oversights and Wastes

Common High Yield Wastes	Recommended Method to Reduce Waste	Traps to Avoid
1. Exam rooms not stocked or standardized - missing equipment or supplies	<ul style="list-style-type: none"> <li>➤ Create standard inventory supplies for all exam rooms</li> <li>➤ Design process for regular stocking of exam rooms with accountable person</li> <li>➤ Standardize and utilize all exam rooms</li> </ul>	<ul style="list-style-type: none"> <li>➤ Don't assume rooms are being stocked regularly - track and measure</li> <li>➤ Providers will only use "their own" rooms</li> <li>➤ Providers cannot agree on standard supplies; suggest "testing"</li> </ul>
2. Too many appointment types which create chaos in scheduling	<ul style="list-style-type: none"> <li>➤ Reduce appointment types to 2-4</li> <li>➤ Utilize standard building blocks to create flexibility in schedule</li> </ul>	<ul style="list-style-type: none"> <li>➤ Frozen schedules of certain types</li> <li>➤ Use one time (e.g. 10-15 minute "building blocks")</li> </ul>
3. Poor communication amongst the providers and support staff about clinical sessions and patient needs	<ul style="list-style-type: none"> <li>➤ Conduct daily morning "huddles" to provide a forum to review the schedule, anticipate needs of patients, plan supplies/information needed for a highly productive interaction between patient and provider</li> </ul>	<ul style="list-style-type: none"> <li>➤ People not showing up for scheduled huddles. Gain support of providers who are interested, test idea and measure results</li> <li>➤ Huddle lasts longer than 15"; use worksheet to guide huddle</li> <li>➤ Don't sit down</li> </ul>
4. Missing information or chart for patient visit	<ul style="list-style-type: none"> <li>➤ Review patient charts BEFORE the patient arrives - recommended the day before to ensure information, tests results are available to support the patient visit</li> </ul>	<ul style="list-style-type: none"> <li>➤ Avoid doing chart review when patient is present</li> <li>➤ If you have computerized test results, don't print the results</li> </ul>
5. Confusing messaging system	<ul style="list-style-type: none"> <li>➤ Standardize messaging process for all providers</li> <li>➤ Educate/train messaging content</li> <li>➤ Utilize a process with prioritization methods such as a "bin" system in each provider office.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Providers want their "own" way - adding to confusion to support staff and decreases ability for cross coverage</li> <li>➤ Content of message can't be agreed upon - test something</li> </ul>
6. High prescription renewal requests via phone	<ul style="list-style-type: none"> <li>➤ Anticipate patient needs</li> <li>➤ Create "reminder" systems in office, e.g. posters, screensavers</li> <li>➤ Standardize information that support staff obtain from patients before the provider visit - include prescription information and needs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Doesn't need to be the RN - Medical Assistants can obtain this information</li> </ul>
7. Staff frustrated in roles and unable to see new ways to function	<ul style="list-style-type: none"> <li>➤ Review current roles and functions using activity survey sheets</li> <li>➤ Match talent, education, training, licensure to function</li> <li>➤ Optimize every role</li> <li>➤ Eliminate functions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Be sure to focus on talent, training and scope of practice not individual people</li> </ul>
8. Appointment schedules have limited same day appointment slots	<ul style="list-style-type: none"> <li>➤ Evaluate follow-up appointments and return visit necessity</li> <li>➤ Extend intervals of standard follow-up visits</li> <li>➤ Consider RN visits</li> <li>➤ Evaluate the use of protocols and guidelines to provide advice for home care - <a href="http://www.icci.org">www.icci.org</a></li> <li>➤ Consider phone care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Do not set a certain number of same day appointments without match to variations throughout the year</li> </ul>
9. Missed disease-specific/preventive interventions and tracking	<ul style="list-style-type: none"> <li>➤ Utilize flow sheets to track preventive activities and disease-specific interventions</li> <li>➤ Utilize "stickers" on charts to alert staff to preventive/disease specific needs</li> <li>➤ Review charts before patient visit</li> <li>➤ Create registries to track subpopulation needs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Be alert to creating a system for multiple diseases and not have many stickers and many registries</li> </ul>
10. Poor communication and interactions between members	<ul style="list-style-type: none"> <li>➤ Hold weekly staff meetings to review practice outcomes, staff concerns, improvement opportunities</li> <li>➤ Education and Development</li> </ul>	<ul style="list-style-type: none"> <li>➤ Hold weekly meetings on a regular day, time, and place.</li> <li>➤ Do not cancel - make the meeting a new habit</li> </ul>
11. High no-show rate	<ul style="list-style-type: none"> <li>➤ Consider improving same day access</li> <li>➤ Reminder systems</li> </ul>	<ul style="list-style-type: none"> <li>➤ Automated reminder telephone calls are not always well received by patients</li> </ul>
12. Patient expectations of visit not met, resulting in phone calls and repeat visits	<ul style="list-style-type: none"> <li>➤ CARE vital sign sheet (<a href="http://www.howsyourhealth.com">www.howsyourhealth.com</a>)</li> <li>➤ Evaluating patient at time of visit if their needs were met</li> </ul>	<ul style="list-style-type: none"> <li>➤ Use reminders to question patient about needs being met</li> <li>➤ New habits not easily made</li> </ul>

# Pareto Example

Category	Frequency	Percent of Total	Cumulative Percent
Answering Phones	5	12.20	12.20
Billing/Coding	5	12.20	24.39
Phone Advice	5	12.20	36.59
Chronic Dis Mgmt	5	12.20	48.78
Rpt Dx Test Results	4	9.76	58.54
Making Referrals	4	9.76	68.29
Assign of Pts to Prac	4	9.76	78.05
Messaging	3	7.32	85.37
Rx Renewals	3	7.32	92.68
Pre-Auth for Svcs	3	7.32	100.00
<b>Grand Total</b>	<b>41</b>	<b>100</b>	<b>100</b>



# Pareto Diagram Worksheet

## Steps to create a Pareto diagram:

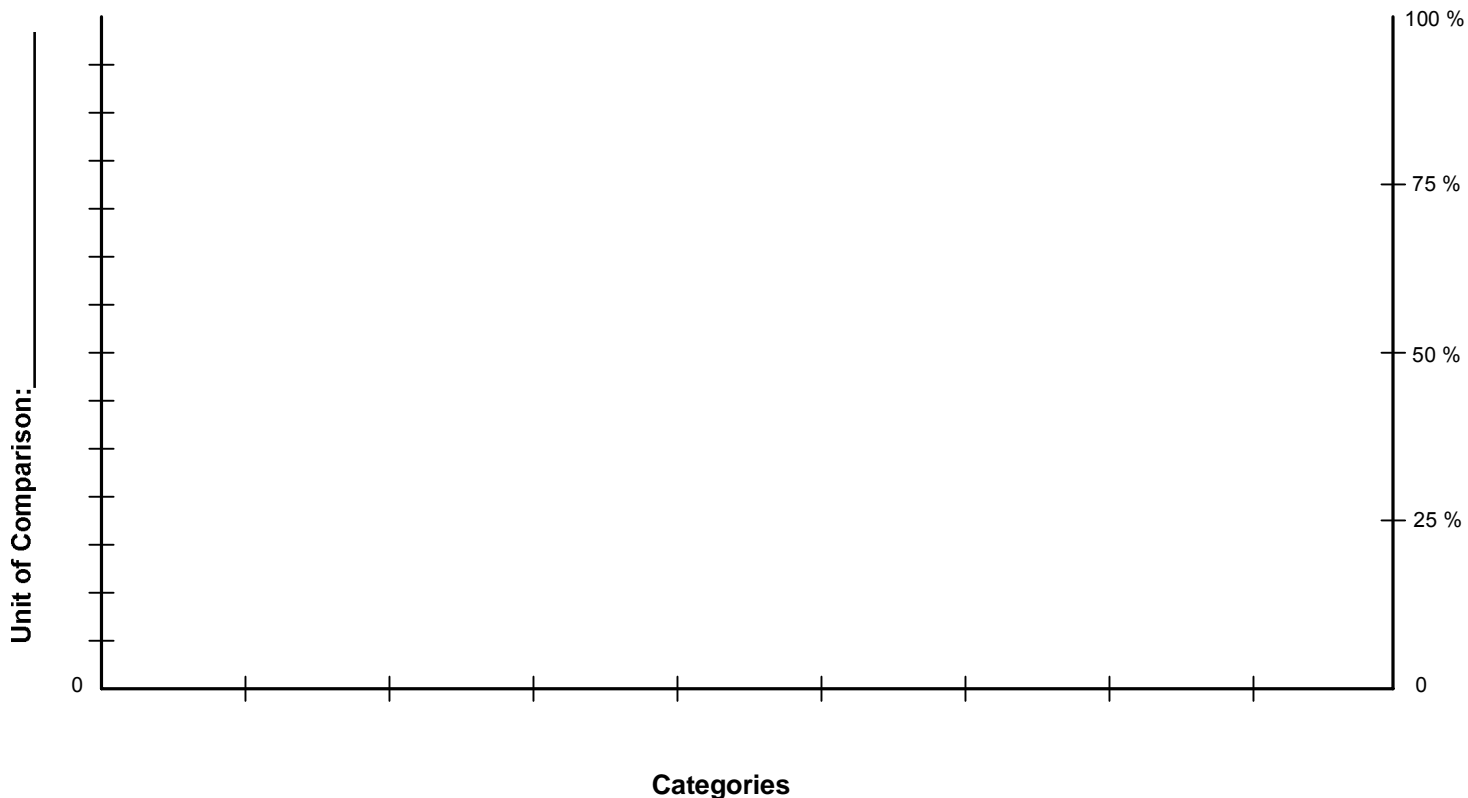
1. Determine the categories and the units for comparison of the data, such as frequency, time, or cost.
  - ♦ Categories are independent of each other (no overlapping categories)
  - ♦ Helpful to have at least 30 data points if 4-6 categories ; 60 data points for 7-10 categories; 100 data points for 11 or more
2. Order the data categories from largest to smallest.
  - ♦ Insignificant categories can be grouped to make an "other" category and placed at end of list
  - ♦ "Other" category should not be more than 20% of the grand total
3. Calculate the percentage of the total that each category represents.
4. Working from the largest category to the smallest (or other) category, calculate the cumulative percentage for each category with all pervious categories.

Category	Frequency	Percent of Total	Cumulative Percent
<b>Grand Total</b>			

5. Use the attached sheet to label the left vertical axis with the unit of comparison. Scale this axis from 0 to the grand total of all categories.
6. Label the horizontal axis with the categories, largest to smallest, left to right.
7. Draw bars for each category. Each bar's height should be the category sum as measured on the left vertical axis.
  - ♦ Bars should be equal width
  - ♦ Bars should "touch" each other
  - ♦ Largest bar also touch the vertical axis.
8. Draw and label the right vertical axis from 0 to 100 percent. with the 100% value at the same height as the grand total mark on the left vertical axis.
  - ♦ This axis touches the right hand side of the right-most bar.
9. Draw a line graph of the cumulative percentage, beginning with the lower left corner of the largest category the "0" point).
  - ♦ For each category, the cumulative percentage is plotted above the right side of the category's bar.
10. Title the Pareto diagram and note the source of the data, date and data collector.

# Pareto Diagram - Blank Chart

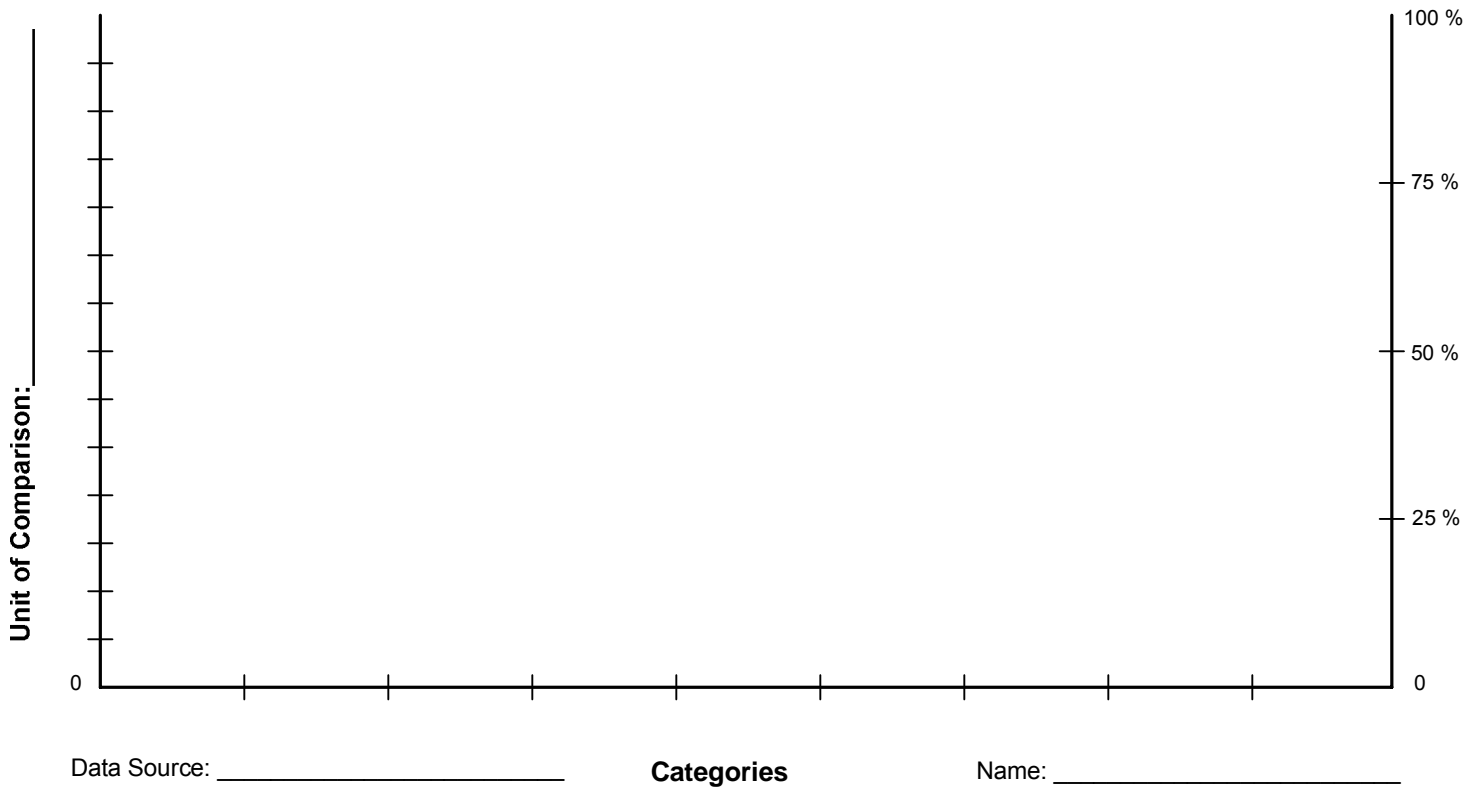
Title: \_\_\_\_\_



Data Source: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



Data Source: \_\_\_\_\_

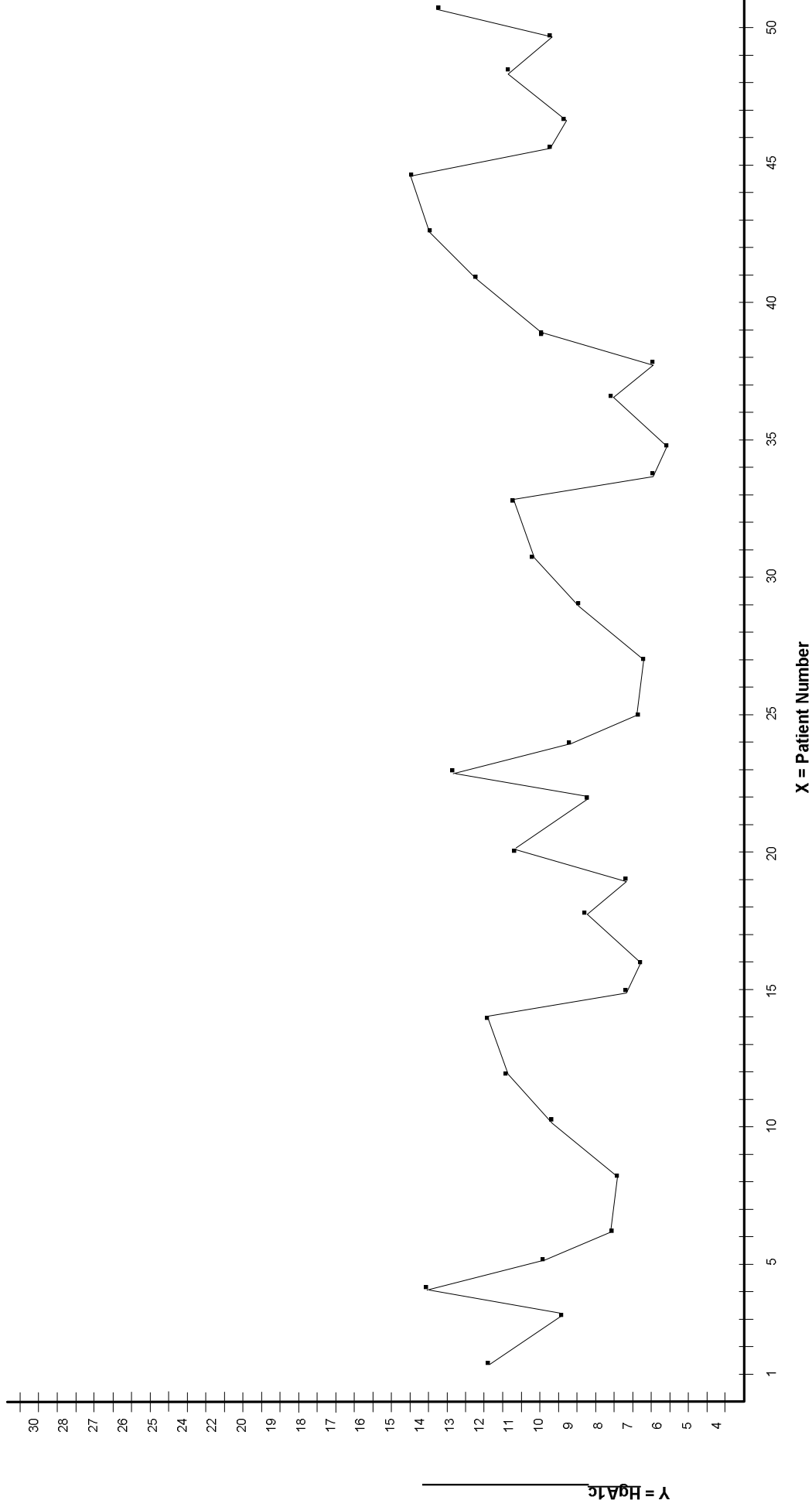
Name: \_\_\_\_\_

# Primary Care: Disease Specific Health Outcomes Chart Review Form Example

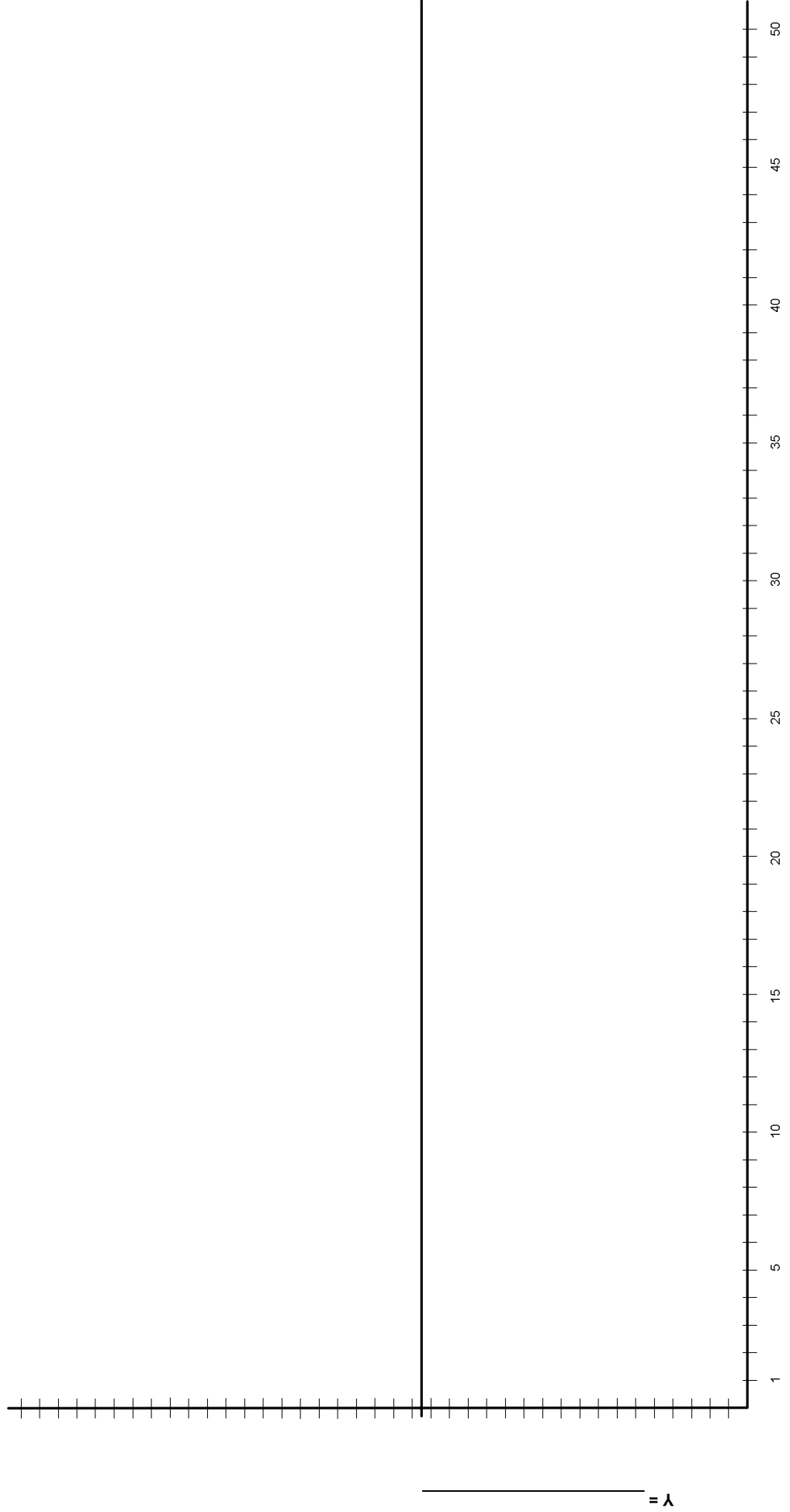
Diabetes

Instructions:

1. Use this form to graph values for Diabetic patients
2. Randomly select 50 patients from one of the above diseases
3. Fill in the Values along the Y axis: Diabetes Value = HgA1c (range 5-30)



# Primary Care: Disease Specific Health Outcomes Chart Review Form-Blank



**Sample Meeting Agenda**

Organization Name: \_\_\_\_\_

**-Agenda-**

Department Name: \_\_\_\_\_

Day, Date: \_\_\_\_\_

Time of Meeting: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

***Aim of Our Microsystem:***

**Leader:**

**Recorder:**

**Timekeeper:**

**Facilitator:**

**Participants:**

Time	Method	Item	Aim/Action
		<b>1. Clarify Objectives</b> A. B.	
		<b>2. Review Roles</b> Leader: Recorder: Timekeeper: Facilitator/Advisor:	
		<b>3. Review Agenda</b>	
		<b>4. Work Through Agenda Items</b> A. B. C. D.	
		<b>5. Review Meeting Record</b>	
		<b>6. Plan Next Agenda</b>	
		<b>7. Evaluate Meeting</b>	

# EXAMPLE DATA WALL

## LAKE WOBEGON

Microsystem Name

We aim to provide a center of excellence in CF care

Purpose

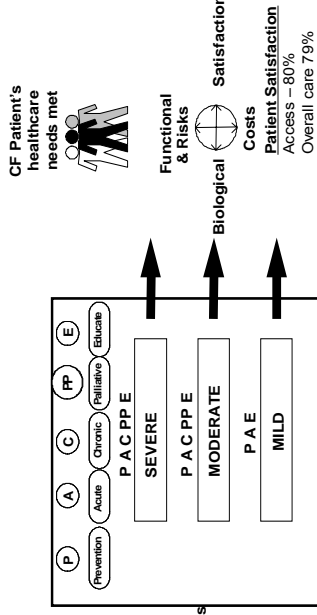
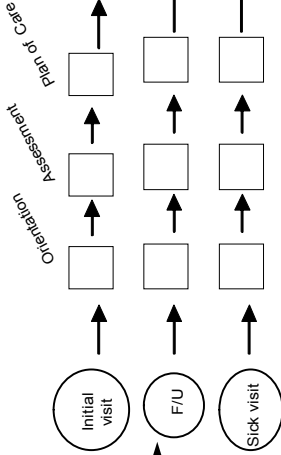
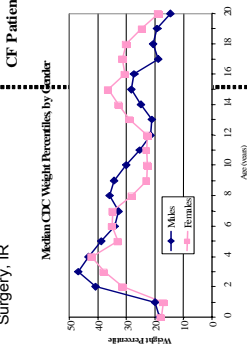
TOTAL # PTS  
467

**TOP Dx**  
CF  
GI Block  
Failure to Thrive  
Pancreatic Insufficient

**TOP Services**  
GI Endo, X-ray, Surgery, IR

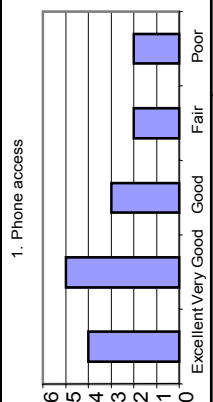
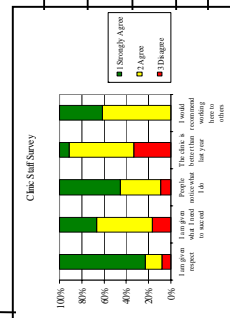
**AGE**  
0-5: 25%  
6-12: 15%  
13-18: 60%

**No. appts/day**  
25



### Processes

Intervention Radiology	Radiology	Laboratory	GI	ENDO	Registration	Infection Control	Pharmacy	Financial Support	Home Care	School
PEDIATRICS										
MINNESOTA CHILDREN HOSPITAL										
LAKE WOBEGON HEALTH SYSTEM										
NORTHERN MINNESOTA										

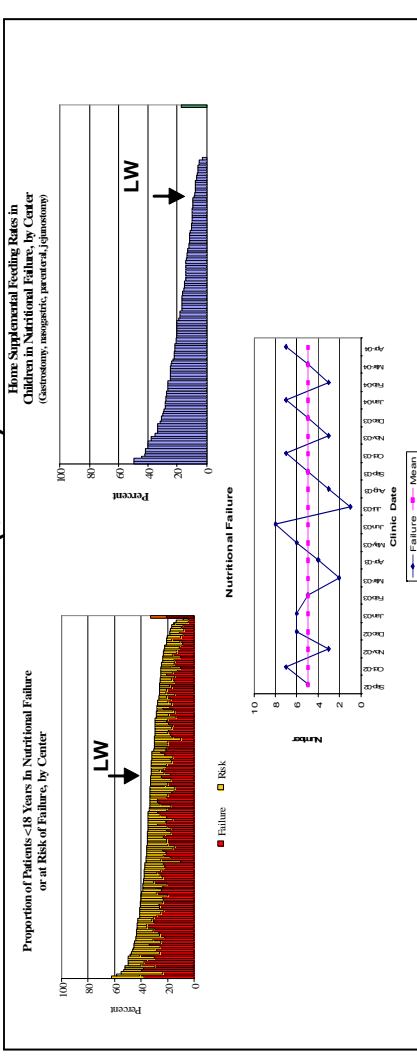


### Patterns (Current)

**STAFF MEMBERS:**

John Fever	Carol	Bill	Elissa
Garrison Keillor	Frank	David	Chelsea
Guy Noir	Margie	Kathy	Arnold
Natasha	Alyssa	Gerry	John
Boris	Elizabeth	Hebe	Paul
Susie	Hillary		

**Skill Mix:** MDs 6 RNs 9 NP/PAs 2 MA 12 LPN 1 SECS 5 RT 4 SW 2 RD 3



# EXAMPLE STORYBOARD

## LAKE WOBEGON CF CENTER

**AIM:** Reduce number of children in nutritional failure  
**SPECIFIC AIM:** Identify nutrition status of all patients



### TEAM

- John E. Fever, MD
- Garrison Keillor, NP
- Guy Noir, MSW
- Natasha, RN
- Boris, RT

### BACKGROUND

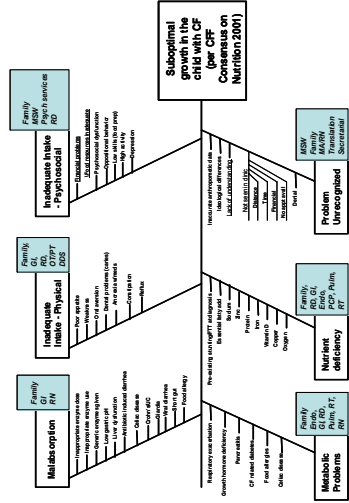
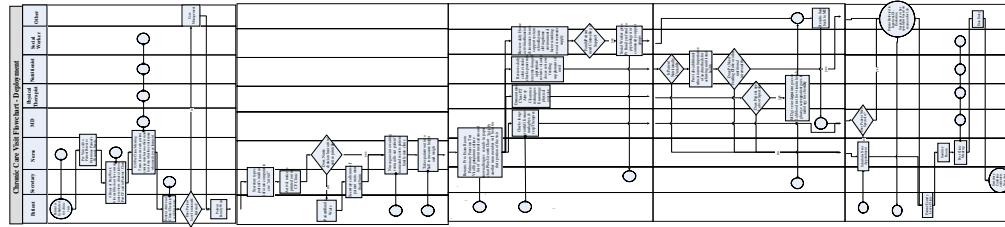
- Lake Wobegon CF center cares for 467 pediatric patients.
- Our center has had high rates of children in nutritional failure over the last 5 years, as reported in the CFF patient registry.
- We are committed to decreasing the rate of malnutrition at the Lake Wobegon Children's Hospital CF Center.
- Our process begins with the identification of CF children aged 0 to 18 with inadequate nutritional status so that a nutrition plan is put into place that will be specific to the child's needs and by an interdisciplinary team in partnership with the child and their family.

### TIMELINE

- June '04**
  - Reviewed Center Report from the CFF Registry data
  - Established our aims to address nutritional care at our center.
- September '04**
  - Established regular team meetings
  - Changed chart to include a new form to evaluate nutritional status.
- January '05**
  - Number of patients in failure less variable (n=5±2)

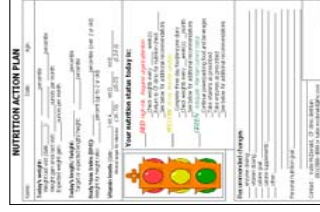
### METHODOLOGY

Diagnosis of problem and causes



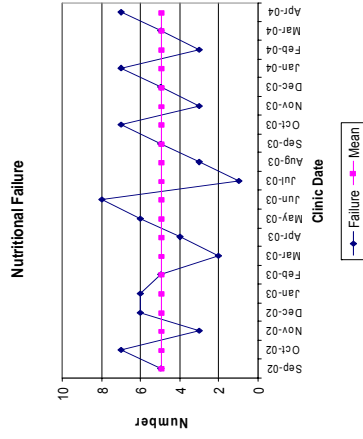
### CHANGES

- PDSA Cycle I**
  - Introduced a new form to evaluate nutritional status, "Stop light" form.
  - Called for behavior consults to address feeding issues.
- PDSA Cycle II**
  - Collected data on the number of children per clinic in nutritional failure.



### RESULTS

- 95% of patients evaluated
- Increased enzymes in 25% of patients



### NEXT STEPS

- Education materials
- Consider G-tube protocol
- Behavior modification training for nutritionists
- Family night presentation
- Meet with hospital administration

.... where all the children are above average.

## What is a Clinical Microsystem?<sup>1</sup>

Microsystems include patients, staff, processes, and recurring patterns - cultural patterns, information flow patterns, and results patterns. Microsystems in healthcare can be defined in the following way:

A health care clinical microsystem can be defined as the combination of a small group of people who work together on a regular basis-or as needed-to provide care AND the individuals who receive the care (who can also be recognized as a discrete subpopulations of patients.)

It has clinical and business aims, linked processes, a shared information environment and produces services and care which can be measured as performance outcomes. These systems evolve over time and are (often) embedded in larger organizations.

As any living adaptive system, the microsystem must: (1) do the work, (2) meet staff needs, (3) maintain themselves as a clinical unit.

Microsystems are:

- Small group of doctors, nurses, other clinicians
- Some administrative support
- Some information, information technology
- A small population of patients
- Interdependent for a common aim, purpose

## Isn't "clinical microsystem" just a different name for what others have called, the health care "team"?

- No, the clinical microsystem includes the small population of patients as part of the same system as the providers and,
- it includes information and information technology as a "full" participant.

## Why are Clinical Microsystems Important?<sup>1</sup>

To move toward a "perfected" system of care, the performance of each individual microsystem must be optimized and the linkages between different clinical microsystems must be seamless, timely, efficient, and thoroughly reliable. Although change is required at all levels of the system, the powerful new idea here is that the microsystem concepts offers an opportunity to transform health care at the front line of service delivery.

A seamless, patient-centered, high-quality, safe, and efficient health system cannot be realized without the transformation of the essential building blocks that combine to form the care continuum.

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